

Addictions Council

How many conference calls did you conduct during the 2015 - 2016 year? 24

What meeting(s) are being held during the 2016 conference?

Addictions Council Interactive Panel

Please provide highlights of your group's activities in the past year.

1. The Tobacco Branch developed a summary of evidence on Electronic Nicotine Delivery Systems (ENDS), completed in February 2016. This summary was approved by APNA's BOD for publication and for generating nursing education resources. 2. The Council re-organized and updated addictions-specific resources on the APNA Resource page. 3. Continuing education webinars for all nurses were developed by a sub-group of the Addictions Council. The CEUs provide needed knowledge and help answer the question, "What can nurses do?" to address epidemic of opioid use and overdose in the U.S. 4. The Council's annual Interactive Panel at the National Conference focused on identifying stigma so it can be addressed and reduced. The panel is an annual opportunity for networking, education, and professional development.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing.

How has your council/institute made progress toward this in the last year?

The Council's major projects this past year--the Opioid Education CEU programs and the ENDS summary of evidence--are available for all nurses nationwide. Thus, these projects represent the unified voice of psychiatric mental health nursing providing educational leadership to all nurses.

How has your group worked to achieve these goals?

The 2015 Addictions Council Interactive Panel with its focus on stigma was a resource for member networking and professional development. The Opioid Education CEUs that were developed by the council and offered free of charge to the APNA membership and to all nurses nationwide is also an opportunity to gain knowledge and assist in professional development, as well as promoting knowledge and implementation of evidence-based practice. Regarding strategic alliances and stakeholders: *The Opioid Education CEUs were developed out of an alliance with the White House ONDCP's call to action to address the national "opioid epidemic." Additionally, the CEUs are being offered in conjunction with APNA's professional alliance with the ANA. Numerous nursing organizations and health care stakeholders attended the live taping of these CEUs in May 2016. *APNA and SCLC have a long history of collaborative projects, including an expert panel now in the developmental stages.

What do you hope to accomplish for the 2016 - 2017 year?

1. The Tobacco Dependence Branch plans to re-organize and update resources on the APNA Resource page. 2. The Tobacco Dependence Branch will submit the Summary of Evidence for ENDS for publication in JAPNA. 3. The Tobacco Branch will be a presence on a panel organized by the Smoking Cessation Leadership Center (SCLC). 4. Following the passage of the federal Comprehensive Addiction Recovery Act (CARA) the Addictions Council plans to formulate recommendations on federally required education for APRNs to prescribe buprenorphine in the treatment of opioid use disorders.

Addictions Council

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Administrative Council

How many conference calls did you conduct during the 2015 - 2016 year? 4

What meeting(s) are being held during the 2016 conference?

Interactive Panel Supporting and Mentoring Nurse Leaders

Please provide highlights of your group's activities in the past year.

We conducted an Interactive Panel Session at 2015 Annual Conference about Maintaining Safe Environment in Psychiatric care settings. We continued work towards distributing a survey related to Leadership Competencies for Psychiatric Nurse Leaders. We submitted the survey to the BOD and received helpful feedback, refining the survey to be more directly related to leadership in psychiatric nursing. We submitted 2 abstracts for 2016 Annual Conference: Pre Conference Workshop - "Tool Kit for New Nurse Leaders" and Interactive Panel - "Supporting and Mentoring Psychiatric Nurse Leaders". Both were accepted.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

The survey we have prepared will inform us about members' views on necessary leadership skills for psychiatric nurse leaders, thus facilitating the appropriate educational focus. We are presenting two sessions at the 2016 annual conference related to preparing, supporting and mentoring psychiatric nurse leaders. We participated in Inter-Council call to assure alignment with the work of other councils. Lastly, our associate chair attended one day of the 2016 BOD meeting and gained knowledge and insight into the work of the board.

How has your group worked to achieve these goals?

We have continued focus on defining competencies for psychiatric nurse leaders with the goal of furthering leadership development and providing a forum for networking, sharing best practices, and creating enthusiasm for leadership roles in our specialty.

What do you hope to accomplish for the 2016 - 2017 year?

We plan to finalize the leadership competency survey, distribute to members, and analyze results. With this information, we can tailor activities to meet the needs identified by participants. We also hope to recruit new members to the council/steering committee and enhance participation in activities and tangible outcomes.

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APRN Council

How many conference calls did you conduct during the 2015 - 2016 year? 9

What meeting(s) are being held during the 2016 conference?

Meeting of Steering Committee + Advisory Panel and Interactive Panel presentation

Please provide highlights of your group's activities in the past year.

1) Completion of the APRN brochures for consumers and for prospective PMH APRNs 2) Updating the State of APRN Practice report 3) Evaluating data from the first psychotherapy series. Using information from those evaluations, the SC developed a psychotherapy series pre-conference, again showcasing 3 forms of psychotherapy. We also developed a 2 hr preconference on psychotherapeutic interventions for our nurse generalist membership

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

The APRN SC has continued to take a lead in educating members about appropriate APNA online forums available for their use. The SC has provided ongoing mentorship, formally through Mentor Match and informally by monitoring discussion boards and offering support and direction as needed. Additionally, two pre-conference workshops were accepted which focus on building psychotherapy and psychotherapeutic skills, an area of need identified by members. The SC and members of the APRN Council have given guidance on an as-needed basis to the BoD on various topics relative to APRN practice. Members served as requested on key committees and workgroups outside of APNA. The APRN SC has developed two informational brochures to inform prospective PMH APRNs and the general public about PMH APRN education and practice. After receiving feedback from the membership that novice APRNs do not graduate from their PMH programs feeling equipped to do psychotherapy and furthermore feel stymied by work-setting constraints, the SC has guided a workgroup made up of APRN Council members in developing the second annual psychotherapy series which will be presented at pre-conference in Hartford. The group also developed a new pre-conference offering on psychotherapeutic techniques for the nurse generalist audience.

How has your group worked to achieve these goals?

The APRN SC updated the APRN State of the States report on APRN practice and relevant legislative issues for each state across the nation. The SC and Advisory Boards have participated in polls that inform decisions of the APRN BOD related to mental health policy and practice issues.

What do you hope to accomplish for the 2016 - 2017 year?

The SC will take an active role in encouraging more use of the discussion forums to provide peer input on topics of clinical practice (therapy, medication management and collaboration) and on practice development issues such as tele-mental health, implementing psychotherapeutic skills in each session, billing and reimbursement for PMH-APRN services and developing and implementing private practice and other models of care.

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Child and Adolescent Council

How many conference calls did you conduct during the 2015 - 2016 year? 16

What meeting(s) are being held during the 2016 conference?

Child and Adolescent Council Interactive Panel session

Please provide highlights of your group's activities in the past year.

The Child and Adolescent Council has had a good rebuilding/busy year. Our steering committee was reconfigured in the Spring and has been meeting on a monthly basis providing momentum for our workgroup leadership and council goals. Engaging and thoughtful discussions around our council's leadership in providing educational resources for psychiatric mental health nurses on child and adolescent psychiatric nursing content has been at the core of the work. The following council initiatives are in progress: 1) a small group from the council will present at the national conference on child and adolescent content in NP programs (looking at core curriculums across sites) 2) this year's interactive council will focus on trauma and children/adolescents and will feature our workgroups and their initiatives along these areas 3) we have evaluated our webpage and forwarded edits to national 4) Workgroups are meeting regularly: The evidenced based practice group is developing CE content for e-learning modules modeled after the "Transitions to Practice" content (disruptive behavior Disorders, anxiety, Psychosis) ;The special populations workgroup met a few times and is looking for more membership; The self care group is looking to collaborate with other council groups interested in self care and to use a survey of members on self care practices; The inpatient group has looked at resources for group therapy and trauma based interventions (presenting at the APNA Annual Conference) 5) we are looking to make our member bridge more discussion oriented and are posting papers for our monthly discussions and now distributing also across the council to provide resources on topics of interest to our membership 6) Continued commitment to being the resource for information and expertise in child and adolescent psychiatric nursing.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

Our council has been meeting regularly to strategically think through and plan for best addressing the psychiatric mental health needs of children and adolescents across practice settings given workforce challenges. Our desire is to provide council, leadership and resources for our APNA members on this topic and as a result to improve the quality of psychiatric mental health nursing care of children and adolescents.

How has your group worked to achieve these goals?

Our council has moved to a monthly steering committee call to better allow for engagement of members and follow up of council work and leadership for our members in the area of child and adolescent mental health nursing.

What do you hope to accomplish for the 2016 - 2017 year?

Develop Continuing Education credit offerings for members on child and adolescent topics identify, discuss, and address barriers to child and adolescent psychiatric mental health nursing practice across settings provide expertise, leadership and council to APNA members on child and adolescent mental health nursing topics.

Child and Adolescent Council

Chair: Julie Carbray, PhD, APN, BC

Associate Chair: Diane Wieland, PhD, MSN, RN, PMHCNS-BC

Steering Committee

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Cynthia Woody, RN
Kelli Wright, MHA, RN
Kimberly Young
Laurie Zack, MSN, APN, FNP-BC, LPC
Wendy Zubenko, EdD, MSN, CNS

Education Council

How many conference calls did you conduct during the 2015 - 2016 year? 9 Monthly Meetings, none in January, July, September

What meeting(s) are being held during the 2016 conference?

Meeting of Steering Committee + Advisory Panel Interactive Panel This provides an opportunity for the sub-committees to meet and continue to complete goals for the year as well as develop new work groups for the upcoming year.

Please provide highlights of your group's activities in the past year.

* The list was updated for the Graduate APRN Programs. * Abstract was developed and accepted for a pre-conference for advanced psychotherapy. * Abstract was submitted and accepted for a session on basic KSAs of basic psychotherapy. * Crosswalk was developed for use in undergraduate nursing programs using the APNA/ANA Scope and Standards for PMHN, AACN BSN Essentials. Toolkit in final completion stages.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

The Education Council continues to incorporate the strategic focus on networking and collaboration between members and key stakeholders' needs regarding development of innovative educational products that address gaps within clinical and academic environments.

How has your group worked to achieve these goals?

We have worked toward addressing APNA's five year goals. Please see previous comments and answers for specifics.

What do you hope to accomplish for the 2016 - 2017 year?

Please see answers under # 4 Point. In addition, this will be a transition year as both the Chair and Co-Chair of the Education Council will be stepping down to pursue other areas of work within APNA. However, there will be a orientation time in order to bridge the transition for the new Chairs of the Council. The Undergraduate, Graduate and Continuing Education sub-committees are in the process of developing their new goals at conference time.

Education Council

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Associate Chair: Donna Rolin, PhD, APRN, PMHCNS-BC, PMHNP-BC

Steering Committee

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Diana McIntosh, PhD, APRN-BC, PMHNP-
BC
Elaine McKenna, MSN, PMHCNS-BC, CNE
Selina McKinney, PhD, APRN-BC
Joanne McNeal, PhD, RN, ACNS-BC
Ana Joy Mendez, RN, PhD
Ann Marie Michalski, FNP, MSN, RNBC
Leslie Miles, APRN, BC
Leigh Milhorn, RN-BC, BSN
Mary Moller, DNP, ARNP, APRN,
PMHCNS-BC, CPRP, FAAN
Marcia Monghate, APRN, RN, CNSPMH-BC
Susan Moore, BS, RN
Betty Morgan, PhD, PMHCNS, BC
Amy Morton-Miller, PhD, RN, PMHCNS-BC,
CNE
Betty Mosier-Johnson, MSN, RN, PMH-BC
Kathleen Musker, PhD, RN
Marlene Nadler-Moodie, MSN, APRN,
PMHCNS-BC
Lisa Naugle, MSN RN, BC
Sandra Nelson, PhD, APRN-BC
Marian Newton, PhD, RN, CS, PMHNP,
ANEF
Janet Nickolaus, CNS, ARNP
Patricia Nisbet, DNP, PMHNP-BC

Evelyn Norton, APN, DNP, PMHNP-BC
Jill Nusbaum, RN, PhD, CS
Heather O'Brien, RN, CNS
Margaret O'Sullivan, RN, MSN
Deborah Oestreicher, APRN, PMHCNS-BC
Michael Olasoji, BNurs, PGDip MHN,
PhD(C)
Stacie Olson, MS, RN, PMHNP-BC
Susan Orton, MSNEd, RN-BC
Regina Owen, NP
Alisha Palmer, MSN, RN, NEA-BC
Brenda Patzel, PhD, APRN, PMHNP-BC
Diane Pavalonis, PMHCNS
Ann Peden, PMHCNS-BC, DSN
Darlene Pedersen, MSN, APRN, PMHCNS,
BC
Kathleen Peniston, APRN
George Peraza-Smith, DNP, APRN, GNP-BC,
NP-C, CNE
Rick Pessagno, DNP, APRN, FAANP
Christina Peters, BSN, RN
Bethany Phoenix, PhD, RN, CNS
Lourdes (Lori) Pineda, MSN, RN-BC, CCM
Mertie Potter, PMHNP-BC
Karen Pounds, PhD, APRN, BC
Leigh Powers, DNP, MSN, MS, APRN,
PMHNP-BC
Nicole Price, RN, MSN, CNS/ANP
Tamra Raspberry, RN, MSN
Rita Ray-Mihm, DNP, RN, CNS
Deirdre Rea, BSN, RN, MSN
Beth Reiley, CRNP
Sara Repola, MSN, PMH-NP, BC
Jordan Reynolds
Judy Rice, DNP, MSN, FNP, CS
Bettina Riley, PhD, RN
Pamela Rillstone, PhD, ARNP, CS, CT
Lupe Rincon, RN
William Robertson, MSN, ANCC PMHN
Wanda Robinson, PhD, RN, CNE

Ora Robinson, PhD, RN, CNE
Kelly Rock, DNP, CRNP
Diana Rogers, RN, BSN, PHN, RN-BC,
CARN
Nancy Rogers, RN, MS, CASAC
Marian Roman, PhD, PMHCNS-BC
Jeanette Rossetti, EdD, MS, RN
Ifediora Ruth, RN, BSN
Richard Rutz, NP, RN, MSN, PMHNP-BC
Jacqueline Saleeby, PhD, RN, BCCS
Mary Salerno, RN, MSN
Janice Sanders, RN, DNP
Monique Sawyer, DNP, RN, PMHNP-BC
Karen Schepp, PhD, APRN, BC
Rhonda Schwindt, DNP, RN, PMHCNS-BC
Dorothy Seals, APMHNP
Beverly Sedlacek, MSN, RN, CS
Laurie Seidel, BSN, MSN
Sylvia Simeone, MSN, PMHNP-BC,
PMHCNS-BC
Kimberly Simpson, MSN RN
Emily Sims, MSN, RN-BC
Traci Sims, DNS, RN, CNS/PMH-BC
Robin Smith, RN, MSN, CPN
Jane Sobolov, MS, RN-BC
Naomi St. Cyr, RN
Janet Stagg, MS, RN, PMHCNS
Janet Standard, DNP, APRN
Ruth Staten, PhD, ARNP-CS
Jill Steinke, MS, RN
Carolyn Stewart, PMHNP-BC
John Sturtevant, RN, MSN
Lourdes Sumilang, BSN, RN, BC, MSNEd
M. Suresky, DNP, PMHCNS-BC
Peter Taulbee, APRN, FPMHNP-BC
Tina Taylor, MN, ARNP, PMHNP-BC
Terri Tebo, RN, MSN/Ed
Pamela Terreri, CNS, APRN, BC
Michael Thomas, APRN

Anita Thompson Heisterman, MSN,
PNHCNS, BC, PMHNP, BC
Miriam Thornton, MSN, RN
Kristin Tiernan, RN, MSN, ARNP, CPNP,
CDE
Mary Tulinnye, DNP
Darlene Underhill, BSN, RN
Doris Van Byssum, PsyD, MS
Judith Van Cleef, MS, RN-BC, CARN
David Vander Ark, MSN, RN
Mary VanderKolk, BS, BSN, MSN, MBA
Heather Vanderpool, RN
Dorothy Varchol, RN, BC, MA, MSN
Renee Vives, PMHNP-BC
Paula Vuckovich, RN, PhD, PMHCNS-BC
Mimi Waldman, PMHCNS-BC
Harry Walk, RN, BA
Matthew Walker, MSN, RN-BC
Carolyn Walker, MS, RN
Kathleen Walker, MS, PMHCNS-BC
Gaynell Walker-Burt, PhD, RN
Kimberly Walker-Daniels, MSN, PMHNP-
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Rebecca Weaver, PMHNP
Gina Webb, RN
Daniel Wesemann, DNP, PMHNP-BC, ARNP
Kimberly White, MSN-NA, RN
Rebecca White, APRN, MSN, PMHNP
Diane Wieland, PhD, MSN, RN, PMHCNS-
BC
Candice Wilson, RN
Wendy Wilson, MSN, MEd, PMHCNS-BC,
APRN-BC
Grace Wlasowicz, PhD, RN, PMHNP-BC
Kimberly Wolf, PMHCNS-BC
Kathleen Wolff, PhD, APRN, CNS
Laurie Zack, MSN, APN, FNP-BC, LPC

Forensic Council

How many conference calls did you conduct during the 2015 - 2016 year? 5

What meeting(s) are being held during the 2016 conference?

Interactive Panel

Please provide highlights of your group's activities in the past year.

We have rejuvenated the Council by recruiting new members to the Steering Committee and forming subcommittees to work on publicizing and recruiting forensic nurses and providing care to families of incarcerated patients. An interactive panel on Officer Involved Shootings will be presented at the 2016 Conference. There is increased activity on the member bridge about forensic topics.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

The Forensic Council has worked with the other councils on violence prevention and workplace initiatives.

How has your group worked to achieve these goals?

The Forensic Council is seeking to educate nurses on the role of forensic nurses and how nurses work with law enforcement to reduce violence, support victims and survivors, and care for incarcerated patients. The Forensic Council Steering Committee is recommending to the APNA Board that an alliance with the International Association of Forensic Nurses be formed in order to create a strategic alliance and to provide that organization with expertise in mental health forensic nursing.

What do you hope to accomplish for the 2016 - 2017 year?

We hope the subcommittees will create a recruiting media and a toolkit on supporting families of incarcerated patients. We hope to form an alliance with IAFN. We want the member bridge to include more discussions about forensic topics. At the next conference, we plan to have a panel presentation on Trauma/Exposure Informed Care.

Forensic Council

Co-Chairs

Nina Beaman, EdD, MSN, CNE, RN-BC (PMH)
Carrie Carretta, PhD, APN-BC, AHN-BC, FPMHNP

Steering Committee

Helen Birkbeck, APRN
Judith Collins, RN, BSN, MA
Deborrah Cook, RN, MS, PMHCNS-BC
Yvonne Cryns, JD, MSN, RN, PMHNP-BC, CPM
Maura Davis, APRN-BC, MS
Eben Howard, PhD, MBA, PMHNP-BC, FNP-BC, FACHE

Laurie Mandel, MSN, CNP, PMHNP
Leslie Miles, APRN, BC
Evelyn Perkins, PMH-BC, NE-BC
Melinda Rader, RN, MSN, PMHNP_BC
Deborah Schiavone, PhD, RN, PMHCNS-BC, CNE
Shiphrah Williams-Evans, PhD, PMHNP-BC

Advisory Panel

Diane Allen, MN, RN-BC, NEA-BC
Andrea Anderson, BSN, MSN, RN
Lisa Auditore, RN, Associates
Aimee Bensimhon, RN, BSN
Shameka Bolton, MSN, PMHNP-BC
Laura Conley-Prince, MSN, APRN, RN-C
Mary Crosby, APRN-PC
Laura Dayton, RN
Helene Durham, MSN, RN
Loraine Fleming, DNP, PMHNP-BC
Darlene Flowers, PHMNP-BC
Joseph Giovannoni, DNP, PMHCNS-BC, APRN-RX
David Goen, CCHP, MSN, PMHNP-BC
Teresita Gonzales, MSN Ed., RN-BC
Dean Ivester, RN, PMHN
Christine Jackson, RNC
Sara Jones, PhD, APRN, PMHNP-BC
Sandra Kelley, NP, MSN, APRN
Kathleen Kregor, BSN, RN-BC
Brenda Kucirka, PhD, RN, PMHCNS-BC, CNE
Lauren Langley, MSN, PMHNP-BC
Darlene Larson, RN-BC
Melanie Lint, MSN, CNS, CARN-AP
Shelly Lurie-Akman, MS, APRN, PMH-BC
Donna Lynch, MSN, CSFN
Karen Madrid, RN
Angelina Manchester, MSN, BSN, RN
Carol Maute, RN, BSN, MSN, HN-BC

Sean Murphy, PMHNP-BC
Marlene Nadler-Moodie, MSN, APRN, PMHCNS-BC
Jennifer Nolan, RN, BC
Keith Plowden, PhD, RN
Maureen Rafa, BS, RNC
Deirdre Rea, BSN, RN, MSN
Mary Reed, PhD, APN, PMHCNS-BC
Carol Ross, PMHCNS
Michael Sansone
Karen Schepp, PhD, APRN, BC
Zuzana Segev
Virginia Singer, DNP
Kathy Smith, MSN, RN, CENP
Janet Somlyay, DNP, CPNP, PMHNP
Lourdes Sumilang, BSN, RN, BC, MSNEd
Eleanor Tomas, BSN, RN
Debbie Ultsch, RN, BSN
Darlene Underhill, BSN, RN
Doris Van Byssum, PsyD, MS
Amye Varnum, PMHN, RN, BC
Blake Vaughan, RN
Renee Vives, PMHNP-BC
Frankie Wallis, RN, MSN, FNP
Sheila Webster, PMHCNS-BC, CNS
Moira Wertheimer, Esq., RN, CPHRM
Kathleen Wolff, PhD, APRN, CNS
Cathi Zillmann, NPP

Recovery Council

How many conference calls did you conduct during the 2015 - 2016 year? 11

What meeting(s) are being held during the 2016 conference?

Recovery Council Interactive Panel will present and conduct group discussion at 2016 APNA Annual Conference.

Please provide highlights of your group's activities in the past year.

The Recovery Council Steering Committee was active in the first part of the year with a focus on a psychiatric nursing based literature review related to recovery practice and interventions. The committee has submitted and prepared an Interactive Panel presentation for the APNA 2016 Annual Conference in Connecticut with the goal of identifying Recovery based innovation and best practice ideas for implementation by other members and publication in JAPNA. In January, Gail Stern was appointed by the Board to be the Associate Chair of the Recovery Council. In February, APNA staff assisted the council in surveying the Steering Committee to ascertain ongoing commitment. As a result some members withdrew and 2 new members were presented to APNA Board and approved. Currently, we have 14 Steering Committee members. With Steering Committee support, the Advisory Panel was charged with the development of new Recovery focused educational materials for APNA membership. An outreach effort was made to revitalize this Advisory Panel. A healthy list of topics were created and 2 priorities were selected for initial development. Building on the solid foundation of APNA Recovery to Practice Initiative. The Advisory Panel will expand the recovery reference and competency materials for our membership.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

APNA Recovery Council continued development is vital to our mission of "having recovery inspired trauma informed systems of care as best practice for every Psychiatric Mental Health nurse in all treatment settings where individuals experiencing mental health and substance abuse illnesses can heal and grow".

How has your group worked to achieve these goals?

The Recovery Council's revitalization and creation of new materials for our membership will assist APNA in meeting goals A, C And D. We will be reviewing how we may more effectively look at strategic alliances (Goal B) in this upcoming year.

What do you hope to accomplish for the 2016 - 2017 year?

The Steering group hopes to publish the innovations and best practices that are shared in our interactive session at the 2016 conference. Additionally, we hope to expand our working membership on the Advisory Panel to broaden member involvement in APNA activities and completion of multiple Recovery based educational programs for elearning and presentations.

Recovery Council

Chair: Kristen Lambert, PhD, MSN, RN

Associate Chair: Gail Stern, MSN, PMHCNS-BC

Steering Committee

Susan Brammer, PhD, RN

Genevieve Chandler, PhD, RN

Dawn Coglisier, MSN, RN-BC

Kathleen Lehmann, EdD(c), RN-BC,

PMHN, EdS, MEd, BSN, BA

Kathleen McCoy, DNSc, APRN-BC,
PMHNP-BC, PMHCNS-BC, FNP-BC, FAANP

Constance Noll, MA, BSN, RN-BC

Barbara Warren, PhD, RN, PMHCNS-BCm,
FNAP, FAAN

Advisory Panel

Lynda Artusio, PMHNP, PMHCNS

Carolyn Baird, DNP, MBA, RN-BC, CARN-AP,
CCDPD, FIAAN

Kerry Bastian, RN, BSN

Aimee Bensimhon, RN, BSN

Mary-Margaret Bradley, RN, MSN, APRN

Lisa Casler, PMHNP-BC, NPP

Jeanne Clement, EdD, APRN, PMHCNS- BC, FAAN

Kayla Cross, RN-C, MA, BSN

John Cutcliffe, PhD, RMN, RN, BSC

Laura Dayton, RN

Nancy Dillon, PhD, RN, CNS

Mary Ellen Donovan, MA, RN, CRSS

Sandra Dukes, CNS

Helene Durham, MSN, RN

Susan Ellenbecker

Brianne Fitzgerald, NP, MPH

Virginia Fox, BSN, MSN, PMHCNS-BC

Teresita Gonzales, MSN Ed., RN-BC

Elaine Greggo, PMHCNS, BC

Sharon Haight-Carter, PMHNP-BC

Melanie Ham, MA, MSN, RN, CSAC, PMHCNS

Edna Hamera, PhD, ARNP

Martha Hernandez, DNP, APRN,

PMHCNS/NP-BC

Diane Hickman, PhD, APRN, PMHCNS-BC

Deidra Johnson, RN, BSN

Helen Jones, PhD, RN, APN-C

Ruth Jordan, RN, MS, MBA, PMHCNS-C

Cathleen Kealey, BSN, RN-BC

Terrie Kirkpatrick, RN, BSN, MS

Johanna Kolodziej, MSN, RN

Kathleen Kregor, BSN, RN-BC

Marion Kyner, MSN, PMHCNS-BC

Sandra Lavelle, RN

James Leahy, RN, BC

Katherine McDermott, MSN, RN, CNL

Kathleen Moraghan Olson, CNS

Kim Moreno, PhD, RN

Ann Murphy Harris, MSN, PMHNP-C

Lisa Naugle, MSN RN, BC

Eris Perese, APRN-PMH

Susan Phillips, DNP, PMHCNS-BC

Eula Pines, PhD, DNP, PMHCNS, BC

R. John Repique, DNP, RN, NEA-BC

Carol Rogers, PhD, APN

Marian Roman, PhD, PMHCNS-BC

Amy Rushton, MSN, RN, PMHCNS-BC

Ifediora Ruth, RN, BSN

Michael Sansone

Angela Seckman, RN, MSN, CNL

Margaret Sherlock, MA, PMHCNS-BC

Janet Stagg, MS, RN, PMHCNS

Ryan Stevens, RN

Nancy Stewart, MSN RN-BC

Vivian Streater, RN

Joan Strenio, MSN, PMHCNS-BC

Lourdes Sumilang, BSN, RN, BC, MSNEd

Jamie Surfus-Lewiston, RN, MSN, NEA-BC

Nancy Testerman, MS

Darlene Underhill, BSN, RN

Heather Vanderpool, RN

Lisa von Braun, RN, MSN PMH-NP

Kathleen Webster, RN, MSN, PMHNP, CNSMH

Candice Wilson, RN

Research Council

How many conference calls did you conduct during the 2015 - 2016 year? 8

What meeting(s) are being held during the 2016 conference?

Research Council Interactive Panel

Please provide highlights of your group's activities in the past year.

The highlights of our group's activities in 2015-16 include: - Expanded the steering committee to include QI, nursing practice and DNP experts to more fully meet the needs of the overall membership. - The steering committee met 8 times via phone conference during 2015-2016. These sessions were well attended and generated rich discussion from participants. - Expanded APNF grant criteria to include DNP projects per APNA Board request. - Submitted a brief pertaining to predatory publishing and its implications for APNA conference presentations and JAPNA publications as requested by the APNA Board. - Organized scholarly review of grant proposals for APNF funding. One recipient was chosen for funding in 2016. - Identified the top priorities for the work of the Research Council using a Liberating Structures format based on member input and dialogue at the 2015 Interactive Panel - Published a JAPNA manuscript based on the 2015 Interactive Panel process and findings. Title: "Using Liberating Structures to Increase Engagement in Identifying Priorities for the APNA Research Council" - Developed an Interactive Panel to be offered at the 2016 conference focused on enhancing member's knowledge and skill for writing compelling research and practice change proposals - successfully nominated a candidate for the APNA Researcher of the Year Award

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

Our council has made progress toward being a unified voice of psychiatric mental health nursing by paying close attention to the research needs of our membership including relevant practice oriented topics and innovative science.

How has your group worked to achieve these goals?

Our group has worked to achieve Goal A by providing a forum for member networking through council meetings, encouraging use of member bridge, and providing hands-on professional development opportunities through the Interactive Panel. Regarding Goal B, APNA was represented at the NIH Nursing Research Round-table by one of the Research Council co-chairs where relevant topics to psychiatric mental health nursing care were discussed. Regarding Goals C and D, we have worked closely with the Board of Directors to respond to their request for a briefing on predatory publishing and its implications for professional conference presentations and JAPNA publications. We have further worked to achieve these goals through publishing a

manuscript in JAPNA highlighting a process for the identification of priorities for the work of the Research Council based on member input and dialogue related to psychiatric mental health.

What do you hope to accomplish for the 2016 - 2017 year?

Relevant to APNA's five year goals, in the 2016 - 2017 year, we hope to accomplish: - Continue with leadership activities (Steering Committee meetings, Interactive Panel, Grant Reviews, Intercouncil Meetings, NIH Nursing Research Roundtable) - Networking with other councils in attempts to enhance member networking and collaboration to be a unified voice for psychiatric mental health nursing - Engagement of the Research Council Steering Committee members in council activities - Address evolving needs for psychiatric mental health nursing research, including innovative science and practice-change and DNP research - Leadership accession planning: * Bring in new energy *Create opportunities for leadership development * Provide mentored experience *Create an organizational structure and plan for RC leadership

Research Council

Chairs

Linda Beeber, PhD, CNS-BC, FAAN
Jane Mahoney, PhD, RN, PMHCNS-BC
Danny Willis, RN, DNS, PMHCNS-BC, FAAN

Steering Committee

Linda Chafetz, RN, DNSC
Genevieve Chandler, PhD, RN
Janice Goodman, PhD, PMHCNS-BC
Linda Lewin, PhD, PMHCNS-BC
Kathleen McCoy, DNSc, APRN-BC,
PMHNP-BC, PMHCNS-BC, FNP-BC,
FAANP
Kris McLoughlin, DNP, APRN, PMHCNS-
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Marybeth McManus, MPA, BSN, RN-BC
Brandy Mechling, PhD, RN, PMHCNS-BC
Bethany Phoenix, PhD, RN, CNS
Marianne Smith, PhD, RN, ARNP, BC
Jeanne Marie Stacciarini, PhD, RN, FAAN
Kimberly Williams, RN, DNSc, APN-BC,
PMHNP-BC

Advisory Panel

James Adams, MSN, PMHCNS-BC
Pamela Adamshick, PhD, RN, PMHCNS, BC
Beth Ananda-Stout, PhD, APRN, CNS, FNP,
CNM
Paula Anderson, MS, PMHNP-BC
Lorraine Anderson, PhD, RN, MPA
Lior Aronoff, RN
Mary Basolo-Kunzer, PhD, APRN, CNE
Mark Bean
Aimee Bensimhon, RN, BSN
Kathleen Bolding, BSN, RN
Jill Bormann, PhD, RN, APRN-BC, CNS
Nancy Bowllan, EdD, CNS, RN
Kaleen Boyd, PMHNP, MS, RN-BC
Tammy Bradford, CNS, MSN, BC-APRN
Susan Brammer, PhD, RN
Anthony Brown, BS, RN
Nancy Buccola, MSN, APRN, PMHCNS-BC
Rebecca Casarez, PhD, RN

Jeanne Clement, EdD, APRN, PMHCNS- BC,
FAAN
Sharon Colley, PhD, MSN, BSN, RN, CNE
Malachy Corrigan, RN, MSN, NPP-BC
Colleen Corte, PhD, RN, FAAN
John Cutcliffe, PhD, RMN, RN, BSC
Laura Dayton, RN
Gail DeBoer, RN, MS
Joanne Dedowicz, RN
Della Derscheid, RN, PhD, CNS
Joanne DeSanto Iennaco, PhD
Nancy Dillon, PhD, RN, CNS
Mary Ellen Donovan, MA, RN, CRSS
Sandra Dukes, CNS
Helene Durham, MSN, RN
Paul Edick
J. Carol Elliott, PhD, RN, PMHCNS, BC
Cindy Estes, RN, MSN, MHA, NE-BC
Linda Evinger, RN, MSN, WHNP
Janefrances Ezimorah, MSN, RN, APRN

Joyce Fjelland, PhD, RN, CNS
Loraine Fleming, DNP, PMHNP-BC
Beverlee Furner, FNP
Lucille Gambardella, PhD, APN-BC, CNE,
ANEF
Gerald Georgette, RN, MSN, CCRC
Suzanne Goetz, APRN
Sonya Green, MSN, RN
Stephanie Grey, RN, FCN
Nancy Hanrahan, PhD, RN, FAAN
Judith Hauck, RN, PMHCNS-BC
E. Claire Heilman, MSN, PMH, CNS-BC
Edward Herzog, MSN, APRN
Diane Hickman, PhD, APRN, PMHCNS-BC
Julie Hinkle, PhD, RN, CNE
Rebecca Horn, MSN, RN-BC
Jacqueline Hott, RN, BS, MA, PhD, FANN
Julia Houfek, PhD, APRN-CNS, BC
Donald Johnston
Sara Jones, PhD, APRN, PMHNP-BC
Helen Karpilovsky, BSN, RN, MSN
Cathleen Kealey, BSN, RN-BC
Nicola Keeth, DNP, PMHNP-BC
Abigail Kotowski, RN, BS, PMHCNS-BC
Mary Kozy
Kathleen Kregor, BSN, RN-BC
Leticia Lantican, PhD, RN
Judy Lark, MS, RN, PMHCNS-BC
Patricia Latham, RN, PhD, PMHCNS-BC
Elizabeth LeCuyer, RN, MN, PhD, PMHNP
Heeyoung Lee, PhD, PMHNP-BC
Kathleen Lehmann, EdD(c), RN-BC, PMHN,
EdS, MEd, BSN, BA
Debra LeMasters-Parzel, MSN, APRN
Andrea Lerma, MSN, RNCS, APRN
Mary Leveillee, PhD, RN, PMHCNS-BC
Rhonda London, MSN, CPHQ, PMHNP-BC
Tara Mariolis, MS, RN
Brenda Marshall, EdD, NP-BC
Ernestina Martin, RN, BSN, MSN

Margherite Matteis, PhD, PMHCNS-BC
Teena McGuinness, PhD, CRNP, FAAN
Joanne McNeal, PhD, RN, ACNS-BC
Mary Meiselman, CNS, NP
Sandy Mishkin, RN, BC, MSN, MEd
Elaine Nailler, DNP, APRN, PMHCNS-BC
Lisa Naugle, MSN RN, BC
Joan Neave, RN, MSN
Pamela Nelson, PhD, PMH, CNS, RN
Jennifer Nolan, RN, BC
Vareen O'Keefe-Domaleski, MSN, EdD, NEA,
BC
Joyce Olagoke, RN-BC, BSN, MSN
Paul Panakal, RN
Sudha Patel, BSN, MN, MA, DSN, RN
Olimpia Paun, PhD, PMHCNS-BC
Pamela Pepper, PMH, CNS, BC
Mary Phillips, RN, BSN
Sharon Piercy, MSN, RN, BSN
Eula Pines, PhD, DNP, PMHCNS, BC
Michael Polacek, MSN, RN-BC
Karen Pounds, PhD, APRN, BC
Leigh Powers, DNP, MSN, MS, APRN,
PMHNP-BC
Gale Robinson-Smith, PhD, RN
Kelly Rock, DNP, CRNP
Mary Rosedale, PhD, PMHNP-BC, NEA-BC
Karen Schepp, PhD, APRN, BC
Nancy Scheutz, MSN, RN, AHN-BC
Daryl Sharp, PhD, PMHCNS-BC, NPP
Margaret Sherlock, MA, PMHCNS-BC
Sylvia Simeone, MSN, PMHNP-BC,
PMHCNS-BC
Shaquita Starks, APRN
Debbie Steele, MFT, PhD, RN
Gail Stern, MSN, PMHCNS-BC
Sylvia Stevens, APRN, MS, BC
Gail Stuart, PhD, RN, CS, FAAN
Lourdes Sumilang, BSN, RN, BC, MSNEd
Peter Taulbee, APRN, FPMHNP-BC

Helen Thamm, APRN, PMHCNS-BC
James Theiss
Sandra Thomas, PhD, RN, FAAN
Darlene Underhill, BSN, RN
Debra Van Dyke, MA, BSEd, BSN, RN
Blake Vaughan, RN
Renee Vives, PMHNP-BC
Kelly Voll, ADN, RN
Harry Walk, RN, BA
Barbara Warren, PhD, RN, PMHCNS-BC,
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Carolyn Wellford, RN
Diane Wieland, PhD, MSN, RN, PMHCNS-
BC
Renee Williams, BA, BSN
Hope Witherby, MSN, ED, RN
Barbara Wolfe, PhD, APRN, BC, FAAN
Cathi Zillmann, NPP
Sarah Zimmerman, PMHNP-BC
Cynthia Zolnierok, PhD, MSN, RN

Institute for Mental Health Advocacy

How many conference calls did you conduct during the 2015 - 2016 year? 5

What meeting(s) are being held during the 2016 conference?

May, June and August

Please provide highlights of your group's activities in the past year.

New members were welcomed and have 6 attend the first meeting. Participation has been lessened since first call. The Advisory board and steering committee reviewed the new policy on the VA changes in APRN/CNS Practice. Feedback was given to APNA. Worked on creating a survey to members on the Affordable Care Act. Had 631 participants in the survey. Will present these results at Fall Conference in Hartford. Discussed interest in an active member becoming the Co Chair for this committee. Still working on this.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

Given membership feedback on issues for psychiatric nurses. Held meetings for discussion on these issues. Collected feedback from members on the Affordable Care Act. Provided feedback to APNA on APRN/CNS practice changes at the VA.

How has your group worked to achieve these goals?

We have collected feedback from members on important policy for psychiatric nurses. Gathering data for APNA on the Affordable Care Act for future policy paper to be submitted to the Board. This information may be utilized for a statement from APNA on the Affordable Care Act. Continued monitoring of topics affecting mental health policy.

What do you hope to accomplish for the 2016 - 2017 year?

Increase participation of volunteer members. Educate membership on legislative issues. Educate members on how to advocate for the consumer, family and psychiatric nurses. Complete a white paper on the Affordable Care Act for submission to the Board and for publication in our journal.

Institute for Mental Health Advocacy

Chair

Kathryn Brotzge, MSN, APRN, NP

Steering Committee

Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, CCDPD, FIAAN

Patricia Bezek, BSN, RN

Sandra Butterfield, MSN, MHA, BSN, RN-BC

Jeanne Clement, EdD, APRN, PMHCNS- BC, FAAN

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Institute for Safe Environments

How many conference calls did you conduct during the 2015 - 2016 year? 10

What meeting(s) are being held during the 2016 conference?

Interactive Panel Discussion

Please provide highlights of your group's activities in the past year.

Hosted a well-attended Interactive Discussion Panel at the Annual Conference in Orlando, Florida. Attendees discussed the challenges and rewards associated with balancing the autonomy and rights of patients with the need for safety, and emphasized the importance of nurse-patient interaction and staff engagement in safe environments. A toolbox of safety and engagement resources is currently being built and improved. The APNA Board of Directors formed a task force, chaired by ISE Chairperson Diane Allen, to develop a position paper and toolbox of violence prevention strategies. ISE Steering Committee members were joined by members from other APNA councils, and the task force met through the spring of 2016 via conference calls and email communications. In June, the task force submitted a draft position paper as well as links to a wealth of violence prevention resources and references. In July, the APNA Board of Directors unanimously accepted and published the Violence Prevention Position Paper, and made the resource material available on its web site. The ISE Steering Committee has been discussing future directions for their work while using their "Key Elements of a Safe Environment" as a guide. Recent postings on APNA's Member Bridge show continued interest in issues related to items that are considered to be contraband and practices that limit these items; therefore, Patient Monitoring and Assessment is being considered as an area for further exploration.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

Nurses in all settings are increasingly recognizing the prevalence of mental illness and they increasingly look to APNA for expertise and leadership in ways to keep patients and staff safe. As evidence, APNA ISE Chair Diane Allen was invited to conduct a safety-related webinar for the American Nurses Association for Mental Health month in April 2016.

How has your group worked to achieve these goals?

Members of APNA's ISE have published scholarly articles and letters to the editor on issues of safety. Steering Committee and Advisory panel members collaborated on a member survey related to the role of psychiatric nurses in emergency departments, and those results were published in a JAPNA column. ISE Steering Committee members contributed to a position paper and toolbox of resources on Violence Prevention. APNA was recognized as the expert voice for

psychiatric nursing by the American Nurses Association, and as a result, ISE chairperson Diane Allen had the opportunity to conduct a mental health month webinar on safety and engagement.

What do you hope to accomplish for the 2016 - 2017 year?

Identify two key elements of safe environments to explore in the coming year and develop objectives for that exploration.

Institute for Safe Environments

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