

PRESIDENT'S MESSAGE



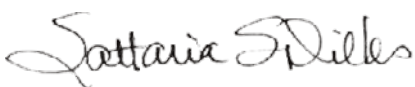
Hi y'all! It is with gratitude and excitement that I introduce myself to you as your new APNA President. I hail from Louisiana and am a long-time professor and co-coordinator of graduate programs at McNeese

State University. Mental health nursing has been my passion since I started in this field as a mental health technician in 1975, and I am thrilled to be able to spend time with all of you who share this passion.

I often say that psychiatric-mental health nurses are the 'unicorns' of nursing – we are a special breed of nurses who are lucky enough walk alongside incredible individuals as they pursue recovery and health. That's why I have selected as this year's theme, **Psychiatric-Mental Health Nurses: Proud Partners in the Journey to Whole Health**.

Part of being a proud partner is identifying and sharing the touchpoints where our ability to partner with patients and advocate for them with other providers made a real difference. As you think about the APNA Annual Conference Call for Abstracts, which opens in January, I challenge you to consider how you can frame your content expertise, your innovative practice, or your research in a way that showcases how this partnership approach has promoted whole health amongst the populations you work with.

When we disseminate best practices, research, and information in a way that deliberately frames our profession proudly and highlights its unique qualities, we rewrite the script about psychiatric-mental health nursing!



Sattaria (Tari) Dilks,
RN, DNP, APRN, PMHNP-BC, FAANP



Lessons Learned in Administration, Education, Research, & Practice

Encompassing a variety of approaches to improve patient care, these posters earned First-Place at the APNA 33rd Annual Conference. Find the categories geared toward your areas of interest and see what new evidence-based information you discover from these summaries.

ADMINISTRATION

Operationalizing Agile Principles in Ambulatory Mental Health Service Redesign to Address Issues of Patient Access, Service Quality and Cost Control – Nicole Kirwan, RN, BSCN, MN, CPMHN(c)

Studying and implementing agile supply chain principles might be an answer to improving patient access to care and reducing overtime costs. By listening to patients, monitoring demand information, and improving processes and structures, ambulatory mental service providers achieved significant improvements: **wait times improved by 52%, patient satisfaction by 40%, and overtime costs were down 38%**.

EDUCATION

Promoting Cultural Humility: LGBTQIA+ Education for Healthcare Providers – Lexi Robertson, BScN, RN; Lauren Connelly, BSN, RN-BC

In response to disparities in mental health care for LGBTQIA+ patients, the authors developed a 2-hour workshop to increase the caregivers' cultural competence. Through exercises, role play, and reflective work, participants identify changes they can make to their practice. **Post-surveys indicate 100% of participants are more comfortable interacting with LGBTQIA+ patients.** Next, an examination of patient satisfaction rates will ensure improved outcomes and equitable environments.





CALL FOR ABSTRACTS

Your Presentation Title Here

The APNA 34th Annual Conference Call for Abstracts opens January 2! This year's conference theme is *Psychiatric-Mental Health Nurses: Proud Partners on the Journey to Whole Health*. You are invited to submit an abstract proposal for poster and/or podium presentations to share your innovative ideas, research, practice expertise, and more. The deadline for submissions is March 2, 2020.

Learn more at www.apna.org/CallforAbstracts

PRACTICE

Reducing Stress Among Psychiatric-Mental Health Nurses – Ly Ngo, RN, BSN; Vanessa Jenkins, PHN, RN

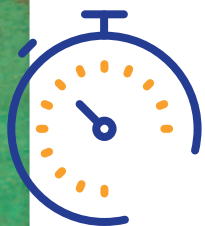
PMH nurses encounter stressful situations both routinely and when other factors, such as changes in their work environment, are at play. Staff reorganization and restructuring can lead nurses to feel undervalued and uncertain about the future. These anxieties may undermine the ability to provide effective patient care. By incorporating **guided relaxation approaches to culture change meetings**, stress is reduced, minimizing the effects on turnover and quality of care.

Implementation of Nurse-Delivered Recovery Education for Adults in the Inpatient Psychiatric Setting – Janet Passley-Clarke, DNP, CRNP, PMH-BC

Recovery-oriented care can **produce savings for health-care organizations and result in better quality of life** for patients: Pre and post survey data of nurses trained in the fundamentals of recovery-oriented care, along with surveys from patients on Quality of Life, showed that recovery-oriented care reduces hospital readmissions and thereby cuts costs for healthcare organizations.

Suicide Prevention: A System-wide Approach – Harry Walk, MSN, BA, RN, NE-BC; Sharon Repko, MSN, APN, PMHCNS, BC

The authors credit the involvement of inter-professional teams with success of a program **that decreased the number of suicide activity incidents by 66%**. RNs were included in every step of patient care as screening tools were identified and protocols developed. The data give hope that suicide is preventable and add evidence to support the need for screening, assessment, treatment, and follow-up care.



RESEARCH

Bridging the Gap: Standardized Patient Facilitated Simulation for Psychiatric Nurse Residents – Brittany Haskell, DNP, MA, PMHNP-BC; Matthew Schroer, DNP, PMHNP-BC

The transition from student to practicing nurse can be daunting. Embedding standardized patient-facilitated simulations in behavioral health nurse residency programs can help. Through this training, nurse residents experience **increased confidence in essential nurse competencies** like communication and conflict resolution. Currently emerging in nursing education, programs like these are an option for nursing residency programs nationwide.

STUDENT

Fighting Antipsychotic-Induced Obesity using a Common-Sense Approach – Gabriel Fernandez, PMHNP-BC

Counseling healthy approaches can lead to weight loss in patients taking antipsychotic medication. Follow-up visits present an ideal opportunity for patient-centered intervention, making this a feasible and effective solution.

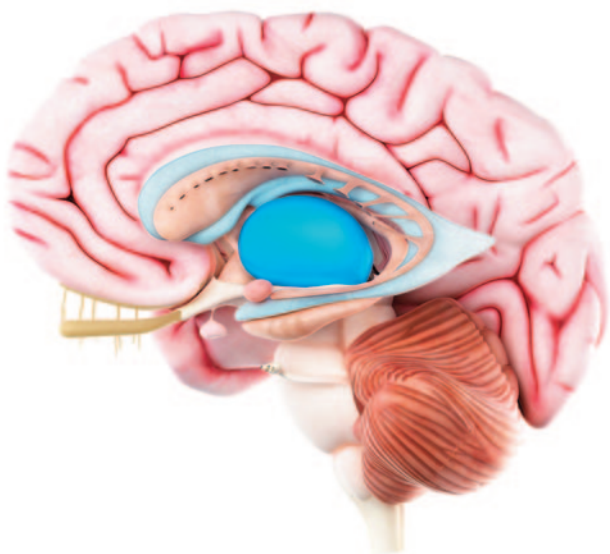
To explore these topics more in-depth and benefit even more from the lessons learned, view the full gallery of posters at www.apna.org/PosterGallery

Making Sense of the

BRAINI

MM

Meet Hal. Hal has a lot of work to do. Hal processes and distributes almost all sensory and motor information going to the cerebral cortex. Hal regulates and integrates levels of awareness and emotional aspects of sensory experiences.



When we see something, hear something, taste or touch something, Hal helps us respond. Also known as thalamus, Hal doesn't function properly when a patient is experiencing psychosis. Sensory stimuli, such as a provider asking questions, can trigger dissociating or "spacing out" in order to avoid what is perceived to be a dangerous situation. One approach to alter this pattern is to help the patient understand what is going on inside that is making them react this way.

Dr. Mary D. Moller, DNP, ARNP, PMHCNS-BC, CPRP, FAAN, has created "a unique and fun way to re-

member key brain structures that makes it easier for patients to grasp a beginning understanding of what's happening in their brains." Through a depiction of relationships between and among brain anatomy and physiology, human behavior, psychiatric disorders, and nursing interventions,

nurses gain a deeper understanding of the neurobiology behind the actions, helping to enhance compassion and ability to relate. The increased knowledge of brain function, also helps nurses target symptoms more efficiently and accurately, improving the effectiveness of care for patients.

Moller explains that humans respond to interpretations the brain makes from the data it receives via the five senses. The brain is like a computer, if there is any interruption in the processing of data such as glitches in input, throughput, or output due to problems with the software (internal processing systems) or hardware (brain anatomy and physiology), abnormal human behavior may result.

The training, including evaluating brain scans of patients with schizo-

phrenia and other disorders, prepares nurses to identify appropriate treatment plans and explain complex processes in plain language. Moller notes, "It is so rewarding to see the awareness begin that the patient wasn't inherently 'sick,' but it was their brain that was misfiring."

Despite our best intentions and education, patient behavior can cause us to react in a way that is counterproductive. But by focusing our attention on the biological causes of the behavior we encounter in our practice, we can provide more effective compassionate care. And if we can help our patients and their families understand these processes, they can be more understanding and compassionate as well.

This training is now accessible as certificate program from The American Psychiatric Nurses Association: Understanding the Brain-Behavior Connection. To learn more and earn up to five hours of continuing nursing education visit <https://e-learning.apna.org/brain-behavior>.

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Listen Understand Repeat Back Develop Trust

When you are listening to a patient, do you ever start forming your response before they have finished talking?

Try listening only for the purpose of understanding how the other person feels. Listening is an important component of **Motivational Interviewing (MI)**, an essential skill when guiding an individual to understand why their behaviors may be inadvertently interfering with their efforts to improve their lives.

Example: Your patient is a young adult with symptoms of schizophrenia that they have tried to self-manage. They are now thinking that treatment might have merit. Their mind is occupied with all the implications: medications that can have devastating side effects, devoting time to regular counseling, and the reaction from worried relatives. *Whew! That's lot to digest!*

So, while you are the nurse assigned to go over how to take their medications, you can **do more than discuss dosage**. You can listen to their concerns and repeat those back to them. They are more likely to continue with their treatment if they feel heard and develop a sense of trust with you.

The MI process helps the individual understand that their behaviors and values either support or conflict with their desired outcomes. The next time you meet with a new patient, try listening only with the **purpose of understanding** first. You might find that the next conversation about specific strategies will be more effective.

APNA offers a FREE training for members on Motivational Interviewing with 3 contact hours:
<https://e-learning.apna.org/motivational-interviewing>.

