



connections

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A Message From President Sara Horton-Deutsch

Dear ISPN Members:

The 2015 ISPN 8th Annual Psychopharmacology Institute and 17th Annual Conference, March 24-28, at the Grand Hyatt Seattle in Seattle, Washington, are just around the corner. Registration for the conference is [open](#), and the preliminary program is [posted](#).

There will be informative updates at the Psychopharmacology Institute, including the latest evidence on psychoneuroimmunology, pharmacogenomics, and psychopharmacology. Other key areas include issues of pharmacology in pregnancy, the elderly, and children, and clinical disorders such as PTSD. There is a great deal to examine and take back to your practice and educational settings, so plan to attend.

Equally exciting, the ISPN Annual Conference will feature Dr. Judith Beck speaking on cognitive behavioral therapy for persons with personality disorders, Dr. Ukamaka Oruche exploring how to best collaborate with families and communities when treating at-risk children, Dr. Edilma Yearwood exploring the importance of intentionality for mental health and well-being, Dr. Susie Kim speaking on compassionate care, and Dr. Helen Buckland speaking on creating hope and optimism through partnerships. In addition, we had a record number of abstracts submitted this year, so the program committee did its best to include as many presentations and posters as possible. It promises to be a very informative, engaging, and educational event. Register now!

As you know, there are also many exciting transformations occurring within ISPN, so this is an exciting time to get involved. You recently received a draft of the proposed new bylaws for ISPN. The revised bylaws are the result of members' feedback at the 2014 Annual Conference about the structure of ISPN. Please check your inbox for this important document so you can review it before the Annual Conference. We will be discussing the bylaws in detail at the annual business meeting, and both value and need your input.

Finally, online elections are under way, so please vote to elect the new leadership of ISPN on the ballot emailed to you on Feb. 6. If you have any questions, contact info@ispn-psych.org.

I look forward to seeing you in Seattle.

Best,

Sara
Sara Horton-Deutsch
ISPN President

More About the Psychopharmacology Institute

Hello ISPN members!

We have been diligently working to create the Annual ISPN Psychopharmacology Institute!

We used attendee feedback to choose content designed to enhance your practice. From the McCabe Lecture to plenary speakers, as well as the general sessions, we will focus on issues across the lifespan. Topics range from psychoneuroimmunology, genomics, psychodynamic pharmacology, autism, co-occurring disorders, bipolar disorder and pregnancy, advances in geriatrics, ADHD across the lifespan, and integrated care.

The Psychopharmacology Institute is designed to be interactive and assist you in developing partnerships that will last far beyond the two days of the institute. You will have opportunities to network with advanced-practice colleagues, establish new relationships, and interact with the presenters. Beyond networking, though, what could you teach us? I want to encourage you to think about participating in the 2016 Psychopharmacology Institute as a presenter. I find ISPN members have an unusual depth and breadth of knowledge about innovative advanced-practice psychiatric nursing.

So here's my challenge to you. Take a risk. Choose to step up and join us by submitting an abstract and sharing your expertise with us in 2016!

We're looking forward to seeing you in Seattle.

Karen Ragaisis, DNP, APRN, PHMN-BC, PMHCNS-BC, CARN and Geraldine Pearson, PHD, PMN-CNS, APRN
Co-Chairs, Psychopharmacology Institute

Annual Conference Symposium and Luncheon

"Evidence-based Treatment Approaches in Bipolar Depression: A Patient Spotlight"

Don't miss this symposium on Friday, March 27, 11:30 a.m.-1:00 p.m., in the Leonesa Ballroom at the Grand Hyatt Seattle. The PIMRMEI symposium and luncheon are supported by an independent educational grant from Sunovion.

The symposium will provide an overview on how to integrate mechanisms for distinguishing unipolar and bipolar depression into the diagnosis of patients who present with depressive symptoms, proactively assess for and manage risk factors for suicidality, and incorporate evidence-based acute and maintenance treatments for bipolar depression, taking into account data that support their use, efficacy, and safety. A surprise expert panel will provide deeper insights into our patients' experiences. Faculty: Evelyn Parrish, PhD, APRN-BC, Professor, Eastern KY University; Terence A. Ketter, MD, Professor of Psychiatry and Behavioral Sciences, Stanford University.

The ISPN Mentoring Initiative Navigator Program (IMIN) by Dr. Beth Bonham

In 2014, the ISPN Membership Committee sponsored the initiation of a new program designed to support ongoing relationships for members within this organization of passionate Psychiatric Mental Health advanced nursing practice clinicians, researchers, advocates, and educators.

The *ISPN Mentoring Initiative Navigator Program, or IMIN*, is designed to welcome new members and first-time conference attendees by pairing them with seasoned ISPN members. The primary goal of the program is to recruit and retain members. The secondary goal of the program is to identify potential leaders in the organization to facilitate leadership succession planning.

The seasoned ISPN member, or Navigator, volunteers to participate in IMIN through sharing time at the conference with the new member in activities such as coffee, dinners, and conversation. The ISPN Navigator member may introduce the new member to his or her wider network of ISPN members. The ISPN conference has long been known for its warm, intimate feel-sharing that context as an IMIN Navigator can benefit both the new member/attendee and navigator through a renewed sense of fellowship and appreciation for ISPN.

Navigators can meet and greet a new member in Seattle this year and, if both parties want to, continue the fellowship long after the conference ends. Relationship and communication types and length are decisions the two professionals can make together. Communication can be a periodic telephone call or email check-in, a quarterly clinical supervision time, reviewing a manuscript, or whatever may be mutually decided based on member needs and schedules.

Becoming an IMIN Navigator is a way members with expertise and concern for the growth and development of new members can contribute to the exciting psychiatric mental health nursing specialty.

To volunteer, please contact Dr. Beth Bonham with your name, email address, and area(s) of expertise at bethbonham@coopsonline.com. Make a note to join us at the New Member Orientation and Breakfast, Thursday, March 26, 2015, 7:00 a.m.-8:00 a.m. More information will be available at the Membership table in the ISPN registration area of the Grand Hyatt Seattle, Seattle, WA.

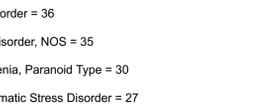
ISPN Foundation Reception and Auctions

The ISPN Foundation is proud to host a reception featuring silent and live auctions, light hors d'oeuvres, and a cash bar on Thursday, March 26, 2015, at Blueacre Seafood restaurant, 1700 7th Avenue, Seattle, WA 98101. The restaurant is a two-minute walk from the Grand Hyatt Seattle, the headquarters hotel for the 2015 Annual Conference.

The auctions raise funds to support scholarships to assist graduate students and international members, research grants, endowment for the Foundation, and ISPN sponsored events.

Tickets are \$50. If you purchased a ticket in advance, you will need your ticket to enter the event. Pre-ordered tickets are distributed at registration. To buy tickets, check the Registration Desk for information.

Come join the fun while supporting the ISPN Foundation!



Let's Talk About Value

By Dr. Susan Benson, (AGPN Division Director)

You value your profession, which involves working with people who have brain disorders and helping them move toward a fuller, healthier life. This involves population health care management. What is best care for the populations you partner with?

Do you know what the health sub-populations are that you work with? I work in a community mental health center. In the electronic medical record that the agency uses, I can gather data on the people I have worked with in the last 90 days or 12 weeks or 60 days. Together, let's take a look at that data. First, it occurred over the holidays, so I was off for a week's vacation and then for a few more days for a family member's surgery, which totaled 16 days. So 60 days minus 16 days is 46 days of work in that time frame.

In the 46 days of work, I had 322 hours where I could schedule patients (46 x 8 hours minus 1 hour for lunch). During that time, I saw 408 patients, some for an hour for an initial intake but most for 30 minutes. On average, I saw each patient for 47 minutes (that doesn't take into account crises, holds, phone calls, returned phone calls, forms and more forms that need to be completed).

Here are the diagnoses of the patients I engaged with and the most frequent numbers:

- 295.70 Schizoaffective Disorder = 47
- 296.23 Major Depressive Disorder, severe without psychotic features = 36
- 296.80 Bipolar Disorder = 30
- 296.80 Bipolar Disorder = 35
- 295.3 Schizophrenia, Paranoid Type = 30
- 309.81 Post-traumatic Stress Disorder = 27

Only 12 patients had private pay insurance. Insurers with Medicare or Medicaid were numerous from several programs. Medicare part B included 107; 180 were on Medicaid from the parent corporation; 34 were from Colorado Access; 5 were from Vocational Rehab, 4 were self pay; and 2 were from the jail system. My billable hours totaled 74 because most other patients were capitated. Since that capitated number is not known, I do not know what amount of revenue I generated or saved. Thus, I cannot ascertain what financial value I have to the organization. It makes it hard for me to know on what basis to ask for a pay increase.

To be of value to my patients, I need to know what the standards of care are for each of the above diagnosis. I need to know what medications are available for the patients in each subpopulation or what is needed to be prescribed until I can get a prior authorization for a specific med. I also need to know what meds are less likely to cause side effects so patients don't quit taking the meds. Our organization has not decided to participate in genetic testing, which is paid for in full by Colorado Medicaid.

To be of value to my patients, I need to listen to their journey of life and if the meds are working or not. Most of my patients have little health literacy, so I search for ways to frame information in a way that has value to them and results in improved medication compliance. I need to engage them and enhance trust so they come back to the next appointment where we can partner again.

There are many ways to count value.

1. What value do your patients have for you?
2. What practices do your patients value?
 - a. How much time do you have with each patient?
 - b. What diagnoses do you most commonly encounter and treat?
 - c. What are the standards of care for the subpopulations of patient diagnoses?
 - d. Who is paying for care of patients?
 1. What does that mean for your patients?
 2. What does that mean for your employer?
 3. What does that mean for your practice?
3. How are you of value to your employer?

These are all interesting questions and concerns that impact many of us. Let's connect at the conference to have dialogue about this important topic.

Susan Benson
AGPN Division Director

A Message From Edilma L. Yearwood, PhD, PMHCNS-BC, FAAB (ACAPN Division Director)

Colleagues,

It has been my pleasure to serve our organization as the ACAPN Division Director for the past two years. I thank each of you for giving me this opportunity to serve. During that time, our division has increased membership and has continued to focus on significant issues specific to the population with which we work and advocate for. As a division, our members have presented numerous papers and panels at our annual conference and have made contributions to several journals about work with youth and families. While our ACAPN membership numbers have increased, your concerns, priorities, and recommendations must also increase and become more unified. In our work with one of the most vulnerable populations, I encourage you to speak up for them in communities, opinion pieces in local newspapers, policy arenas, and in your scholarship and research disseminated within and outside of our profession.

Recently, our division has revised several white papers and started a crucial dialogue on the state of child and adolescent psychiatric-mental health education in advanced-practice programs nationally. Needless to say, it is imperative that we continue to endorse a strong and significant child and adolescent footprint in the educational preparation and certification of advanced-practice clinicians in mental health. With the changes in ANCC from a Family Psychiatric-Mental Health Nurse Practitioner (FPMHNP) exam to a Psychiatric-Mental Health Nurse Practitioner (PMHNP), and the elimination in December 2014 of the Child and Adolescent Psychiatric Mental Health Clinical Nurse Specialist (PMHCNS), we must remain vigilant that nurses are adequately prepared to effectively treat children and adolescents with behavioral and psychiatric disorders. I am hopeful that ACAPN will rally around this issue and hold our educational entities accountable as they prepare practitioners who are indeed prepared to treat our population.

In addition, as a specialty group, we must continue to develop strategies to attract nurses who want to devote their practice to the mental health care of children, adolescents, and families. We have been aware for a long time that the number of nurses choosing our specialty has been declining. Unfortunately, we cannot say that the number of children, adolescents, and families who need our specialty skills and interventions is also experiencing the same decline.

As a division, and as part of ISPN, we were also able to begin a relationship with several nurses who are actively working within the United Nations structure on the new millennium sustainable goals. We have strongly advocated for inclusion of mental health within these new global health goals and as an organization need to continue this message.

Again, thank you for allowing me the opportunity to serve as your Division Director. I will continue to work to support initiatives related to promoting child and adolescent mental health.

Edilma L. Yearwood, PhD, PMHCNS-BC, FAAN
ACAPN Division Director

A Message From Rene Love (SERPN Division Director)

The excitement is growing around the annual conference. Everyone has been busy this year and I am certain that the conference will reflect the past year's work, as well as developing goals for next year.

Lynn Shelton has continued to oversee the development of white papers this year, and you will be hearing the updates and presentations at the conference. I want to encourage you to come to our division meeting on Thursday, March 26, 3:45 p.m. – 4:45 p.m., as we will be discussing the upcoming year and we need your support and ideas. If you have not signed up, do so now.

See you at the 2015 Annual Conference in Seattle!

Rene Love
SERPN Division Director

A Message From Marilyn Shirk (ISPCLN Division Director)

The ISPCLN Division Meeting will be on Thursday, March 26, 3:45 p.m.-4:45 p.m. Please let me know any agenda items or issues you'd like to have discussed. We will be discussing the proposed bylaws changes that will restructure the association! I look forward to hearing from you.

You don't want to miss our ISPN colleagues speaking about their work. Here are some of the highlights of our PCLN colleagues' upcoming presentations:

Psychopharmacology Institute

Linda Barloon, MSN, RN, FPMHNP-BC, PMHCNS-BC

Case Studies of Benzodiazepine Withdrawal Management

Susan Krupnick, MSN, PMHCNS-BC, ANPBC, C-PRP

Assessment and Advances in the Treatment of Neurocognitive Disorders in the Elderly (with Evelyn Parrish, PhD, APRN)

Delusional Infestation Parasitosis

Annual Conference

Pamela Minarik, PhD, RN, CNS, FAAN

Managing Challenging Patient Behavior (with Elizabeth Reasoner, RN, MSN, CNS)

Updating Implementation of the Affordable Care Act and its Impact on PMH Nursing (with Virginia Trotter Betts, JD, RN, and Sofia Aragon, JD, RN)

Elaine Youngman, PMHCNS-BC

Care of Behavioral Health Patients in an Acute Medical Setting (with Jennifer McCluskey-Ingold, MSN, LCSW, LCAS, and Sabrina Wells, BSN, RN, CCRN)

Jim Kane, MD, RN, CNS, LEA-BC

Disruptive Behavior Among Our Teams

Frieda Vandegier, PMHCNS-BC

New Diagnostics—Hoarding Disorder—Criteria and Research

Susan Krupnick, MSN, PMHCNS-BC, C-PRP

The Green House Small House Model in Long-Term Care (with Noreen Desrosches, RN)

I hope to see you in Seattle, but if you can't join us, please contact me about your ideas for networking about issues and concerns affecting your PCLN practice.

Marilyn Shirk
ISPCLN Division Director

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