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Volume 16, Issue 3: Fall 2013

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From the President

I hope this finds you well and enjoying the beautiful autumn colors. ISPN has been very active the past few months. The planning committees for the Psychopharmacology Institute and Annual Conference have been busy reviewing abstracts and putting together a wonderful program. The Scope and Standards of Practice have gone through final revisions and hopefully will be in print shortly. The Education Council, under the direction of Dr. Lynn Shell, is actively involved in reviewing and updating the position statements and white papers located on our website. Speaking of the website, it should have a new and improved look soon!

"To improve is to change; to be perfect is to change often." Winston Churchill

I think this quote by Winston Churchill seems fitting for the times we are currently experiencing. Not only are we experiencing change in our healthcare system and the utilization of psychiatric mental health nurses, we have experienced change within ISPN. Plumer Lovelace resigned as ISPN Executive Director to accept a position outside of the Rees Group. I want to introduce our new Executive Director Kathy Kuehn.

Kathy has been with The Rees Group for several years as an Executive Director for other organizations. Kathy comes to us with a lot of valuable experience to assist us in moving forward with our initiatives. Please join me in welcoming her to ISPN.

I also wanted to update you on a couple of very important projects - the Graduate Student Task Force and the Ad Hoc Communications Task Force. The mission of the Graduate Student Task Force is to help create a standing committee that will facilitate and promote the transition from graduate student to professional researcher, practitioner, and educator by providing opportunities with ISPN for growth, development and advancement. In addition, task force seeks to help graduate students navigate the obstacles, rewards, challenges and support networks of academic life. Further, this permanent committee will carry out the mission of ISPN through research, scholarship, and professional endeavors of graduate students. The goals of this task force are to: collect and review a variety of information regarding graduate student committees in other similar associations; speak with individuals directly involved in graduate student committees to determine best practices; collect and review information on graduate programs that provide education for mental health professionals nationally and internationally to determine strategic relationships needed to support this initiative; and collaborate with the ISPN Foundation to determine potential support for travel scholarships. Sally Raphael smraphel@verizon.net has

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Angela McNelis, PhD, RN, ANEF

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agreed to Chair this task force for the next year. Please contact her if you are interested in participating or have an interested graduate student.

The mission of the Ad Hoc Communications Task Force is to evaluate and identify ways to strengthen the association's internal and external communication strategy. They will review "best practices" from other comparable associations in order to capture the very best ideas and to determine inexpensive sources of relevant information that can be harnessed for distribution to ISPN members. The Communication Task Force is charged with developing a communication road map that will ensure our communications are timely, reliable, regularly occurring and reflective of a uniformity of style and substance that elevates the ISPN brand. The goals of the task force are to help migrate existing ISPN members into more frequent use of ISPN's multiple channels of communication (i.e., website, ISPN Listserv, Facebook page, LinkedIn page, etc.); to identify timely and relevant content resources that can be "pushed" through present and future communication channels; to help prepare the association for an influx of younger members who will send and receive communication in ways not yet defined; to increase the amount of important and engaging information provided to the ISPN membership; and to identify affordable technology to support the communication strategy. I have not identified a Chair for this task force but will send out information on the listserv with contact information.

As we continue to make changes within Healthcare and in ISPN, we are advancing Psychiatric Mental Health Nursing. Take care and I look forward to seeing you in Greenville, SC, March 25-29, 2014!

Evelyn Parrish, PhD, APRN
ISPN President

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Welcome to ISPN's New Executive Director!



Kathy Kuehn, ISPN's Executive Director

Kathy Kuehn joined The Rees Group in 2010 as the Executive Director of The Psychonomic Society. She has a B.S. in Journalism from the University of Wisconsin-Madison. Kathy has more than 20 years of experience in association management, specializing in communications, and project and product management in a business-to-business environment.

In a previous role as director of periodicals for a national trade association, she developed and managed the execution of communications plans for a national combined audience of more than 50,000 senior executives, boards of directors, volunteers, and staff. She has a proven track record of bringing together teams to plan and execute strategy.

In her free time, Kathy likes to ski, snowshoe, kayak, hike, read, laugh, and spend time with family and friends. With apologies to Will Rogers, Kathy never met a cookie she didn't like.

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Spotlight on New Member - Editor: Elizabeth Bonham



Steven Prymachuk ~ United Kingdom

Please introduce yourself.

I am Steven Prymachuk, from Manchester in the North West of England, United Kingdom. I have worked as a teacher and researcher in the School of Nursing, Midwifery and Social Work at the University of Manchester, which is one of the top nursing departments in the UK, for around 18 years. I have just this August been promoted to Professor of Mental Health Nursing Education. The University of Manchester is my alma mater, having obtained all of my academic qualifications from there: a bachelor's degree in psychology back in 1985, a master's degree in applied psychology in 1993, a postgraduate diploma in healthcare education in 1994 and a PhD in 2003. By virtue of my psychology qualifications, I am also a 'Chartered Psychologist', which is an honour the British Psychological Society bestows on individuals who are capable of independent practice and research in psychology, though I do not formally practice as a psychologist.

In the UK, we specialise in psychiatric/mental health nursing from the outset and, after completing my psychology degree, I was 'trained' (rather than educated) as a psychiatric nurse in a local hospital because when I obtained my RN (back in 1990) the apprenticeship model was the dominant model of nurse preparation in the UK. British nurse preparation is now very much embedded in the university sector and RNs in all of our 'fields' of nursing – adult, children's, mental health, and learning disability – qualify by completing a three-year bachelors degree at an approved university.

I have three main academic interests and have undertaken research and scholarly activities in all three. One is stress in healthcare professionals and this was the subject of my PhD. The second is supporting students in learning and this is related to my role as an educator in the School of Nursing, Midwifery and Social Work. I am the editor of a widely acclaimed undergraduate textbook in the UK – *Mental Health Nursing: An Evidence Based Introduction* (Sage, 2011). The third, and perhaps the most relevant, is my interest in the mental health of children and young people and I have been involved in significant nurse-led research in this area in the UK. In particular, I am interested in approaches to care that keep children and young people out of stigmatizing institutional mental health services such as community- or school-based approaches or approaches that help children and families self-manage their problems and difficulties.

Please tell us why you joined ISPN and what you expect from the organization.

I know Liz Poster as I have been on the editorial board of the *Journal of Child and Adolescent Psychiatric Nursing* for several years. Liz had mentioned the ISPN to me on several occasions but it took me a while to actually get round to tracking down information about the organization. When I did get round to it in 2012, it was mainly trying to get information about the ISPN conference in San Antonio. I was quite impressed with the potential this conference had for international networking and the standard of past presentations and papers seemed pretty good. I also had some grant money for dissemination so I put in two papers for the conference – one clinical research, one educational – both of which were accepted. Initially, I intended just to attend the conference but the offer of membership and a reduced conference fee was attractive so I signed up. I had a great time at the conference (I'm sure some members will remember me!); everyone was very friendly and I was really impressed with the standard of papers and discussion (not forgetting the day trip the small gang of us had to San Antonio City!).

ISPN is a great networking opportunity which is the main attraction for me. I think ISPN is necessarily US-centric (it has to reflect the majority of its membership) but I also hoped by joining that the organization could benefit from hearing about the lows and highs of psychiatric nursing elsewhere in the world. I think there is also the potential for ISPN to link with similar organisations elsewhere in the world. For example, I am a member of *Mental Health Nurse Academics UK*, which is a network of all the universities in the UK who prepare mental health nurses and which aim to promote and enhance education and research in mental health/psychiatric nursing. We have an annual conference – the Network for Psychiatric Nursing Research conference – that has a lot of similarities between ISPN's and it would be great to see some exchanges between the two organizations.

In this time of health care change and finite resources, please tell us how ISPN can be helpful to you; the clients you serve; and the psychiatric nursing specialty.

It's useful to compare and contrast what goes on in Europe with what goes on in the North America as far as psychiatric/mental health services are concerned. We are beginning to see some cracks in our 'socialised' approach to healthcare provision but we're also aware that the US private insurance-based approach won't necessarily provide the answers. A few things struck me at the ISPN conference: how medication dominates a lot of psychiatric nursing practice in the US and the influence the insurance companies have on practice in particular. This isn't to say we don't use medication (we do, indeed, have psychiatric nurse prescribers) or don't have to examine costs and resources but it does mean that we could actually learn a lot from each other if we share our experiences. For example, I learned our inpatients probably stay far too long in hospital because their stays are met from general taxation and there is little incentive for timely discharge whereas pressure from insurance companies or the state-aid bodies in the US sometimes means inpatients don't stay as long as perhaps they should.

Recovery-focussed care is, moreover, becoming the dominant model of service provision in the UK, and it is often incompatible with the old-style National Health Service that people with mental health problems have been used to for decades. This is shaking things up significantly and I personally think we have to change the nature and role of psychiatric/mental health nursing in order to survive. For example, we have groups of service users like the *Hearing Voices Network* who refuse to be labelled psychotic and who feel that voice hearing is part of their make-up. They want nurses to help them when they are in distress (which isn't necessarily when they hear voices) not label them schizophrenic or psychotic or force them to have medication. Recovery is changing the power

balance to the service users' favour not the health professionals'. I think that is a fantastic thing but as I said before I also think we nurses have to adapt as a result.

Anything else you would like to share with the membership.

I also realised from the ISPN conference that the US is facing the same issues as we are regarding the next generation of psychiatric nurses. This is particularly acute in academia where it is rare to see anyone younger than 40 working in a British university nursing department. In clinical practice it is slightly better but the vast majority of UK psychiatric nurses are still over 40. In my own department, we are strongly trying to encourage the next generation of leaders, researchers and educators in (psychiatric) nursing by encouraging the take up of master's degrees and PhDs but, unfortunately, many of our healthcare providers don't value these qualifications. This is where I think we can learn a lot from the US experience where advanced psychiatric nursing practice certainly seems to be valued by healthcare providers. We also do better with men in nursing in the mental health field! In the adult (general) field of nursing, around 10% are male; in the mental health field, it's around a quarter.

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ISPN Foundation Report

The ISPN Foundation is busy working on plans for the Foundation Event at the 16th Annual ISPN conference on March 25-30, 2014, at the Hyatt Regency in Greenville, North Carolina. This year we will be enjoying a comedy presentation of "The Café and Then Some Players" by a local troupe and a silent auction.

Calls for the Foundation Research Grant, the Mental Health and Wellness Research Grant and Travel Scholarships opened on August 1.

We have received several applications and hope that other members will **apply before the November 13 deadline** so that they can have their applications considered during the review process. The Foundation is also exploring ways to increase our global presence and outreach, developing a Foundation story, and seeking new ways to honor our donors. Donors are the heart and soul of the Foundation mission as we seek to promote research, scholarship and our global presence!

Bobbie Posmontier, PhD, CNM, PMHNP-BC
 Foundation Board President
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 215-495-3050

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From the Membership Committee

Happy autumn! May this fresh air invigorate and vitalize your imagination to bring new members into ISPN, as well as to seek out and welcome back former members.

By way of review, ISPN membership starts fresh annually July 1, beginning at zero. Our August total membership is 366, our goal is to get to our all-time membership apex: 604. The committee is anticipating growing our student and faculty members, maintaining our current members from last year, and growing our US Military and International Membership.

For the upcoming conference, the committee intends:

- To work closely in partnership with the Diversity Committee for a special relaxed social event
- Highlight student attendees as well as new members
- Invite the Board of Directors to attend the Annual New Attendee Breakfast

Additionally; we have formed a sub-committee to create a Membership Mentoring Program; the development is now in progress; stay tuned! Please join with me in congratulating and welcoming all 2013 new members! Look up ones you know and extend yourselves to each of them, giving them a warm welcome and maybe even make plans to attend the upcoming conference in fabulous Greenville SC together! The membership roster contact information can be found within the ISPN website.

Welcome to the new 2013 ISPN Members:

Kathleen Adams	Josephus Idowu
Yemi Adebowale	Peggy Kouassu
Ruth Ahrens	Felicia Kuplast
Lisa Michelle Anderson	Pamela Mann
Keitha Beamer	Rhonda Maurer
Candace J. Bishop	Claudia Mitzeliotis
Ronda Bray	Barbara C. Moran
Marianne Brulhardt	Sean P. Murphy
Maribeth Bucher	Onza Lorna
Stephanie Byford	Mary Pestrak
Antoinette Byrd	Ashley L. Peterson
Dawn Callahan	Jennifer E. Peterson
Ruth Carlson	Kerry Peterson
Kristy Carter	Gina Pitocchelli

Honey Covin	Steven Pryjmachuk
Kelly Cronomiz	Andrew Ratliff
Vonetta Davis	Autumn Roque
Danielle DeOliveira	Elise Russell-Manicke
Michelle Farkas	Kimberly Schmidt
Melissa Fleener	Lindsay Sears
Cynthia Fodness	Michelle Shamblin
Richard Folger	Willa Shields
Nancy C. Fowler	Janet Standard
Margit Gerardi	Bonnie Starkes
Corinne Gimbel-Levine	Charlotte Stephens
Jill Giovannoni	Kristina Marie Stevens
Pamala Grottanelli	Kathleen Vertino
Mary Gunther	Maureen Vidrine
Zibin Guo	Amanda Vo
Kelly Hammarberg	Shana Westfield
Diane Hranicky	Samina Wilson
Amy Huang	

Joined with you in growing members and our Advance Practice PMH Nurse Community,

Kathleen McCoy, DNSc, APRN-BC, FAANP

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From the Marketing and Development Committee

The ISPN Marketing and Development Committee are searching for sponsors and exhibitors for the upcoming 2014 Annual Conference.

For more information, or if you have a company or vendor in mind, please contact Carla Groh at grohc@udmercy.edu. If you live in the South Carolina, Georgia or North Carolina surrounding areas, and are interested in participating on the Marketing and Development team for the 2014 conference, please contact Carla Groh. Your local expertise and knowledge would be an excellent way to help the 2014 Annual Conference grow.

Carla J. Groh, M & D Chair
grohc@udmercy.edu

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LACE Network Update: Infusing Gerontology Content into the PMH APRN Curriculum

The public discussion board of the LACE Network has a variety of suggested resources to help psychiatric mental health (PMH) nursing educators "retool" their curricula to meet the recommendations of the Consensus Model. One implication of the transition of graduate PMH advanced practice registered nurse (APRN) education to a lifespan approach is that programs are now required to provide students with significant exposure to geropsychiatric content and experiences. Over the past several years, the American Association of Colleges of Nursing (AACN) and the Hartford Institute for Geriatric Nursing (HIGN), along with financial support from The John Hartford Foundation, have been working to establish strategies and resources to help faculty members infuse gerontology content into APRN curricula. One resource is the **APRN Faculty Resource Center**, which is available at <http://consultgerim.org/aprncenter>. This site houses a variety of useful materials: (1) presentations of strategies to integrate gerontology content into APRN curricula; (2) interactive case studies (e.g., evaluation of confusion and memory impairment in the older adult) and a content slide library (e.g., delirium) that can be used in courses; (3) evidence-based literature reviews (e.g., delirium), and; (4) curriculum worksheets that can be helpful throughout the process of curricular revision. The **APRN Resource Center** also provides links to archived faculty development webinars, which introduce educators to teaching resources and strategies to enhance gerontology content and support curriculum revision. These webinars can also be accessed at www.aacn.nche.edu/geriatric-nursing/aprn-webinar-series. All materials on the **APRN Faculty Resource Center** site are available free of charge.

Wendy Umberger, PhD, PMHCNS-BC

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ACAPN Division Update

As I sit to write my second contribution for the newsletter since becoming the ACAPN Division Director, I must admit that I am struggling to find the right tools and strategies to reach and reinvigorate our membership. As a long time ACAPN and ISPN member, I have operated from the position that the organization is as strong and healthy as the involvement of its members. At our Division meeting in April, I felt a new energy and commitment to moving the ACAPN goals forward. However, more recently I have noticed that the "usual suspects" have stepped up to volunteer for tasks and to send emails with suggestions. ACAPN needs each and every one of you to do one big or small thing for the organization. Suggestions include attending the annual conference in 2014 in Greenville, South Carolina, sending me an email describing some issue related

to child, adolescent or family mental health in your community or state, pose a question or dilemma you have encountered that effected your practice, offer some thoughts about how to promote student interest in our clinical specialty, make a suggestion about future ACAPN conference topics (yes, something new, outside the box and creative) or let me know why you may feel less engaged than before. We've all heard the adage that it takes a village.... Our ACAPN members are the village and each voice within that village is crucial to maintaining our strength and focus as we move to achieving like-minded goals.

You will notice shortly that the ACAPN areas on the ISPN website is undergoing some changes. Several of the position papers developed prior to 2009 will be coming down to be refurbished. Next year we will revise documents developed from 2009-2010. I would like to thank the following individuals who are involved with document revisions:

The Rights of Children in Treatment Settings:

Kathleen Delaney, chair
Jason Anuik
Adam Hill
Kim Sadtler
Tess Searls

Juvenile Justice:

Beth Bonham, chair
Nancy Fowler
Geri Pearson
Kate Shade
Deborah Shelton

Youth Violence:

Judy Hirsh, chair
Pamela Galehouse
Edilma Yearwood

Please feel free to let me know of other position paper ideas that you might have.

Kathy Delaney participated in a meeting with the Access and Economics Committee of the American Academy of Child and Adolescent Psychiatry in Chicago on August 10th. The group arrived at two potential areas of collaboration with ACAPN. The first would be collaborative development of a paper on changes in child mental health care delivery with the changes that the Affordable Care Act brings. The second would be a presentation at the 2014 AACAP meeting on effective models of collaboration. Thanks Kathy for representing ACAPN.

Lastly, ISPN and APNA have completed work on the next edition of the Psychiatric-Mental Health Nursing Scope & Standards of Practice. The document is with the American Nurses Association and should be available in 2014. I trust that you will find the document useful in your practice, teaching or research activities. Again, thank you for allowing me the honor of representing our Division.

Edilma L. Yearwood, PhD, RN, FAAN
ACAPN Division Director
ely2@georgetown.edu

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AGPN Division Update

Dear Colleagues,

The business of partnering with patients with brain disorders is a tough business. How are things going for you? Have you been making your way through the coding changes? Are you moving to ICD 10? Have you been thinking about DSM V? Is your electronic medical record helping you with these changes?

Have you been seeing more and more patients? Have there been discussions about getting ready for the ACA and the influx of new patients? Is your health system continually looking for more psychiatrists, PAs and NPs?

Are you experiencing symptoms of burn out? Are you having symptoms of PTSD from your patients with PTSD? Our Geraldine Pearson wrote an editorial essay last year and referred to this as *vicarious trauma*.

In the New York Times on September 19, 2013, there is an article entitled, "Medicine's Search for Meaning." The article talks of unrealistic expectations placed on medical students. They are sent a message "that doubts or grief should be kept to oneself." One physician has started a course called, "The Healer's Art" to help students and peers keep their spirits alive. Medicine, like nursing, "offers you a front-row seat on life." One student learned that the "most protective mechanics are the relationships we build" with colleagues.

How are you coping with the impact of your front row seat in your own life and in your patients' lives? What colleagues do you build or need to build a relationship with in order to protect yourself?

Perhaps coming to the ISPN conference is part of this protective relationship with colleagues. Does the ISPN evidence-based conference fortify you in the science and arts of healing?

Would it be of value to you to have some kind of ongoing relationship with your ISPN colleagues between the annual conferences? If so, what would that be

and how might that be possible? How could your ISPN colleagues be readily available for you on a more frequent basis?

One way to keep that relationships going all year round is through a media tool that networks us together. We talked about this at the Adult Geriatric annual meeting at in Texas. Some of us actually tried a blogging site set up by a web-savvy NP, and although the interest was there, we did not capture the commitment that was needed to go forward. Perhaps a more user-friendly site and a bigger group of colleagues were needed to provide the desired linkages.

If we have a web connection site, about what would you want or need to communicate? Would topics include what went right today at work? What new more progressive ideas are you putting into practice in your health system or private practice? What are the ongoing frustrations? Do you need a "go to" place to get up to date information about therapy, medications, policies or procedures that a colleague has at their fingertips? Do you feel alone and isolated in your front row seat in life at work?

I have been working with our Board to find an engagement tool that lets us keep the conference connection and our spirits alive the other 51 weeks of the year when we are not together.

I hope that this is of value to you. However, it would be important if our Board heard from you what it is that you need. So send me an email (sueleebee@icloud.com) or text (303-990-1930) about anything that has meaning for you. Communicate with your division chair and let them hear from you.

Conference planning is in high gear. Topics for presentations are being selected from the abstracts you submitted. I will start reviewing them tomorrow.

It is time to think about leadership succession of the Adult Geriatric Division. Please seriously think about putting yourself forward to be the next division chair. It is a two-year term. You will have a 100 plus colleagues who share your profession- whether it is inpatient, outpatient, consult liaison, or private practice with patients across the life span. It is a front row seat in building ISPN, which is your professional association that advocates for and supports advanced practice psychiatric colleagues around the globe.

Respectfully submitted,
Susan Benson
sueleebee@me.com

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ISPCLN Division Update

Hello ISPCLN Division Colleagues,

I hope that you all are enjoying the fall with the vibrant colors and crispness in the air, as we all know that the cold and blustery winds of winter will be upon us soon! This year is one of celebration for all PCLN's around the world. ISPN began the celebration of 50 years of PCLN practice at the annual ISPN conference in April. Over the following months, we will continue to herald the work of PCLN's both nationally and internationally. Currently, work groups are addressing our current division focused position papers, beginning work on a bibliography of articles about PCLN practice over the last 50 years to current practice. I encourage you to contact me if you would like to be involved in any of these projects. I may be connecting with you in the future to see if you are interested in working on projects or if you have an idea for increasing the information to our PCLN colleagues through the website

The 16th Annual ISPN conference and 7th Annual ISPN Psychopharmacology Institute (2014) in Greenville, South Carolina

Don't be left out in the cold! Start planning to attend 16th Annual ISPN conference and 7th Annual ISPN Psychopharmacology Institute. The annual conference will again be preceded by the annual ISPN Psychopharmacology Institute. The conference will be held in Greenville, South Carolina, and will provide invigorating learning and networking opportunities in a truly relaxing southern city. Both the Psychopharmacology Institute and Annual Conference planning committees are diligently working on reviewing the abstracts and developing a diverse program schedule.

Vulnerability vs. Opportunity in the PCLN

Despite the vulnerability of the PCLN role in our current healthcare environment, there is increasing interest in addressing the knowledge and skills of nurses and physicians caring for patients with psychiatric-mental health issues across the spectrum of care, especially in acute care centers and emergency department. Recently, there have been new PCLN positions created to specifically address these issues in both academic and community-based medical centers. Unfortunately, there have also been hospitals that have chosen to eliminate PCLN positions during reduction in force events. It will be interesting to see which medical centers have positive outcomes on their identified measures associated with high-risk, high-volume and high-cost patients. These are typically the patients that PCLN's become involved in their care and often become leaders of a focused change process to improve care to these patients.

I believe as healthcare continues to become increasingly market driven, that PCLNs with organizational development as well as clinical skills will be poised to be leaders of important change processes to enhance care to vulnerable populations, especially as the "silver tsunami" hits full force. However, with the overhauling in educational curricula, we have witnessed a complete void of educational preparation of the PCLN role in the United States, along with fewer PCLN's to precept graduate students with an interest in this role. Therefore, the

ISPCLN division is beginning to address how we may effectively provide parts of this educational material that has clearly fallen away, at a time that this knowledge is so necessary. I would greatly appreciate each member's input about what you would like to have access to on the ISPN website to address learning needs related to PCLN practice that may have been a gap in your educational program.

Resources to Consider:

I have recently been asked to recommend to our colleagues books or articles to assist them in educating their colleagues or to help them in finding resources to meet their own educational needs. I have recommended a few books that I believe will be helpful to PCLN's in their own practice and in assisting our colleagues with their learning needs.

The following are a few books that I think are useful to the PCLN include:

Inpatient Psychiatric Nursing: Clinical Strategies and Practical Interventions, Springer Publishing & Butler Hospital (2012) - edited by Damon, Matthew, Sheehan and Uebelacker. The focus is inpatient psychiatric nursing with a behavioral approach and in reading it I found the chapters addressed specific behaviors and psychiatric disorders with evidence based interventions that are very applicable to patients on medical-surgical units also. Additionally, this book is winner of the 2012 AJN Book of the Year Award. Definitely a good resource for PCLN's, inpt psychiatric nurses and our colleagues on acute care units.

Manual of Clinical Psychopharmacology for Nurses, American Psychiatric Publishing (2013), Leahy and Kohler authors. Co-authored by a psychiatric APRN and MD from University of Pennsylvania and in private practice. Excellent resource for psychopharmacology, extensive appendices with pharmacology equivalents, assessment and rating scales.

Management of Adults with Traumatic Brain Injury, American Psychiatric Publishing (2013), Arciniegas, Zasler, Vanderploeg, & Jaffee (editors). The numbers of individuals (adults, geriatric age and children/adolescents) experiencing traumatic brain injuries continue to increase (not just in the military arena). This timely manual represents contemporary and comprehensive treatments of the cognitive, emotional, behavioral and sensory motor disorders associated with traumatic brain injuries. The authors provide practical guidance that is grounded in both clinical and biological research. This manual would be a benefit to both the seasoned clinician and those beginning their knowledge in the treatment of individuals with traumatic brain injury.

I am always looking for resources to assist our PCLN colleagues when I receive an email query, so if you have resources that you have found beneficial, please email them to me so I can continue sharing them with our PCLN colleagues.

Farwell to a Trusted Colleague: Plumer Lovelace-ISPNS's Executive Director

It saddens me to say goodbye to Plumer, as he has been instrumental in being an outstanding executive director for many years. He has assisted ISPNS in moving forward, developing focused and realistic strategic plans and assisting the ISPNS leadership in staying member focused. Additionally, he reminded us to have fun and celebrate our accomplishments both individually and organizationally. Personally, I will miss Plumer and I wish him well in his next endeavor!!

Remember: Send along information about literature you have authored to be included in the PCLN bibliography!!

Please send along information to me directly at Skrupnick@charter.net. I can also be reached at 1-508-248-7108 or my cell phone at 1-508-826-6208, if you have any questions. I hope you have a wonderful fall and I look forward to seeing you in Greenville, South Carolina, in March.

Warmly,

Susan Krupnick MSN, PMHCNS-BC, ANP-BC, C-PREP
ISPCLN Division Director

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SERPN Division Update

The feeling of fall has crept into the air with a slight drop in the temperature and the realization that the leaves are beginning to change colors. It is a great time to stop and reflect on where we are currently and where we would like to go within SERPN.

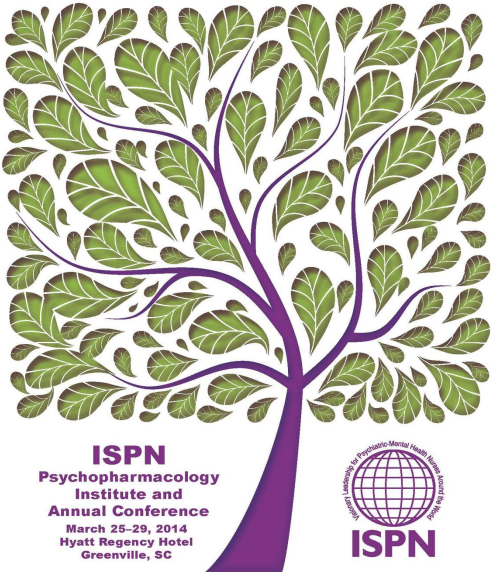
With the reflection, I am most excited to welcome Lynn Shell, PhD, APN-BC, as the Education Council chair. Lynn and Julie Betram, PhD(c), are currently reviewing the information on the ISPNS website including, but not limited to, the current white papers. They are reviewing the information on the website for needed updates as well as identifying gaps in educational support for our members. The timing of the review by this committee aligns nicely with the updating of our website. Lynn's email address is lshell.apn@gmail.com and she would be very interested in hearing from you if you are willing to participate on the council, or if you have ideas about educational resources that you would like to see on our website.

As always, please feel free to email me if you are involved in new projects that you would like to share with your SERPN colleagues. I am also always interested in discussing and brainstorming potential ideas and projects with you as well. My email address is rene.love@vanderbilt.edu.


Rene Love DNP, PMHCNS/NP-BC
SERPN Division Chair


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2014 Annual Conference



ISPN
Psychopharmacology
Institute and
Annual Conference
March 25-29, 2014
Hyatt Regency Hotel
Greenville, SC


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ISPN 2014  **GREENVILLE, SC**

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