American Psychiatric Nurses ASSOCIATION

APNA News

Supplement to the *Journal of the American Psychiatric Nurses Association*

The official membership newsletter of the American Psychiatric Nurses Association

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Inside this issue

Message from the PRESIDENT

Most of the questions that come to the APNA Board and staff center on one or more aspects of licensing, accreditation, certification or education, or LACE. Curiosity is good; action would be even better.

To say that LACE is confusing and inconsistent is an understatement. In a changing landscape, advanced-practice nurses, those who educate them and those who strive for advanced practice must understand the differences among these terms. As members of this professional organization, you must know how APNA is involved in changes and recognize how you can be involved in improving LACE.

Mary Johnson
APNA President

Just to ensure that we are on the same page:

- ***Licensure*** is how a member of a profession is granted the ability to practice. State agencies and the legislature define advanced-practice nursing, decide who can prescribe and determine the requirements for licensure.
- ***Accreditation*** is the process of evaluating schools of nursing and their programs nationwide. Accrediting bodies have published essentials for advanced-practice education.
- ***Certification*** concerns the evaluation of an individual's knowledge, skills and abilities in a specialty. For most states, one component of advanced-practice licensure is certification. Licensure and certification, however, are separate processes.
- ***Education*** refers to advanced-practice educational programs at the master's, post-master's and doctoral levels and is intertwined with certification and accreditation. At this point, psychiatric mental health nurses are educated as either clinical nurse specialists or nurse practitioners. A small number of PMH programs are "blended," educating nurses as both clinical nurse specialists and nurse practitioners.

How does all this relate to you?

For several years, nursing organizations, including ours, have been meeting to clarify the murky territory of advanced-practice nursing. The product of these meetings, *The Consensus Model for APRN: Licensure, Accreditation, Certification & Education*, defines advanced nursing practice, describes a proposed regulatory model, identifies advanced-practice titles, defines "specialty," and describes how new roles and population foci might develop.

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Psychopharmacology Forum Targets 'Symptoms, Circuits and Treatment'

The APNA 7th Annual Clinical Psychopharmacology Institute will take place at the Reston, Va., Hyatt hotel from June 26 to 28, 2009. Join colleagues for a weekend of continuing education in a fun and relaxed setting.

Nationally and internationally recognized experts will update you on the latest in *Symptoms, Circuits and Treatment*. Faculty, program schedule and contact hours are posted at www.apna.org. Programming will include the following topics, plus interactive case-study sessions:

- **Keynote:** A Case Study of How Psychotropic Drugs Can Impact Clinical Practice for Good—and not so Good—Effects, Ross Baldessarini, MD
- **Axis 1 & 2:** Borderline and Personality Disorders, Barbara Limandri, RN, DNS; Psychopharmacologic Rx, Pediatric Psychopharmacology, Julie Carbray, DNSc, APN, BC
- **Clinical Syndromes:** Mild Cognitive Impairment/Delirium, Trey Sunderland, MD
- **Practice Pearls and Reflections:** Drug-Drug Interactions: Management Strategies, Christian Teter, PharmD; Innovative Delivery Systems Transforming the Injection Culture, Mary Ann Boyd, DNS, APRN, BC
- **Current Issues in Recovery:** Transcultural Care Delivery, Larry Purnell, PhD, RN; Neuropharmacology of Tobacco Dependence, Daryl Sharp, PhD, RN, CS, NPP
- **Scientific Frontiers:** FDA Med Watch, Capt. Jo Ann Spearman

These are among other working topics:

- Genomics & Personalized Health Care
- Neurobiological and Genetic Mechanisms of Schizophrenia
- Treatment-Resistant Mood Disorders

Reduced Registration And Hotel Rates

APNA is excited to offer psychiatric nurses this outstanding educational opportunity at reduced registration rates. Members and nonmembers can attend the 2009 Clinical Psychopharmacology Institute and save $50 off last year's registration rates.

Participants will enjoy the relaxed atmosphere of the Reston Town Center, in metropolitan Washington, D.C. Step out the back door of the Reston Hyatt hotel to enjoy an evening concert, boutique shopping and restaurants galore.

APNA attendees will receive a special room rate of $129 per night (single or double), which is $30 less than last year's rate. Free airport shuttle and free parking are available. This is a great place to bring the family.

For program updates and full registration information, please visit www.apna.org.

	Member	Nonmember
Early registration—save $50 (ends June 5th)	$495	$695
Regular registration	$545	$745
One-day registration	$260	$360

At the 2009 Annual Conference in Charleston, S.C., Janssen Scholars will again enhance the event for APNA members such as Grayce Sills, center, and Mary Johnson, right.

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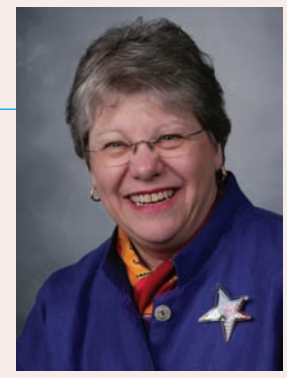
APNA's conferences offer the opportunity to connect.

Member
PROFILE

A Life of Connecting Dots

MARY E. MARKS



Merrie J. Kaas

"I've always tried to meld a clinical practice, research, and my teaching," says Merrie J. Kaas, an associate professor at the University of Minnesota School of Nursing.

With her bachelor's degree from Wayne State University in hand, she said in a recent interview, "I wanted to work with older adults, so I went as a bachelors-prepared nurse into long-term care." In 1972, this went against the convention of working in a medical or surgical unit first—and it was a first for Wayne State University College of Nursing as she took up work in Detroit nursing homes, starting as a staff nurse, then head nurse, director of staff education and finally director of nursing.

After a couple of years in long-term care, Kaas saw that she couldn't take care of older adults properly without both medical and psychiatric nursing skills. Her solution? A double master's. And let's not forget a certificate of gerontology.

Make no mistake: Kaas isn't about paper on the wall. "I grew up with all four grandparents—was with two when they died," she recalled. "My maternal grandmother lived on the farm with us. These early experiences with my grandparents shaped my nursing career—I knew at 20 that I wanted to work with older adults and mental health issues."

Her professional nostalgia extends to the late 1960s and early '70s, when national training grants—a stipend and tuition—in the psychiatric and mental health specialty were available. "We got a lot of people into psych nursing," she noted, including herself. "Now we've lost a good generation of nurses who would have gone into it, but there was no money to support their continued education at the master's level."

With the average psych-mental health nurse in her 50s, she said, "We need to attract younger nurses who have new ideas about how to develop nursing models for working with children, adults, and older adults with mental illness. At the same time, Kaas noted, "a lot of people who have struggled with severe and persistent mental illness for many years are living longer because of psychotropic medications and improved living situations."

In the past, these aging adults with severe mental illnesses would have been institutionalized, Kaas said, noting, "We need to understand more about how to care for these adults.

"Then we have this older population, baby boomers and older, who have depression, anxiety," Kaas said. "There's a huge demographic bulge who have less stigma against psychiatric mental health care who will probably be seeking services, probably in primary-care settings, because there aren't enough psychiatric providers. Unfortunately, primary-care providers are not educationally suited to care for mental health problems, yet they see the majority of older adults with emotional disorders."

War plays a role, too. "There are big implications from the war zones," said Kaas, due to the military's reluctance to diagnose PTSD, "because then [soldiers] would be entitled to treatment." Traumatic brain injury is another major area inadequately addressed.

"The shortage of advanced practice psychiatric and mental health nurses is just so critical," Kaas said. "We've not done a good job of helping other specialties understand what we do and how to work together. We need to be more vocal.

"Now, with the mental health parity bill that has passed, maybe this'll shed some light. Also, reimbursement rates have been so poor. For instance, if I were to see someone privately for an hour-and-a-half diagnostic assessment, public-supported insurance and some private insurance would pay about half."

But pay clearly isn't what fuels Merrie Kaas. During the interview, even as she lamented the first lost clumps of hair due to chemotherapy, she had a ready laugh over the antics of farm chickens and even her own condition. A mentor to Janssen Scholars, she hopes to encourage nurses who are considering this specialty.

Asked what keeps her in the profession, she said, "I have great colleagues, and I see a future. I think mental health nursing will … be the go-to specialty area because people with emotional disorders cross all ages, all ethnicities and cultures, all clinical care settings.

"Someone with a heart transplant gets depressed; someone with diabetes or MS gets depressed or anxious; kids are now under severe stress…. Other clinical specialties don't always understand how to work with the mind-body connection.

To address that connection, she said, "At the University of Minnesota, we're starting a program from bacherlor's to the doctorate of nursing practice [where] we'll focus on integrative mental health. We've got to start putting these together to help our patients achieve the highest level of wellness possible, often while coping with a chronic mental illness.

"We have an internationally known Center for Spirituality and Healing. Dr. Mary Jo Kreitzer, the director of this center, and I have been working to build a specialty that emphasizes integrative mental health. So while students will be taking courses, they'll also be working with clinicians to learn how to integrate some of these practices—mindfulness, qigong, reiki, essential oils, nutrition, just to mention a few—in their own clinical work."

Since some of these hands-on clinical practices encroach on taboos about how to work with people who have mental illnesses, "we need to get over some of our long-held beliefs," Kaas said, upbeat and ready to do battle on many fronts.

At the University of Minnesota, Merrie J. Kaas DNSc, RN, PMHCNS-BC, is Associate Professor, School of Nursing,; Coordinator, Psych/Mental Health, Graduate Nursing Area of Study, School of Nursing; Senior member, graduate faculty; and examining member, Graduate Minor in Gerontology; as well as a Fellow, Minnesota Area Geriatric Education Council.

Notion in Motion

Merrie J. Kaas presents numerous provocative ideas in her piece. If any touches you particularly, tell us about it. Please submit a summary (less than 100 words) of your position to mmarks@apna.org.

APNF Offers Research Grants; Applications Ready on the Web

American Psychiatric Nursing Foundation research grant applications are available for downloading at www.apna.org.

To enhance scientific contributions advancing the knowledge and practice of psychiatric mental health nursing, APNF will award as many as five grants of up to $5,000 each.

Priority goes to proposed projects' scientific merit, potential for knowledge development, and relevance to the advancement of psychiatric-mental health nursing. Preference will go to investigators in the early stages of their research careers and to proposals in one of the following areas:

- Strategies and models for shared decision-making or partnering to accomplish positive mental health treatment outcomes;
- Intervention that focuses on prevention and treatment across multiple contexts, such as family, community and care delivery settings;
- Recovery and healing capacities of individuals, groups and families;
- Integrated mental-health care that considers biological, social, and developmental or lifespan dimensions; and
- Psychiatric nursing workplace, workforce and practice definition issues.

Jeanne Clement, immediate past president, congratulates Kevin Huckshorn of Alexandria, Va., for winning the distinction of APNA's Nurse of the Year for 2008.

Message from the
PRESIDENT

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In October, the APNA Board endorsed this document. Members who educate nurses should become familiar with this document, available on the APNA Web site.

APNA also has been collaborating with the American Nurses Credentialing Center on a revision of the adult certification exam, yet there has been some confusion. True, there will be a single exam, but if we go back to the LACE model, certification and education are different processes. PMH nurses are educated, for the most part, as either clinical nurse specialists or nurse practitioners.

An applicant who is educated as a clinical nurse specialist and takes the revised exam will be certified as a clinical nurse specialist. Likewise, a nurse educated as a nurse practitioner who passes the revised exam will be certified as a nurse practitioner.

Some advanced-practice nurses are graduates of blended programs. They should be eligible to take both the clinical nurse specialist and the nurse practitioner exams, but the number of clinical hours required for eligibility to take the exams is unclear. APNA is forming a task force of APNA members and stakeholders from other organizations to establish a consensus and offer recommendations to standardize the clinical requirement for those in blended programs.

Although our board and staff work hard to ensure that APNA representatives are present when issues related to practice are discussed, individual APNA members can influence the regulatory process.

The lack of consistency and clarity in the titles used to regulate advanced-practice nurses at the state level hurts nurses' ability to move to and practice in different states. Although all of the work cited above represents efforts to clarify and standardize LACE, the regulation of nursing practice is still determined by states' nurse practice acts and associated rules and regulations.

Therefore, I end with this thought: Imagine how much influence we as a profession could have if each state chapter would set as a goal the gubernatorial appointment of one APNA member to each state board of nursing.

Mary Johnson, PhD, RN
President

References:

APRN Consensus Work Group & National Council of State Boards of Nursing (2008). *Consensus model for APRN regulation: Licensure, accreditation, certification & education.*

Hamric, A.B., Spross, J.A., & Hanson, C.M., (2009). *Advanced practice nursing. An integrative approach (4th ed.)*. St. Louis: Saunders Elsevier.

For Real: We're Looking for Abstracts

APNA is accepting abstracts for its 23rd conference. Please go to www.apna.org and follow the link under the Annual Conference label.

On the
FOREFRONT

Unit Staffing: Someone Must Have A Better Answer than 'Ratios'

MICHELE M. VALENTINO

We all know that nursing is as much art as science. Nevertheless, a trend toward government-mandated nurse-to-patient ratios in units is clear.

States including California, Oregon, Texas, Rhode Island, Florida and Illinois have passed nurse staffing bills. California was one of the first using "ratios" in its bill, and Florida also passed staffing ratio legislation in 2006. Several states have public reporting of nurse staffing, including Illinois, New Jersey and Vermont.

The variety of our patients, the acuity of their conditions, and numerous other factors can put the application of a fixed number in conflict with efficacious care.

Michele Valentino, pre-weight loss. Stay tuned.

Legislative mandates have implications for specialty nursing organizations. Some state hospital associations and nursing executives are looking to them for recommendations. What staffing models are psychiatric units across the country using? What are some staffing recommendations? What methodology is used in psychiatric units that are accredited or have magnet status?

Who better than APNA to suggest solutions?

In many of the early states that passed the concept of ratios, the enactment of the bill was postponed while legal actions were pursued, often for several years, in pursuit of the "perfect ratio." Recently states have tended to pass laws with no set ratios.

Instead, they use the concept of organizations' having a nursing committee to determine staffing. Ohio recently passed H.B. 341, which mandates a hospital committee composed of the chief nurse and at least 50 percent direct-care nurses representing various areas. The committee is responsible for designing a staffing model that model be presented to the hospital administration and be made available to anyone who asks for it. Some states have a similar arrangement with a regulatory body, such as the state department of health, to ensure adequate staffing.

Ohio's law is based on the fact that hospitals want to improve nursing staffing to obtain better outcomes and decreased lengths of stay (as reported in a 2003 JAMA study), and that they will do so on their own. The Ohio bill calls for an annual evaluation process to determine if the model is working.

I am encouraging any members with expertise in staffing on psychiatric units to submit articles, reference lists, and your permission for sharing this information in the APNA newsletter.

If you would like to write an article, please contact us; if you just want to share ideas, that would also be appreciated. Please share what is done on your unit to promote adequate staffing. This is a challenge I present to each of you. APNA would like to collect data about staffing patterns at your institutions to take a pulse of what occurs in psychiatric facilities across the country.

To use the online forum, please go to the APNA Web site under "members only." Please go to the forum titled "Staffing Issues." Alternatively, send your comments to Michele Valentino at mmv5636@aol.com, or 330-354-1449. My address is 113 Galway Lake S., Hendersonville, KY 37075. I hope to hear from many members about what your facilities do about staffing.

APNA Welcomes Its
NEW MEMBERS

BELOW ARE THE NAMES OF THE NEWEST ADDITIONS TO THE APNA FAMILY. IF YOU KNOW ANY OF THESE PEOPLE, PLEASE GIVE THEM A WARM WELCOME.

Alabama
Donna Newell
Alaska
Caryn Gonzales
Debra Prince
Arizona
Ellen Gecker
Joan Malone
California
Mariela Badum
Jon Barker
Alice Bess
Rhodora Campos
Linda Erlin
Roberta Freeman
Marjorie Hill
Paula Jones
Paul Larson
Thomas Marshall
Mark Richter
Teresa Sorenson
Susan Valentino
Mary Whytock
Cathy Watanabe
Colorado
Audrey Nottke
Star Wilson
Delaware
Heather Dixon
Florida
Sharon Karn
Pascale Kidane
Titiana Kolomeyer
Georgia
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Barbara Washington
Iowa
Sharon Arndt-Nelson
Idaho
Donna Braswell
Illinois
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Joanne Dedowicz
Antoinette Greenberg
Sylvia Karagozian
Jane McKeon
Jeffrey Pollack
Mary Valadka
Susan Wheeler
Lucille Ziehm
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Deborah Murray
Massachusetts
Laura Anderson
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Pennsylvania
Linda Gibson
Jonathan McDonald
Gloria Merlino
Stephanie Murphy
Rebecca Sarnicky
Kirsti Stark
Maryann Wilcox
Janice Williams
South Carolina
Kathryn Kululngowski
Molly Lussier
Tennessee
Penny Preston
Texas
Sarah Garcia
Linda Gwin
Eliza Young
Virginia
Stephanie Sloper
Bill Travis
Wendy Trosclair
Wisconsin
Laura Leisner
West Virginia
Patricia Thompson
Wyoming
Sherri Garcia-Prieto

Join Us, Strengthen Us and Enjoy Great Benefits

APNA is a member-driven association of more than 6,000 professional psychiatric nurses, students and supporters of mental health. Our mission is to promote and improve mental health, and our vision is that APNA will be a leader in transforming mental-health care in the nation.

Our members are committed to the specialty practice of psychiatric mental health nursing, health and wellness promotion. We do this through identification of mental-health issues, prevention of mental-health problems, and the care and treatment of persons with psychiatric disorders.

APNA

MEMBERSHIP APPLICATION | www.apna.org

Completed applications should be mailed with payment to:
APNA | P.O. Box 75365 | Baltimore, MD 21275-5365

Contact Information

FIRST NAME LAST NAME

CREDENTIALS

ADDRESS

CITY STATE ZIP CODE

HOME PHONE BUSINESS PHONE

FAX

E-MAIL ADDRESS

HOW DID YOU HEAR ABOUT APNA?

VOLUNTARY APNF CONTRIBUTION* $_____

APNA OCCASIONALLY MAKES AVAILABLE ITS MEMBER ADDRESSSES [EXCLUDING TELEPHONE AND EMAIL] TO TRUSTED PARTNERS WHO PROVIDE PRODUCTS OR SERVICES WE FEEL WILL BE OF VALUE TO OUR MEMBERS. PLEASE CHECK HERE IF YOU DO NOT WISH TO BE INCLUDED IN THESE LISTS. ☐

*Contributions or gifts to this association are not deductible as charitable contributions for federal tax. However, dues payment are deductible for most members under section 162 of the IRS code as an ordinary and necessary business expense.

Membership Type

☐ Regular Member.....$130
☐ Affiliate Member *(Non-R.N.)*.....$130
☐ Student Member.....$25
(please attach verification of full-time status, e.g., copy of schedule or letter from dean)
☐ Retired Member.....$70
☐ International Member.....$140
☐ 2-Year Member.....$250

Total Payment $_____

Method of Payment

☐ Visa ☐ American Express
☐ MasterCard ☐ Check/Money Order

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EXPIRATION DATE [MONTH/YEAR] BILLING ZIP CODE

CARDHOLDER PRINTED NAME [AS IT APPEARS ON YOUR CARD]

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Nurse Profile (check all that apply)

☐ RNC [Basic]
☐ RN BC [Baccalaureate]
☐ Advanced Practiced Certified as: ☐ CNS ☐ NP
☐ Prescriptive Authority

Your membership offers numerous benefits in these categories:

Growth

- Enhance your career with continuing-educations opportunities throughout the year.
- Network with local professionals or people with similar expertise through our members-only directory.
- Share your knowledge by volunteering for specialty APNA councils, committees and task forces.
- Gain recognition through annual awards, scholarships and grants.

Resources

- Stay on top of the industry with a subscription to the *Journal of the American Psychiatric Nurses Association (JAPNA)*.
- Keep in touch through APNA News, member profiles and updates.
- Join the conversation with online members-only forums.
- Stay current with position papers, publications and brochures on important issues affecting psychiatric nursing, as well as our biweekly e-mail newsletter, *Psychiatric Nursing Voice*.

Members-Only Savings

- $200 discount on the APNA Annual Conference.
- $100 discount on the initial certification exam offered by ANCC.
- $110 discount on the certification renewal process through ANCC.
- Download full-text articles of JAPNA at no cost (a saving of $25 per article).
- Opportunities to earn free C.E. hours online.
- Liability insurance through APNA-endorsed NSO.
- Long-term care insurance for members and their families.
- Vacation discounts at the Walt Disney World Swan & Dolphin Resort Hotel in Orlando.