



NEWSLETTER OF THE INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

CONNECTIONS

Volume 9 Issue 2

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Letter from the Presidents

Dear ISPN Members:

Our annual ISPN conference was deemed a success by all those in attendance! The educational offerings were timely, focused on current topics, and addressed the learning needs of those in attendance. As is the norm, the conference also provided superb opportunities for attendees to network. Members had the chance to catch up with colleagues, and to meet new people. The openness and attentiveness of the ISPN membership is a hallmark of our organization, and it was wonderful to experience all of the excitement that interest and involvement generate.

The conference was also provided a timely opportunity for the ISPN Board to discuss in a very public manner the proposed organizational structure. In a well-attended session, that proposed structure was explained, questions were asked, and anticipated issues were raised. It was a welcome dialogue, and the Board left the session assured by the positive vote as well as the open dialogue that we are on our way to a more effective organization. For members who were not able to attend the conference, we invite you to become familiar with the proposed organization structure. We are still open to your comments and questions.

The Board understands that the new structure will not suddenly blossom into reality without the commitment and hard work of members. We left the conference assured that the ISPN members desire a strong organization, and are willing to do the work needed to make that happen.

At the Denver ISPN Annual Conference, like many in previous years, there were not many international attendees. Perhaps the most notable group was the contingency from the Bahamas. These delightful women, active participants throughout the conference, requested to address the audience attending the closing keynote. They made an emotionally moving speech, thanking ISPN for making them feel welcome and positive, highlighting the fact that the "international" in our name was what initially drew them to the conference.

Montreal-is a reflection of the beliefs of the BOD and ISPN-that we seek to be a truly international organization.

This occurrence raised questions, many of which had been raised previously, about the international nature of ISPN and exactly what this means to our members. While we welcome international members and attendees at the annual conference, we have not reached the point where we consistently think broadly, beyond the borders of our own practices in the United States. The ISPN leadership frequently receives questions from international nurses interested in attending conferences or joining the group. Many have expected (erroneously) that ISPN will pay their way to the conference. We've had to clarify that at this time the group cannot afford to pay for international members to attend. For nurses in more underdeveloped countries, membership and involvement in ISPN is fiscally impossible. It seems that this is an area we need to explore further. Should we begin devel-

We left the conference assured that the ISPN members desire a strong organization...

oping strategies that support the involvement of international members in the organization? What would this strategy look like?

International is defined as outside the borders of the United States and the Board of Directors made a deliberate choice of Montreal, Canada for the site of the 2007 conference. This choice, in recognition of the need for a meeting that occurred outside the USA and this conference site, is a reflection of the beliefs of the Board of Directors and of the ISPN membership that we seek to be a truly international organization. We look forward to increasing the involvement of Canadian

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ISPN

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The annual fundraiser hosted by the ISPN Foundation was held this year at Mattie's House of Mirrors in Denver, Colorado in conjunction with the ISPN Annual Conference. The fundraiser was successfully attended by 75 exuberant guests. A rousing raffle for the text, *Child and Adolescent Mental Health: Interdisciplinary Systems of Care*, edited by the famous author attending the dinner, **Dr. Charlotte Herrick**, yielded a sum that the instigator of said sum, **Dr. Catherine Kane**, generously donated, on the spot, to the Foundation. The Board of Directors (BOD) appreciates your support and looks forward to greeting you next year in Montreal.

The 2006 ISPN Foundation Research Award recipient is **Dr. Elizabeth Hite Erwin**, Assistant Professor at the University of Virginia School of Nursing. Dr. Hite's proposal, "Building Bridges Between Young People and Adult Mentors" seeks to inform violence prevention research by observing and interviewing teens and adult mentors in a natural environment. The aim is to produce a model of how mentoring works to reduce violence and victimization, as well as to support prosocial coping when youth are challenged by life problems. Dr. Hite is a member of the ACAPN Division. Congratulations on your award, Dr. Hite!

The Foundation BOD is committed to supporting psychiatric mental health nursing and those who practice the specialty. To

that end, Foundation goals for 2006-2007 include supporting student and international members' attendance at the 2007 Annual Conference. Currently the Board is also exploring the possibility of developing an archival history of Psychiatric Mental Health nursing leaders.

Your support of the Foundation as a Psychiatric-Mental Health Nurse sustains the aims of the ISPN Foundation: to support and encourage the charitable, literary, clinical, research and educational endeavors of ISPN; to promote psychiatric-mental health nursing and the professional expertise of psychiatric-mental health nurses, and to enhance opportunities for communication among psychiatric-mental health nurses and with the clients/persons they serve who experience mental health challenges.

Remember, it is easy to donate to the Foundation. You can check the appropriate box on your Membership Renewal Notice when you renew your ISPN membership or you can mail a donation to:

Remember,
it is easy to
donate to the
Foundation.

ISPN Foundation

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ISPN

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Madison, WI 53718-7961 USA

Letter from the Presidents (continued from page 1)

nurses who might find a professional resource in ISPN membership. As always, all international members are welcomed. At the same time, we recognize that the very same fiscal constraints that impede participation of our international colleagues in conferences also influence the ability of American members to attend. We will continue to dialogue with all members, looking for improved solutions. As your co-presidents we encourage all ISPN members to contact us with concerns and questions. ■

Geri Pearson (pearsong@psychiatry.uchc.edu)

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ISPN MEMBERSHIP COMMITTEE REPORT

We have mostly good news this year, as our number of members continues to rise. We have the same number as

All divisions have increased membership... we had in May 2005,

but we have 55 more members than we had in December 2005. All divisions have increased membership for 2006. We attribute our success to four main factors:

1. The customer service of our new management company;
2. Systems implemented to follow-up on individuals who decide to not renew. Our renewal rate is now at 74%, a national average;
3. Our excellent conference, both educational and networking opportunities;
4. Continuous improvement of our website.

We are always looking for new ideas for recruitment and retention of ISPN members. If you think our success is due to other actions, then we would like to know. If you have an idea, please email the membership chair.

Vicki D. Lachman

Vdl22@drexel.edu

ACAPN Division Update

by Kathleen R. Delaney, RN, PMH-NP, DNSc

The ISPN Annual Conference in Denver provided a great jumping off point for our year. Members heard a wealth of papers and reviewed excellent posters on critical issues of child/adolescent mental health. The Conference also gave ACAPN members a chance to meet and discuss issues significant to the specialty, such as the ANCC Family Nurse Practitioner Certification exam. Now we are faced with harnessing our collective energies into projects that will promote child and adolescent mental health. There are many good ideas for white papers and projects. My plan this year is instead of starting with a project, to start by identifying members that share a common interest. This could be a long list of interests. But, based on presentations and articles in the *Journal of Child and Adolescent Psychiatric Nursing*, I thought we might organize our thoughts by looking at the key issues presented at the conference: juvenile justice, adolescent depression, inpatient treatment, infant

mental health/maternal care giving, new service delivery schemes to support families, and psychopharmacology. A topic that was not discussed but needs to be considered is Adolescent Substance Use. As the summer progresses I will be contacting members to discuss how we can move these issues into initiatives. Please contact me with your ideas on topics of concern that should be addressed by the organization. Recently a member contacted the office, asking about any statement we have prepared concerning staffing patterns of inpatient units. Depending on the interest of members, this might become a project for a group of us. One goal that remains constant is the need to increase the visibility of child/adolescent psychiatric nurses. So, if you see an organization we should partner with, please let me know. Thanks for all your hard work with children and adolescents with mental health needs.

AGPN Division Update

by Melinda M Morissette, PMH-NP
mmorissette@pchcbangor.org

As division director to the adult division, I have struggled in my role as to what the adult division members need, want, and desire from the division and from the organization in general. I have asked input from the whole group and received feedback from AGPN members who were at the division meeting at the Annual Conference in Denver. This was a very upbeat and positive meeting and some great suggestions have come out of the meeting.

One issue is about networking. ISPN as an organization is based on the ability for people (members and nonmembers who we hope become members) to network. That the 'smallness' of the group and the conference size lends itself to be friendly, energetic, creative, and motivating experience for all who attend, and is a big selling point for folks to return year after year to the conference. To help facilitate the networking outside of the conference, the Board of ISPN has talked about the pros and cons of doing a list serve and what technology is available to ISPN to put this into place. What we do currently have as members is the website that allows you to search for members in specific states, by name, or by division and hopefully soon, by expertise. In the mean time, I have created a yahoo group for the AGPN members to join. You must subscribe to this group to be a member (a draw back, but it is easy to do). To subscribe go to ispnagpn-subscribe@yahoo.com and follow the directions. If you encounter any problems, please email me at mmorissette@pchcbangor.org.

This mode of communications is for you to have another form of networking until other services are put into place. By joining you have the ability to get email grouped or individual, daily or weekly. I placed a 'firewall' per-say to join, that the person who is to join needs the okay by me, hopefully this will stop any 'phishing' out there in cyber world.

The Board has asked all divisions to come up with a project that has a tangible 'output' and to be identified by September 1, 2006 with completion for the Annual Conference in Montreal in 2007. This would consist of a small working group coming up

with a topic that could be presented and perhaps "sold" to generate revenue for the organization. An example would be the alcohol withdrawal scale that the consultation liaison nurses have completed. Since AGPN is young we are at the very beginning of developing issues and papers around our needs: Alzheimer's, PTSD, Adult ADHD, staffing issues, Bipolar, Major Depression, restrictive formularies, DBT, CBT, and the list could continue on.

Please contact me with ideas and if you are willing to participate in a certain area. This will be time limited!!! One possibility would to incorporate this paper into a pre- or post-conference workshop in Montreal.

At the conference in Denver, the membership approved the board's recommendation to revamp the by-laws and to the re-structure of the organization. I will be participating with the revision of the by-laws. The goal is to make them more global and user friendly. The reason for the change is in part that ISPN is growing older and what worked for the three charter divisions when merging is no longer making sense—like having to elect 48 members to certain councils and committees. This will be changing with the exception of the nominating committee which will still be elected. The members approved this change at the conference in Denver.

The journal *Perspective in Psychiatric Care* is the journal that is associated with our division. I would request that two of the AGPN members submit an article about their role as an adult or Geriatric Psychiatric Nurse and what they may be doing in their practice. This article is to let folks know that there are benefits to belonging to ISPN and the Adult and Geriatric Division and would be greatly appreciated. Please contact me if you are interested. Deadlines are August 1 and December 1, 2006.

Remember that the deadline for abstracts for the Annual Conference in Montreal is August 25, 2006. Abstracts are done on-line by going to the ISPN website www.ispn-psych.org. The conference dates are April 25-28, 2007.

Reflections of a PCLN, Caring for Staff

Can I talk to you? Do you have time now? This is confidential, right? These are familiar conversation starters by colleagues I encounter throughout various parts of the medical center. Over the last 21 years I have been in a self-created, predominantly caregiver-centered role called, Mental Health CNS, Nursing Liaison. I had expected that most of my consultations would involve concerns about patients and their families, how to deal with difficult behavior and the impact of caring for ill and suffering human beings. What has struck me is how nurses and others talk with me more often about their relationships with one another than with patients.

Fitting-in and getting-along are frequent themes for new graduates and experienced nurses. I have said to more audiences than I can count that co-worker relationships are either a source of support or a source of stress and rarely neutral. "After all," one nurse colleague said, "patients come and go, but your co-workers are around every day." Even with excellent leadership, members of teams have conflict. Each has varying skills in addressing it constructively. I've observed that avoidance is highly utilized and generally ineffective. In my experience nurses infrequently reach out for emotional support from people outside their family or work group. Where are you to get help then, if your sources of support are the very individuals with whom you are having conflict? Too often one finds a sympathetic ear or two among co-workers, and then the workplace starts to buzz with *who is feeling and saying what* about whom. The appropriate parties aren't talking to each other. The gossip distracts from the caring work at hand, diverting and depleting team energy.

The PCLN provides a safe, accessible sounding board. Given the reticence of many caregivers to seek support in a more deliberate and formal sense, they are more likely to engage in casual therapeutic interactions on their own turf. Then no one gets the label of "not handling it." The PCLN is a colleague with expertise in interpersonal skills, psychosocial support, stress management, and ethics, who drops in occasionally to chat and hear how things are going.

How does a position like mine stay viable? The survival of my role has hinged on the core values of my institution along with my reputation over time as a provider of beneficial services. The PCLN in the *caring for the caregiver* role needs to be visible, accessible and flexible. In addition to my consultation and education activities I have also done things seemingly outside my role. I teach BCLS, co-wrote successful ANCC Magnet Recognition and Redesignation applications, as well as assist in a variety of regulatory (e.g., JCAHO) and other specific time-limited projects (e.g., computerized order transcription) as needed. I am always able to make a connection between my work with staff and these seeming deviations. The best outcomes are when staff see me in these other venues and are reminded that I am a resource. I have had more than a few significant consultations result.

A colleague recently saw me on her unit and asked if I had time for her. She remarked that she had never called upon me

in these 20-plus years. I think her cultural background influenced her reluctance to reach out before. Talking to the "psych nurse" means you are "crazy," right? She wanted advice on how to handle a problem she was having with a co-worker, who was behaving disrespectfully and causing her much distress. She appropriately didn't want to talk with co-workers about it. She needed to ventilate and sort out her feelings in a safe environment. It was a way to feel better and take care of herself. By the end of our time together she had a plan. She was going to approach her co-worker directly and give constructive feedback with the intention of strengthening the respect between them. She told me later that it all worked out.

Effective team relationships are drivers of staff satisfaction, which impacts retention. As the need for nurses continues to grow, institutions are becoming even more invested in reducing the cost of turnover by looking at how the work environment, including work relationships, affects satisfaction and retention. Caring for employees has moved up as a priority and a fundamental means of providing quality care to patients and their families. The language of self-care has also emerged over the last decade as a foundation of ethical practice. It seems that the current and future shortage of nurses and other healthcare providers has increased institutional awareness of the value of investing in and caring for caregivers, so that they experience the work environment positively. Caregivers can then thrive and continue to provide compassionate care. I believe that PCLNs have the skills to help institutions meet such a mission in a cost-effective way.

The trends and challenges I foresee hold multiple possibilities for PCLNs. The need for nurturing professional caregivers and their relationships will continue to grow, because complexities in those relationships are growing too. Since the 70's, when I started in nursing, the demographics of healthcare co-workers have gotten more and more diverse. The age range of healthcare providers now spans three to four generations with 60 and 70-somethings working alongside 20-somethings. The variety of culture, religions, spiritual practices, national-origins and first languages are mind boggling. A few years ago I facilitated a meeting between a Philippines-born supervisor and a Russian-born staff nurse. It was amazing how complicated and baffling the communication issues were as they struggled to clarify their expectations and needs of one another.

We can all use support and guidance when we've been bothered by an encounter that continues to interfere in our work and work relationships. I recall a colleague admitting to me in those early days of my role that her supervisor had actually teasingly threatened her, "If you keep it up (i.e., complaining), I'm going to call the psych nurse." It took years for some staff to trust that they would not be analyzed, judged, or reported for what they shared. I am immensely grateful that so many gave me a chance to earn their trust. The PCLN can demystify psychological support and make it normal, accessible and hopefully, a standard in sustaining professional caring practice.

As you may have already read, the ISPN Annual Conference was an exciting and informative success. SERPN's very own **Catherine Kane** was honored with the **Melva Jo Hendrix Lectureship**. Many of our members were integrally involved in the development and success of the conference and I would like to thank them all for their participation in creating this energizing experience.

The *Archives of Psychiatric Nursing* Editorial Board met with the new *Archives'* editor, **Joyce Fitzpatrick**. And as a result of that very fruitful session, there will be many changes in the content and format of the journal. Some of those changes include columns that will publish letters and comments from our readership about issues raised in the journal, and information on culture and mental health to name just a few. More details will be shared about these changes and how you might be involved in the coming months. As you have already seen, *Archives* has a brand new face. Stay tuned to the evolving journal, and let us know what you think!

The conference meeting of the SERPN Division was well attended with many new suggestions for SERPN initiatives. Topics included the changing landscape for advanced practice nurses in psychiatric mental health nursing, guidelines for education of advanced practice nursing and the need to address mental health care and advanced practice internationally. We were very fortunate to have not only lively discussion but also individuals who were interested in leading initiatives resulting

from our discussion. During the next year, SERPN will begin two initiatives that we hope will produce tangible results that can be shared during our next conference. One initiative is the completion of educational guidelines for advanced psychiatric mental health practice which will be informed by the changing professional environment. This will be a joint effort between the SERPN Division and the Education Council. Catherine Kane and **Margaret Brackley** will be leading this effort. Some SERPN members have already identified their interest in being a part of this group and work has begun. If you are interested in becoming part of this, please contact Catherine at cfk9m@virginia.edu. Our second initiative will focus on identifying and developing approaches to assist our international members with clinically- and professionally-focused mental health issues. The need for this was passionately identified by two of our international attendees, **Joanna Curry** (Bahamas) and **Frannie Echeozo** (Nigerian born). **Jeanne Clement** has stepped up to lead this initiative and is seeking SERPN members to assist in this effort. If you are interested, please contact her at clement.1@osu.edu.

Finally, as a result of the organizational change that received approval by the membership, **Debrynda Davey** was presented with the opportunity to continue on as SERPN Secretary and has accepted for another year. We hope that SERPN is serving you well and that you can find ways to contribute. I invite your comments and questions at yphine01@louisville.edu.

Editor's Note

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

Fall: September 24, 2006

Winter: January 22, 2007

Summer: May 31, 2007

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 **Mimi Brittingham**, email: mypcbritt@aol.com.

Save the Date!

The 9th Annual Education Conference is Coming to Montreal, Quebec, Canada



April 25-28, 2007

Photos courtesy of Tourisme Montreal.

2006 ISPN Call for Nominations

The ISPN Nominating Committee is seeking nominations from the membership for the following positions:

- ACAPN Representative to the Nominating Committee
- SERPN Representative to the Nominating Committee

Duties of the Nominating Committee

According to the Bylaws of ISPN, the Nominating Committee shall:

- A. Coordinate all elections;
- B. Develop ballots for all elections; seeking balanced representation from the Divisions in nominations for ISPN officers;
- C. Obtain consents to serve;
- D. Provide biographical information on each candidate to the voters.

Nominations must be received by **August 18, 2006** in order to be considered by the Nominating Committee. All current regular members of ISPN are eligible for nomination. Nomination does not guarantee that a person's name will appear on the final slate. Self-nominations are encouraged.

Nomination

I hereby nominate _____ to represent ACAPN or SERPN (circle one) on the ISPN Nominating Committee.

Signed: ISPN member: _____ Date: _____

Nominee Data

Full Name: _____

Institution: _____

Address: _____

City, State/Province: _____

Zip/Postal Code, Country: _____

E-mail: _____

Please send your nomination via e-mail, if possible, to bwheeler@reesgroupinc.com. Or you may mail your nomination to ISPN, 2810 Crossroads Drive, Suite 3800, Madison WI 53718-7961 USA.

If you have questions, please call 1-608-443-2463, ext. 143.



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