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# APNA NEWS

The Psychiatric Nursing Voice

Winter 2018

## PRESIDENT'S Message



Dear Colleagues,

*What is health equity?*  
 Simply, it's the opportunity for all groups of people to be as healthy as possible. It follows, then, that for us as a nation to achieve health equity, we must ensure that all groups receive equal access to care that enables them to lead full and healthy lives. Since whole health begins with mental health, mental health and substance use needs must be prioritized (at the very least) at the same level as other health needs. We know that that is currently not the case.

That is why I have chosen this as my President's theme for the year: **Trusted Agents of Change: Nurses Balancing Inequities in Mental Health Care.**

This theme, with your feedback, will shape much of our work over the coming year. You play an important part in this. What actions have you taken to break down the barriers that keep our patients from getting the opportunity to be as healthy as possible? I encourage you to use your answers to help you put together an abstract to submit for the APNA 32nd Annual Conference (call opening in January).

Think of APNA in terms of a hive mind: the more concrete actions, concepts, and ideas we share, the bigger of a collective impact we make. Our collective hive of knowledge is reflected no more aptly than in the Annual Conference program every year. Don't miss out on the opportunity to add in your piece!

Sincerely,

Linda Beeber, PhD, PMHCNS-BC, FAAN



THIS IS...

THE GAME SHOW WHERE PSYCH NURSES ASSESS THEIR KNOWLEDGE OF HOT TOPICS PRESENTED AT THE 2017 APNA ANNUAL CONFERENCE.

**On your mark...get set...go!**



From Session 1031: *Understanding the Legal and Regulatory Ramifications related to RN and APRN Psychiatric Practice: Part 2*

**Q: What are the four areas of regulation by the State Board of Nursing?**

A: Education, discipline, practice, and licensure

From Session 1035: *Problem Solving Treatment: A Brief Evidence-Based Therapy*

**Q: What is the first of the seven steps of Problem Solving Treatment (PST)?**

A: Orient, clarify, and define the problem



From Session 2015: *Tobacco Use Among Persons With Psychiatric Illnesses: Successful Interventions to Address a Hidden Epidemic*

**Q: What is the main neurotransmitter responsible for the pleasurable effects of nicotine in the brain, leading to addiction?**

A: Dopamine

From Session 3032: *New York-Presbyterian's Nursing Suicide Risk Inventory: A Daily Nursing Suicide Risk Tool for the Inpatient Psychiatric Setting*

**Q: Why is CURRENT substance use included in the HISTORICAL section of the Nursing Suicide Risk Inventory (NSRI)?**

A: Because substance use is a pre-admission risk factor



From Session 4011: *An Introduction to Medication Assisted Treatments for Opiate Use Disorders*

**Q: What are the three FDA approved medications for opioid use disorder?**

A: Buprenorphine, Methadone, Naltrexone



**Want on-the-go access to these sessions now?**  
 Visit [elearning.apna.org](http://elearning.apna.org). Podcast recordings of sessions from the APNA 31st Annual Conference will be posted as they are available.



## THE BASICS OF ASSESSMENT

From *Psychiatric-Mental Health Nursing: Scope and Standards of Practice*

The *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* lays out the guidelines for assessment, which includes collecting and synthesizing data from the “health care consumer, family, other healthcare providers, and other consumer-identified support systems”. It also means “focusing on the uniqueness of the person”, using effective clinical interviewing skills to develop a therapeutic relationship, and using “therapeutic principles to understand and make inferences about the healthcare consumer’s emotions, thoughts, behaviors, and conditions”.

## FULL BIOPSYCHOSOCIAL ASSESSMENT FOR SUBSTANCE USE DISORDERS

From *Effective Treatments for Opioid Use Disorders: Educating and Empowering Nurses During an Epidemic*

A full biopsychosocial assessment for substance use disorders includes patient engagement through motivational interviewing, gathering information, screening for immediate medical and psychiatric needs, and identification of individual strengths. According to the *2015 Veterans Association Department of Defense Joint Guidelines on Substance Use Disorders*, necessary assessment components are the patient’s: past treatment response, perspective of the problem, motivational level, treatment preferences and long-term goals.

# All About Assessment: HIGHLIGHTS FROM APNA EVIDENCE-BASED RESOURCES

## SUICIDE RISK ASSESSMENT

From *APNA Psychiatric-Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide*

These competencies lay out an evidence-based process for the psychiatric-mental health nurse, including a risk assessment for self-directed violence (non-suicidal and suicidal) both upon admission and on an ongoing basis during the patient’s hospitalization – even in the absence of expressed suicidality. The nurse considers many factors, from the distinction between self-directed violence without the intent to die and self-directed violence with the intent to die, to the patient’s motivation to minimize and/or exaggerate risk. The nurse synthesizes information on a continuous basis, making “a clinical judgement of the risk that the patient will attempt suicide or die as a result of suicide” in the short term and long term. These assessments should be documented initially and also, along with interventions, during hospitalization at key times.

## ASSESSING PERSONS WITH BIPOLAR DISORDER

From *Module 1 of APNA Transitions in Practice Certificate Program*

When completing a nursing assessment of a client diagnosed with a Bipolar Spectrum Disorder, the nursing priority should always be to assess the patient’s risk for suicide. The 15% rate of suicide amongst individuals with bipolar disorder is about 30 times higher than that of the general population. Maslow’s hierarchy of needs guides nurses to first establish safety (by determining suicidality) then to attend to the details of nursing care for persons with bipolar disorder. The APNA Transitions in Practice Certificate Program covers foundational evidence-based knowledge you need, such as this, to provide safe and effective care.

## SPIRITUAL ASSESSMENT

From the *APNA Undergraduate Education Faculty Toolkit*

A spiritual assessment aids in the creation of a culturally sensitive care plan promoting care that meets the needs of patients from diverse cultural, racial, and ethnic backgrounds. One effective standardized scale is the FICA Spiritual History Tool\*. In this mnemonic, F refers to faith and belief - whether a person has spiritual beliefs that help them cope with stress and/or what gives their life meaning. I is to determine the importance of spiritual belief in the person’s life and its role in their health. C is for community – if the person has a community that provides support and is important to them. A is to assess how this person would like the provider to address spiritual components in their healthcare.

\* Information from <https://smhs.gwu.edu/gwish/clinical/fica/spiritual-history-tool>

## VIOLENCE PREVENTION THROUGH ASSESSMENT

From the *APNA Position Statement on Violence Prevention*

The goal of violence prevention is to decrease risk factors and increase protective factors. Each PMH nurse must solicit specific data about factors associated with violence when assessing an individual or family seeking care. Agitation (a notable risk factor) often precedes violence. Studies show that recognizing early warning signs of agitation can preempt violence.



Visit [apna.org](http://apna.org) and use the search box at the top of the page to locate these resources online.

# PSYCHOPHARMACOLOGY FROM COAST TO COAST

If you’re someone who thinks that the west coast is the best coast, here’s some exciting news: The APNA Clinical Psychopharmacology Institute (CPI), held annually in June on the east coast, has expanded to include *CPI West* – a two day psychopharmacology conference this March 17-18 in San Diego, CA. The program will provide the same caliber of clinically relevant sessions that have made CPI the preferred event for psychopharmacology over the past 16 years, and will deliver up to 10 contact hours.



**Why choose the APNA Annual Clinical Psychopharmacology Institute or CPI West?**  
Michael J. Rice PhD, APRN, FAAN, shares his opinion:

“CPI addresses the real management issues, like how to interact and respond to a client when managing the effect of the medications as well as the side effects. Other neuropsychopharm conferences only deal with the neurochemistry and side effects in a classroom environment. There is nothing in those classes about how to manage the relationships and interactions when medications are given. CPI also has the neurochemistry and side effects, but adds so much more from speakers who have actually worked with patients and gives pearls about how to use the relationship to get people well.”



**CPI West**  
Register now at [www.apna.org/CPIWest](http://www.apna.org/CPIWest)!

**16th Annual CPI**  
Registration will open in February.

Not a Member? Call 855-863-APNA or visit [www.apna.org/JoinNow](http://www.apna.org/JoinNow)