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# Development of a Nurtured Heart Approach® Questionnaire

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## ABSTRACT

A training and coaching team embarked on a training and technical assistance program evaluation project to examine the development of a tool used to determine the impact of training on staff and families serving youth with behavioral health challenges and their families. The training evaluation project centered on the development of a tool to examine the impact of training on trainee attitudes. The current article provides an overview of the development of the Nurtured Heart Approach® (NHA) Questionnaire to help support training and technical assistance implementation efforts by nursing and other trainers interested in best practice approaches to empower youth with behavioral health challenges. The questionnaire was found to be internally consistent and to have relatively stable, empirically derived factors consistent with the NHA model, but differing somewhat from the theoretically derived “Stands,” or areas of emphasis. The questionnaire is sensitive to changes in attitude resulting from the NHA training. Therefore, it would be a viable, practical instrument to test staff acquisition of NHA-related attitudes. [*Journal of Psychosocial Nursing and Mental Health Services*, 60(2), 15-19.]

In 2015, the New Jersey Department of Children and Families, Children’s System of Care (CSOC) was awarded funding to begin the Promising Path to Success (PPS) initiative. This grant was awarded for expansion and sustainability of Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances. PPS is consistent with and supports the principles of Wraparound that are the foundation of CSOC (Blake, 2017). The PPS initiative included statewide training, technical assistance, and coaching for out-of-home treatment providers. The intent was to transform treatment settings by creating a trauma-informed approach targeting the elimination of the need for use of seclusion, restraint,

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and other coercive practices. A goal of PPS was to decrease lengths of stay and subsequent repeated episodes of care so that youth may return to and remain successful in their communities.

Inconsistencies in service delivery that do not reflect similar values can lead to a compartmentalized approach to care and treatment. To decrease areas of fragmentation or “silos” of care providers and increase the already established community approach of a Wraparound model of care delivery, the cornerstone of the PPS initiative became organizationally based implementation of core values, partnered with specialization and expertise in trauma-informed care principles and best practices. Part of the PPS initiative included implementation of the Nurtured Heart Approach® (NHA), a strategy for teaching staff and other supporters to form positive relationships with youth.

The NHA is a relationship-focused methodology founded strategically in the 3 Stands™, or areas of emphasis, designed to support youth (and adults) to build their Inner Wealth® and use their intensity in successful ways (Glasser & Easley, 2016). These Stands are: (1) not energizing negative behavior, (2) energizing positive behavior, and (3) setting clear limits with defined rules. These Stands have become powerful ways of awakening the inherent greatness in all youth while facilitating parenting and classroom success. When adults use the NHA, youth learn that they will receive abundant recognition of positive behaviors and opportunities for character development, explicit and discreet statements to recognize the character development while unwanted behaviors are not present, and energizing relational connection through the positive behaviors they display. This supports youth to build a positive portfolio of themselves, referred to within the NHA as Inner Wealth. Adults skilled in the NHA hold youth accountable for problem behaviors without providing connection or energy during the intensity of the behavior, helping youth get back on

track and shifting animated and energetic responses to times when youth are exhibiting positive behaviors. As nurses are often working in these settings (e.g., out-of-home treatment settings, group homes, residential treatment centers, psychiatric community homes, specialty treatment programs, intensive residential treatment services), it seems important that they acquire effective strategies to bolster youth strengths and build on those strengths.

The NHA was implemented in multidisciplinary treatment teams providing services for youth in residential care with psychiatric and behavioral health and trauma histories. Nursing staff, who are integral to the operation of the teams, were educated in the NHA approach and participated in performance improvement initiatives, implementing Six Core Strategies (National Association of State Mental Health Program Directors, 2008) and the NHA to improve treatment and care for youth with complex needs. Advanced practice nurses, RNs, and licensed practical nurses used the NHA to reinforce staff's implementation of nursing treatment plan goals. Nursing staff were also able to use the NHA in relationship building to promote a healing environment in the milieu and assist youth in reaching their goals and objectives.

Although the NHA is frequently implemented by program staff, including nurses, teachers, and parents, the approach has rarely been evaluated in a systematic way to demonstrate effectiveness (Cummings et al., 2018). To date, no research has been published on how the NHA may impact attitudes and behaviors of staff working in out-of-home behavioral health treatment settings. Nearly all strategies included in the NHA have shown some positive findings (Hektner et al., 2013) and parent training in the NHA has promising empirical support to change parental attitudes and behaviors (Brennan et al., 2016; Glasser & Easley, 2008; Hektner et al., 2013). Based on these findings, as well as practice experience, NHA train-

ing for out-of-home treatment program staff, and others who support youth in out-of-home treatment settings and when they return to the community, is likely to reduce the need for future out-of-home treatment. However, no program or evaluation data were located that described outcomes related to the implementation of the NHA.

## METHOD

### Participants

NHA training was offered by certified and advanced NHA Trainers to all staff and family partners in the New Jersey CSOC who support children, youth, and families. The 6-hour training describes the conceptual framework, The 3 Stands, four recognition strategies, and practices for setting clear limits and providing meaningful consequences centered around the use of resets (i.e., a form of time-out where the adult temporarily disconnects from the child, giving zero reactivity to the rule-breaking behavior, with a focus on deenergizing negative behavior and energizing the positive).

### Measures

*NHA Questionnaire.* The authors embarked on a training program evaluation project focused on creating a tool to measure staff attitudes and beliefs regarding NHA core content as it related to work with youth who present challenging behaviors. The authors worked from the premise that trainee attitudes and beliefs may impact strategies they use when working with youth with challenging behaviors. The NHA was selected as an approach aimed at improving relationships among staff and youth because we recognized that attitudes are usually a result of an individual's upbringing as well as experience and their influence over behavior is powerful. Although attitudes are considered enduring, we believe they can also undergo changes. As no scales or instruments exist to assess general attitudes and beliefs related to the NHA (Cummings et al., 2018), a questionnaire was needed to

gather evaluative statements regarding NHA core content.

### Review and Field-Testing

A team of certified and advanced NHA trainers developed the NHA Questionnaire (Figure A, available in the online version of this article) through an expert panel that consisted of a combination of certified and advanced trainers of the NHA and two researchers. The Delphi method was used after piloting to revise questions based on participant understanding and feedback. Members of the PPS initiative team were asked to submit items for the tool, and approximately 30 recommendations were received. In total, 12 statements were generated—four statements per Stand, with two items aligned or agreeing with the Stand and two statements not aligned with the Stand, which are worded opposite to the viewpoint of the Stand. The draft statements were sent to a team of experts in the NHA to assess if these statements were aligned or not aligned with the three NHA Stands. The draft statements were then refined by a smaller team (two statements aligned and two statements did not align with each Stand). A 4-point Likert-type scale was selected to avoid a neutral response option.

### RESULTS

As part of the current training project, we decided to gather de-identified information from trainings to examine features of the questionnaire. The project was approved as exempt non-human subjects by the Institutional Review Board. Questionnaires were distributed at subsequent scheduled trainings. No identifying information was gathered. Training participants completed the 12-item NHA Questionnaire that measures attitudes and beliefs related to the 3 Stands of the NHA. Approximately one half ( $n = 159$ ) of participants were randomly assigned to test pre- and post-training and the remainder ( $n = 172$ ) were assigned to test post-training only to assess the impact of training on train-

Item	Stand	Mean (SD)
1	3-I	3.04 (0.98)
2	2-I	3.66 (0.62)
3	1-I	3.56 (0.72)
4	1-II	3.15 (0.94)
5	2-II	3.66 (0.62)
6	1-III	3.18 (0.95)
7	1-IV	3.00 (1)
8	3-II	3.07 (0.86)
9	3-III	3.11 (0.93)
10	2-III	3.53 (0.77)
11	3-IV	3.63 (0.61)
12	2-II	3.59 (0.77)

*Note. All items were recoded in the same direction.*

ees. This design controls for baseline knowledge of the Stands and can assess the impact of pre-testing on results. Six items were positively worded and six were worded negatively. Negative items were recoded. Means and standard deviations of each item are reported in Table 1.

Characteristics of the NHA Questionnaire were examined. On the post-test, the internal consistency measure by coefficient alpha was 0.79 for the 12-item instrument. Item-total correlations ranged from 0.20 to 0.53 (Table 2).

Factor analysis with a least square's extraction and varimax rotation revealed a three-factor solution, which differed somewhat from the theoretically derived Stands. The first factor (eigenvalue = 3.69), accounting for 30% of all shared variance, had the heaviest loading items and was composed primarily of items 1, 4, 6, and 9, which have elements of Stand 1, "not to energize negative behavior," and Stand 3, "setting clear limits with defined rules." The second factor, items 10 and 12, corresponds to Stand 2 (eigenvalue = 1.15), and accounts for

Item	Stand	Item-Total Correlation
1	3-I	0.50
2	2-I	0.47
3	1-I	0.45
4	1-II	0.47
5	2-II	0.45
6	1-III	0.51
7	1-IV	0.26
8	3-II	0.20
9	3-III	0.53
10	2-III	0.49
11	3-IV	0.43
12	2-II	0.47

approximately 10% of the shared variance, and is about observing and rewarding good behavior. The third factor (eigenvalue = 2.40) accounted for 18% of the shared variance and was composed primarily of items 2, 3, 5, 7, 8, and 11, coming from all three Stands, and thus is a general NHA factor. This is a preliminary labeling of these factors, which should be examined further by subject matter experts. These results are summarized in Table 3.

Participant attitudes changed in the desired direction pre- to post-test as measured in terms of the overall score of the NHA questionnaire (paired  $t$  test [142] = 14.64). This difference held up in terms of using the means of each of the 3 Stands as dependent variables. A repeated measures multivariate analysis of variance found significant differences on each Stand in the predicted direction (Wilk's  $\Lambda = 0.333$ , approximate  $F [1, 155] = 121.34$ ,  $p < 0.001$ ). This effect of the training was rather large (multivariate  $\eta^2 = 0.67$ ). Indeed, in terms of each of the individual 12 items, all significantly changed in the desired direction, indicating that the

**TABLE 3****PATTERN MATRIX**

Item	Stand	Factor		
		1	2	3
1	3-I	0.91		
9	3-III	0.83		
4	1-II	0.5		
6	1-III	0.4		
2	2-I		0.76	
5	2-II		0.74	
3	1-I		0.7	
11	3-IV	0.67		
8	3-II		0.46	
7	1-IV		0.4	
12	2-II			-0.79
10	2-III			-0.78

training influenced self-report of these specific outcomes.

To assess whether there was a pre-test or practice effect on the post-test, the scores of those who took the pre-test before the training were compared to those who did not take the pre-test. Participants had been randomly assigned to receive the pre-test or no pre-test. The pre-test effect was small, with those having taken the pre-test scoring slightly higher on the post-test after the training (Wilk's  $\Lambda = .96$ , approximate  $F [3, 138] = 4.48, p < 0.001$ , multivariate  $\eta^2 = 0.04$ ). These findings compare to the much larger overall training effect reported above ( $\eta^2 = 0.67$ ). Thus, although there was a small effect of the pre-test, the bulk of the difference can be attributed to the training itself.

## DISCUSSION AND IMPLICATIONS FOR NURSES

The NHA Questionnaire was found to be internally consistent and to have a stable factor structure. It is not surprising that the empirically derived factors differ somewhat from the three Stands. There is often a contrast between factor analysis results and the theoretical origins of

a questionnaire (Tabachnick & Fidell, 2019). Nevertheless, the results are consistent with the NHA and model. One of the derived factors is a general NHA factor, indicating that all elements of the approach are indeed correlated with each other, which is consistent with the model of several components contributing to an overall approach.

The questionnaire was sensitive enough to detect changes in staff attitudes in response to the training. Practice or testing effect was ruled out. Thus, the questionnaire can be used as a pre-/post-test tool during NHA training implementation. Because nurses working in psychiatric and community-based settings address behavioral health challenges and psychiatric issues encountered by youth, they are in an ideal position to be trained in the NHA and be lead trainers.

The NHA is a relationship-focused methodology designed to support youth and build on their strengths. The NHA has become a powerful way of awakening the inherent greatness in all youth while facilitating success. Youth with behavioral health challenges need recognition of positive behaviors. The

NHA uses recognition statements to reinforce adherence with prescribed medication, nutritional needs, and overall well-being. Using discreet acknowledgment of successive approximations to desired behaviors, the NHA reinforces healthy habits and assists youth in meeting nursing and medical objectives and goals. By focusing on the strength-based practice of what is going well, energy remains aligned with the desired behavior and outcome. Nursing staff are trained to deliberately focus on positive interactions with the intent of increasing positive psychiatric and behavioral outcomes.

Nurses can assume a lead role in training and mentoring family supporters and other behavioral health care professionals to engage and support youth with emotional challenges. Nursing trainers and supervisors can review trainee ratings and provide needed follow up through individual and/or group supervision to create and sustain an environment conducive to strengths and resilience among youth. The NHA Questionnaire can also be used in booster sessions with nursing personnel and other staff in staff meetings following the formal training to continue to reinforce and review key concepts and discuss why these Stands make a strategic difference when applying the NHA effectively. Nursing researchers or administrators can examine the effects of educating staff in the NHA and the use of seclusion, restraint, length of stay in treatment or out-of-home settings, and other coercive practices. In addition, research or program improvement projects can be designed to ensure youth can return to and remain successful in their communities.

## CONCLUSION

The NHA is a strength-based approach that has potential to energize positive youth behaviors. Despite its subjective bias in principles that may not always be directly observable, an understanding of the NHA can, in fact, be simply measured. The NHA Question-

naire is a practical instrument to test acquisition of NHA-related attitudes.

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**Figure A.** Nurtured Heart Approach<sup>®</sup> Questionnaire.

*Instructions:* This questionnaire has twelve (12) items that ask about understanding and responding to youth behavior. For each item, place an “X” in the box that indicates the extent of your agreement (or disagreement) with the statement.

	Strongly Disagree 1	Disagree 2	Agree 3	Strongly Agree 4
1. Giving warnings prior to consequences helps youth not to break the rules.				
2. Praise and recognition for displays of desired behavior works better than punishment for reducing displays of undesirable behavior.				
3. When you give long and detailed feedback about desired behavior, the desired behavior happens more.				
4. Youth will learn best when adults focus more energy on correcting rule-breaking behavior.				
5. Consistently noticing and sharing desired qualities and behaviors in youth helps strengthen those qualities and behaviors.				
6. The most effective way to decrease unwanted behavior in a youth is with detailed feedback about what they did wrong.				
7. Reviewing undesired behavior from the past with a youth does not help them to increase desired behavior.				
8. Brief consequences help youth get back on track quickly.				
9. Warnings help a youth follow the rules.				
10. It does not make sense to praise a youth for something they should be doing anyway.				
11. Being clear about the rules up front helps youth to behave appropriately.				
12. When youth are behaving the way you want them to it is best not to pay attention (to leave well enough alone).				