Dear Colleagues,

Inside this latest edition of APNA News: The Psychiatric Nursing Voice, you’ll find conversations with several inspiring psychiatric-mental health nurse leaders who are making a difference in mental health care every day.

I encourage you to develop your leadership skills through the use of the many resources available to you: Use APNA’s evidence-based continuing education to form a basis for advocating for a new protocol in your setting, mentor colleagues through the APNA Member Bridge online community, or present at an APNA Conference. There are so many options just waiting for you.

Speaking of conferences, remember to plan for the two conferences that APNA hosts each year! Registration for the APNA 14th Annual Clinical Psychopharmacology Institute in June is now open. This preferred event for nurses by nurses. It boasts a program that focuses on real world applications of scientific advancements and best practices in psychopharmacology. This October 19-22, join me in Hartford, Connecticut for the one of the largest annual gatherings of psychiatric-mental health nurses in the US – the APNA 30th Annual Conference (program information will be coming soon).

Nothing quite compares to the experience of gathering with your professional community face-to-face to learn, share, and grow…it is profoundly energizing!

Mary Ann Nihart, MA, APRN, PMHCNS-BC, PMHNP-BC

Face-to-Face with Your Professional Community
Don’t miss APNA’s two national educational conferences:

APNA 14th Annual Clinical Psychopharmacology Institute
June 9-12, 2016 • Baltimore, Maryland • www.apna.org/CPI
A psychopharmacology conference planned for nurses, by nurses.
Earn continuing education in sessions offering the latest in:
• Schizophrenia • Sexual Dysfunction & Psychotropic Drug Interactions
• Alzheimer’s Disease • Eating Disorders • Prescribing for Military Populations • Integrated Care

APNA 30th Annual Conference
October 19-22, 2016 • Hartford, Connecticut • www.apna.org/AnnualConference
The premiere event for psychiatric-mental health nursing, offering a diverse program presented by psychiatric-mental health nurses from across the country.
Explore innovations and best practices in:
• PMH Nursing Leadership • Research • Undergraduate, Graduate, & Postgraduate Education
• Administration • RN & APRN Practice • Pharmacological & Nonpharmacological Interventions

Q&A with Chris Walker, MSN, RN, MHA
This past October, Walker presented a session at the APNA 29th Annual Conference on best practices she and her staff implemented at CentraCare Health, where she is the Director of Inpatient Mental Health Units & Behavioral Access Services. Below, she answers a few questions about her presentation:

Q: What sparked your interest in reducing avoidable readmissions?
CW: I have been involved with Reducing Avoidable Readmissions Effectively (RARE) since 2009 when I had the opportunity to collaborate with several hospitals in Minnesota. I’ve always wanted to ensure that our patients do not have to return to the hospital, if at all possible. Each hospitalization can be a crisis for our patients and their families and I want to help them know the warning signs before a readmission is warranted.

Q: What are 3 key takeaways that you hope nurses will gain from your session and integrate into their practice?
CW: 1. Listening to our patients’ stories is the most important gift we can give them.
2. There are best practices that can help facilities ensure that patients can learn effective coping strategies that will work for them in real life.
3. Establishing a recovery goal with patients empowers them to work on goals that they are passionate about and that will help them to decrease mental health symptoms.
When the Great East Japan Earthquake and Tsunami Disaster occurred on March 11, 2011, I noticed that people react very differently to the same event. Some people continue to struggle with horrific memories and nightmares, while others are able to bounce back and even experience growth because of the event. I am curious as to what makes such a difference in people's reactions when we face challenges.

I would like to express my deepest gratitude to my PhD colleagues for their support and encouragement throughout the research. I would also like to express my gratitude to my family and friends for their love and support.

Chasity Hearn, BSN, RN
Thomas Ryan, RN, BSN
Vera Williams, RN, BSN

www.apna.org/ConferencePodcasts

Reducing Avoidable Readmissions Effectively—continued

Q: Why present these best practices at the APNA Annual Conference?

CW: Presenting at the APNA conference is an experience that psychiatric nurses should be a part of at least once in their nursing career. It is validating to talk to other peers to hear that what your facility is currently working on with patients is similar to other facilities. It is also rewarding to learn that some of the best practices we have implemented have not been tried in other facilities. I love sharing these practices in hopes that other facilities can use them to help their patients.

You can access a podcast of this session at www.apna.org/ConferencePodcasts.

ATP: Beyond Psychiatric-Mental Health Settings

Kameka Totten is Department Director of 5 East Medical Unit & Flexible Resources at Wesley Long Hospital in Greensboro, North Carolina. She and the nurses on her department provide care to a significant number of patients with comorbid medical and psychiatric illnesses. Recently she and more than half of her nurses completed the APNA Transitions in Practice Certificate Program (ATP) to assist them in meeting the needs of this medical-psychiatric population.

“Previously, we treated patients based on simply the prescriptions of the Medical Provider,” says Totten. “The nurses on the unit had knowledge of basic skills and therapeutic communication in caring for this specific population.” After completing the program, the team has seen a remarkable difference: “Now, we are able to therapeutically tease out underlying issues and concerns of this population and resolve or provide appropriate resources/reerrals to effectively manage or overcome problems,” says Totten. “This also allows us to be more focused on the goal of creating a more complete plan of care and to hopefully decrease the length of stay and readmissions of patients.”

The online self-paced program covers topics that form the foundation of psychiatric-mental health nursing: therapeutic environment, recovery, risk assessment, psychiatric-mental health disorders, addictions, and psychopharmacology. It reviews the pathophysiology, causes, signs and symptoms of disorders as well as the treatment of psychiatric illnesses. While the content was developed to help optimize success in psychiatric-mental health nursing practice and improve healthcare outcomes for persons with mental health disorders, the need for this education extends to departments like Totten’s.

“IT had a well-rounded approach that led to our nurses becoming far more capable and confident in caring for the patients that we receive. Following this time period, I have noticed that our team has been less reticent in regards to receiving this patient population as admissions onto our inpatient unit from the Emergency Department,” says Totten. “This willingness to eagerly accept medical-psychiatric patients has positively impacted our throughput times to a more acceptable timeframe. Without a shadow of a doubt, this educational opportunity has been invaluable to our team and for our patients.”

Visit www.apna.org/atp to learn more about the APNA Transitions in Practice Certificate Program.

SAMPLE OF INTERVENTIONS COVERED IN THIS SESSION

- Communication Techniques
  - ex: Follow-up phone call within 72 hours of discharge
- Illness Management & Recovery
  - An evidence-based step-by-step program with an emphasis on practicing skills
- Unique Treatment Plans
  - Plans developed with patients and interdisciplinary team for unique needs
- Interdisciplinary Staffing Note
  - Includes: Illness Management & Recovery, Dialectical Behavioral Therapy Protocol, Integrated Dual Disorder Treatment (IDDT), and Transition Plan
- Bedside Shift Report
  - Includes: warm handoff, SBAR report, focused patient and safety assessment, review of task, identification of patient and family needs/concerns

The Genetic Influence on Resilience to Potentially Traumatic Events

In 2015 Kosuke Niitsu was awarded a $10,000 grant from the American Psychiatric Nursing Foundation to fund his research, “Genetic Influence on Resilience to Potentially Traumatic Events”. Niitsu, currently a doctoral student at the University of Nebraska Medical Center, took the time to share a little bit about his research with us.

HOW IT STARTED

KN: When the Great East Japan Earthquake and Tsunami Disaster occurred on March 11, 2011, I noticed that people react very differently to the same event. While some people continue to struggle with horrific memories and nightmares, others are able to bounce back and even experience growth because of the event. I became curious as to what makes such a difference in people’s reactions when we face challenges.

THE RESEARCH

KN: Most of us at some point go through difficult times, yet many of us are surprisingly ‘resilient’, able to eventually smile again and get on with our lives. The question is, why are some people more resilient than others? I began wondering if people may vary in their genetic makeup, and if certain genetic variations predispose them to stress-related disorders, they may be at increased risk for PTSD, for example. However, scientists have begun to find that people with the same ‘vulnerability’ genes may also have the potential to flourish if in a more supportive environment.

WHY IT MATTERS

KN: We know there is no ‘one-size-fits-all’ intervention to address mental health concerns. Resources are limited especially in the face of chaotic situations, such as natural disasters. If people experience adversity and carry genetic variations which predispose them to stress-related disorders, they may be at increased risk for PTSD, for example. However, scientists have begun to find that people with the same ‘vulnerability’ genes may also have the potential to flourish if in a more supportive environment.

THE FUTURE

KN: As psychiatric-mental health nurses, we understand how important the environment is. I believe it is our responsibility to create a caring environment, preferably an individually tailored milieu, to maximize people’s potential to become resilient. It is my lifelong goal - beginning with this research - to develop personalized interventions, possibly based on an individual’s genetic makeup, to increase efficiency and aid us in this.

FINAL THOUGHTS

KN: I would like to express my deepest gratitude to my PhD committee members: Drs. Julia F. Houlek (chair), Michael J. Rice, Scott F. Stoltenberg, Kevin Kupzyk, and Cecilia Barron for their support and encouragement throughout the research. I also want to thank APNA: I was selected as an APNA Student Scholar in 2012 and it gave me a new identity, commitment, and motivation. I have participated in APNA Annual Conferences for the past five years and I am very much looking forward to Hartford in October!

Want to join Niitsu as an APNF Research Grant recipient? The APNF is now accepting applications for the 2016 funding cycle. Visit www.apna.org/Foundation to learn more.