



NEWSLETTER OF THE INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

CONNECTIONS

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Autumn 2010

From the President - November 2010



Greetings to all; I hope that you are enjoying autumn. We have been quite busy at ISPN these past months with planning the Spring Conference and Psychopharmacology institute and working

with the issues of the APRN Consensus Model. You will recall that in the summer, following member feedback and board discussion, ISPN endorsed the APRN consensus model which aims at organizing and standardizing Licensure, Accreditation, Certification, and Education (LACE) for advanced practice nurses (APNs). In our endorsing letter, ISPN expressed concerns around implementation issues, particularly the intent that in a rather short time all PMH graduate programs would need to develop curriculums that covered the life span. There was a LACE meeting in January 2010 where we again voiced these concerns. In January we also entered into discussion with the American Psychiatric Nurses Association (APNA) and joined their newly forming task force to examine the life span issue. You all received emails about this partnership with a call for volunteers. From the ISPN members who volunteered a core task force group was selected. Throughout the spring the APNA/ISPN task force gathered feedback on the lifespan recommendation and examined certification, education with an eye on our ultimate aim- to meet the mental health needs of individuals throughout the United States. We thank Dr. Mary Jo Regan-Kubinski for leading and organizing the group who represented ISPN on the task force.

If you have not already done so, I urge you to read the APRN consensus model paper;

it is on the web at https://www.ncsbn.org/APRNJoint_Dia_report_May_08.pdf. You will note in the paper that the model delineates four roles and six populations; Psychiatric Mental Health (PMH) is one of these populations. This essentially means that in the future, all APNs will be educated in one of the four roles and in one of the six populations. The LACE model has implications for many APN groups. For instance the model indicates that there will be no certification leading to licensure beyond the role and six populations. In very practical terms this means that some specialty APNs (for instance a CNS interested in palliative care or orthopedics) may indeed specialize in these areas, but only following a broad certification in either Family Nurse Practitioner or Adult-Gero Health.

We have also been active with the National Association of Clinical Nurses Specialists (CNS). They have recently produced CNS competencies for the APN and are posted on our web site. Please also see the article by Victoria Soltis-Jarrett on the CNS and LACE model. Based on certification trends, there is movement in the direct care PMH role in Primary Mental Health toward an NP certification (see attached graph). This graph does not indicate the PMH CNSs who re-certify which is 2009 was over 1,000. So our CNS workforce continues to renew their certifications. Seeing the trends and the LACE model may raise concerns for those practicing under a CNS certification. For those PMH-APNs currently practicing under a CNS certification, your license and practice are governed by your state and state law, the state's nurse practice act. If your state adopts new eligibility requirements for licensure (in line with the LACE model) currently practicing APRNs are expected to continue to practice within that state if they maintain an active license. So currently licensed PMH-

CNSs are protected, and of course, are a vital part of the PMH workforce that needs to continue in practice if we are to meet mental health needs of the population.

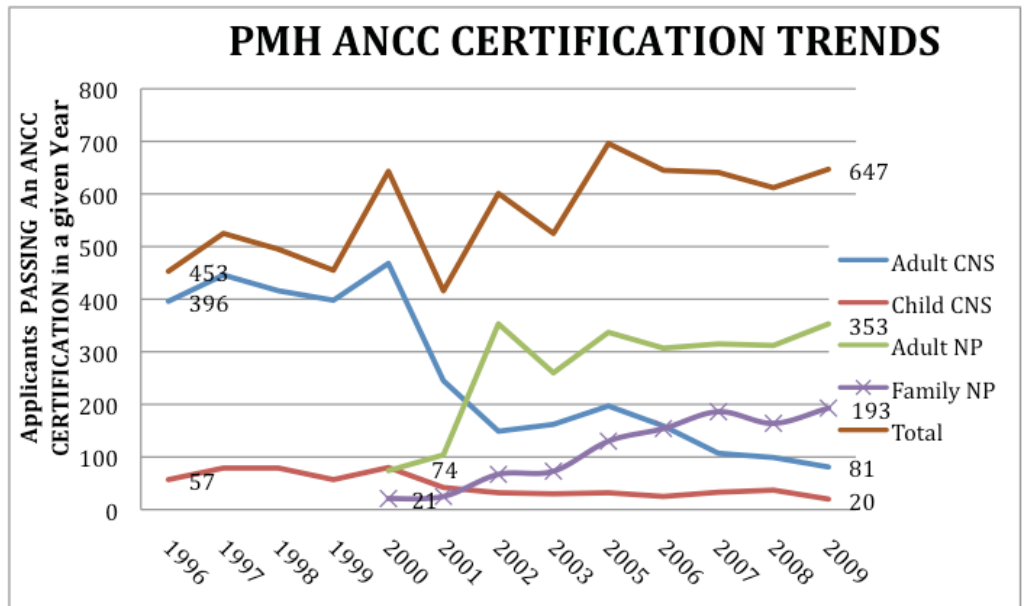
When the final version of the LACE model was published, the PMH population was designated as Life span. There has been much discussion about this particular stipulation. The rationale for the life span designation is that the mental health care needs of the population will be best served by a workforce who has a broad education and then (if one chooses) also acquires additional training in particular population (say child or geriatric). We recognize that for the PMH specialty this means that the vast majority of our graduate programs will have to change their curriculum to a life span model. In the last report on graduate programs I received from American Association of Colleges of nurses, there are approximately 65 Adult PMH NP programs, 29 Family PMH-NP programs and 35 PMH-CNS programs. Thus a significant amount of planning will need to occur to move programs to life span curriculums.



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To begin, please review the article by Dr Mary Jo Regan- Kubinski on the work of the ISPN/ APNA task force. This group worked diligently to balance all the factors that impacted on our specialty and the implementation of the LACE model. The LACE model aims for uniformity in the APN workforce; a workforce who provides safe, effective care at all levels of prevention. The groups that came together on LACE (States Boards of Nursing -licensure, Accrediting bodies, Certification organizations, and Educators) believe that once the transition occurs, the public (including consumers and employers) will better understand the role and function of the APN provider. We expect the dialogue to continue over the next several months on the model and the APNA/ISPN task force recommendations. We also hope to direct our energies to problem solving around implementation issues so our specialty can move forward.

Kathleen Delaney, PhD, PMH-NP



2011 Conference Committee Update

I hope that everyone is enjoying their autumn season. The conference committee has been working very hard over the summer months to plan and finalize the 2011 conference. Many thanks go out to our Arizona colleagues for their local efforts in searching out potential vendors, graduate student poster submissions and cultural resources. Thank you also goes out to all of you who got the word out about the ISPN conference. Our abstract reviewers this year had an abundance of submissions to review and most were highly rated and quite relevant.

The Art, science, and diversity of psychiatric nursing will be well represented with topics on evidence based practice, energy medicine and alternative healing techniques, trauma and violence, legislation, geriatric psychiatry, innovative teaching methods and international issues. All of the ISPN divisions were adequately represented this year. In response to the 2010 attendee evaluations, the committee has decided to try something different and innovative. In an effort to offer as many contact hours as possible, poster sessions will potentially be awarded CEU's and there will be lunch discussion groups focused on 3 pertinent healthcare issues: healthcare reform, suicide in the military and global diversity and equity in health care. We were mindful to allow free time for attendees

to explore the area or relax watching the glorious Tucson sunsets.

Two general sessions are included this year in addition to the keynote. The writing workshop from last year received such favorable reviews that it will be presented as a general workshop, part II, "Writing papers for publication". Editors of our psychiatric nursing journals will conduct interactive small groups and participants are encouraged to bring writing samples to the session so that they can improve their writing skills. The other general session is the joint ISPN/APNA task force for LACE (Licensure, Accreditation, Credentialing and Education) policy. Their important work will be presented as a panel discussion, allowing ample time for questions and answers.

The 2011 conference is shaping up to be an event that showcases our many skills and celebrates our hard work as psychiatric nurses as we strive to scientifically care for psychiatric clients and diverse populations in a variety of environments.

Till next time.
Judy Hirsh, NP-P
 Conferences Chairperson

Jaclene Zauszniewski, PhD, RN-BC, FAAN Recognized With 2010 Hildegard Peplau Award

We congratulate Jaclene Zauszniewski who in June received the prestigious American Nurses Association Peplau award. The Hildegard Peplau Award was established in 1990 by the American Nurses Association. It honors a nurse for life time achievement; a person who has made significant contributions to psychiatric nursing practice via scholarly activities, clinical practice, and policy development. Jaclene, a long time member of ISPN, has devoted her career to helping individuals with chronic mental illness develop resourcefulness. Via her numerous grants she has developed a program of research that has both contributed to our nursing science base and brought nurses into a research career. We all know Jaclene as a generous person who has mentored so many of our new psychiatric nursing scholars. We congratulate you and thank you for your service to our profession.



Book Review: *A Nurse's Guide to Presenting and Publishing: Dare to Share* (2008)

As final semester DNP students, this book by popular speaker, recognized educational researcher, and Psychiatric Nurse, Kathleen Heinrich, PhD, RN was assigned for our "Dissemination of Evidence" course. When we met for the first class of the semester, it was interesting that many of us were carrying this book. We represent different clinical specialties and varying stages in our professional careers. Those in our cohort who have been presenting and/or publishing for years were as excited as those of us beginning to think about the possibility of writing and speaking, to have this relevant, practical book. Kathleen Heinrich's, "A Nurse's Guide to Presenting and Publishing, Dare to Share" spoke to all of us and gave clear, succinct answers to our questions about presenting and publishing. A few examples of Dr. Heinrich's very practical information include; how to travel with your Poster, how to construct a query letter to an editor, how to match your style of writing to the publication chosen for submission, how to power up a PowerPoint

and put together a presentation packet. This information is for all nurses, educators, staff nurses, entrepreneurs, students, advanced practice nurses, and administrators to tell your stories and "transform your practice into presentations and publications". (Heinrich, K. 2008).

Dr. Heinrich's teaching and writing is informed by her practice as a Psychiatric Clinical Nurse Specialist (Nurse-therapist) as well as her 25 years as a member of a nursing faculty. She feels nurses need to be systematically prepared to present and publish. Heinrich has clearly found her special niche; to walk nurses through the process of learning how to present and write, and develop the self-confidence to tell the stories that need to be told. The evidence based steps she has outlined for the process are: 1) Shift in perspective to seeing yourself as creative, 2) Self-reflection, 3) Learning Strategies and Skills to practice the techniques and tools, and 4) Developing Support circles with colleague-friends.

Heinrich makes the point clearly and movingly, that Nurses with their "something special" have tremendous power to influence. Nurses, writing about what nurses do, not only leads to the personal benefits of : Visibility, Credibility, and Generativity, but it can also, in Heinrich's words, "Give a face to a problem, voice the concerns of the underserved or disenfranchised groups, and inspire visions of the possible as well as offer practical solutions." Reading this book inspires and energizes you to get started. With this book as a reference and "portable mentor" you have the practical information and tools to know just how to go about getting your personal story out.

Heinrich, K. (2008).

A Nurse's Guide to Presenting and Publishing: Dare to Share. Sudbury, Massachusetts: Jones and Bartlett Publishers.

Pamela Lusk, DNP, FPMHNP-BC

Arizona State University,
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Dear ISPN members,

The Foundation Board is pleased to serve ISPN in many ways. The primary purpose of the Foundation is to accept donations and determine how that money will be allocated if it is not specified by the donor. The Foundation developed from the Foundations

of two of the founding organizations: ACAPN had the Robert O. Gilbert Foundation that supported research in child and adolescent psychiatric nursing. Additionally, SERPN had a foundation that supported research and scholarship. As a result, the ISPN Foundation does try to include these activities as components when funding decisions are made. However, the Foundation Board also knows that building an endowment is the best way to support activities like research and scholarships for students or foreign nurses to attend the conference. With an endowment, and when the fund is large enough, the interest serves as the money spent on annual activities rather than the principal.

However, we also serve as a pass though for certain funds, thus allowing donors to receive tax benefits. For example, certain funds are earmarked for the keynote speaker at Psychopharmacology conference that is part of the annual meeting. The donor has restricted the funds for this purpose. In other cases, the Foundation Board provides money for ISPN activities that are unexpected

expenses. It is important for our members to know that we use all of your donations as wisely as possible!

Right now we are excited about the Foundation reception and auction held during the annual conference. Our venue is a room that opens up to the patio with a wonderful view of the mountains beyond. It should be a spectacular backdrop for the Foundation festivities. As always your donations of items for the auction will be greatly appreciated.

And as you begin thinking about Holiday gift-giving, please remember that if you shop online, many items can be purchased through the iGive website that will bring donations to the Foundation. That website is www.iGive.com/ISP-MHNF

Please feel free to contact any of the Foundation Board with questions or with donations! I hope you are having a great fall and I will look forward to seeing you at the annual conference!

Kathy Scharer

The LACE Model and The CNS: What does it all mean and will I still be a CNS?

What does it all mean?

The Consensus Model for APRN Regulation for Licensure, Accreditation, Certification and Education (LACE) developed out of the APRN Consensus Workgroup (2004-2006) (now known as the APRN Workgroup) in collaboration with the National Council of State Boards of Nursing (NCSBON). The goal was to create a consensus document that would ensure that Advanced Practice Registered Nurses (APRN) would be able to practice to the full extent of their education and training and to increase the workforce in health care reform. Through this process, the notions of exploring and developing a national model that reflected a standardized method of licensing, credentialing, certification and educational preparation ensued. The Workgroup and NCSBON identified several assumptions that formed the basis for this model, including but not limited to, the fact that:

There was no uniform model of regulation of APRNs across the states.

Each state independently determined the APRN legal scope of practice, the roles that are recognized, the criteria for entry-into advanced practice and the certification examinations accepted for entry-level competence assessment

The lack of a model created a significant barrier for APRNs to easily move from state to state and contributed to poor health care access for individuals, families and communities

The outcome of the model was to:

- Define APRN practice
- Describe the APRN regulatory model
- Identify the titles to be used
- Define each specialty
- Describe the emergence of new roles and population foci
- Present strategies for implementation

For more information about these outcomes, see the document at: <http://www.nursingworld.org/consensusmodeltoolkit>

Will I still be a CNS?

YES! The role of a Clinical Nurse Specialist (CNS) in PMHN has had a long history dating back to 1952 yet in the consensus document, the general role of a CNS was questioned and debated until members of various organizations spoke out in favor of the role and its future, including representatives from ISPN. In the current model, a CNS is recognized as one of the four APRN roles but some changes will need to occur so that the CNS is aligned with the other APRN roles (NP, Midwife, Nurse Anesthetist). An example of these changes include, but are not limited to, the notion that all CNS graduate programs must ensure that students who finish their education are able to:

Enroll and successfully complete courses in (a) Advanced Physical Assessment; (b) Advanced Pharmacology and (c) Advanced Pathophysiology;

Demonstrate the core CNS role competencies (different from NP role competencies)

Be exposed to a consistent CNS education and curriculum across the nation

There is a document focusing on CNS CORE ROLE COMPETENCIES and it is posted on the ISPN website. As well, there is also a working document called "Criteria for the Evaluation of Clinical Nurse Specialist Master's and Practice Doctorate Educational Programs" which identifies the criteria for CNS educational programs. This will soon be posted on the ISPN website for your comments and feedback.

Stay tuned! ISPN maintains a close and integral role in representing members and attending key meetings to keep you in the loop. If you have any concerns, contact your Division Director or anyone on the Board of Directors.

Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC
President-Elect





Dr. Linda S.H. Stephan

Hello colleagues,

I want to dedicate the ACAPN Column in this issue of *Connections* to our dear friend, colleague, and longtime ISPN member, Dr. Linda S.H. Stephan. Linda passed away October 22, 2010 after a valiant fight with breast cancer. In life, as in dying, Linda had much to teach us about being brave, compassionate, uncomplaining, and full of grace.

Linda was a quintessential renaissance woman of psychiatric mental health nursing. Fearless in her advocacy for those who could not speak for themselves, thoughtful in her being present to what people brought her in their agony, Linda was a pioneer in terms of psychiatric mental health nursing. She was a founding member of what was then the Indiana Chapter of ACAPN, serving in a variety of state offices. Linda developed and implemented the first child and adolescent psychiatric inpatient unit at Community North Hospital in Indianapolis. She developed and implemented

the inaugural baccalaureate nursing program at Marian College, now Marian University, in Indianapolis. At Marian, Linda hosted in 1987 the NIMH sponsored Midwest Conference Educational Blueprint for Psychiatric Mental Health Nursing in the Twenty First Century, a seminal gathering of educators, researchers and practitioners concerned with the mental health care of children and adolescents.

Originally educated as a Clinical Nurse Specialist (CNS) in Community Mental Health Nursing, Linda's intellectual ability and curiosity transcended the community context to embrace psychiatric nursing care across the life span that included child, adolescent, and geriatric populations. Equally comfortable with a depressed 11 year old pre adolescent as the 90 year old woman with unresolved grief, Linda met people where they were, physically as well as emotionally. Her indisputable therapeutic skills and intuition were present when she was the Clinical Research Coordinator of the Global Olanzapine Team at Eli Lilly and Company. Her remarkable business acumen assisted her in developing private practices with a cadre of mental health professionals. Linda's patience and visioning ability assisted her in developing Advance Practice Nursing roles in diverse systems such as Our Town Community Health Network, a national model mental health program serving youth; Institute on Aging; Ambulatory Behavioral Care Service; and research development at the Indiana Juvenile Justice Task Force. Linda's facility in futuring was evident in her ongoing commitment to the advancement of nursing practice.

Linda was an award winning and tireless mental health advocate. She received the Clinical Excellence Award for Advanced Psychiatric Nursing from Indiana University School of Nursing twice, in 1997 and 2010. Linda received the ACAPN Award from ISPN in 2008. Most recently, this year she was awarded Nursing Excellence recognition by Community Hospitals, Indianapolis that also included

establishment of a nursing scholarship fund in her name. Linda served as the ACAPN Division Director of ISPN 2007-2009.

While a consummate professional, Linda's priority always was her family and friends. Her husband, Leland (Lee) and four children, Kristen, Ali and husband Tim and unborn baby, Kate and Michael were everlasting in her hope for the future. Linda valued and always made time for friends; anything from a quick sandwich to a weeklong visit across country. Linda was mindful of a presence, or an aura, she was gifted with that was unconsciously broadcast to others. It was something we commented on from time to time because it happened frequently anywhere. Once, when we traveling together and having just talked about how the world perceived us, Linda was stopped by a stranger in the airport who started talking to her about a very personal issue. I remember Linda looking at me over the head of the woman with a look on her face that said, "See what I mean?" When Linda thought the lady was finished with her story and made a movement to leave, the woman reached out, putting her hand on Linda's arm saying, "I am not done yet".

Linda was a connector – a connector of people, of ideas, and of actions. She was a wise woman and a fun loving one; her belly laugh made you laugh! Much of what I know as a psychiatric mental health nurse and wise woman I learned from being Linda's friend and colleague. She was a wonderful advocate for so many different people and blessed us all with her wit, energy, ideas, and unconditional regard. We will miss you....

Remembrances in Linda's name can be made to the Community Health Network Foundation, 1500 N. Ritter Ave., Suite 230, Indianapolis, IN 46219 for the promotion of psychiatric nursing practice.

Peace be with you,
Beth

AGPN Division Update

Karen Ragaisis, MSN, APRN, CARN, PMHNP-BC
kragaisis01@snet.net

Hello to all AGPN members!

Last year our Division was beginning to address issues pertaining particularly to working with geriatric populations. We all know the statistics; by 2030, 20% of the total population in the United States will be 65+ years old. It's the most rapidly expanding segment of our populations. It's sobering indeed to think about how old I will be in twenty years!

As a future member of this group I expect those providers who will be working with me, my family, friends, colleagues etc., to be knowledgeable in the specialized care that any

one of us may need. The barriers of provider expertise center on lack of knowledge, skills and abilities. AGPN can be in the forefront of supporting the learning needs of these future providers. The Competency Enhancements for both Psychiatric Nurse Practitioners and Psychiatric Clinical Nurse Specialists are posted on our website. These were developed by the Geriatric Psychiatric Nursing Collaborative with support from the John A. Hartford Foundation. If you haven't done so, please take a moment to look these over and consider how you utilize them in your current practice and whether any other information would enhance your practice. Additionally, we have posted the CNS

Core Competencies Executive Summary on the site. These were completed by the National CNS Competency Task Force 2006-2008 citing the latest recommendations for cutting edge CNS practice.

I'd like to be able to start a discussion with you. I see many geriatric patients in my ED practice and would like to hear what others are doing. My email is Kragaisis01@snet.net, you could "friend" me at KarenR.aprn (the AGPN Facebook page) or use the ISPN threaded discussion boards.

Happy Fall!

Hello ISPCLN Division Colleagues,

I hope that you all experienced some fun and renewal during the summer months and are presently enjoying the colors of fall, because winter is fast approaching. Hopefully, the wintertime will not be too harsh and allow all of us time to enjoy family and friends during the upcoming holidays. I wish that you all will enjoy whatever holidays you are celebrating and take some time for self renewal.

13th Annual ISPN conference and 4th Annual ISPN Psychopharmacology Institute (March 29th- April 2nd, 2011) in Tucson, AZ

Don't be left out in the cold! Start planning to attend 13th Annual ISPN conference and 4th Annual ISPN Psychopharmacology Institute. The annual conference will again be preceded by the annual ISPN Psychopharmacology Institute (March 29 & 30th, 2011). Both planning committees are working full steam ahead to orchestrate another exceptional learning and networking experience for every ISPN member. The conference will be held in Tucson, AZ, at a lovely resort to promote some of that renewal and rejuvenation that is necessary to balance with invigorating learning opportunities. Both the Psychopharmacology Institute and Annual Conference planning committees have been diligently working to make certain that the presentations are well rounded and many are relevant for current day psychiatric consultation liaison nursing practice.

Resources for Your Practice as Plan's

Scott Bruner, a Clinical Nurse Consultant in Mental Health Liaison Nursing from the Prince of Wales Hospital in Australia has sent along information on e-learning resources that address mental health education of generalist nurses. These resources are free to access at www.mhclna.org.au/resuorces.php. These are hosted on the Mental Health Consultation Liaison Nurses Association NSW and ACT. Please check them out, I had the opportunity to do so recently and believe that they would be useful in your practice. Their website has other useful information that can be helpful to PCLN practice and education. Thank you Scott!

Another ISPCLN member Ann Robinette has just informed that one of our PCLN colleagues, Laurie Barking, that Ann worked with in San Francisco has authored a book that will soon be launched. The title is "The

Comfort Garden: Tales from the Trauma Unit. This book details Laurie's practice as a psychiatric consultation liaison nurse and the work that she did in the trauma unit. I am looking forward to the book becoming available soon. I encourage you to check it out too!

Prevention Opportunity for PCLN's

I am certain that you have seen or heard some information lately about a power drink Four Loko and the health related issues associated with the consumption (often over consumption of it). I believe that PCLN's especially those individuals practicing in emergency, urgent and acute care have an opportunity to do some health teaching and prevention of future harm. As you may well know that Four Loko, also referred to as "blackout in a can," "liquid cocaine" or "binge drinker's dream" is a fruity energy drink that contains 12% alcohol (alcohol equals about a 6 pack of beer) and the amount of caffeine in each drink equals about 5 cups of coffee. Several universities and their nearby emergency departments and intensive care units have cared for students from neighboring universities, these students have had blood alcohol levels ranging from 0.12-0.335. Some of the students across the nation that have become ill have required intensive care level, and at least one student suffered a cardiac arrest. Many states to date have banned Four Loko (Michigan, Washington, soon Oklahoma's ban will be in effect on December 3rd). Please check out information from your state's Liquor Control Board and Department of Health for information to provide your patients especially if you are caring for one of the students or adults that enters your healthcare system. Additionally, I would suggest, if you have time to work with our nurse colleagues in academic settings and in high schools offering your expertise on psychological health and the effect of combination of caffeine and alcohol in concentrated and escalated doses. This does represent an opportunity for PCLN's to lead the way on a preventive health initiative. If you need some information (that is fact not emotion based) check out your states Dept of Public Health, several states already have some fact sheets or a public warning. However, if your state does not (or your country does not as yet) have this information I would send you to the Department of Public Health in

Massachusetts at www.mass.gov and simply enter Four Loko.

50TH Anniversary of PCLN Practice is Fast Approaching in 2013

The 50th anniversary of psychiatric consultation liaison nursing is approaching in 2013 and I would like to begin organizing several ways to celebrate this important milestone. The first article describing cross-service nursing consultation with psychiatric nurses was authored by Sue Johnson from Duke University in 1963. Since that time there has been an abundance of descriptive literature about the PCLN and also research literature evaluating the PCLN role in relation to identified outcomes. Dr. Lisa Robinson, from the University of Maryland, in 1974 published the first book devoted to psychiatric consultation liaison nursing, titled Liaison Nursing: Psychological Approach to Patient Care. Over the years I have worked with graduate students and had them collect articles, papers and resources related to psychiatric consultation liaison nursing, I would like to begin work on organizing a complete (hopefully with all members assistance) compendium that would be ready for the 2013 conference as one strategy to celebrate our 50th anniversary of rich, interesting and innovative practices. Please send me any articles or references to articles especially from the 1990- present so I can begin organizing this compendium. Also, anyone who would like to assist in this project please contact me- this will be a celebration of your practices and authorship and will be another excellent resource to assist our colleagues.

Opportunity to Participate in PCLN Division Projects

I encourage members to actively participate in the ISPCLN Division this year in some manner. One area that each PCLN could assist with is sending me some brief information about your practice as a PCLN. I am in the midst of rewriting the information about the ISPCLN Division for the website, and it would be wonderful to include information about our practice from real time examples. Also, I want to hear from you about ideas or issues that you are aware of that the ISPCLN Division should be considering for future partnerships or involvement. Please contact me at Skrupnick@charter.net; or phone 1-508-248-7108 or cell 1-508-826-6208 to let

me know if you are interested in participating in projects or on committees.

Sadness Comes to ISPN Members and Their Families

I wanted to let you know that two of our long term ISPN members and their families have experienced significant losses of loved ones. I wanted to let you know that Dr. Linda Stephan a very long term ACAPN and ISPN member, who lived valiantly and joyously, died from cancer last month. I would like you to take a few moments to read Dr. Beth Bonham's tribute to Linda in her Division Director column. Linda practiced and oversaw the practice of several psychiatric consultation liaison nurses in her role. Linda made significant contributions to nursing, in her community and within her loving family. Please take a moment in your very busy days and lives to recall a time with Linda if you knew her and if not- know that she has left this world a better place for being here, I will miss Linda so will psychiatric-mental health nursing. We have Lee Stephan, her husband and children in our thoughts at ISPN.

It also saddens me to tell you that Dr. Diane Snow from University of Texas in Arlington and a long time member of ISPN has experienced the loss of her loving husband, Lonnie. I had the pleasure of meeting Lonnie only once and it was a precious time that I will recall. I know that Diane would appreciate your thoughts and prayers at this time. Diane, we are with you!

Communicating with Division Members

The ISPN e-blast system can also be used to communicate issues that you may have and want to communicate with your PCLN colleagues, so please send along messages to me directly at Skrupnick@charter.net or send to the office and they will be forwarded to me. I can also be reached at 1-508-248-7108 or my cell phone at 1-508-826-6208.

Looking forward to hearing from you- and hopefully meeting you at the 2011 ISPN Psychopharmacology Institute and 13th Annual Conference in Tucson, AZ from March 29th- April 2nd.

In closing, to all our colleagues, I wish you a Happy Thanksgiving and if you are able to help someone who needs a little bit of help this season please do so, and remember our military service people too.

Warmly,

Susan Krupnick MSN, PMHCNS-BC, ANP, CARN
ISPCLN Division Director

SERP Division Update

Linda Rose, PhD, RN
lrose2@son.jhmi.edu

Currently, the most urgent focus of the Board of ISPN that directly affects the mission of SERPN, is the Consensus Model for Advanced Practice Psychiatric Nursing Regulation: Licensure, Accreditation, Certification and Education ("LACE"). This document has been under development for quite some time and now the recommendations are being published and the input of all psychiatric nurses is being sought. I urge you all to read Dr. Mary Jo Reagan-Kubinski's article on the LACE recommendations. It is important to note that these are just that: recommendations. Your input is important! Very soon, you will be asked to respond to the recommendations in the LACE document via a survey posted on the ISPN website. Look for the survey and consider each recommendation carefully and how it affects you. Add your comments to the dialogue via a threaded discussion also on the website. This document will have a major impact on the future of psychiatric nursing education, the accreditation of psychiatric nursing programs, the certification and licensure of nurses who wish to practice as APRNs.

Membership goals have also been a focus of our deliberations. We want the organizations to continue to grow, and our membership to increase both nationally and internationally. The Board discussed examining membership data and renewing efforts to identify new opportunities to expand membership and ways to support the work of the Membership Committee. Consider inviting a colleague to join and perhaps attend the next conference!

On a related note, for existing members, we are always looking for ways to help our members grow and develop professionally. So, look for new tabs on the ISPN website that will help members access resources for

education and research. We are open to any changes for the ISPN website so give us your feedback on how we might enhance the website to meet your needs. Members can post a comment on the Discussion Board and get reactions for your colleagues on issues affecting your practice, education, and research activities.

Finally, you may be aware of the document, "Essential Psychiatric, Mental health and Substance Use Competencies for the Registered Nurse" prepared by a task force co-chaired by Catherine Kane and Margaret Brackley. This important document outlines the recommended competencies for the generalist psychiatric nurse. These competencies draw from the American Association of Colleges of Nursing's document, "The Essentials of Baccalaureate Education." Dr. Kane will be presenting the psychiatric competencies at the American Academy of Nursing meeting November 13, 2010 and at the AACN Baccalaureate Education Conference on November 19, 2010. If you are planning to attend either or both of these meetings, be sure to share your comments and reactions with Dr. Kane. We also hope to have Dr. Kane also present the competencies at the next ISPN conference and look forward to a lively discussion from the SERPN members who are involved in undergraduate nursing education.

I welcome any feedback on any of these issues or others that are important to you. Please do not hesitate to contact me. I also welcome your interest in getting more involved in the activities of SERPN and am happy to talk with you about how to do this.

Best wishes for a productive fall!

Linda Rose, RN, PhD
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ISPN

<http://www.ispn-psych.org/>

The APNA/ISPN Task Force was formed to address the challenge of implementation of the LACE model within the Psychiatric Mental Health population foci. The recommendations that resulted represent the consensus of the group, which “met” on biweekly phone calls from February 16 until June 22, 2010. There were 20 members on the Task Force, selected by APNA and ISPN leadership to represent particular areas of expertise and geographic representation. The ISPN members of the group were Mary Jo Regan-Kubinski (Steering Committee Co-Chair), Margaret Brackley, Debby Phillips, Eris Perese, and David Hodson. The Task Force also had input from an Expert Panel of 99 individuals, representing both APNA and ISPN, who had volunteered to work on this task.

The work that occurred on the biweekly phone calls consisted of “roundtable” discussions of four major areas of concern to PMHN: the definition of lifespan, education, population-specific issues (including historical and emerging needs, as well as workforce shortages), and implementation of the LACE Model (with a focus on identification of actual and perceived barriers). During the discernment and discussion process, 45 documents were reviewed and 225 postings to a work-space were generated. When themes seemed to coalesce, the Steering Committee of the Task Force drafted the Consensus Statement. Each part of the statement was voted upon by the Task Force membership, and input was requested from the Expert Panel. The Consensus statement will be posted on the ISPN web site for review in the month of November

Dr. Mary Jo Regan-Kubinski

Remembrance of Jeanette Chamberlain (1924-2010)

On August 26, 2010, a great friend of ISPN and SERPN passed away, Dr. Jeanette Chamberlain. Dr Chamberlain will be remembered for her extraordinary leadership in psychiatric nursing. Among her notable accomplishments was her position as Chief of the Psychiatric Nursing Education Branch at the National Institute of Mental Health. Many of us who went to Psychiatric Mental Health (PMH) nursing graduate programs in the seventies are in debt to Dr Chamberlain as it was largely through her advocacy and political savvy that in the 1970's PMH nursing programs saw an increase in funding for student traineeships and stipend support. This was also a time that PMH graduate program directors were organizing and setting a course for the decades to come and Dr Chamberlain was a guiding force in this effort. When she retired, Dr Chamberlain continued to attend SERPN conferences and maintain an active interest in the

field. On a personal note, I recall when elected as Division Director of SERPN I received a hand written letter from Dr Chamberlain, both congratulating me and encouraging me to set a vision for education in PMH nursing. I will always treasure that note. We are fortunate that the memory of Dr Chamberlain is well established in our organization via our SERPN leadership award (named in her honor) and the SERPN papers stored at the University of Virginia Nursing Library which are appropriately titled, the Jeanette Chamberlain SERPN Archives. Our thoughts go out to Dr Chamberlain's family and her close colleagues who are experiencing her loss. We will be remembering Dr Chamberlain at this year's annual meeting in Arizona.

Kathleen Delaney, PhD, PMH-NP

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