



# NEWSLETTER OF THE INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

# CONNECTIONS

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Winter 2009

## From the President - January 2009

Dear ISPN Members:

Greetings to you all during these winter months of snow and ice! Many issues have been handled by your Board of Directors and I will report on these here. Throughout the Fall there has been much planning for the Annual Conference in Greenville, South Carolina. This will be the second year of the Psychopharmacology Institute prior to the regular ISPN conference. Given by nurse experts, both promise to offer information and knowledge pertinent to your practice as an advanced practice psychiatric nurse. Please try and attend all or part of the conference. I promise that the networking and interaction with your colleagues will be invaluable.

If you are reading this newsletter, you have likely found the new and improved ISPN website. Much work and effort went into this re-design. It continues to be a work in progress and your Board is looking for an ISPN member to edit and manage the website content. Please let me or Plumer Lovelace, ISPN Executive Director, know if you are interested in working with the website.

Other news to report includes the approval of a juvenile justice ISPN position paper, which is posted on the website. We also received a windfall of monies previously held by a now defunct ACAPN chapter. Many thanks to the

astute member in Texas who saw this posted on a list of unclaimed state money.

Membership renewals had dipped in the summer but are steadily climbing. There are several creative plans for welcoming new members who attend the ISPN conference. The Board of Directors approved the operating budget for the year. A reminder to all of you that our awards recognition is an important part of our organization. Please consider nominating an ISPN member for an award. More information about this will be forthcoming.

We have welcomed Plumer Lovelace from The Rees Group, Inc. as our new Executive Director. He took over the role from Bruce Wheeler, who has moved on to other projects within that agency. Many thanks to Bruce for the years he worked with ISPN.

Finally, on a sad note, I received word that a past president of ISPN, Susan McCabe, passed away suddenly in an auto accident on December 18.

An Editorial Board member of *Perspectives in Psychiatric Care* and a gifted speaker and teacher around psychiatric illness and brain chemistry, her death will be a great loss for psychiatric nursing. Plans for honoring her work are underway and I will share those details as they become available.

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I look forward to seeing you all at the annual conference. At that time, I will end my presidency of ISPN and turn over the leadership to Kathleen Delaney. I want to thank you all for the support and positive regard I've experienced these past few years. I want you to extend the same positives to Kathy. Happy New Year!

My best,  
Geri Pearson, President, ISPN  
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**ISPN**

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# New Member Spotlight

*I am very happy to introduce a new member to ISPN. Please join me in welcoming Deanna Bragg, from Alberta, Canada. - by Geri Pearson*

**Please tell us about yourself and how you came to advanced practice nursing. Can you tell us more about your specialty of holistic care and also assisted living environments?**

I trained in a hospital-based nursing program and graduated more than three decades ago. The program was called psychiatric nursing and was taught on-site in a psychiatric hospital. At the time I trained, the hospital had 1,300 beds serving people with mental health issues in the areas of acute psychiatry, long-term psychiatric rehabilitation, geriatric psychiatry and forensic psychiatry. My training consisted of two days in class and three days on a unit from September to April for two years. From April to September each year, I worked full time on three different units in three different areas acquiring knowledge and experience to enhance my theoretical background. There were also opportunities to access community mental health and group processes. It was, I believe, a well-rounded education in all aspects of psychiatric nursing. The focus and approach was based on treating the whole person, which I adopted as my vision of holistic care. I worked on most of the units in the hospital as well as being the admissions nurse and nurse auditor and then moved into the community.

I have made a point of taking courses over the years to enhance and advance my knowledge and practice such as WordPainter - a workshop on aboriginal beliefs and culture, DBT-dialectical behavioral therapy for working with people diagnosed with borderline personality disorder, Supervisory Development-through the university faculty extension, and most recently HoNOS training—a program of holistic assessment and care planning for people with mental health issues.

I became the Coordinator of the Mental Health Approved Home program, which then amalgamated with the Supportive Living Program (a part of Community Care Services in the province of Alberta) which provides housing, meals, medication administration and limited personal care for adults who are unable to live independently. The housing is varied and unique. There are homes where one-four residents live with a family; homes where six-eight residents live and staff come in to provide support and care 24 hours per day; and facilities where residents live in their own room or suite with staff providing 24-hour care and supervision, as well as safe living sites where residents receive 24-hour care and support, and are unable to leave without accompaniment. Within the Supportive Living Program, I was fortunate enough to obtain experience in client coordination in a variety of settings such as Support Homes, Mental Health Homes, Family Care Homes, and Designated Assisted Living. As a Client Coordinator, I soon realized that the site staff and often some of the other Client Coordinators did not always have the experience or understanding of working with people with mental health issues. I was encouraged to create a program that would provide support and education to the site staff, Client Coordinators, and the residents. I began this program as a pilot doing consultations within Supportive Living Sites as well as continuing my role as Client Coordinator. The program evaluation demonstrated a positive result and so the Behavioral Consultant position was created as full time. In my role as Behavioral Consultant I receive referrals from Client Coordinators requesting assessment and recommendations of residents that the site staff find challenging. I often find that part of the problem may

be staff approach, so I have developed an in-service on therapeutic approaches for frontline staff. I am now also collaborating with an educator from Mental Health Services in developing and presenting educational modules on topics such as de-escalation techniques, introduction to mental health services, introduction to schizophrenia, introduction to mood disorders, etc. We plan to eventually have about a dozen modules ready to present to a variety of staff in a variety of sites within Supportive Living.

**What do you see as your biggest challenge to your practice in the next few years?**

The biggest challenge to my practice will be the continued growth of the Supportive Living Program within the community. When I moved to Supportive Living about five years ago, there were approximately 400 residents being served. There are now approximately 2,000 residents with more sites opening up as I write this. As the program grows, the need for Behavioral Consultation and education will grow with it. As it is now, I am busy full time and my ability to respond to referrals in a timely manner and do a complete assessment is being challenged.

**How do you see the advanced practice role evolving in the next decade?**

It is my belief that the Behavioral Consultant Program will grow with the Supportive Living Program and the need for appropriately trained psychiatric supports will only increase. I think it is so exciting to be in on the “ground level” of this living alternative that encourages people to retain as much independence and autonomy as

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# A Snapshot of Singapore:

## An Island Asian Country with a New Advanced Practice Nursing Role

Where in the world is Singapore? The Republic of Singapore is an island state positioned at the southern tip of the Malay Peninsula in Southeast Asia. It is 85 miles north of the equator, south of Malaysia and north of Indonesia's Riau Islands (Wikipedia, 2008). Singapore is one of four remaining true city-states in the world and it is the smallest nation in Southeast Asia. You can imagine my surprise and delight when I was invited to travel there as a Visiting Expert to work with the government's nursing leadership and with their Advanced Practice Nurses (APNs). My primary role was to act as an advisor toward development of their newly formed role of an Advanced Practice Nurse in PMHN.

After an 18 hour flight from NYC to Singapore's Changi Airport, (flying over the North Pole), I was greeted by Madam Tang, a retired psychiatric nurse at the Institute of Mental Health with nearly 50 years experience. She was my guide and cultural confidant during my stay. The stories that she told me! Each morning, Madam Tang waited outside the entrance of the 2,000 bed hospital where the taxi dropped me off after my 30-minute commute from my hotel. (Although she did not want me to call her by her title, I learned from the other nurses that 'Madam' is the proper name for this distinguished nurse and a form of showing great honor to her experience in the Asian culture). My morning instruction with her during those first few days were to brief me on the "proper way" to interact with the doctors, administrators, patients, and their families. I would then be escorted to my morning destination of ward rounds, home visits, emergency department consultations, and outpatient settings. It was during these times that I had the unique experience of observing the APNs in their new roles and to provide feedback to them, comparing our APRN in PMHN role in the USA with their Asian counterpart role.

The role of a Psychiatric Advanced Practice Nurse in Singapore is a new and creative endeavor to not only advance the discipline of nursing, but to also provide cost effective, high quality, advanced

nursing assessment and interventions to individuals, groups and families. In 2002, the Ministry of Health initiated a pioneering step forward by identifying potential nurse clinicians who would be successful in furthering their education at a graduate level towards the notion of developing and introducing the role of an APN to Singapore. Seven nurses were identified to be the first class of APNs in psychiatric-mental health. The identified nurses were to be based at the Institute of Mental Health for their one-year internship. In 2005, the next group of clinicians commenced their education and are currently in their first year of internship. It is with this total group of 12 APNs that I had the honor and pleasure of working with on a daily basis.

Madam Tang also was instrumental in setting up my official visit to the Changi Prison, the notorious POW camp in the War of 1939-1945 (WWII). Although I was interested in the care of psychiatric patients in a prison setting to compare with those in the USA, my other interest in visiting the prison was one of historical intrigue after studying WWII and also living in Australia from 1992-1997. It was then that I learned so much more about the atrocities that occurred to Singaporeans, Australians, and Americans, yet it seems unknown to many in the USA. Speaking of prisons, Singapore is known as the "Fine" Capital of the world, where petty crimes such as littering and spitting on the streets is punishable by fines and/or imprisonment if you cannot pay. The Changi prison is also well-known for its punishment of "caning" and/or lifelong seclusion for the possession of illegal drugs and substances. This was aptly stated by one of the Prison Administrators during my visit: "There is



zero tolerance in Singapore for error." Needless to say, the streets are incredibly clean and the attitude and behavior of its citizens are impeccable. I was truly impressed!

Oh, how I can get side-tracked! There is just so much to tell about the trip and its magical memories. The 15 days spent there were like a whirlwind romance that when over, flashes back and forth in your mind like a dream, a vision or a good book that you can not put down. I hope to be able to write this up in an article and keep to the story line in the future!

Back to the future and ISPN: I would love to know if anyone would like to help me with developing our area website for AGPN. The Board has given me some ideas for making it more interesting and useful to members. Please let me know if you are interested in chatting about this and working with me! I can be reached at my email address: vsoltis@email.unc.edu

Have a great start to the NEW YEAR and best wishes!

-Victoria Soltis-Jarrett

## ACAPN Division Update

Linda Stephan, DNS, RN, PMHCNS-BC  
llstephan@myway.com

**A**fter a call for member news, I received several updates. It is always gratifying to read and communicate the activities of members. Welcome back to Vickie Beck who recently rejoined ISPN. She continues as the Clinical Director for the University of Maryland Child Psychiatry Outpatient service. In addition, she is a nationally trained trainer for Trauma-Focused Cognitive Behavior Therapy, an evidence-based treatment for traumatized children. She is participating in a statewide initiative to train all state clinicians in this protocol. Kellye Campbell recently became the medical provider for the Youth Inpatient Unit at Kitsap Mental Health in Bremerton, Washington. In addition, Kellye continues to serve youths ages 4-18 in an outpatient setting. Janis Gerkenmeyer has been invited to present at the Society of Pediatric Nursing National Convention on April 5, 2009 on "Children with Mental Health Needs in the Community: Assisting their Parents." Catherine Duchovic, a CNS in Fort Wayne, Indiana, continues to be a leader in advocacy efforts for

children with psychiatric issues. Catherine previously received a poster award at ISPN for the project: "Examining Quality of Life Among Parents of Children with Mental Health Problems." This project utilized data from Janis Gerkenmeyer's study and is now being published in the *Journal of Child and Adolescent Psychiatric Nursing*. The authors are Catherine Duchovic, Janis Gerkenmeyer, and Jingwei Wu. Tess Searls, APRN, has been approved by Canine Companions for Independence to train as a handler for a facility dog for the Virginia Treatment Center for Children, in Richmond, Virginia. The center hopes to have its first team "therapist" by the end of January. Valerie Glass, CNS, BC, completed her Post Master's Certificate in the Family Psychiatric Nurse Practitioner program at UNC, Chapel Hill. As you can see we are as busy and active as ever in our work with children and their families!

-Linda Stephan, DNS, RN, PMHCNS-BC

## SERPN Division Update

Jane B. Neese, PhD, RN  
jbneese@uncc.edu

**H**appy 2009! I hope that all of you had some time during the winter break to relax, have some fun, and recharge for spring.

In November, SERPN had several members who were inducted into the American Academy of Nursing. Our former SERPN Division Chair, Dr. Vicki Hines-Martin from the University of Louisville, Dr. Beth Vaughan-Cole, Dean at Brigham Young University, and our ISPN President, Dr. Geraldine Pearson were the 2008 inductees. Congratulations to our outstanding members!

With the changing landscape of academia and credentialing, SERPN has several opportunities for you to serve this coming year. We have three areas to use your talents:

- At the same time that Catherine Kane and Mary Weber are collaborating with NONPF, and APNA is crafting a Position Statement on Psychiatric-Mental Health Nurse Practitioner Education, we also need two SERPN volunteers to work on a paper addressing Psychiatric Mental Health Nurse Practitioners who work with children and families. Ideally, we need two SERPN members who are faculty and teach in a

PMH-NP family or child programs to work with ACPAN and APNA members. The paper would involve discussions on the levels of educational preparation and experiential needs of APRNs who treat children in primary care settings.

- We need a SERPN member to be the liaison with our new website. This volunteer would assist the Director in determining new information or news that needs to be uploaded onto our website.
- We need SERPN members to serve on the ISPN Nominating Committee.

Please let me know if you are interested in serving in any of these areas. (jbneese@uncc.edu or call 704-687-7952).

Don't forget to mark your calendars for **March 31-April 4, 2009** for the ISPN Annual Conference and Second Annual Psychopharmacology Institute to be held in Greenville, South Carolina.

*Happy New Year and see you at the conference!*

-Jane B. Neese, PhD, RN, SERPN Division Chair

### New Member Spotlight (continued from page 2)

possible while providing the care they need. By supporting the staff and the residents through assessment, recommendations, and education, it creates a positive environment where everybody wins.

#### What do you do for fun?

One of my favorite things to do is travel. My husband and I love driving trips and have visited nine of the 10 Canadian Provinces, 28 of the 50

United States and (last fall) eight Western European Countries on a bus tour. I also have three grandchildren with whom I spend as much time as I can. ■

# Greenville, South Carolina



Save the Date in 2009!

## Second Annual Psychopharmacology Institute and ISPN 11th Annual Conference

### March 31-April 4, 2009

Hyatt Regency Hotel • Greenville, South Carolina

Please visit [www.ispn-psych.org](http://www.ispn-psych.org) for additional information as it becomes available!

## Second Annual Psychopharmacology Institute and ISPN 11th Annual Conference: Translating Inquiry to Enhance the Continuum of Care

ISPN is offering a program of presentations and posters that addresses cutting-edge issues related to clinical practice, education, and research in the psychiatric-mental health field.

Topics involving translational science, trauma and violence, access to care, safety, quality of care, psychopharmacology, evidence-based psychiatric nursing practice, complementary/alternative medicine, legislative/policy issues, and innovative practices of psychiatric nursing will be discussed. Advance your career and meet your peers for important networking opportunities and professional self renewal at the 2009 Conference!

Visit the ISPN website at <http://www.ispn-psych.org> for more information about how you can participate in this exciting educational conference for advanced practice nurses! Contact hours will be applied for through the Wisconsin Nurses Continuing Education Approval Program Committee.

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



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Photos courtesy of the City of Greenville, SC

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## NEW Newsletter Deadlines:

### Editor's Note

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

**Summer:** March 24, 2009

**Fall:** June 26, 2009

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: **Plumer Lovelace**  
Email: [plovelace@reesgroupinc.com](mailto:plovelace@reesgroupinc.com)



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