



## President's Message

Lynette Jack, PhD, RN, CARN  
Ljack@waynesburg.edu

### Spring 2005

It has been my distinct honor to serve as your President for the past two years. At the annual business meeting on April 9, 2005 during the educational conference in Pittsburgh, I will be passing the gavel to Susan McCabe, who will be your next President. We both have benefited from the outstanding leadership that has preceded us, and we have benefited from current outstanding leaders in our four divisions and in our four councils.

During the past two years, the Board has focused on examining the effectiveness of the structure created by our visionary leaders several years ago. We have also focused on increasing the effectiveness of our day-to-day processes and relationships with members, carried out by our association staff. Based on feedback from the member survey sent out during the summer of 2003, we were able to understand what satisfies you about your membership in ISPN and what you wanted to see improved in order to enhance the value of your membership. The board has worked diligently to use your feedback in a constructive way.

The most visible change we have made during the past year is a relocation of our headquarters accompanied

by a change in management companies. The Governing Board made this change in order to continue to move the organization forward in a positive direction. We are absolutely committed to providing the highest quality service to you, and we plan to grow in size and in impact as we advocate for appropriate mental health services for individuals, families, and communities. Our new management staff from The Rees Group has extensive experience in managing professional organizations, planning and implementing conferences, producing newsletters, assisting with membership services, and providing financial planning and tracking. They are very focused on accuracy, fiscal responsibility, and positive interactions with members. The Board has been particularly interested in creating a climate of open exchange of information between staff and the association's elected leaders, as well as a prompt and respectful responsiveness to our members, our conference vendors and sponsors, and our partners in collaborative efforts to advance the specialty practice of psychiatric nursing. We think the change in management will allow us to see this vision become a reality.

This transition has taken many hours of dedicated time from your volunteer

leaders. We expect that the change will allow us to meet or exceed your expectations of ISPN. If you've had interactions with the staff, please let the board know how that's gone for you. If you haven't yet talked with them, consider introducing yourself to them at the conference in Pittsburgh in early April 2005. The staff has been working hard to understand ISPN, to help us locate necessary information about our members and our financial status, and they've created improved communication links between division leaders and division members already, in the few short months they've been working with us. They've also helped us to enhance our relationship

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## President's Message

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with our website developers, which will result in more accessible member information and networking, as well as more up-to-date information about the organization and its activities on your behalf.

There are many activities ISPN wants to undertake to meet our mission and goals. You will have an opportunity to help the next group of leaders prioritize those activities. At each division and council meeting during the conference, groups will be asked to comment on strategic goals for the next year and activities that should take priority to meet those goals. If you are unable to attend the conference, you'll have an opportunity to provide input via our website or through a direct mailing. One thing in particular we want to examine is the

structure of ISPN, and how it can best be used to effectively and efficiently meet your needs. We intend to preserve the divisions, but we're wondering if there is another way to meet our strategic goals instead of the elected councils. At election time, it seems as though there are many positions to fill on the ballot, and perhaps those opportunities would be more appealing to you and more manageable if they were time-limited, appointed, task forces rather than two-year elected terms. Please help the organization continue to move forward in ways that you believe are essential. Give us your feedback, and consider volunteering some time to help with activities in our next strategic plan.

I look forward to meeting many of you in Pittsburgh at the conference. If I don't get to talk with you personally there, please accept my sincere thanks for giving me the opportunity to serve you for the past two years. I am humbled by the expertise and commitment to psychiatric nursing demonstrated by members of ISPN, and I have truly enjoyed watching the best of psychiatric nursing in action. I extend my best wishes to the next President and the next group of ISPN leaders as we continue to do the work of the organization.

Best Wishes,

*Lynette Jack*

PhD, RN, CARN, President, ISPN

## Letter From Susan McCabe: Incoming ISPN President

Dear ISPN Members,

It is hard to believe we are once again approaching the time for our annual conference. Time truly does fly. It is always impressive to me how much talent and expertise our organization has that can be showcased in just the few days we have once a year to come together. Our organization is blessed with talented members who give freely of those talents all year long despite busy professional, and I suspect personal, lives.

As most of you know, the conference will mark the conclusion of Lynette Jack's tenure as President, and I know we all wish to extend our thanks and appreciation to her for her leadership and contributions to ISPN. After the conference, I will be assuming duties of President and Lynette has promised to continue sharing her talents in her role on the Board as outgoing President. I am looking forward to busy but productive times as we continue forging ahead with current projects and initiate new ones. As our election process concludes, we will see some

changes in the ISPN Board membership and Lynette and I will work for a smooth transition.

Unfortunately, owing to both demands of a new job, and other related issues, I will be unable to attend this year's conference. I am saddened by this as it will be the only one I have missed since ISPN was born from our parent organizations. But I will be reaching out to you all shortly after that and will work very hard to make sure the benefits of membership and the value of our organization are felt by all members and that all members feel "in the loop" regarding the ongoing work of our organization.

I look forward to my time as President and am honored by the possibility of serving your needs as members. Towards that end, please know you can always call or email me and I will be in touch with you all! Sincerely, Susan McCabe (307-766-6753 smccabe@direcway.com)

Come Surf Our WebSite ...

[www.ispn-psych.org](http://www.ispn-psych.org)

# HRSA Grants to Psychiatric Mental Health Graduate Programs: Directions for the Specialty

Kathleen Delaney, RN, DNSc

The 2004 awardees of Advanced Nursing Education (ANE) Grants were recently announced by the US Department of Health and Human Services (HRSA), Bureau of Health Professions. Of the 81 grants that were awarded, nine were given to Psychiatric Mental Health (PMH) graduate programs. PMH programs actually captured a larger percent of the grants than in 2002 when only 13 of the 140 ANE (9%) grants were awarded to PMH programs. Comparing the two groups of ANE-funded programs, one sees both stability and some shifting of emphasis in the 2004 grant-funded programs.

A trend that has continued across the two years is a focus on specific populations, especially children. University of Maryland School of Nursing and University of Medicine and Dentistry of New Jersey were both awarded funding to train PMH nurses to work with children. The difference from the 2002 awardees is that the programs target particular populations of children, i.e., treatment of children of color, those in juvenile justice and those that carry a diagnosis of Pervasive Developmental Disorder or mental retardation. The University of California, San Francisco will also focus on troubled youth but under a larger umbrella of children and adults experiencing the psychological effects of trauma. Several populations, absent in this year's awardees (that were a focus of the 2002 group): clients with substance use disorders and geriatric clients.

Training PMH nurses to work with the rural/underserved population is another focus that has continued across the years. Two PMH programs designed to train the rural workforce, Eastern Kentucky University and the University of Arkansas for Medical Sciences, are surrounded by areas with acute shortages

of mental health professionals and thus with a large population of individuals with un-met mental health needs. The slight shift in 2004 is that both programs will employ distance-learning technology so that they can recruit and educate students in their own rural communities. By using distance learning technology to recruit and educate students in place, the hope is that upon graduation students will remain in their communities and provide psychiatric services. This represents an expansion of the innovation of training and working in place, prominent in only one 2002 program.

The role of distance education was virtually absent in 2002, now four programs will use on-line educational technology to reach out to students who would otherwise be unable to access graduate PMH education. The programs at Rush University Medical Center, the University of Minnesota College of Nursing, New Mexico State University and the University of North Carolina at Chapel Hill School of Nursing program all emphasize outreach to PMH nurses who will be trained to work both in the medically underserved regions of the region, both urban and rural. Each of these programs employs exciting distance learning technologies, many using local preceptors in combination with innovative learning techniques. The Rush program will use unique methods of clinical supervision all housed in their virtual learning community, the Aha center. If these trends continue toward on-line learning and development of rural and population specific workforces, it will be important to develop methods that will track the impact of these graduates on service delivery outcomes.

## Update on the ISPCLN Nursing Outcomes Project

By Karen Ragaisis

Members Lenore Kurlowicz and Rick Yakimo continue to lead the way to launching the ISPCLN Outcomes Project that was originally proposed at the 2004 ISPN conference. The specific objectives of this project are to evaluate the outcomes of staff satisfaction and changes in staff performance, perceptions, and attitudes following individual PCLN consultations. In order to assess outcomes, a brief questionnaire will be given to the referring party following the individual PCLN consultations. This project will offer participants the opportunity to engage in clinical research that will demonstrate the worth of the PCLN role to their institutions and contribute to knowledge about PCLN outcomes.

The project coordinators are grateful to ISPCLN members who have expressed an interest in incorporating the project into their clinical sites. Current tasks involve seeking sources of funding for the project and initiating a small pilot study in order to assess the feasibility of study procedures.

If you would like more information, please contact:  
Rick Yakimo (yakimor@slu.edu)  
Lenore Kurlowicz (lenorek@nursing.upenn.edu)  
Karen Ragaisis (kragaisis01@snet.net).

## ACAPN: Practice Council Committee

Kathleen Delaney, DNSc, RN  
Kathleen\_R\_Delaney@rush.edu

One of the practice council projects that we hope to move towards completion are the practice guidelines generated from ACAPN. The guidelines are a revision of the existing set written in 1995 by ACAPN membership. The document focuses on inpatient work and includes guidelines on assessment, milieu treatment, transcultural care, parent education and discharge planning. Also considered are the care of special populations, the suicidal and aggressive child, as well as guidelines on specific practices such as seclusion and restraint. These guidelines are meant as a supplement to the American Nurses Association Scope and Standards of Psychiatric-Mental Health Practice. They are considered as guidelines for patterns of practice, not for the care of a particular child.

We will be asking for member feedback on the guidelines. Should you have time to review a copy in advance of the April meeting, please contact me and I will email you a copy. Thanks.

## ISPCLN

### Yahoo! Group

Our chat site is slowly gaining momentum and we have a total of 14 members. I have been encouraged by the recent discussion of clinical issues and the prompt replies voicing support, suggestions and strategies. Please consider joining us!

**To join the group:** <http://groups.yahoo.com/group/ISPNCConsultationLiaisonNurses>

## Revisions in Progress ...

A second ISPCLN project underway is the revision of our booklets on PCLN Roles and Change / Transitions. The goal is to have both electronic and hardcopy versions available for sale at the conference and on our website. Special thanks to ISPCLN members Sharon VanFleet, Marilyn Shirk, and Jim Kane who have kindly volunteered their expertise to this endeavor.

A final "thanks!" to those members who have agreed to be nominated for positions within ISPN councils/committees.

Looking forward to seeing all of you in April in Pittsburgh!

## SERPN

Vicki Hines-Martin  
Vphine01@louisville.edu

During the past year, SERPN has been involved in completing the final touches on the BSN Essentials document. This document will be presented at the next conference and will illustrate our commitment to undergraduate education that includes key aspects of psychiatric mental health nursing. Thanks to everyone in the SERPN work group - Dr. Catherine Kane, Dr. Anita Hufft, and Dr. Sandra Nelson - who took the time and effort to be involved in the finalization.

During this period, many changes have occurred and important issues have presented themselves. The American Association of Colleges of Nursing (AACN) has identified and endorsed two new clinical titles that have advanced practice implications - the Clinical Nurse Leader (CNL), and the Doctor of Nursing Practice (DNP). Both roles are new but have a focus from the past - expertise in clinical practice.

These roles also have significant implications for nursing education at the advanced level (both masters and doctoral levels). As a leader in the advanced practice of psychiatric mental health nursing and education, we must keep abreast of these and other changes that affect nursing and its development. SERPN encourages all its members to become aware of these changes [see AACN website <http://www.aacn.nche.edu> and review the following documents AACN adopts position statement on the Practice Doctorate in Nursing (2004), Education models to prepare the Clinical Nurse Leader (2004) and Working Paper on the role of the Clinical Nurse Leader (2003)] to formulate and express opinions about how these developments might affect you, nursing and this organization, and patient care delivery.

These topics and others will be the focus of the SERPN Division meeting at the next conference. Hope to see you there.

# ISPN Talent Bank

This information will be used by the ISPN President and members of the Governing Board as opportunities arise.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Educational Credentials: \_\_\_\_\_

Certifications? Describe: \_\_\_\_\_

\_\_\_\_\_

In several phrases, describe the work that you do:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In several phrases, describe your expertise (consider clinical skills, role knowledge, professional nursing skills such as writing for publication, lobbying, mentoring, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check any that apply:

I would like to volunteer my time on some ISPN activity. Please contact me.

I would consider running for office next year. Please contact me.

I would like to be appointed to a committee or task force. Please contact me.

I have an idea for an important ISPN activity. Please contact me.

Please fax this form to (608) 831-5485 or mail it to:

**ISPN**

7600 Terrace Avenue • Suite 203

Middleton, WI 53562-3174 USA

(Please see page 10 for the address update after April 1, 2005)

## Conference 2005 Update



### Don't Forget about the ISPN Annual Education Conference!

April 6-9, 2005

**F**inal plans are being developed for the annual education conference in Pittsburgh from April 6 through April 9, 2005. It looks like this conference will have something for everyone. Division members did a great job submitting abstracts related to the interests of other division members, and the conference planning committee worked really hard to schedule those presentations at a time when you could get to them. We've also scheduled another issues forum, and this year Dr. Mary Smolenski will be a member of the discussion group that looks at certification processes in psychiatric-mental health nursing. Many of you know that Dr. Smolenski is the Director of Certification Services for the American Nurses Credentialing Center (ANCC). This is a great opportunity for ISPN members to talk with Dr. Smolenski about our experiences with the ANCC certification exams and the relationship of those exams to what we teach in our graduate programs and what we do in our advanced practice work. So, plan to be there for that discussion on Saturday morning, April 9.

Friday evening, April 8, you'll have time to shop or have dinner on your own, enjoying the city of Pittsburgh. Members of the planning committee have assembled lots of ideas for entertainment within easy walking distance of our fabulous hotel, or within an easy subway or cab ride. If you want to get a look at some options before you come, check out Pittsburgh on the following website: [www.pittsburgh.net](http://www.pittsburgh.net).

Every year, conference attendees rave about how friendly and supportive people are at our conference. It seems that the content, the networking, the discussion, the social events, and the business of advancing psychiatric-mental health nursing produce an energy and enthusiasm unmatched on a day-to-day basis at our work. You don't want to miss this chance to get fired up and re-energized. See you in Pittsburgh!!

## Member Updates

### Member Publication

ISPN member Darlene D. Pedersen has recently published a clinical pocket guide (3 x 5 spiral format) with the FA Davis Company for the psychiatric nursing student rotation or as a handy quick-reference to vital clinical information in practice. Information is presented in bulleted list or tabular format within 8 tabs for quick reference in a clinical situation. It includes reusable psychiatric assessment forms, the basics, including biological implications, psychotropic coverage, including alphabetical listing, major DSM-IV disorders with complete DSM-IV-TR classification, key labs and tests, geriatric considerations, ethnocultural considerations, therapeutic and crisis interventions, clinical pearls and alerts, client/family education, and more. Also a website is available for "additional" resources including full printable psychotropic monographs. PsychNotes can be found at: [www.fadavis.com](http://www.fadavis.com). PsychNotes will be available at Barnes & Noble after March 14, 2005.

## Awards Committee

**M**any thanks from the Awards Committee to everyone who nominated or wrote a letter of support for a nominee to get an ISPN (or ACAPN, AGPN, ISPCLN, or SERPN) award! We look forward each year to your identification of colleagues whose professional accomplishments you admire. It is always a pleasure to review nomination materials. The poignant details of nursing care provided or new programs developed, as expressed in the letters, always lead me to contemplate some of the specific people whose health and lives have been enhanced through the acts of our members and colleagues.

The Awards Ceremony at this year's conference immediately follows Saturday's brunch. See you there!

--Rica

### Editor's note:

This newsletter is published three times a year. While there have been problems in the past with timely publication, we hope to have resolved these problems with the new management company. At the same time, it is helpful to understand it still takes roughly two months from submission of articles to arrival at member's mailboxes. I remain ever hopeful to reduce that timeframe to 90 days, but...

In each issue, we ask for updates from the various Divisions, Councils and Committees. We are also interested in member professional activities and news. Please help your council leaders with ideas for articles or feel free to submit articles!

The next three deadlines for article submission are as follows: **Summer:** May 29, 2005, **Fall:** September 25, 2005, **Winter:** January 22, 2006. Send your articles to Mimi Brittingham Email: [mypcbritt@aol.com](mailto:mypcbritt@aol.com).

**R**epresentative Ron Paul of Texas has introduced legislation, the Parental Consent Act of 2005 (H.R. 181) that would prohibit the use of federal funds for mental health screening. H.R. 181, entitled the Parental Consent Act of 2005, seeks to prohibit the use of Federal funds for any universal or mandatory mental health screening program. Currently the bill has four cosponsors, Rep. Feeney and Rep. Miller of Florida, Rep. Hyde of Illinois, and Rep. McCotter of Michigan. The bill has been referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, and Ways and Means.

The bill states that Congress finds limited evidence that screening for suicide risk reduces suicide attempts or mortality (United States Preventive Services Task Force, USPSTF) and that the accuracy of screening tools to identify suicide risk in the primary care setting, including tools to identify those at high risk are limited. The justification of the bill goes further by highlighting the difficulties and subjectivities in diagnosing, the precipitous increase in the prescription rates of psychiatric drugs in children and gives attention to the negative side effects of these medications. It goes on to highlight the variability in interpretation of what it means to be mentally healthy by cultural groups and suggests that universal or mandatory mental health screening violates the right of parents to direct and control the upbringing of their children among the reasons for not screening.

The National Alliance for the Mentally Ill (NAMI) is among the supporters of universal mental health screening. They point out that our nation simply cannot afford to continue to fail our youth with mental disorders who need treatment. The tragic consequences of our failure to identify youth through early assessment and to intervene with appropriate mental health treatment and services are well documented. The facts speak for themselves:

- About 3,000 youth die every year from suicide (CDC);
- Suicide is the third leading cause of death for 15 to 24 year olds and the fourth leading cause of death in children as young as 10 years old (CDC);
- 90% of those who commit suicide have a diagnosable and treatable mental disorder (Surgeon General, 1999);
- Approximately 10% of children and adolescents live with a mental illness and yet, only about 20% of them are identified and in treatment (Surgeon General, 1999);
- Youth with mental illnesses have the highest school dropout and failure rates of any disability group (U.S. Dept. of Education);
- An alarming 65% of boys and 75% of girls locked in our nation's jails and detention centers have one or more psychiatric disorders (Teplin, L, Archives of General Psychiatry, 2002).

The American Psychological Association (APA) also supports universal screening, pointing out that The President's New Freedom Commission on Mental Health (2003) envisioned a transformed mental health system as including access to mental health screening to promote early intervention. They, too, make the points that emerging research indicates that intervening early can interrupt the negative course of some mental illnesses and that for consumers of all ages, early detection, assessment, and links with treatment and supports will help prevent existing mental health problems from worsening.

It would seem that campaigns of misinformation, stigma and fear are rearing their heads to once again to stand in the way of progress on this vital public health issue. Clearly, proper protections and guidelines for screening are advocated, with screening being done on a voluntary basis and only done with parental consent.

Action Required: Advocates are strongly encouraged to contact their members of Congress to oppose H.R. 181. It is time to set the record straight regarding the false claims and distortions about screening, including the claim that the President's New Freedom Commission calls for mandatory screening without

*TIP: Place the name and phone numbers of your Senators and Representatives in your personal phone book or planner for easy and immediate access to make that call when your representative needs to be apprised of a certain issue.*

parental consent. As usual, the real issue is about cost of providing these services. Between 1986 and 1996, mental health expenditures grew at an average annual growth rate of more than seven percent. Because of changes in population, reimbursement policies, and legislative and regulatory requirements during this decade, the share of mental health funding from public sources grew from 49 percent to 53 percent. But consider this – only seven percent of total dollars are for mental health services; a small amount for what is probably one of the most crippling diseases in this country. And, what dollar amount do we assign for the chronic pain and suffering of mentally ill individuals, and their families, and what cost do we assign for the individual who completes a suicidal act?

You may send a letter to your federal and state legislators by visiting <http://www.congress.org/congressorg/home/>. Enter your zip code and a list of your representatives and their email addresses will pop up for your convenience. Further, all House and Senate offices can be reached through the Capital switchboard at 202-224-3121 (please note that this is not a toll-free call). Senators and House members can also be reached at their local offices that are listed in the Blue Pages of your local phone directory.



# ISPN

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Committee members and Council Members and the division they represent can be found at <http://www.ispn-psych.org>. Click on "ISPN Leaders Identified"

## Save the Date!

### Conference 2005 is coming to Pittsburgh

April 6-9, 2005



# ISPN

## ISPN Councils

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**ISPAN**

## ISPAN Councils

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**Editor:** Mimi Brittingham, MSN, RN, CS

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# Attention:

## ISPNs headquarters is moving to a new location ...

ISPNs headquarters, currently at:  
7600 Terrace Ave., Suite 203  
Middleton, WI 53562-3174

will be moving after April 1, 2005. The new address will be:  
ISPN  
2810 Crossroads Drive, Suite 3800  
Madison, WI 53718-7961

If you have questions or need assistance, feel free to call the headquarters at 1-866-330-7227 (toll-free). For membership services, ask for Theresa Vollstedt. For other questions, ask for Bruce Wheeler, ISPN Executive Director.

You may also e-mail ISPN President Lynette Jack with any comments/concerns at [ljack@waynesburg.edu](mailto:ljack@waynesburg.edu)



**International Society of  
Psychiatric-Mental Health Nurses**

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