

BIOGRAPHICAL SKETCH

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NAME: Cloyes, Kristin G.

eRA COMMONS USER NAME (agency login): KristinGCloyes

POSITION TITLE: Associate Professor (Tenured)

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
State University of New York College at Cortland	BA	1991	Theatre
University of Washington	BSN	1998	Nursing
University of Washington	MSN	2002	Psychosocial Nursing
University of Washington	Graduate Certificate	2002	Women & Gender Studies
University of Washington	PHD	2004	Nursing
University of Utah	Graduate Certificate	2015	Gerontology

A. Personal Statement

I have been working in qualitative and quantitative mental health research for more than fifteen years. My work has focused on hard-to-reach and marginalized populations, such as prisoners, and on hospice and end-of-life issues in both prison populations and in the general community. As a co-investigator on this project, I will contribute expertise in community-based research, qualitative-data analysis, and on methods to integrate qualitative data into mixed methods design. My training and education is diverse and inter-disciplinary, spanning the fields of psychiatric mental health nursing, social gerontology, qualitative/linguistic methods, and community-based research with vulnerable populations. I am well trained to incorporate and represent the experiences of family caregivers within the proposed study of interactions among hospice team communication patterns and family caregiver outcomes.

Specifically, much of my research to date has centered on conducting community-based research with populations whose health concerns are often overlooked or marginalized. One of the main aims of my work is to ensure that the experience and perspectives of these groups is a central aspect of the research itself and that these perspectives inform both the interventions, and, eventually, public policy. For example, our work on critical issues affecting the health status of U.S. prisoners, including mental health treatment, effective and sustainable end-of-life care in prisons, and the aging prison population, has achieved recognition for both tackling difficult questions in marginalized and hard-to-study populations and for generating recommendations to improve programs and policies at multiple levels of management. In 2014, I became a National Hartford Center of Gerontological Nursing Excellence Claire M. Fagin Faculty Fellow, in recognition of my research with vulnerable and underserved older adults and for our efforts to translate findings into patient-centered interventions, and to generate a list of core competencies for health care professionals. Currently I am leading a mixed-methods study to investigate and develop a minority stress model focusing on how distal sources of stress—including interactions with health care providers—affect chronic illness, pain, and mental-health outcomes for older adults identifying as LGBT and/or as African Americans.

During my years of teaching, I have mentored many students, and collaborated with my faculty colleagues, on the use of innovative data collection and analytic methods. In so doing, I have been able to push myself to use nontraditional methods to answer the difficult research questions posed in the complex settings and situations where my work takes place. For example, I have recently given extensive input into developing methods to collect data in diverse settings from often-overlooked sources and participants, including a study investigating ethnodrama as a means of changing nursing students' attitudes toward caring for older adults. I also consulted on methods development for a study investigating the effect of caregiving-focused ethnodrama and peer-provided family caregiver support for family caregivers of older adults with

dementia, and on a study using auto-driven photo-voice methods to assess subjective perceptions of well-being and core values among older adults with mild to moderate dementia.

B. Position and Honors

Positions and Employment

1991 - 1993 Certified Nursing Assistant, Groton Skilled Nursing Facility, Groton, NY
1993 - 1994 Recreation Therapist, Groton Skilling Nursing Facility, Groton, NY
1994 - 1997 Certified Nursing Assistant, Assisted Living Inc., Kirkland, WA
1998 - 1998 RN, West Seattle Psychiatric Hospital, Seattle, WA
1998 - 2000 Psychiatric RN, King County Public Health Department, King City Jail
1999 - 2003 Research Assistant, University of Washington School of Nursing
2003 - 2004 Teaching Assistant (Course Lead), University of Washington School of Nursing
2004 - 2005 Assistant Professor, Pacific Lutheran School of Nursing
2005 - 2012 Assistant Professor, University of Utah, College of Nursing
2012 - present Associate Professor (Tenured), University of Utah, College of Nursing

Other Experience and Professional Memberships

Honors

1999 Humanitarian Award, graduate work in humanitarian research and training, University of Washington Graduate School
2001 Mildred Disbrow Award for Doctoral Student Contribution to Nursing Theory, University of Washington School of Nursing
2002 Warren G. Magnuson Health Sciences Scholar Fellowship, University of Washington Health Sciences Schools
2003 Sigma Theta Tau International, University of Washington
2009 Outstanding Teaching Award, University of Utah College of Nursing
2010 Excellence as Research Mentor, Sigma Theta Tau International (Gamma Rho)

C. Contribution to Science

A. I am recognized as one of only a handful of nurse investigators conducting prison-based research on mental health needs and services among people incarcerated in state penal institutions in the U.S. I am one of few researchers in the field who has had, over a sustained period of time, access to long-term incarcerated populations; as a result, my research on mental health and health services in these populations is highly unusual and serves an urgent need to understand how best to address the enormous unmet health needs of prisoners. We have used highly innovative methods to study the prevalence of serious mental illness among inmates incarcerated in solitary confinement and the effects of mental illness on recidivism by gender and clinical profile. Working with these populations requires a great deal of creativity, innovation, persistence, and patience, both in developing methods and in simply getting the work done in complex settings that challenge conventional approaches to research. Therefore, the constraints of these systems have forced us to innovate. Our methods have been adopted by others in related fields who find them useful.

In addition, though the number of researchers in this field is small due to the challenges and constraints of conducting systematic investigations in complex prison settings, the potential for research findings to impact public policy is great. My own work on recidivism and mental health, and on the prevalence of mental illness in solitary confinement units, both individually and as part of many research collaborations, has been cited by scholars around the world and by influential organizations such as Human Rights Watch.

1. **Cloyes, K.G. & Burns, K.** (2015). Considerations in the care of geriatric patients in prisons and jails. In K.L. Appelbaum, J.L. Metzner & R.L. Trestman (Eds.) *The Oxford textbook of correctional psychiatry* (pp. 326-330). New York: Oxford University Press.

2. Goshen, L., Colbert, A. & **Cloyes, K.G.** (2015). Nursing in the era of mass incarceration. *American Journal of Nursing*, 115(2), 11.

3. **Cloyes, K.G.**, Wong, B., Latimer, S. & Abarca, J. (2010). Women, serious mental illness and recidivism: A gender based analysis of recidivism risk for women with SMI. *Journal of Forensic Nursing*, 6(1), 3-14.

4. **Cloyes, K.G.**, Wong, B., Latimer, S. & Abarca, J. (2010). Time to prison return for offenders with serious mental illness released from prison. *Criminal Justice and Behavior*, 37(2), 175-187.

B. My research in end-of-life care is deeply important to me personally, and is critically urgent on the levels of state, local, and national policies and resource allocation. After working with prison populations extensively, it became obvious that there were many pressing issues around the growing population of aging prisoners. Therefore, recently, some of the most important foci of my work have been around challenges of providing mental health support and services for aging prisoners and the emergent and critical need for end-of-life care in U.S. prisons. I led an extended field study of a long-term prison-hospice program that examined their development of a unique interdisciplinary treatment team model adapted to the prison setting and on assessing a peer-based inmate volunteer program to provide end of life care. Our work focused on identifying elements that contribute to program effectiveness and sustainability. To our knowledge, our study is among the first to clinically describe a prison-hospice patient population; we benefited from an unprecedented level of community partnership, and rare access to this population, using ethnographic methods to produce an in-depth qualitative study. Because of the dearth of research in this area, our work has attracted much attention. Two of our study reports were published ahead of print, one of which was broadly publicized on release via the Palliative Care Network Community's Media Watch, which delivers cutting edge information to an international network of palliative care professionals.

1. **Cloyes, K.G.**, Berry, P.H., Supiano, K., & Martz, K. (In Press). Characteristics of prison hospice patients and symptom prevalence on admission and 72 hours before death. *Journal of Correctional Health Care*, 33(3).

2. **Cloyes, K.G.**, Rosenkranz, S., Supiano, K.P., Berry, P.H., Routt, M., Shannon-Dorcy, K.S. & Llanque, S.M. (2015). Essential elements of a sustainable prison hospice. *American Journal of Hospice and Palliative Medicine*. Advance online publication. doi: 10.1177/1049909115574491.

3. Supiano, K.P, **Cloyes, K.G.** & Berry, P.H. (2014). The grief experience of prison hospice inmate caregivers. *Journal of Social Work in End of Life & Palliative Care*, 10(1), 80-94.

4. **Cloyes, K.G.**, Rosenkranz, S., Wold, D, Berry, P. & Supiano, K. (2014). To be truly alive: Motivation for providing end of life peer-care and service among prison inmate hospice volunteers. *American Journal of Hospice and Palliative Medicine*, 31(7), 735-748.

C. Drs. Ellington, Reblin, and I have also been working together, along with key colleagues, to study interactions between professional hospice-care providers and family caregivers. Over the course of multiple projects, we have analyzed naturally occurring exchanges between hospice nurses and family caregivers in patients' homes. We have added to these data focus-group data from national hospice thought leaders, hospice nurses, and family caregivers to compare perceptions and experiences related to needs of family caregivers for support in providing home-hospice care. As part of this team, I have led both content and thematic analyses of nurse- and family-caregiver qualitative data. The direct involvement of family caregivers, and solicitation and in-depth analysis of their perspectives, experiences and concerns, is uncommon in hospice research; the use textual and linguistic methods to analyze these data represents an unusual, underutilized, and innovative approach to research that includes family caregivers in the investigative process. Throughout the proposed work, we will ensure that interventions and policies will be informed by the needs and experiences of this group.

1. **Cloyes, K.G.**, Carpenter, J., Berry, P.H., Reblin, M., Clayton, M., Ellington, L. (2014). "A true human interaction": Comparison of family caregiver and hospice nurse perspectives on needs of family caregivers in hospice. *Journal of Hospice and Palliative Care Nursing*, 16(5), 282-290.
2. Reblin, M., **Cloyes, K.G.**, Carpenter, J., Berry, P.H., Clayton, M.F. & Ellington, L. (2014). Social support needs: Discordance between home hospice nurses and former family caregivers. *Palliative & Supportive Care*, 17, 1-8.
3. Ellington, L., **Cloyes, K.G.**, Berry, P.H., Thum Thomas, N., Reblin, M., & Clayton, M. (2012). Complexities for hospice nurses in supporting family caregivers: Opinions from US thought leaders. *Journal of Palliative Medicine*, 16(9), 1013-1019.
4. **Cloyes, K.G.**, Reblin, M., & Ellington, L. (2012). Exploring communication patterns among hospice nurses and family caregivers. *Journal of Hospice and Palliative Nursing*, 14(6), 426-437

Complete List of Published Work in My Bibliography:

<http://www.ncbi.nlm.nih.gov/myncbi/147KijEfeorQA/bibliography/48021978/public/?sort=date&direction=ascending>

D. Research Support

Ongoing Research Support

1T32NR013456-01A1 National Institute of Nursing Research Interdisciplinary Training in Cancer, Aging, and End-of-Life Care This training program addresses the NINR's strategic areas, including health promotion and disease prevention; improving quality of life through self-management, symptom management, and caregiving; and end-of-life research. Role: Core Faculty; Mentor	Pepper & Beck (PI)	2013/07/01-2018/06/30
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Claire M. Fagin Faculty Fellowship National Hartford Centers of Gerontological Nursing Excellence/Gerontological Society of America Interactions among mental health, quality of life and minority-specific stress for older LGBT and African American adults with chronic illness. This postdoctoral fellowship supports faculty pursuing further development in gerontological nursing science and professional leadership. Research funded by this award will employ mixed-methods design to develop and test a minority-stress model of how distal stressors, including interactions with health care professionals, influence symptoms, mental health, and pain outcomes for older adults with chronic illness who identify as LGBT or African American. Role: PI	Cloyes (PI)	2014/07/01-2016/06/30
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Mayday Fund Interactions among mental health, quality of life, pain and minority-specific stress for older LGBT and African American adults with chronic illness This pilot study investigates the effects of minority stress, including perceived discrimination in medical settings, on pain and pain-related functional impairment among older adults with chronic illness who identify as LGBT or as African American. Role: PI	Cloyes (PI)	2014/07/01-2016/06/30
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Completed Research Support

Research Committee Faculty Research Grant University of Utah College of Nursing	(Cloyes, PI)	2012/02/01-Present
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Prison hospice from the perspective of the prisoner volunteer

This study documents and analyzes qualitative data gathered from inmate hospice volunteers who participate in peer-care prison hospice programs in five prisons across the state of Louisiana in order to describe inmate volunteers' perceptions of hospice and hospice care, identify their motivation to provide voluntary EOL care as expressed by inmate volunteers, and compare and contrast the EOL volunteer role in prison with community-based volunteers.

Role: PI

University of Utah Center on Aging Cloyes (PI) 2011/07/01-2013/06/30

Aging and Dying in Prison: Toward an Effective Sustainable Model of Prison Hospice

This study had two integrated aims: 1) To collaborate with Louisiana State Penitentiary hospice staff and prisoner volunteers to identify and operationalize patient- and program-level outcomes directly associated with the inmate volunteers; 2) To analyze patient and institution-specific effects of the prisoner hospice volunteer model on patient outcomes such as symptom management, and on program outcomes.

Role: PI

ACS PEP-11-165-01- PCSM Ellington (PI) 2011/01/01-2013/06/30

American Cancer Society Pilot and Exploratory Projects in Palliative Care

Hospice Nurse-Cancer Caregiver Communication: A Foundation for Intervention

This qualitative study analyzed data from national experts, hospice nurse and family caregivers on communication skills needed for promoting home hospice family caregiver competence and confidence.

Role: Co-Investigator

HRSA Innovative Education Groot (PI) 2008/07/01-
2011/08/01

Supporting and Sustaining Advanced Practice Psychiatric Nurses for Mental Health Services in Rural and Marginalized Communities

This program helped meet critical workforce demands by increasing training and education opportunities for psychosocial mental health APN students who practice in rural areas and/or provide mental health services to rural adults and older adults. The program blended distance and on-site didactic and clinical coursework and training.

Role: Co-Investigator

University of Utah Teaching Committee Individual Grant Cloyes (PI) 2010/10/01-2011/06/30

Developing a high-fidelity web-based learning environment to promote cognitive flexibility for APNs

This grant supported development of a smart-game approach to teaching critical issues related to the care of individuals with serious mental illness to psychosocial mental health advanced practice nurses (APNs); innovative techniques included the combination of unfolding case studies, multimedia content including actors portraying patients in video and audio content, a web-based interactive interface and clinical debriefing.

Role: PI