



NEWSLETTER OF THE INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

CONNECTIONS

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From the President - October 2009



Hello friends. ISPN has enjoyed a very productive summer and early fall; hopefully your autumn is going well and you are finding time to experience the change of seasons.

I will be reporting on our activities these past few months as well as some of the future projects we are hoping to launch.

The Board recently approved two new position statements on the needs of children in Foster Care and on the topic of Female Genital Mutilation (FGM). The FGM paper documents the extent of this practice both here and abroad, as well as the profound impact of the procedure on girls and young women. The position statement recommends diligent assessment of those that might be at risk for the procedure and intervention with families that have been affected by FGM. The paper calls for ISPN to mount efforts to educate the public on FGM as well as collaborate with other organizations towards elimination of the practice. Our appreciation to **Vicki Hines-Martin, J.F. Echeozo and Priscilla Killian** for their work on this important paper.

The Board recently approved two new position statements on the needs of children in Foster Care and on the topic of FGM.

The Board also approved a position paper concerning the mental health needs of children in foster care. This is a group of children that have many unmet needs for mental health services. This

position paper highlights those needs, discusses barriers they face and the essential role of Psychiatric Mental Health (PMH) Nurses in addressing these needs including educating front line child care workers on these issues. The paper also calls for PMH nurses to become involved in the policy arena and advocate for this group of children. Our thanks to **Sally Raphael, Beth Bonham, Pam Galehouse and Charlotte Herrick** who authored this important position paper.

(We) have been focused on creating an infrastructure that will help the organization move forward in an efficient and effective manner.

These past few months the Board and our management firm, The Rees Group, Inc. have been focused on creating an infrastructure that will help the organization move forward in an efficient and effective manner. To that end, several new committees have been created.

One of the new committees is the Communications Committee, chaired by **Carolyn Castelli**. In the past months they have established web policies, reviewed the current content on the website, and have begun planning for ways to make the website a communication and information portal for members. We thank Carolyn and her committee: **Marsha Snyder, Angela McNabb, Sandra Kay Johnston, Anita Dempsey and Mark Soucy**. We hope by the holidays you will start seeing a website with enhanced functionality, holding information valuable to you in practice, education and research.

Another new committee is our Marketing and Development Committee,

chaired by **Peggy Dulaney**. In the past several months, Peggy and her committee have worked tirelessly to devise new strategies to increase ISPN's visibility and augment our financial base. They have worked with the Conference Committee to promote the conference in new and innovative ways. Currently, they are focused on enlivening connections with International Psychiatric organizations. We thank Peggy and her committee **Marilyn Shirk, Jane Neese, Caroline McKinnon, and Carla Groh**, and from the Membership Committee, **Vicki Lachman**. In both these endeavors we also recognize Plumer Lovelace, our Executive Director who has been tireless in helping organize these committees and set them on their course.

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From the President
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Our other committees are also focused on their task. Vicki Lachman and the membership group have been looking at ways to both increase membership and retain our current members. Thanks so much to Vicki for her sustained effort and her committee **Sue Krupnick, Priscilla**

Killian, Melinda Morrisette, Barbara Schoen Johnson, Shirley Mohren-Graves and Cally Woodard. A particular thank you goes out to any members who referred a new member.

This summer and fall we have also been involved in several national projects. You will read about the work of **Edilma Yearwood** and her work with the National Quality and Safety Alliance. The Board voted to endorse the APRN Consensus Model, which is the plan to coordinate licensure, accreditation, certification and education. We will be sending out news from the APRN Consensus coordinating group as it reaches us. I attended a meeting with the American Nurses Credentialing Center and the

We are looking forward to continuing our work and strengthening ISPN as an organization...

American Psychiatric Nurses Association and discussed the exam structure and ways we might increase communication with nurse educators concerning any requirements in sitting for certification. We have joined the group of Nursing and Consumer Organizations-Nursing Community, which is organized by the American Association of Colleges of Nursing. Throughout the fall, this group has sent letters to congress urging health care reform, highlighting issues that affect nursing. In the ACAPN column you will see a report by Beth Bonham who attended the National Association of Clinical Nurse Specialists summit. Thank you, Beth.

It has been a busy and exciting summer and autumn. We are looking forward to continuing our work and strengthening ISPN as an organization, as an advocate for PMH nursing and mental health care and as a platform for connecting PMH nurses.

Sincerely,
Kathy Delaney

New Clinical Handbook

Darlene D. Pedersen is publishing a clinical handbook entitled: *Pocket Psych Drugs: Point-of-Care Clinical Guide*, in consultation with Laura G. Leahy, which should be available around September 2009. This portable handbook will cover over 70 full psychotropic drugs arranged alphabetically and will focus on lifespan considerations (geriatric, pediatric) as well as substance abuse and pregnancy/lactation considerations. Clinical assessments and alerts will be included, as well as black box warnings, BMI/metabolic syndrome, dose equivalencies, treatment algorithms, and much more. Darlene is also the author of *PsychNotes: Clinical Pocket Guide*, which won the 2005 AJN award and is in its second edition. Both books are published by FA Davis Company, Philadelphia, PA (www.fadavis.com).

From the Newsletter Editor



My initial assignment as Editor is to get the members excited about the upcoming ISPN annual conference, which is a central force in ISPN's efforts to

maintain professional nursing excellence in the care and treatment of Psychiatric/Mental Health clients. The conference planning committee has been diligently working to provide ISPN members and guests with a blend of stimulating educational sessions, career networking opportunities, and relaxing social events. The conference will be held April 13-17, 2010, in St. Louis, a city filled with historical sites, delicious restaurants, interesting river haunts, educational museums, and

luscious botanical gardens. The ISPN website has a special link to the 25 best things to do and see in St. Louis, so check it out!

The conference will be a dynamic convergence of Psychiatric/Mental Health nurses from all around the world! Attendees will learn cutting-edge information to improve their practice, engage in meaningful research, and experience a setting that encourages dialogue about key issues affecting Psychiatric/Mental Health nursing. For an added benefit, attached to the conference is the Third Annual Psychopharmacology Institute which begins on April 13.

Lastly, here are my top Five Reasons why YOU should not miss this conference:

1. You have the opportunity to network with nurses from around the United States, as well as from several foreign countries;

2. You can gain essential knowledge about mental health initiatives for clients across the lifespan;
3. You will hear dynamic, nationally known speakers sharing their years of expertise and experience;
4. You will definitely meet very interesting Psych/Mental Health nurses, who are the most FUN people I know, and get to explore the eclectic city of St. Louis!; and
5. You will learn and expand your knowledge base, which in itself is personally and professionally refreshing and rejuvenating.

So "Meet Me in St. Louis" and let's make the ISPN Conference the best ever!

Beverly Hart, PhD, PMHNP

Join Us at the 2010 ISPN Conference in St. Louis!

The ISPN Psychopharmacology Institute and Annual Conference takes place April 13-17, 2010, in St. Louis, Missouri. Mark your calendars to attend! Registration fees for the Conference are as follows:

	By March 15	After March 15
Member	\$445	\$495
Non-Member	\$595	\$645
Joining ISPN with Conference	\$570	\$620
Student (with proof of status)	\$175	\$225
One day Registration (Member)	\$275	\$325
One day Registration (Non-Member)	\$325	\$375

A downloadable registration form will be available on the ISPN website in late December.

The Conference will be held at the Hyatt Regency Riverfront Hotel. The hotel room rates are \$139 per room, per night, for single or double occupancy, \$164 per room, per night for triple occupancy, and \$189 per room, per night quadruple occupancy. The deadline for discount reservations is March 15, 2010.

To make a hotel reservation visit the ISPN website at www.ispn-psych.org and click Conferences. You will find a link to online reservations at the Hyatt Regency Riverfront Hotel. Or, you can call the hotel at +1-314-655-1234. If calling, be

sure to tell them you are with the ISPN Conference in order to receive the discounted rates.

There are many unique attractions, exceptional dining, and great shopping in

St. Louis. You might want to check out the following downtown activities:

1. Go to the **Gateway Arch**: the arch is 630 feet high, and the nations tallest man-made monument. There are many things to do at the Gateway Arch, including the Lewis and Clark exhibit or going to the very top of the Arch! The Gateway Arch is located downtown at 707 North First Street, right on the riverfront, and is open daily. For more information visit their website at www.gatewayarch.com.
2. Walk or bike across the **Eads Bridge**: this bridge was built in 1874, and was the first span across the Mississippi

River in St. Louis, and the first bridge built with steel truss construction. On the Eads Bridge there are great views of the St. Louis Skyline, plus it's free!

3. Tour **The Hill Business Association**: this is a quaint Italian hill neighborhood known for their charming restaurants and shops. The Hill Business Association is located just 10 minutes from downtown. The address is 5980 Southwest Avenue. For more information visit their website at www.shopthehill.com.
4. Check out **Laclede's Landing** for live entertainment, dance clubs, restaurants, pubs, and shops. It is located at 710 N. Second Street in the downtown historic district on the Mississippi River. For more information visit their website at www.lacledeslanding.com.

Need more information on activities in St. Louis? Visit the website of the St. Louis Convention and Visitors Bureau at www.explorestlouis.com. There are many things to do and see in this accessible city!

We look forward to seeing you next April!

Members Connecting with Members

While many of us are still in a "learning curve" when it comes to computer technology, it is obvious that computers provide us with a necessary and effective way to disseminate information, keep abreast of cutting edge scientific information, and just stay "connected" with one another. For over 10 years, ISPN has been working closely with Michael Applegate and his company ProAccess, to provide members with a user-friendly website and homepage and secure server software to ensure safety of personal information such as credit card numbers and personal data. In October 2009, ProAccess and ISPN will be launching a

new and exciting website feature that will allow members to share and dialogue with other members, in essence virtually connecting all our members both nationally and internationally at the touch of your fingertips! From the ISPN Homepage, members can choose to participate in several "Discussion Forums or Threads." A Discussion Thread is just an on-line discussion where members can respond to questions or comments posted on-line by other members. Each Division will have its own Discussion Thread, which will provide a communication forum specific to the needs of that particular division. In addition, there will also

be a general Announcement Thread aimed at the membership as a whole. ISPN members will be able to sign in and join these discussions, post and receive posts from other members, and communicate 24/7. Peer-to-peer interaction is crucial to the success of this endeavor, and this will be an excellent way to network with other Psych/Mental Health nurse professionals and share pertinent ideas and information. According to Michael, "This exciting technology will only be successful if ISPN members PARTICIPATE!" So, look for this new opportunity coming soon to the ISPN Homepage.

Diversity and Equity Committee Update

The ISPN Diversity Committee's mission to identify and respond to mental health issues that affect diverse populations includes several initiatives. During 2009, the Diversity Committee has identified an initiative focused on Female Genital Mutilation [FGM] (or female circumcision) a cultural practice that significantly impacts the physical and mental health of women and female children. The practice of FGM is the partial or total removal of female external genitalia in the absence of medical need, which includes four major types of FGM from clitoral alteration to complete removal of the external genitalia and narrowing of the vaginal orifice.

It is estimated that 100-140 million women and girls are subjected to the practice around the world and about two million girls are at risk to undergo this practice every year. The practice is performed primarily on girls ages 4-10 years (with an age range of 0 -15 years). FGM occurs predominantly in Africa, Asia, the Middle East, and by immigrants in Europe and America. FGM has been outlawed in many countries and condemned by the World Health Organization, human

rights and other women's health organizations. However, there are social, cultural and religious reasons proposed as the rationale for FGM which perpetuates this practice.

It has been well documented that FGM holds significant negative physical sequelae, which vary according to type. These sequelae are both acute and chronic in nature. Although most emphasis has been placed on the physical outcomes of FGM, there are also significant mental health outcomes.

Because of the average age of the victims of FGM, psychological affects are lifelong and impact family relationships. As with other acute traumatic sexual events, feelings of powerlessness and fear are experienced. Loss of confidence and trust in family relationships can affect parent-child and later intimate relationships. Women may feel obligated to, or powerless against, societal norms that support this practice. Research has identified higher rates of PTSD, affective disorders, anxiety, memory loss and dissociation in women who have experienced FGM.

Mental health professional organizations have been slow to address this practice and identifying their role in support of women and children who have experienced FGM or are at risk for FGM. Important steps are to raise awareness and take a stand. The Diversity Committee has begun those steps.

During the 2009 conference, a presentation by **Frannie Echeozo, MSN, RN, Vicki Hines-Martin, PhD, RN, FAAN, and Penney Killian, MSN, PMHNP**, was made on FGM, which included current research and interviews with women who had experienced FGM. In addition, the Diversity committee under **Edilma Yearwood's** leadership endorsed a position paper on FGM developed by the FGM sub-committee (Echeozo, MSN, RN, Hines-Martin, PhD, RN, FAAN, Killian, MSN, PMHNP, and Ernest Lapierre, DSN, RN, APRN-BC). The FGM position paper has been presented to the ISPN Board for approval. The paper will be formally presented to the membership at the next annual meeting. We hope that this beginning will serve as a foundation for collaboration, education, research and clinical initiatives that address the mental health needs of this diverse population.

**3rd Annual Psychopharmacology Institute
and ISPN 12th Annual Conference**

Advancing the Science and Quality of Mental Health

Conference Dates: April 13-17, 2010
Exhibit Dates: April 14-16, 2010
Hyatt Regency St. Louis Riverfront
St. Louis, Missouri USA

**3rd Annual Psychopharmacology Institute • April 13-14
12th Annual Conference • April 14-17**

International Society of Psychiatric-Mental Health Nurses

Report from the National Nursing Quality and Safety Alliance (NQSA)

Submitted: September 21, 2009

To: ISPN Board of Directors

On behalf of ISPN, I attended two of the three in-person meetings of the National Nursing Quality and Safety Alliance Planning Group that were scheduled January 26, April 8, and July 20 at The George Washington University in Washington, DC. There were two types of invited participants: (1) representatives of “convener” organizations (e.g., national nursing organizations that serve the nursing profession broadly), who actively deliberated and served in a decision-making capacity; and (2) representatives of “reactor” organizations (e.g., nursing specialty groups, regional and state organizations, and other interested representatives of nursing), who were encouraged to share their perspectives at selected points of time throughout these meetings. It should be noted that eight convener organizations actively participated and outreach to more than 75 nursing organizations were invited to participate as reactors with 20-30 actively participating.

Goals of NQSA: NQSA is envisioned as a bold partnership among the nation’s leading nursing organizations to “**advance the highest quality, safety, and value of consumer-centered health care for all individuals – patients, families, and communities.**” To achieve this aim, NQSA will work to ensure that (1) patients receive the right care at the right time by the right professional; (2) nurses actively

advocate and are accountable for consumer-centered, high quality health care; and (3) policymakers recognize the contributions of nurses in advancing consumer-centered, high quality health care. The planning work of the NQSA was supported through a grant from the Robert Wood Johnson Foundation and additional grant support is being sought to formally launch the Alliance and fund two years of implementation.

Priorities: Goal-setting, performance measurement, advocacy, leadership, quality improvement and scholarship.

Alliance Conveners: The planning process was driven by approximately 21 nurses, with two representatives from each of eight key national nursing organizations. Faculty from The George Washington University Department of Nursing Education served as project staff for this initiative.

Representative “Reactors”: Participants from approximately 20-30 other nursing organizations actively participated in the planning process. ISPN was the only psychiatric organization that participated.

NQSA’s Membership: Once fully implemented, any nursing organization that is based in the United States and has a national mission, scope, or membership – including professional organizations, specialty societies, and labor groups – is eligible for NQSA membership.

Next Steps: Nursing organizations who would like to participate in NQSA have two options:

1. Participate as a Principal member of the steering committee at a cost of \$2,500 (17 Principals).
2. Participate as a non-Principal at a membership cost of \$750 (seat at the table only).

Finalize development of NQSA rules of governance, membership, nomination process and key content areas. Of note, psych-mental health was not listed as one of the priority areas. I did voice the need to add this citing the safety and quality concerns in our specialty at the July meeting. Psych-mental health (suicide, violence, depression, seclusion and restraints and substance abuse) issues lending themselves to quality, safety and advocacy was added to the content area list.

Recommendation: I would recommend that ISPN participate as a non-Principal member at a cost of \$750 annually. NQSA was notified at the end of October 2009 that they received an additional \$900,000 in grant funding from RWJ to continue this project.

Submitted by,
Edilma L. Yearwood

Hello colleagues,

At the April 2009 meeting of the ACAPN Division held during the 11th Annual Conference in Greenville, SC, members identified three goals for the Division in the upcoming year. They included increasing the visibility of ACAPN as a known entity to the public, increasing communication among members, and representing mental health issues, especially of children, adolescents and families at different public venues. In this issue, I want to update you on how those particular goals are being accomplished.

First, a new position paper from the ACAPN Division will soon be displayed on the ISPN website and in the *Journal of Child and Adolescent Psychiatric Nursing* (JCAPN). Long interested in the needs of foster children as a special population, **Sally Stanley, Dr. Pam Galehouse, and Dr. Charlotte Herrick** authored the Position Statement on Foster Care. The paper was unanimously endorsed by the ISPN Board of Directors at the October Board meeting. When people and other colleagues visit the ISPN website, they will be able to view the paper and understand what ISPN recommends for the care of foster children. The paper will serve as both a way to increase the visibility of ISPN/ACAPN to the public, as well as provide direction to our own colleagues and their practice, research, and education of other practitioners in terms of the needs of foster children.

Secondly, within the next month, a new communication mechanism within ISPN will provide a form of listserv, a threaded discussion forum, that will allow ISPN members to have online discussions with each other. This provides ACAPN Division members a way to communicate with each other via a kind of discussion board. The online communication opportunity is long awaited and will be developed and managed through ProAccess, longtime provider of ISPN website services. We will keep you informed of “the rollout process” and how you will be able to use the new online format. I look forward to stimulating discussions about child and adolescent mental health issues as we will be able to be in contact with members around the world.

And finally, as a representative of ISPN, in July I attended the Seventh Annual CNS Summit in Indianapolis, IN, hosted by the National Association of Clinical Nurse Specialists (NACNS). The Summit was attended by representatives from a variety of nursing specialty organizations (for example, the Oncology Nursing Society [ONS]) as well as the American Nurses Association (ANA); the National League for Nursing (NLN) and the National League for Nursing Accreditation Council (NLNAC); the Commission on Collegiate Nursing Education (CCNE); the American Association of Colleges of Nursing (AACN), and the American Nurses Credentialing Center (ANCC) to name a few. The Summit was held to provide the attending participants with NACNS updates on the work the organization has done regarding

the competencies of masters and doctorally prepared Clinical Nurse Specialists (CNS), CNS Education Standards, CNS Certification and what the CNS role in a reformed health care system will be. I want to discuss one item that was on the Summit agenda, the CNS Certification.

The certification examination, at the request of NACNS, has been developed for the group of CNSs who could not become certified as a CNS because there was no certification available for their specialty and who needed to become certified because regulatory agencies across the country were requiring certification for CNS licensure and reimbursement. While it is true that the CNS Core Exam measures core competencies of all CNSs in the CNS role, across the lifespan and regardless of specialty, it is important to remember that the exam is for those who were educated and practiced in roles for which there was/is no certification exam. For example, I have a friend in Indiana who was educated as a CNS without specialty over 20 years ago. Before there were specialty exams, she practiced as a CNS in the Medical-Surgical area, Case Management, and Dialysis. Not only did she show great creativity in remaining employed as a CNS in a hospital system, she constantly had to justify her role in economic ways to hospital administrators. With certification as a CNS, her expertise and credibility will be a given. Furthermore, as the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (the “APRN Model” which ISPN endorsed after members reviewed it) is implemented, nurses educated as CNSs will be able to continue practicing. Of course, there are three options for eligibility that have been established by ANCC’s Content Expert Panel and approved by ANCC’s Commission on Certification that clearly delineate what criteria must be met in order to take the exam. With more Doctor of Nursing Practice (DNP) graduates educated as CNSs (I am glad to report there are over 200 CNS programs currently in the United States today) and whatever form health care reform may morph into, having a nurse certified as a CNS will provide better care for patients across the lifespan. If a CNS desires specialty certification, he or she can then take the separate specialty certification examination.

I was very impressed with the thoughtfulness and concentrated work that members of NACNS have done in terms of education, competencies and the future. Presenting and/or attending the NACNS March 2010 conference in Portland, OR, would meet the goals mentioned above as developed by ACAPN members. More information is available at the NACNS home page at www.nacns.org If you have questions or comments about the CNS Certification as developed by NACNS or anything else, do please let me know. I would be glad to hear them.

Warm regards,
Beth Bonham

Fall 2009

Greetings from the Adult and Geriatric Division! Did you know that America's older adult population, those individuals age 65 and older, increased by 74 percent between 1970 and 1999 – from 20 million to almost 35 million? This older adult population will expand rapidly as 76 million baby boomers reach age 65 and older starting next year. And it is predicted that by 2030, 20 percent of the total population in the U.S. will represent those 65+: up from 13 percent in 2000. The most sobering data is that within this group of older adults, those 85 years and older comprise the most rapidly growing segment of the U.S. population. We know from numerous articles in the literature and from reports in the media that the health care system in the U.S. is not prepared for this expansion. And, this problem is not just in the U.S, it is worldwide in most progressive countries. I believe that there is something that we as APRNs in PMHN can do within our global communities and to this end, I want to offer you some quintessential points that we need to address in the ISPN membership as well as within our Adult and Geriatric Division. I have highlighted these points to begin a dialogue about the strategic goals within the Division and perhaps to begin to develop workgroups so that we can identify which areas are important to us as an organization. As a reminder, consider these points:

- **Mental illness is not part of normal aging:** Approximately 20 percent of those who are 55 years and older experience mental problems that are not part of normal aging. The most common problems are linked to illnesses and are often treatment resistant. Examples include, in order of prevalence: anxiety, severe cognitive impairment, and mood disorders.
- **Only a small fraction receive mental health services:** Only 50% of older adults who acknowledge that they have a mental health problem actually receive treatment from any health care provider, and only a small fraction of those receive specialty mental health services (three percent). This rate of utilization is lower than for any other adult age group.
- **Decline in PCPs, who are the portal of entry for care for older adults:** Over half of those older persons who do receive mental health care, receive it from their primary care providers, not from a psychiatric-mental health care provider. A study published in the Summer 2009 issue of the *Annals of Internal Medicine* has identified that there is a decline in the number of physicians being prepared for Primary Care (where most older adults seek help) and thus will directly effect the screening of mental health problems and/or referral and treatment in the U.S.

- **Underutilization:** There is an apparent underutilization associated with older adults seeking help for their mental health problems, which then can subsequently lead to mental illness. The reasons for the apparent underutilization include: (a) ongoing stigma; (b) denial that there is a problem; (c) lack of access to mental health assessment and treatment; (d) funding issues; (e) lack of collaboration and coordination between mental health and aging networks; and (f) shortages of appropriate health care professionals.

What can ISPN do? And what specifically can the Adult and Geriatric Division do to meet the needs of older adults and the apparent underutilization that will only increase with the population explosion predicted in the next two decades? Starting with the points above, I would like to challenge you to consider ways in which we as APRNs in PMHN can influence the health care system using the principles of primary, secondary, and tertiary care. To this end, I will begin the discussion by identifying some beginning objectives for either writing a white paper, position paper and/or developing some practice guidelines for those who will be working in the health care system in the next decade. There are a multitude of possibilities for how we can address these issues, so I will start and I look forward to your thoughts and comments which we will discuss at the ISPN conference in April. I will also publish these in the next newsletter. Here are my beginning objectives to discuss for the next year:

DRAFT OBJECTIVE 1: That ISPN align itself with other key organizations (i.e., AANP) to develop continuing education guidelines for PCP (whether they are physicians, NPs, CNSs or PAs).

DRAFT OBJECTIVE 2: That ISPN increase awareness, recognition and treatment for mental health problems in older adults (all Adults) across the nation by participating in setting up nationwide screening days (Depression, Cognitive, Anxiety) in both fall and spring and can parallel the Depression Screening Days that are facilitated every October.

Do you have other objectives, thoughts, or comments? Let me know! Contact me at the email address below. I look forward to this discussion!

Have a great fall!

Victoria Soltis-Jarrett, Division Director (AGPN)
vsoltis@email.unc.edu

Hello ISPCLN Division Colleagues,

I hope that you all enjoyed some renewal during the summer months and are now back to being busy this fall and preparing for the onslaught of winter. Some of our colleagues have already experienced significant snowfall and cold temperatures and the work of “digging out.” Hopefully, the wintertime will not be too harsh and allow all of us time to enjoy family and friends during the upcoming holidays. I hope that you all will take time to enjoy whatever holidays you are celebrating.

Safety in the Workplace

I am certain that most of you have been touched in some manner by the shootings at Fort Hood in Texas, the shootings in Orlando, Florida, and also by the multiple stabbing of a psychiatrist in Boston, and the shooting of her assailant. I ask you that for a brief moment you think about the many individuals who have been affected by these violent acts. Additionally, I encourage you while thinking of both the victims and perpetrators you consider how safe is my workplace? The PCLN role has consistently been one that addresses systems issues, so I want you to honestly answer that question and if you believe there are gaps in your institution’s safety and protection plans, be a catalyst to close those gaps. Perhaps even the ISPCLN Division would like to consider generating a statement about workplace safety. Let me know what you think about that idea. I do want to let you know that **Dr. Kathy Delaney**, President of ISPN, will be sending along a letter of support to the leadership at Fort Hood expressing the support of our organization. One credible resource for information on workplace violence is the OSHA website at www.osha.gov/SLTC/workplaceviolence/

12th Annual ISPN Conference and Third Annual Psychopharmacology Institute

Don’t be left out in the cold! Start planning to attend the 12th Annual ISPN Conference and Third Annual Psychopharmacology Institute. The Annual Conference will again be preceded by the Third Annual Psychopharmacology Institute (April 13-14). Both planning committees are working full steam ahead to orchestrate another exceptional learning and networking experience for every ISPN member. The conference will be held in Saint Louis, Missouri, and our ISPCLN representative to the committee is **Sally Frese** and she hails from Saint Louis, so I am certain Sally will have some interesting ideas for some fun in Saint Louis, as well.

Resources for your Practice as PCLNs

Over the last year I have become a student again. I have been studying at Tuft’s University School of Medicine in Boston in their Pain, Research, Education and Policy program and have been busy in addressing my learning needs related to addiction, pain and psychiatric co-morbidities. During my reading, writing

and test taking, I have come across some resources that might be of interest to other PCLNs in addressing complex patient presentations in the acute care units. They include:

Ries, R.K., Fiellin, D.A., Miller, S.C.&B., Saitz, R. (2009) *Textbook of Addiction Medicine*. 4th edition; Philadelphia, Wolters/Kluwer:Lippincott, Williams & Wilkins. This textbook is an outstanding reference, as the past three editions have been. This volume is much more in-depth and expansive in the area of addiction medicine and has well written chapters addressing addiction in acute and emergency care environments and across the life span. Definitely worth purchasing for yourself or in your institution.

A second text that is very timely for me, as this is my area of study at the moment, is a text by Howard Smith and Steven Passik, titled, *Pain and Chemical Dependency*. (2008) New York, NY: Oxford University Press. This is the first book that is addressing the often challenging and sometimes problematic intersection of identifying and treating a patient with a pain problem with also an active addiction or an individual who is aberrantly using pain medications. I would also strongly recommend this text for anyone (and that is most PCLN) who consults with patients experiencing both pain and addiction.

I would also suggest you take time to check out the National Institute of Drug Abuse website, under the topic NIDAMED- they have some worthy resources there to assist healthcare providers in dealing with patients with substance abuse/addiction in the general medical environments.

Please send along any resources to me that I can include in future messages or e-blasts to our colleagues to assist us in our daily practices.

Opportunity to participate in PCLN Division Projects

I encourage members to actively participate in the ISPCLN Division this year in some manner. One area that each PCLN could assist with is sending me some brief information about your practice as a PCLN. I am in the midst of rewriting the information about the ISPCLN Division for the website, and it would be wonderful to include information about our practice from real time examples. Also, I want to hear from you about ideas or issues that you are aware of that the ISPCLN Division should be considering for future partnerships or involvement. Please contact me at Skrupnick@charter.net; or phone 1-508-248-7108, or cell 1-508-826-6208 to let me know if you are interested in participating in projects or on committees.

Communicating with Division Members

I will continue to use the ISPN e-blast to communicate in an expedient manner with members when issues arise that need a more rapid response. The ISPN e-blast system can also be used

to communicate issues that you may have and want to communicate with your PCLN colleagues, so please send along messages to me directly at Skrupnick@charter.net or send to the office and they will be forwarded to me. I can also be reached at 1-508-248-7108, or my cell phone at 1-508-826-6208.

Looking forward to hearing from you, and hopefully meeting you at the 2010 Psychopharmacology Institute and 12th Annual Conference in Saint Louis, Missouri, at the Hyatt Hotel, April 13-17.

Warmly,
Susan Krupnick MSN, PMH-CNS, ANP, CARN
ISPCLN Division Director

SERPN Division Update

Linda Rose, PhD, RN
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Greetings to new and returning members of SERPN! Fall is well under way and I trust that your programs are in full swing. As always, I represented SERPN on the ISPN Board during monthly meetings. Our president, **Kathy Delaney** provided superb leadership and much was accomplished, which she has outlined in her report. Among the outcomes of particular interest to SERPN members were:

ISPN endorsed the Consensus Model for APRN regulation: Licensure, Accreditation, Certification & Education. This report is the culmination of extensive work by a joint effort of the Advanced Practice Nursing Consensus Work Group and the National Council of State Boards of Nursing APRN Committee. As noted by the authors of the report, it “defines APRN practice, describes the APRN regulatory model, identifies specialties, describes the emergence of new roles and population foci, and presents strategies for implementation.” This represents a lot of comprehensive material on the four foci and members are encouraged to review the document and submit queries or comments to ISPN. The report can be accessed through websites of the endorsing professional organizations, and at https://www.ncsbn.org/7_23_08_Consensue_APRN_Final.pdf. As implementation of the model gets underway, **Mary Jo Regan Kubinski** will represent ISPN in the group and keep us informed.

A second major initiative that we are following closely is the Geropsychiatric Nursing Collaborative (GPNC). This is a John A. Hartford Foundation Project of the American Academy of Nursing. The goals of this project are to include core competen-

cies of geropsychiatric nursing into all levels of nursing education; and to develop and disseminate geropsychiatric curriculum for nursing education. ISPN is represented on this project by **Dr. Victoria Soltis-Jarrett**. We anticipate that we will be seeing the proposed competencies and curriculum soon. Check back to this website for updates for your review. We welcome your comments on both of these new initiatives.

Also coming soon: updates of any changes anticipated by ANCC. In particular, the launch of the new certification exam for family PMH nurse practitioners will be tracked and details will be posted on the ISPN website.

Please mark your calendars for the Third Annual Psychopharmacology Institute and ISPN 12th Annual Conference, April 13-17, 2010, in St. Louis, Missouri. With a conference theme of “advancing the science and quality of mental health,” it should be especially relevant to SERPN members. You will have numerous opportunities to dialogue with your colleagues about evidence-based practice projects and new research findings in PMH nursing.

Please do not hesitate to contact me if you have any questions or just want to share a comment! I am also eager to get any updates of your successes that we can share with our colleagues. Send them along as well and we will add them to the next newsletter.

See you in St. Louis!
Linda Rose, PhD, RN, SERPN Division Chair

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NEW Newsletter Deadlines:

Editor's Note

This newsletter is produced three times a year. The next three deadlines for article submission are as follows:

Winter: January 29, 2010

Spring: May 28, 2010

Fall: September 24, 2010

In each issue we ask for updates from various Divisions, Councils, Committees, and Work groups. We are interested in member professional activities, news, and achievements. Please contact your division leaders with ideas for articles.

Submit your articles to: **Beverly Hart**
Email: Beverly.Hart@EKU.EDU



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