

PRESIDENT'S MESSAGE

I believe in the power of connection. You may have gathered that from the theme I chose for this year: *Psychiatric-Mental Health Nurses: The Whole Health Connection*. Connection is at the heart of what we do. I believe that's why most of us go into this work – because connection is a priority for us. I also believe that's why we join APNA - because it provides us with rich connections with our colleagues.



There are so many opportunities this time of year to connect to your association of professionals. I made a list of a few of them below because I want to challenge you to take advantage of one (or more). Doing so will help you truly engage with the organization that exists to support you, me, and our colleagues:

- Collaborate on an abstract for the APNA Annual Conference (apna.org/CallforAbstracts)
- Apply to receive funding for your research via an APNA Research Grant (apna.org/ResearchGrants)
- Recognize a colleague by nominating them for an APNA Award (apna.org/AnnualAwards)
- Throw your hat in the ring for a position on the APNA Board of Directors or 2020 Nominating Committee (apna.org/CallforNominations)
- Nominate a student for the APNA Board of Directors Student Scholarship (apna.org/StudentScholars)
- Meet your colleagues face-to-face at one of APNA's 2019 conferences (apna.org/UpcomingConferences)

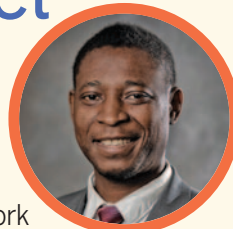
I look forward to connecting with you and "let the good times roll" at the APNA 33rd Annual Conference, this October 2-5, in New Orleans!



Gail R. Stern, RN, MSN, PMHCNS-BC
President

How to Write a Successful Abstract

Chizimuzo (Zim) T.C. Okoli, PhD, MPH, MSN, RN, CTTS
Chair, APNA Scholarly Review Committee



As practicing psychiatric nurses and nurse scientists, presenting at conferences is a crucial part of our professional role. Conferences provide an opportunity to network with colleagues who have similar interests and showcase cutting edge research and evidence-based practice to advance nursing science and the profession. My favorite conference to attend is the American Psychiatric Nurses Association Annual Conference. I haven't missed one since attending my first in 2014.

A great way to share your research, education, administration, or evidence-based practice is through submitting an abstract. With colleagues, I have submitted several abstracts for APNA Annual Conferences, resulting in both poster and podium presentations. It's been satisfying to see such presentations inspiring more research and evidence-based practice.

The key to developing a successful abstract is to remember that writing is more of a skill than a talent. With some guidance and conscientious practice, anyone can learn how to write a good abstract. Some key pointers:

- 1 Read several abstracts, especially those of award-winning presentations. This will give you a sense of abstract structure, style, and content that is appealing
- 2 Begin drafting your abstract early, so that you have time to communicate your ideas in a compelling way.
- 3 Writing an abstract is like telling a story - make sure you have an engaging title related to the main ideas of your presentation.
- 4 Follow the instructions for the call for abstracts carefully. Keep to the word limit within each section.
- 5 Read the finished abstract aloud to yourself or someone else to detect grammatical and editorial errors.

I hope you consider submitting an abstract for the upcoming APNA conference this October 2-5 in New Orleans, LA. I look forward to reading your submission and getting inspired by the ideas you contribute to promote wellness, prevent mental health problems, and provide care and treatment of persons with psychiatric disorders.

Visit www.apna.org/CallforAbstracts to learn more.

Nurse Leads Community Efforts to Reduce Youth Suicide

Positive changes are mounting in Oregon thanks in part to a passionate nurse and a critical goal – reducing the suicide rate among teens. Michael Polacek, MSN, RN-BC, is a Professional Development Specialist with Salem Health in Salem, Oregon and a former member of the APNA Board of Directors.

Early on in his career, Michael noticed gaps in his training around suicide assessment and prevention. “Hiding all the dangerous objects, completing periodic assessments, and being kind was not ‘care.’ I needed a deeper understanding,” he says. Seeking training focused on intervention and recovery, he found and attended a pilot version

passed stroke deaths and continue to exceed deaths by murder, motor vehicle crashes, and breast cancer. While youth are not the highest age group at risk, when a high school student suicides, there is a particularly painful impact on the community. We have had a rash of youth suicides recently...This is not just a hospital issue; it's a community issue.”

Michael is using a film screening to create a conversation in his community. The one-hour documentary *Resilience* is about the science of Adverse Childhood Experiences (ACEs) and illustrates the cycle of trauma, mental health, and violence. Supplemented with a panel of local providers, the film screenings generate rich dis-

As President of the Oregon Chapter of the American Foundation for Suicide Prevention, Michael works to eliminate stigma and bring awareness about suicide through the Out of Darkness Walks. Oregon also sponsors the only known Walk held inside a prison where inmates raised more money than staff!

Streamlining efforts, avoiding duplication of services, and providing unified resources are strategies of a paradigm known as the Community Service Delivery Model: Self-Healing Communities, one that Michael promotes. He cites the Mid-Valley Suicide Prevention Coalition as an example. After receiving a grant for training to provide QPR (Question, Persuade, Refer) instruction to laypersons, the coalition has prepared thousands to provide interventions. Michael observes, “I had over 50 people in my class. There is a community demand to be part of the response to this epidemic.”

Michael also sought a cultural shift for the L2 trauma center hospital where he works. The center designated a strategic goal of reducing youth suicides and initiated special screenings for youth (ASQ). “Executive leadership has also implemented a cultural change using the Zero Suicide Academy principles and implementing universal screening

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of the **APNA Competency Based Training for Suicide Prevention** as well as the current version.

With expertise and passion for this issue, he is now acting during a time of crisis. “Oregon suicides have been increasing steadily. Last year they sur-

cussions on community issues that impact suicide rates. Viewings held at universities, churches and other public locations engage the entire community and offer awareness and education to individuals who might not otherwise hear this message.



in the Emergency Department. As the busiest ED between Seattle and LA, we can make a difference," he states.

From hospitals to high schools, there is evidence that shifts in thinking and sharing information can lead to improvements. "Communities using the Self-Healing Community Model for eight or more years reduced the rates of seven major social problems: child abuse and neglect, family violence, youth violence, youth substance abuse, dropping out of school, teen pregnancy, and youth suicide."¹

Michael envisions psychiatric-mental health nurses, himself included, aspiring to the role of thought leader and change agent. "Yesterday I met with a core group of community health leaders to begin discussions on how to institute a community collective model that would integrate providers' systems, expand community and professional education, and establish a community culture that is trauma-informed...It's great to see the momentum of a true community response ramp up."

¹ Self-Healing Communities A Transformational Process Model for Improving Intergenerational Health, Robert Wood Johnson Foundation, June 2016.

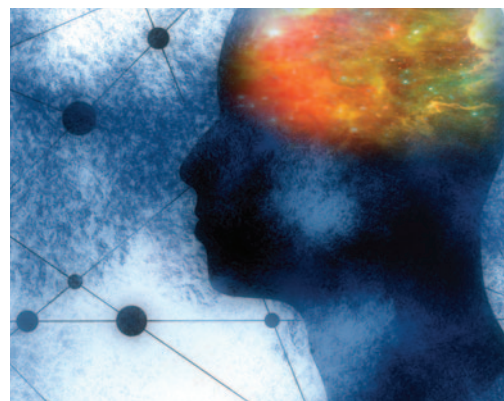
Psychopharmacology REBOOT

Scientific updates are here and ready to be integrated in to your clinical nursing practice. Get the reboot you need to upgrade your skillset at one of this year's **APNA Clinical Psychopharmacology Institutes (CPI)**.

Here are a few updates from the APNA Clinical Psychopharmacology Institute West program. These top-rated sessions were originally presented at the 2018 APNA Annual Clinical Psychopharmacology Institute. They're offered at CPI West this March to reach west coast nurses.

One update concerns a medication that has fallen out of favor. While Lithium is still the first line in treatment options, the percentage of patients with Bipolar Disorder taking Lithium has slightly decreased whereas the percentage of patients with Bipolar Disorder taking Lamotrigine has more than doubled.

In **What's Old Could Be New Again: Recognizing the Benefits and Neuroprotective Effects of Lithium**, CPI favorite and Committee Chair Mary Ann Nihart, MA, APRN, PMHCNS-BC, PMHNP-BC will help you understand which of your patients may be most responsive to Lithium, as well potential mechanisms of effectiveness and loss of effectiveness. You'll get background on bipolar disorder, visuals on the neuroprotective effects of Lithium, and more. Nihart will also walk you through an examination of potential side effects and strategies for monitoring patients on Lithium.



Another valuable update is a biopsychosocial approach to decrease the impact of fear on your patients' activities of daily living. Amygdala connections are at the core of the central fear response system, and the chemistry of fear is a complex process. A vicious cycle begins when, due to chronic stress over time, the corticotropin releasing factor (CRF) receptors desensitize causing higher levels of cortisol. As a result, there are profound consequences on the patient's wellbeing across various dimensions.


The Moller-Murphy model posits that psychiatric wellness is a 'complex phenomenon comprised of measurable biological, psychological, sociological, and spiritual components'. For more background on the bio-psycho-social effects of fear and how the Moller-Murphy model can help you identify strategies to decrease these effects, register now for CPI West where 2018 APNA Psychiatric Nurse of the Year Mary Moller, DNP, PhD, ARNP, PMHCNS-BC, CPRP, FAAN will present **Naming, Framing, and Containing the Physiology of Fear... A Wellness Approach**.

Visit www.apna.org/CPIWest to learn more.



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Winter 2019 Newsletter

A graphic for the 'Call for Abstracts' featuring a saxophone on the left and a large, hand-drawn orange circle on the right. Inside the circle, the text 'Call for Abstracts Now Open!' is written in a blue, cursive font, with musical notes floating around it.

**Call for Abstracts
Now Open!**

**APNA 33rd
Annual
Conference**

Submission Deadline:
March 4, 2019
[www.apna.org/
CallforAbstracts](http://www.apna.org/CallforAbstracts)

REGISTER NOW!

**APNA
Clinical Psychopharmacology
Institute West**

March 16-17, 2019/San Diego, CA
www.apna.org/CPIWest

**APNA 17th Annual
Clinical Psychopharmacology
Institute**

June 6-9, 2019 / Louisville, KY
www.apna.org/CPI