



NEWSLETTER OF THE INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

CONNECTIONS

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From the President • Behind the Scenes of ISPN



Gone with the Wind as a Metaphor for Health Care in 2012: Are you up for the challenge?

Scarlett: Atlanta! Mammy: Savannah would be better for ya. You'd just get in trouble

in Atlanta.

Scarlett: What trouble are you talking about? Mammy: You know what trouble I's talkin' 'bout. I's talking 'bout Mr. Ashley Wilkes. He'll be comin' to Atlanta when he gets his leave, and you sittin' there waitin' for him, just like a spider. He belongs to Miss Melanie...

Scarlett: You go pack my things like Mother said.

(Scene from *Gone with the Wind*, Margaret Mitchell, 1936)

Do you remember watching the movie or reading the book *Gone with the Wind*, the tragic love story between Rhett Butler and Scarlett O'Hara which took in place at Tara, the O'Hara Plantation in northern, Georgia, just south of Atlanta? The plot was one of conflict and heartbreak on many levels: between people; between the old and the new South; and in the intersection between race, culture, class, and gender. The text exemplifies a period of time 150+ years ago that was turbulent (Civil War), segregated (racism), and rigid in the rules of a society long ago (1861–1871). It was a society that evolved over time, but yet, forever changed the South during and after the Civil War. This is not unlike the USA Health Care System in 2012, which currently exemplifies instability, inequity, and discrimination between people of color, class, and race; between those who are old (those in late life) and those who are new (infants and children), and one

that imposes rigid rules from a health care industry that is unyielding and perpetuates uncertainty. Not unlike the old South depicted in *Gone with the Wind*, health care in 2012 has also become a culture of the “haves” and the “have nots”, which many politely call “health disparities.” According to the CDC (also in Atlanta), health disparities are “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources” (CDC, 2008).

One would think that in 2012, at the start the 21st century, 43 years after the USA landed on the moon, our world would not have such extreme global health disparities as we see in Africa, Haiti, and even the USA. We should all be striving to achieve equitable, safe, and efficient health care access for all as occurs in Europe. However, we know how the plot of this story of health care is currently unfolding in the US, and continues to thicken and bubble with contempt. Too many cooks are stirring the pot this election year and many of those cooks have no idea what is happening at the grass roots level of care. I believe that we, as a society in the USA, have somehow lost the plot of humanity, which was once the story of a hopeful society which evolved from a fundamental belief (in 1776) that we are all created equal and that we are charged with the responsibility to ensure the sanctity of life, liberty and the pursuit of happiness. But unless we feel empowered to be able to make changes, one person at a time, one agency

per region and in each of our places of work, we become just a silent figure standing in the corner of that kitchen, only moving when we are called to the table to “assist.” I believe as nurses, we are more than silent figures, handmaidens and assistants to the medical and health care establishments.

We are educated, experienced and equipped to assess, plan and implement health care efficiently. We are also able and willing partners with medicine, the health care industry and government—not competitors of physicians or corporate raiders. We are nurses. We have, since the beginning of time, been at the bedside of those who give birth and those who take their last breath; and we are the soothing voice to the person who is depressed and anxious, who believes that they are being chased by aliens, fed poison by the water supply or abused by those who were meant to be their protectors. We can no longer stand in the corner! We must make our voice heard.

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ISPN

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The International Society for Psychiatric-Mental Health Nurses (ISPN) is one venue, one organization and one vehicle to allow your voice to be heard and to hear the voices of others who believe and value the notion to*:

- Unite and strengthen the presence and voice of specialty PMH nurses
- Promote equitable quality care for individuals and families with mental health problems by advocating for issues surrounding diversity and social justice
- Enhance the ability of PMH nurses to work collaboratively on issues facing the profession
- Provide expanded opportunities for networking and leadership development by holding a yearly, national scientific meeting
- Impact healthcare policy to facilitate effective use of human and financial resources by engaging with policy and decision makers, employers, funders, and other organizations in issues effecting the PMH workforce and mental health care

*(Sample of ISPN Strategic Objectives, taken from http://www.ispn-psych.org/html/about_us.html)

I challenge each of you who have continued to read this column (smile); to be a part of a small group of people (i.e., psychiatric nurses) who can UNITE together to STRENGTHEN the VOICE of SPECIALTY PMHN, at the:

5th Annual Psychopharmacology Institute and ISPN 14th Annual Conference

Innovation, Integration and Transformation of Psychiatric Mental Health Nursing for the 21st Century

Auspiciously set in Atlanta, Georgia (near the home of Tara in "Gone with the Wind"; the CDC and The Carter Center, as you will soon find out!), you can be a part of the transformation; of overcoming adversity with the power of shared voices, knowledge and potential action; and the importance of knowing what it is to be a part of history. Read on to find out more about The Psychopharmacology Institute and Annual Conference, ISPN Divisions and the highlight on Membership.

Warmest regards and see you in Atlanta,

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

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Want to ask a question? Make a comment?
<http://www.surveymonkey.com/s/feedbacktoISPNBOD>

Reference

CDC. (2008). Community Health and Program Services (CHAPS): Health Disparities Among Racial/Ethnic Populations. Atlanta: U.S. Department of Health and Human Services.
<http://www.cdc.gov/nccdphp/dach/chhep/pdf/SDOHworkbook.pdf>

ISPN Foundation Update

The ISPN Foundation is on the move and excited during the conference, to host an evening of exceptional fun and networking at the Jimmy Carter Museum and Library in Atlanta. The Carter Center provides historical memorabilia of the Carter Presidency (1976–1981). And during the time we will be there, a special event honoring George Washington Carver will be in progress. George Washington Carver was born into slavery and became an inventor, botanist, and educator. He is especially known for his work on providing an alternative crop to cotton. His work with soybeans, sweet potatoes, and of course peanuts has impacted on nutrition and manufacturing since that time. It will definitely be a great walk through history.

Many veterans of our yearly events are no doubt wondering about the Silent Auction. For you newbies, this is a fun, unpredictable, entertaining, and somewhat rowdy competition for great gifts. Items, from books to art work and jewelry, are donated and put up for auction to the highest bidder. Trust me, there will be gifts that appeal to everyone! The highlight of the evening is having Peggy Delaney as the auctioneer. Peggy knows how to work a room and if she would ever leave our profession she could have a great career as an auctioneer or even a comedian. It is a great way to enjoy an evening and network with friends and colleagues.

The Foundation event will occur on Thursday night during the conference. The Foundation Board has worked diligently for several months to make it a memorable event. When registering for the conference, be sure to add the ticket for this event onto your registration. It will be a great opportunity to meet new friends, connect with old friends, and learn about historical events in a wonderful venue and take home a great item from the auction.

See you in Atlanta.

Susan Vebber



From the Membership Committee

It has been a busy summer for the Membership Committee. ISPN has had a number of questions related to student membership. Who qualifies as a student member? We've had several calls from undergraduate nursing students going into a graduate program in Psychiatric-Mental Health Nursing immediately upon graduation. Do they qualify for a student membership in ISPN? Not according to the ISPN By-laws. The membership committee has examined the current ISPN membership categories and reviewed the membership categories of other professional nursing organizations. The outcome of this process is that **the membership committee has proposed the following:**

Full Membership: *remains the same* (\$125)

All advanced practice psychiatric nurses are invited to join. Members are eligible to vote, serve on committees and hold office in the organization.

Student Membership: *change* (\$60)

Students enrolled at least halftime in a graduate program in advanced practice psychiatric-mental health nursing are invited to join. Student members enjoy all the membership benefits except voting and holding elected office. We encourage student members to serve on committees and submit abstracts for the conference.

Associate Student Membership: *new category* (\$60)

Students enrolled at least half time in an undergraduate program in nursing and having a strong interest in pursuing a graduate degree in advanced practice psychiatric-mental health nursing are invited to join. Student members enjoy all the membership benefits except voting and holding elected office.

Retired Membership: *remains the same* (\$60)

Open to all members in good standing who retire from active professional life. Retired members enjoy all the membership benefits except voting and holding elected office

Military Membership: *new category* (\$60)

Open to all full status members on active duty pay. Military Members on active duty pay are eligible to vote, serve on committees and hold office in the organization.

International Membership: *new category*

In order to reflect the international nature of our mission and membership, ISPN employs a two tiered dues structure based on economic indicators the World Bank uses to evaluate all nations.

High- and Upper-Income Nations (\$125)

Lower-Middle- and Low-Income Nations (\$60)

Lower middle and low-income nations are listed below:

Afghanistan, Angola, Armenia, Bangladesh, Belize, Benin, Bhutan, Bolivia, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China, Comoros, Cote d'Ivoire, Democratic Republic of the Congo, Djibouti, Ecuador, Egypt, Arab Rep., El Salvador, Eritrea, Ethiopia, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Jordan, Kenya, Kiribati, Kyrgyz Republic, Lao, Lesotho, Liberia, Madagascar, Malawi, Maldives, Mali, Marshall Islands, Mauritania, Micronesia, Moldova, Mongolia, Morocco, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Nigeria, North Korea, Pakistan, Papua New Guinea, Paraguay, Philippines, Republic of the Congo, Rwanda, Samoa, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Tajikistan, Tanzania, Thailand, Timor-Leste, Togo, Tonga, Tunisia, Turkmenistan, Uganda, Ukraine, Uzbekistan, Vanuatu, Vietnam, West Bank and Gaza, Yemen, Zambia, Zimbabwe

We would welcome your thoughts and comments about these changes and any additional suggestions that you may have about membership. You can email me Cynthia Taylor Handrup (chandrup@sbcglobal.net) directly or send email to the ISPN office (info@ispn-psych.org).

The ISPN Board of Directors approved the change on August 11, 2011. It was also approved approval by the By-Laws Committee.

The Membership Committee has also been working hard to welcome all new members with a personal note and an invitation to become more involved.



The 2011 Robert Wood Johnson Foundation report on psychiatric and medical co-morbidities addresses information focusing on the epidemiology and frequency of comorbidity, cost burdens and current use of best practices. Evidence-based practice or EBP is now the focus of quality nursing, so how do you use evidence-based practice (EBP)?

To be honest, I'm both uncomfortable and unfamiliar with EBP but poised to increase my knowledge of EBP courtesy of my doctoral program. Polit & Beck (2010) describe EBP as a way to guide the care we provide while improving outcomes and our patients' quality of life. They suggest that you may already be using EBP if you have:

- 1) participated in a journal club;
- 2) attended a research presentation at a (ISPN) conference;
- 3) made a clinical decision based on research findings;
- 4) provided health teaching for patients on the implications and relevance of research; or
- 5) designed /carried out a research project.

Interested in learning more? Listed are a few websites and references that could be of use in your work setting, and do not forget to network with your ISPN colleagues who have a vast array of scholarly talents. They could certainly point you in the right direction!

Can't wait to see you in Atlanta!

Karen Ragaisis

ANA

www.nursingworld.org/mainmenucategories/ThePracticeofProfessionalNursing/improving-your-practice/Research-Toolkit

University of Iowa's Evidence Based Practice Center (U.S.)

www.uihealthcare.com/depts/nursing/rqom/evidencebasedpractice/

Joanna Briggs Institute (Aus)

www.joannabriggs.edu.au

Cochrane Collaboration (U.K.)

www.cochrane.org

Evidence-Based Nursing online journal

www.evidencebasednursing.com

References:

Mental disorders and medical comorbidity. Research Synthesis Report No.21 February 2011. Robert Wood Johnson Foundation

Polit, D.F. & Beck, C.T. (2010). *Essential of nursing research: Appraising evidence for nursing practice.* (7th Ed). Philadelphia: Wolters Kluwer/ Lippincott Williams & Wilkens.

Fun Facts About Atlanta



Atlanta has more shopping center space per capita than any other city except Chicago.

The Capitol Dome is layered in 43 ounces of pure gold that was mined in Dahlonega, Georgia—the site of America's first Gold Rush.



The city of Atlanta is ranked 39th in population in the United States.



With a passenger terminal complex equivalent in size to more than 45 football fields, Atlanta's Hartsfield-Jackson International Airport bears the proud distinction of being "the world's busiest passenger airport."



Atlanta is home to the Martin Luther King Jr. National Historic Site, the largest museum in the world solely dedicated to a famous civil rights leader.



Buckhead, one of Atlanta's most affluent neighborhoods and shopping mecca of the South, owes its unusual name to 19th Century local general store owner Henry Irby. Irby killed a large deer and prominently mounted the buck head on the wall of his establishment, a popular outpost for locals and travelers. The name stuck, despite efforts to change it in the late 1800s.

Hello ISPCLN Division Colleagues;

I hope that wherever you are you are not digging out from all the varying snowstorms but are warm and safe. Hopefully, wintertime will soon be a distant memory and the signs of spring will soon be emerging. Don't be left out in the cold! Remember spring is just around the corner, and that means the annual ISPN Psychopharmacology Institute and ISPN Annual Conference are fast approaching and I look forward to seeing you in Atlanta!

Has PCLN Focused Education Become Irrelevant in our Academic Settings?

During the last several months both Peggy Plunkett (PCLN at Dartmouth Hitchcock Medical Center) and I have been two of the ISPN representatives to work on the review/revision process of the Psychiatric-Mental Health Scope and Standards. Both Peggy and I are committed to enhancing the information about PCLN practice in the revised document. The current Scope and Standards has minimal information about the development, practice, education and research that has so richly blossomed over the last 49 years of PCLN practice. One area that has been illuminated for me is the invisibility of PCLN education in our current academic programs. Over the decades the focused PCLN tracks or programs have disappeared as advance practice psychiatric nursing has also evolved during the most recent decade. This invisibility of educational programming does concern me, as I worry about who and how will the next generation of PCLN's be developed to continue the work that each of us does now in our workplaces.

Recently, I have received several emails over the last year asking for referrals or advertisements for PCLN roles, or how to write a proposal to develop a PCLN position or practice, and individual graduate level nurses, or new APRN's in PMH asking what skills and education are needed once they are completed their nurse practitioner

programs to facilitate their readiness to apply and secure a PCLN position. Therefore, with this recent renewal of interest in the role in both acute care hospitals, emergency departments and long term care facilities, the importance of providing educational courses as well as PCLN focused clinical placements, it is imperative to the continuation and hopefully expansion of the PCLN role. I am planning on placing this as an agenda item for discussing and strategizing at the ISCPLN Division meeting at the ISPN conference, so the ISPCLN Division members can work collaboratively with our SEPRN colleagues to address future educational needs, as too the PCLN role is evolving. PCLN's have never been a stagnant group of practitioners! We also need to partner with our international colleagues in this process.

AJN selects the Comfort Garden as A Book of the Year for Psychiatric-Mental Health

Congratulations to Laurie Barkin, a PCLN who authored the *Comfort Garden: Tales from the Trauma Unit*. In a past Director message I had reviewed Laurie's book and was thoroughly impressed with the honesty with which she wrote the stories that crystallizes for the reader the true nature of PCLN work. She poignantly describes the effect of caring for patients with traumatic injuries and how all are affected. During the 2011 ISPN conference her book was available at the ISPN membership booth and they sold out! The AJN review stated that "Laurie Barkin sets the standard for therapeutic processing of nurse-patient interactions." I agree with this statement entirely. If you have time send along a congrats to our colleague Laurie at laurkin@comcast.net.

Resources to Assist in Conducting Decisional Capacity Evaluations

Recently, I have received several inquiries from PCLN's in both acute and long-term care institutions about conducting decisional capacity evaluations; therefore I thought

I would share some of the resources that I have sent along to those individuals. I have found the following book to be very useful, it includes well developed tools for assessment, a well thought out chapter on the confusing areas of legal and ethical concepts, along with chapter on best practices. So this truly is a "one stop shopping" resource on decisional capacity. The book *Evaluation of Capacity to Consent to Treatment and Research* is authored by Scott Y.H. Kim and published by Oxford University Press in 2010 (cost is about \$35).

Another tool that is easily incorporated and can be taught to non-psychiatric physicians so they can better appreciate decisional capacity assessments (and often can determine capacity themselves in less complicated cases is the *ACE: Aid to Capacity Evaluation Tool*. This tool can be downloaded from the following site. http://www.utoronto.ca/jcbl_ace. It is also a figure in an article that describes decisional capacity evaluations in a very thorough manner authored by Tunzi, M. (2001). Can the patient decide? Evaluation Patient Capacity in Practice. *American Family Physician*. 64(2), 299-306.

PCLN Practice Celebrating 50th Anniversary in 2013

During the ISPCLN Division meeting on March 28 at 5:30-6:00 p.m.—one agenda item will be to begin discussing and planning for a special celebration at the 2013 conference as PCLN practice will be 50 years old and ISPN will be celebrating our 15th Anniversary—so plan to attend the Division meeting and bring along your ideas for a wonderful celebration of 50/15!

Warmly,

Susan Krupnick, MSN, PMHCNS-BC, ANP, C-PREP
ISPCLN Division Director

ISPN Member Highlight: Barbara Frechette, DNP, PMHNP



Barbara (Barbie) Frechette began her relationship with ISPN when she received the Graduate Student Award in 2011. Soon after the ISPN meeting, she fulfilled all requirements for the DNP and received the Shenandoah University Research Graduate Award for her creative and relevant qualitative research study with adolescent boys entitled: *Investigating Adolescent Males' Understandings of Psychological Hurt: A*

Qualitative Study.

Dr. Barbara Frechette launched her nursing career as a graduate of Shepard-Gill School of Massachusetts General Hospital, Boston, MA, as an LPN. She continued her education, culminating in May 2011 with her DNP. She focused on psychiatric-mental health nursing from Shenandoah University. Other important steps in her education included an ADN from Northern Essex Community College, Haverhill, MA; a BSN from Eastern New Mexico University, Portales, NM; and a MSN from the University of New Mexico, Albuquerque NM, with double majors in Advanced Practice in Mental Health Nursing and Nursing Education.

Barbara's teaching history has been diverse and started with a position as adjunct faculty at Santa Fe Community College, Santa Fe, NM and as a Teacher/Clinical Assistant in 2002–2003. She served as Visiting Faculty at the University of New Mexico in 2004. Before coming to Shenandoah University, she was Assistant Professor of Nursing at Tennessee Technological University. Since 2009 she has been an Assistant Professor of Nursing, Shenandoah University, Winchester, VA. During these two years she carried a full-time teaching load along with the rigor of a DNP program.

Reviewing Barbara's career, one is struck with her love of caring for underserved and uninsured populations. For example, she was

a nurse APRN-BC in a rural mental health outpatient clinic from 2008-2009 handling medication management. This role involved performing assessments, diagnosis, therapy and crisis intervention in a high intensity clinical environment. During this time she also worked with victimized children in Cookeville, TN. In 2006 she became Nurse Executive Director of The Hurt Hub and launched hurthub.com in 2011, advancing educational materials on healing hurt. This work is a part of her professional activities still today and also spawned her interest in emotional hurt in children, which became her DNP project.

Barbara's CV contains many more instances of her mental health care and advocacy for mentally ill, vulnerable populations in Santa Fe, NM over ten years, including pediatric and geriatric patients. She has a passion for taking care to community settings where vulnerable populations reside.

At Shenandoah University Dr. Frechette's love for community settings is evident as she has taken a psychiatric nursing course into the community and found tremendous community-based learning experiences for students. Likewise, she has infused the community-nursing course at Shenandoah with key community mental health concepts. She has developed community mental health contracts and agency relationships and role-modeled for students the excitement that is her professional lifelong work with vulnerable, often uninsured and underserved populations in the community. Dr. Frechette strives to treat all with respect and empathy, and encourages all to achieve a higher level of mental health and happiness. Barbara also is very pleased to be a new member of ISPN!

Barbara's husband is a doctoral prepared counselor-teacher. He and Barbara often run mental health seminars together. Family relationships are essential to her existence and she speaks of love and pride in her two sons and husband, Peter.

Marian Newton PHD, PMHNP-BC
ISPN Membership Committee



International Society of Psychiatric-Mental Health Nurses 5th Psychopharmacology Institute and 14th Annual Conference

March 27-31, 2012

Grand Hyatt Atlanta in Buckhead • Atlanta, Georgia

***Innovation, Integration and Transformation of
Psychiatric Mental Health Nursing for the 21st Century***

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E: vsoltis@email.unc.edu

Immediate Past-President

Kathleen R. Delaney, PhD, PMH-NP

Secretary/Treasurer

Judith McComish, PhD, RN

E: jcmccomish@wayne.edu

DIVISION DIRECTORS

ACAPN

Margaret Scharf, DNP, PMH-CNS-BC, FNP-BC

E: scharfm@ohsu.edu

AGPN

Karen Ragaisis, MSN, APRN, CARN, PMHNP-BC

E: kragaisis01@snet.net

ISPCLN

Susan Krupnick, MSN, APRN-BC, CARN

E: skrupnick@charter.net

SERPN

Sara Horton-Deutsch, PhD, PMHCNS, RN

E: shortond@iupiu.edu

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EDITOR: *CONNECTIONS*

Beverly G. Hart, PhD, PMHNP

E: Beverly.Hart@eku.edu

ISPN-Foundation Board of Directors

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E: susanvebber@juno.com

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E: pdulaney@bellsouth.net

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E: priscilla_lynch@rush.edu

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E: jboneese@uncc.edu

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Bobbie Posmontier, PhD, CNM

E: bp98@drexel.edu

Kathleen Scharer, PhD, APRN-BC, FAAN

E: Kathleen.scharer@sc.edu



International Society of Psychiatric-Mental Health Nurses

2424 American Lane, Madison WI 53704-3102 USA

Phone: 1-608-443-2463

Toll-free: 1-866-330-7227

Fax: 1-608-443-2474

Email: info@ispn-psych.org

Website: www.ispn-psych.org