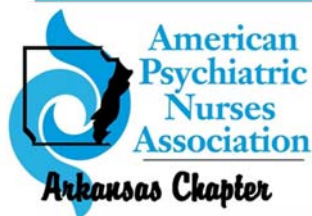


August 2016

# APNA Arkansas Chapter



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## President's Message

Greetings!

Another year has come and gone, and we will soon be celebrating the 3rd Anniversary of our APNA, Arkansas Chapter! With a steady 100 members, we are now striving to hit 125 members by the end of the year. With everything happening in 2016, I know we can do it!

Already this year, we had a great chapter meeting at Del Frisco's in Little Rock. Otsuka sponsored a wonderful dinner and fantastic speaker, Laura Melaro, a PMHNP from Tennessee. Laura spoke on the evidence-base for Abilify Maintenna and was excited to see all we are doing here in Arkansas, as she expressed interest in participating in more of our chapter events.

Specifically, our annual conference! This year's is promised to be our best one yet, so- **MARK YOUR CALENDARS** for Saturday, November 19th for our 3rd Annual Conference, **Lighting the Fire without Burning Out: A Conference for Psychiatric Nurses**, to be held at the Embassy Suites in Little Rock. This year, we have Dr. Susie Adams as our keynote speaker. Dr. Adams is the immediate past president of APNA and Faculty Scholar for Community Engaged Behavioral Health at Vanderbilt University School of Nursing in Tennessee. Our goal for attendance this year is at least 100 attendees- but we need **YOUR HELP** to meet this goal! Now, **YOU** can invite your colleagues and facilities with our conference flyer, included in this newsletter!

We also have a newly-managed Facebook page: APNA, Arkansas Chapter. Our page is now private, meaning that only members can see the posts. Please feel free to share cases, stories, and questions with our growing psychiatric nurse community. We would also love to see our group grow! "Share This Group" and a link will post on your page; tag all of your psychiatric nurse friends and invite them to join! They do not have to be members of APNA (but they do need to be psychiatric nurses) to benefit from the information available on our page! Let's reach out to our colleagues and spread the word!

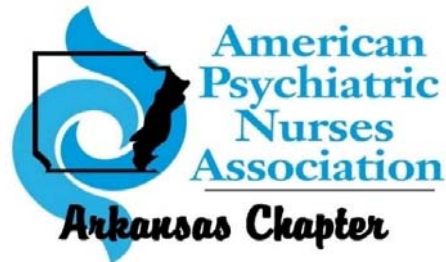
The 30th Annual APNA Conference in Hartford, Connecticut, is just right around the corner- October 19-22! APNA annual conferences always prove to be the most educational, applicable, and FUN conferences that I ever attend! (For more information, visit the APNA homepage.) Again, this year, we offered Conference Scholarship Awards, which include full-conference registration for two members. I would like to congratulate this year's awardees: Crystal Brightwell and Gregory Forrester! **CONGRATULATIONS!** Looking forward to seeing you in Hartford!

I am so proud to be a part of this growing community of psychiatric nurses across Arkansas! As a part of APNA, we have access to invaluable resources and a support system of nearly 10,000 colleagues. It is my hope that we continue to grow as a chapter, as nurses, and as a driving force to provide effective, evidence-based mental healthcare to all of our patients!

To you all, the very best,

Sara Jones, PhD, APRN, PMHNP-BC

**SAVE THE DATE!!!**



**3<sup>rd</sup> ANNUAL STATE CONFERENCE:**

*“Lighting the Fire without Burning Out:  
A Conference for Psychiatric Nurses”*

**NOVEMBER 19, 2016**

**8:00 a.m. - 4:30 p.m.**

Embassy Suites  
Little Rock, Arkansas

**Keynote Speaker:**

**Dr. Susie Adams!**

*Psychiatric Mental Health Nurses:  
The Courage to Lead*

Immediate past president of APNA & Faculty Scholar for Community Engaged  
Behavioral Health at Vanderbilt University School of Nursing

Program will also include:  
Concurrent sessions  
and **5.5 Continuing Education Hours**

*The Center for Distance Health is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.*

[www.apna.org/Arkansas](http://www.apna.org/Arkansas)

## The 2<sup>nd</sup> Annual State Conference in November 2015 was a HUGE success and tons of FUN!!



## Yoga for Psychiatric Nurses. Is it Time to Start Your Yoga Journey?

By Jessica L. Fowler, MNSc, APRN, PMHNP-BC, RYT 200

What is yoga, and how can it help? That is the question that I wanted to answer in January 2015. I had been a psychiatric nurse practitioner for 6 months, and my search for evidence for non-pharmacological interventions for my patients kept coming back to yoga: yoga for anxiety, depression, menopause symptoms, anger, insomnia, yogic breathing to cope with trauma related stress, and of course the overall physical health benefits. Even with all of this research and evidence, I found it difficult to communicate to patients exactly what to expect from a yoga class, how to access a yoga class, or basically anything besides, “research says yoga is good for you.” So, I decided to give it a try. I quickly went from a beginner’s class, to practicing 6 days a week, to taking more advanced classes and workshops, and this April, I completed yoga teacher training, and these are the answers that I found to my original questions:

Yoga is an ancient practice with origins in Asia. The word “yoga” is Sanskrit for “union” and in many yoga classes instructors focus on helping students to *unite* movement and breath. The main focus in most western yoga classes is asana (poses/movement), pranayama (breath), and meditation. Dozens of styles of yoga are available to all levels of students varying from traditional forms of yoga to more modern styles depending upon the studio. In the general population, routine yoga practice can: improve memory and focus, lower stress/anxiety levels, increase strength and flexibility, lower heart rate/blood pressure, improve sexual function, reduce chronic neck and back pain, strengthen bones, improve balance, promote healthy weight, lower anxiety, and lower risk of heart disease. For the psychiatric nurse considering recommending yoga to patients, whether for general benefits as listed above or for specific populations, research articles can be found describing specific interventions and evidence based recommendations.

While we can all identify patients who could make gains from yoga, it is also important to note that research has pointed to the benefits of yoga for mental health professionals. Lin, Huang, Shiu, and Yeh (2015) note that mental health professionals including psychiatric nurses are at risk for burn out due to factors of having to maintain a persistent positive attitude in the face of patients at risk for violence or suicide; demanding time constraints; and a level of decision making and prolonged interactions with complex patients that result in emotional exhaustion. Lin, et. al (2015) administered a 12 week yoga program to mental health professionals and found that after only 12 weeks, work related stress and stress adaptability improved significantly compared to a like group which did not receive the yoga intervention. Yoga facilitates these changes in how we deal with stress by promoting neuroplasticity through new movements, new approaches to old patterns, and the opportunity to become aware before acting; and these changes are not limited to how we cope with stressful work situations. Imagine the possibilities with home life, in heavy traffic, around the holidays, or in general day to day life.

A wealth of evidence is available recommending yoga as a treatment for a variety of illnesses. Just as relevant is the evidence that yoga is a beneficial self-care practice for psychiatric nurses. A fantastic quote that I heard this weekend at a yoga festival: “If you are happy with everything going on in your life, stay away from yoga.” What I think this instructor meant is that if you are looking for a healthy, guided way to move your body and discover and develop yourself, then yoga is for you.



I have gathered a few resources for free or affordable yoga classes around the state. None of the studios or classes here are endorsed by APNA or APNA-AR, but are just meant as general information. I encourage you to research studios in your area to find the right fit for you. Also, these are only a few resources in limited areas of the state that I found via Google search; there are hundreds of studios around the state, and looking for free community classes, donation based classes, or new student specials is a good way to get started before committing to a monthly fee.

- The Yoga Place <https://www.facebook.com/theyogaplaceHS/> - Hot Springs; offers 1 free class pass to anyone showing their APNA membership card
- Yoga Deza <http://www.yogadeza.com/> - Fayetteville and Bentonville; offers a free community class every Friday at 6PM at both locations
- Big Rock Yoga <http://www.bigrockyoga.com/> - Little Rock; offers your first class for free on Saturdays at 7:30AM and also a donation based class at the AR River Farmer's Market on Saturdays and Tuesdays
- The Yoga Studio - <http://yogalinda.net/index.cfm> - Camden; offers your first class for free
- Go Inside Yoga - <http://www.goinsideyoga.com/> - Conway; offers a new student special of 10 days of unlimited yoga for \$10

Recommended reading:

*Yoga for Emotional Balance* by Bo Forbes

*Journey into Power* by Baron Baptiste

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Lin, S., Huang, C., Shiu, S., and Yeh, S. (2015) Effects of yoga and stress, stress adaptation, and heart rate variability among mental health professionals – a randomized controlled trial. Retrieved from:

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## Should We Assess for Postpartum Depression?

By Willa Rose Shields, MNSc, DNP (c), APRN, PMHNP-BC

Maternal mental health issues of depression are a chief public health concern globally. According to Rahman et al. (2013) approximately 10% of pregnant (perinatal) women and 13% of postpartum (postnatal) women experience mental disorders, primarily depression. The U.S. Department of Health and Human Services (2013) reported 3.95 million births in the United States (U.S.). Childbirth can be a much anticipated and happy event, for most. However, approximately 9-16% of women experience complications of postpartum depression (PPD), which generally peaks at 2-6 months postnatally, 25-50% are depressed for more than 7 months, and many continue to experience depression for greater than 1 year (Sit & Wisner, 2009).

Approximately 10-15% of women can experience severe symptoms that worsen maternal functioning (Sit & Wisner, 2009). If untreated, postpartum depression leads to maternal difficulty in developing a firm bond with their babies and subsequent cognitive, behavioral, language, and development delays in their infants (Sagami, Kayami, & Senoo, 2004). The maternal perinatal period is a key time for depression assessment due to developed bonds with health care professionals (Wisner, Sit, McShea, Rizzo, Zoretich & Hughes et al., 2013). Providers' adequate evaluation for PPD risk factors and symptomology recognition are crucial in providing early effective care in women with PPD. Women with PPD symptoms are at greater risk of filicide. "Filicide is the killing of one or more children by a parent, stepparent, or other parental figure" and comprises 15% of all murders in the U.S. (Mariano, Chan, & Myers, 2014, p. 46). Yarwood (2004) lists the highest rates of child homicide (filicide) among six countries (England and Wales, Scotland, Canada, United States of America (USA) and Australia). The U.S.A. had the highest infant and child homicide rates, compared to other developed nations, infanticide (less than 1 year) rate 8 per 100,000, children (age 1-4 years) 2.5 per 100,000 and children (5-14 years) at 1.5 per 100,000 (Friedman, Horwitz, & Resnick, 2005).

### Problem

Untreated PPD may lead to missed follow-up medical visits, delayed mother-baby attachment, inability to assume the responsibilities of caretaking, and a greater possibility of suicide or filicide. PPD strains relationships, causes financial difficulties in families, upsets social connections, and affects engagement with others. The effects of untreated PPD can affect parenting (mother child interactions), health practices (mother's infant and self-care habits), feeding habits (lactation options and infant feeding schedules) and sleep practices (mother's hypersomnia versus insomnia and child sleep cycle) (Paulson, Dauber, & Leiferman, 2006).

Maternal mental illness and early childhood complications in offspring are modifiable and can be thwarted during pregnancy (Wisner, Moses-Kolko, & Sit, 2010). Maternal suicides are a great risk during PPD and account for up to 20% of postpartum deaths (Lindahl, Pearson & Colpe, 2005). The American Psychiatric Association (APA) (2013) reports that mothers with a personal or familial history of major depressive disorder or mood disorder have a greater risk of PPD. Initial occurrence of postpartum episode with psychosis increases the risk of PPD by 30% -50% with each delivery (APA, 2013). Contributing factors such as financial concerns, preexisting mental health disorders, relationship problems, poor social support, unstable home, and multiparity stressors are just a few issues that increase the risk for PPD (Kendall-Tackett, 2010). PPD is common and potentially debilitating if untreated and can be life threatening for both mother and child.

The importance of maternal healthcare provider's (MHP) and mental healthcare providers' awareness of PPD is paramount. Delayed or missed treatment could exacerbate the depressive symptoms and increase the risk of chronic life-long depression or mood disorders (Patel, et al. 2012). The best care for postpartum depression begins with an expeditious assessment of risk factors (family history of mental health disorder, psychosocial status), symptom recognition, evaluation and treatment. Early interventions are significant to improving PPD outcomes for mothers, children and families.

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APNA, Arkansas Chapter

### Important Dates to Remember:

- **APNA 30<sup>th</sup> Annual National Conference**  
October 19-22, 2016  
Connecticut Convention Center  
Hartford, CT  
Opportunity to earn 128+ continuing education hours
  
- **3<sup>rd</sup> Annual Arkansas Chapter APNA Conference**  
November 19, 2016  
Embassy Suites  
Little Rock, Arkansas  
Opportunity to earn 5.5 continuing education hours

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