



October 2015

Dear Colleagues,

On behalf of the APNA Board of Directors, I am delighted to present to you the 2015 APNA Annual Activity Report. This report summarizes the activities and initiatives to which our organization has devoted its resources over the past year. The Treasurer, Secretary, and I have provided reports which address the key areas within which APNA's activities fall. Supplemental reports in the Appendix offer a comprehensive look at council activities, continuing education programs, member communications, financial statements, and more. I hope that you enjoy reading through this exciting snapshot of all that we, a quickly growing and active APNA membership, have accomplished over the past year - it is truly an exciting time to be involved!

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We welcome your questions or feedback. Please send your comments care of APNA Executive Director Nicholas Croce Jr., [MS at ncroce@apna.org](mailto:ncroce@apna.org).

Sincerely,

A handwritten signature in cursive script that reads "Susie Adams".

Susie Adams, PhD, APRN, PMHNP-BC, PMHCNS-BC, FAANP

President

American Psychiatric Nurses Association

President's Report

Dear Colleagues,

On behalf of the APNA Board of Directors I am pleased to present the 2015 American Psychiatric Nurses Association Activity Report. This report covers the period from October 1, 2014 through September 30, 2015. It represents only a summary of the many activities and exciting work that is underway. It is a testament to what you, as a part of our organization and profession, are helping to make happen.

Throughout the year we have enjoyed sound membership growth and retention. We are sustaining our membership at just over 10,000 members. Please see [APNA Secretary Ben Evans's report](#) for more details on membership growth.

We have also enjoyed a strong financial year. Our annual revenue continues to exceed our expenses for net profit and our conservative investment portfolio continues to grow nicely. A copy of the most recent external audit report can be found in the [Appendix](#) and a copy of [APNA Treasurer Susan Dawson's report](#) is included in this Activity Report.

A Strategic Plan guides all of APNA's activities and our general direction. The current plan was developed in February of 2012 and updated this past February. A full copy of the plan can be found [here](#). Review of the strategic plan is a routine agenda item for every Board of Directors meeting. The Board assesses APNA's progress against each of the plan's four goals and evaluates the plan itself for pertinence against the current environment. The remainder of this report will provide a summary of the activities guided by these four goals (listed below) as we work to achieve the APNA purpose as stated in our bylaws: "The Association is organized exclusively for charitable, educational, and scientific purposes."

APNA Strategic Plan Goals

APNA will be the indispensable resource for member networking and leadership and professional development.

APNA will be the leader in creating strategic alliances with key stakeholders to advance its mission.

APNA will be recognized as the expert voice for psychiatric-mental health nursing to stakeholders.

APNA will be the leader in integrating research, practice, and education to address mental health policy issues that affect psychiatric-mental health nursing and the population served.

This year has seen many member-driven programs and initiatives come to fruition. In total, more than 1,000 members are participating across our committees, councils, institutes, and workgroups. We also continue to see increasing participation through attendance at conferences, usage of online education, and in the rich conversations in the many online communities across Member Bridge. With our educational offerings, scholarly journal, and

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programs like the APNA Board of Directors Scholarship, the APNA Annual Awards, APNA Mentor Match, and the American Psychiatric Nursing Foundation Research Grant, we continue to advance the profession across administration, education, practice, and research.

In the mental health and nursing communities at large, we maintain an active presence, continually striving to ensure that psychiatric-mental health nursing has a seat at the table. We continue to advocate for nursing and mental health through our membership in the Nursing Community, the Mental Health Liaison Group, and membership as a Premier Organizational Affiliate with the American Nurses Association. Below is an abbreviated list of some of the tables at which we have been present this year, and the members who have represented us:

APNA Representative	Organization/Event
Susie Adams	AACN APRN Clinical Task Force Invitational Stakeholder Meeting
Marlene Nadler Moodie, Nicholas Croce	American Nurses Association Organizational Affiliates Meeting
Susie Adams	American Society of Association Executives
Jolyn Zeller	ANCC Content Expert Panel - Lifespan PMHNP
Patricia Cunningham	Emergency Nurses Association Convention
Susie Adams	Institute of Medicine Committee on Developing Evidence-Based Standards for Psychosocial Interventions
Susie Adams	International Society of Psychiatric Nurses
Patricia Cunningham, Sattaria S. Dilks	LACE Representatives, National Council of State Boards of Nursing
Celeste M. Johnson, Kris McLoughlin, Nicholas Croce	NALA Educating Leaders in Nursing: Building Board Competencies
Susie Adams, Nicholas Croce	National Association of Clinical Nurse Specialists
Patricia Cunningham	National Council of State Board of Nursing Meeting
Patricia Cunningham, Susie Adams	National Organization of Nurse Practitioner Faculty
Michael Rice	National Student Nurses Association
Susie Adams, Sattaria S. Dilks	National Task Force on Quality NP Education
Mary Ann Nihart, Susie Adams, Nicholas Croce	Nursing Organizations Alliance Meeting

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Mona M. Shattell	Psychiatric Emergencies Summit
Kathryn Griffin	Recovery To Practice - Hogge Foundation
Susie Adams	Robert Wood Johnson Foundation Think Tank
Susie Adams	Rosalynn Carter Symposium
Rosalind De Lisser	SAMHSA Voice Awards

In March we released the first competencies specifically for psychiatric-mental health RNs on assessing and managing suicide risk. Many APNA members and external experts in suicide prevention graciously shared their time and expertise to formulate, review, and validate the [*Psychiatric-Mental Health Nurse Essential Competencies for Assessment and Management of Individuals At Risk for Suicide*](#) and the accompanying continuing education, *Competency-Based Training for Suicide Prevention*. With suicide the tenth leading cause of death, these represent an important step towards helping inpatient PMH RNs, one of the largest members of the teams providing care to patients at risk for suicide, to address this public health crisis. The Competency Based Training for Suicide Prevention furthers the mission by teaching nurses how to apply and integrate these competencies into their practice. In response to overwhelming requests nurses across specialties and settings, APNA has convened a Task Force to adapt and modify the competencies for nurses in acute care hospital settings and critical care units, in collaboration with representatives from the Academy of Medical-Surgical Nurses and the American Association of Critical Care Nurses.

Similar to the development of the suicide competencies, the release of the [APNA Transitions in Practice Program](#) was the result of an immense team effort by the APNA Education Council's Continuing Education Branch. By tapping into members whose fingers are on the pulse of orienting and educating RNs in psychiatric-mental health nursing, the workgroup created a comprehensive educational program that fills these nurses in on the foundational knowledge they need to feel confident in their practice. With 15 contact hours of self-paced online faculty presentations, case studies, and supplemental activities, ATP provides evidence based knowledge, best practices, and tools for PMH-RN practice in a user-friendly format.

Under the visionary leadership of current Editor in Chief Karen Farchaus Stein, our [*Journal of the American Psychiatric Nurses Association*](#) received an impact factor and inclusion in Thomson Reuters indexing. To ensure the continued upward trajectory of our journal, the JAPNA Editor Search Committee, composed of members representing the variety of backgrounds and focus areas found in our membership, devoted more than 18 months to identifying a candidate to succeed Dr. Farchaus Stein. In June the APNA Board of Directors approved the recommendation made by this committee and name Geraldine Pearson as our new editor, effective January 1, 2016. Dr. Pearson brings extensive experience as both an editor and a psychiatric-mental health nurse researcher and the Board is confident that

she will continue to uphold the scientific rigor of JAPNA as established under Dr. Farchaus Stein, and ensure that the content meets the needs of the psychiatric-mental health nursing profession.

In addition to these exciting highlights, we introduced several programs this year, which I would also like to bring to your attention: To empower chapters to provide members with networking and education, we have been implementing chapter enhancements which include robust administrative support from APNA national staff. APNA is striving help members stay informed of legislative developments in their states through a new legislative tracking program. Members can access detailed information about legislation (both pending and recently passed) at any time via a [new tool on the APNA website](#), and chapters can brief their members each month about legislative developments in their state with monthly reports. The APNA Recovery to Practice program, [Acute Care Psychiatric Mental-Health Nurses: Preparing for Recovery-Oriented Practice](#), continues to spread, with the Texas Chapter receiving a grant from the Hogge Foundation to teach the curriculum across the state. This year also saw the release of the first issue of a free eBook series on Bipolar Spectrum Disorder, which integrates new criteria from the DSM-5 as well as recovery-oriented information.

All of the projects and initiatives in this report would not be possible without you, our passionate and dedicated members who give their time to help APNA support and advance psychiatric-mental health nursing. Serving as APNA President this past year, I have been humbled and inspired each day by the talent, dedication, and innovative ideas of APNA nurses. Through inter and intra professional collaborations, we help evolve the health care system and psychiatric-mental health nursing in order to improve the mental health of the population. There is no better time than the present to be a psych nurse and member of this wonderful organization!

Respectfully Submitted,



Susie Adams, PhD, APRN, PMHNP-BC, PMHCNS-BC, FAANP

President

American Psychiatric Nurses Association

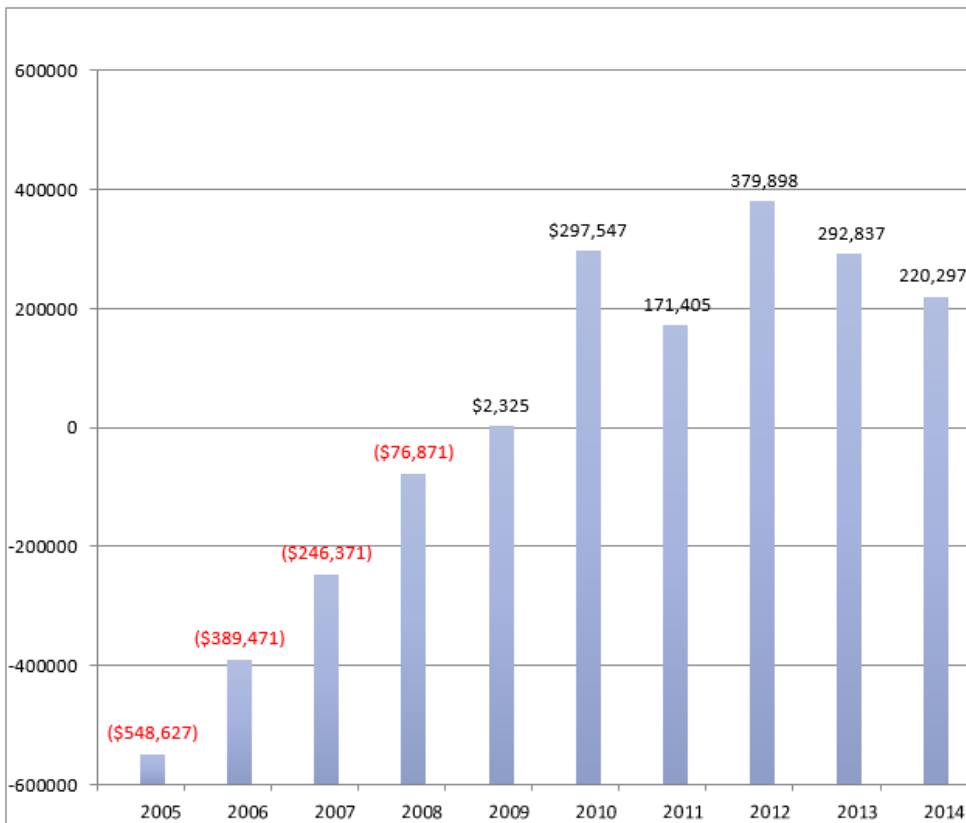
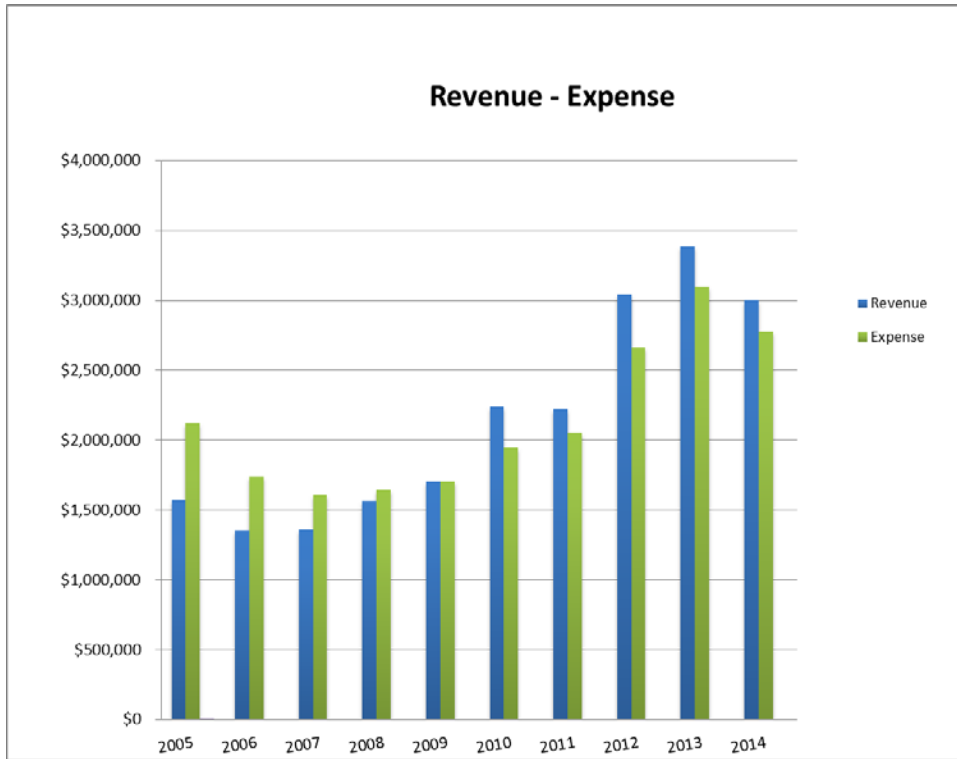
Treasurer's Report

I am pleased to provide the APNA Treasurer's Report for the most recent fiscal year, 2014. The audited financial statements for the year ending December 31, 2014 can be found in the [Appendix](#). These reports are consolidated to show the complete APNA financial position to include the American Psychiatric Nursing Foundation. During the year APNA and the Foundation's funds are accounted for separately. The former are under the supervision of the APNA Board of Directors and the latter are under the supervision of the Foundation Board of Trustees. The results show a total positive return from operations of \$220,297. Of this amount, \$(56,852) is attributed to APNA and \$277,149 is attributed to Foundation. APNA made a pledge to donate \$250,000 over the next 5 years to support the goals and objectives of the Foundation. The donation will be made in installments of \$50,000 per year over the next 5 years. In compliance with General Accepted Accounting Principles the full amount of the pledge must be accounted for in the year it was made. Therefore APNA must show an expense of \$250,000 in 2014 and the Foundation a revenue of \$250,000 in 2014.

In an effort to oversee the integrity of its financial statements and maintain a system of internal control, APNA established an Audit Committee including Jeanne Clement, Elizabeth Poster, Larry Plant, Ben Evans and Avni Cirpili. The committee's responsibilities include reviewing the results of the audited financial statements with the independent auditing firm annually. Last year's audit resulted in a "clean" opinion with no material misstatements.

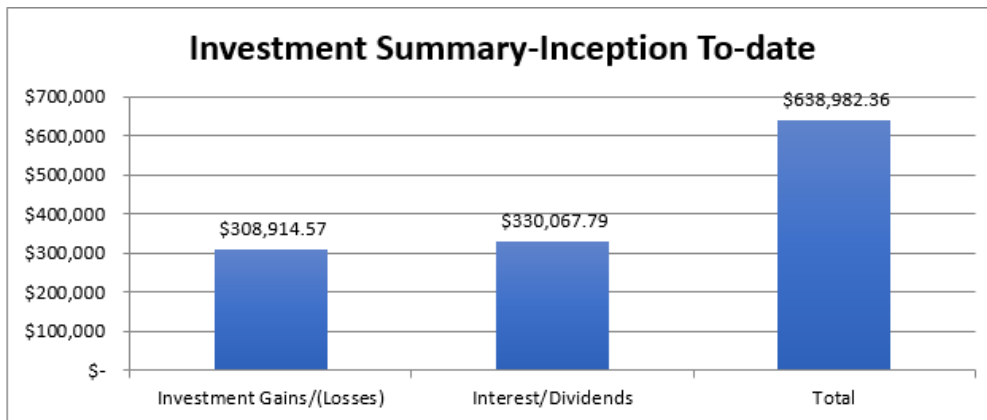
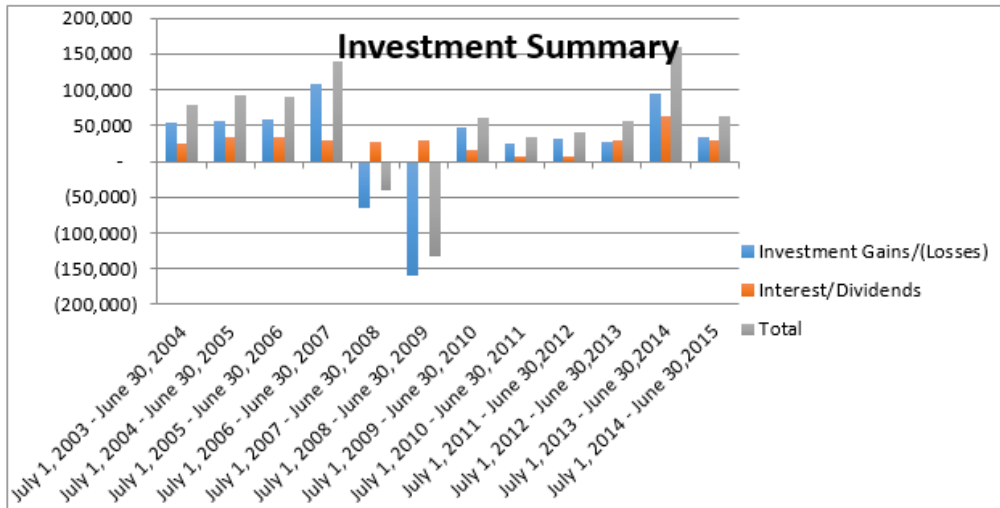
In addition to the statements discussed above, we have prepared the following charts reflecting the revenues and expenses and the net operating results from January 1, 2005 through December 31, 2014.

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The Board of Directors functions as the investment committee for APNA funds. It utilizes the services of an investment manager who invests the funds in accordance with the APNA investment policy. The investment policy calls for a diversification of funds with moneys invested in cash, equities, bonds and precious metals. The following charts show the results of APNA investments from July 2003 through June 2015. APNA investments have returned a total of \$638,982 over that period.



It is my honor to serve as APNA Treasurer and I appreciate the support of staff, the Board and the members who make these positive results possible.

Susan Dawson, EdD, PMHCNS/NP-BC
 Treasurer
 American Psychiatric Nurses Association

Secretary's Report

The APNA Secretary is responsible for corporate records and taking meeting minutes during official meetings of the APNA Board of Directors. During the past year, the Board of Directors conducted face-to-face meetings on October 21, 2014, February 26-27, 2015, and June 10-11, 2015. Conference calls were held on November 11, 2014, December 9, 2014, January 13, 2015, February 10, 2015, March 10, 2015, April 14, 2015, May 12, 2015, July 14, 2015, August 11, 2015, September 8, 2015, and October 13, 2015.

Membership has increased since the last activity report. Based on dues revenue collected from October 1, 2014 through September 30, 2015, there has been an increase of 8% over the same period last year. Current membership as of September 30, 2015 is 10,415. New members from October 1, 2014 to September 30, 2015 are 2,706, and is an increase over the same period a year ago of 9% .

During the past year, the website has continued to help APNA serve as your resource for psychiatric-mental health nursing. We unveiled updated looks for both the APNA website and our community site Member Bridge this year to enhance the user experience and ensure that our resources, information, and communities meet the members' needs as well as that of the broader public. Visits to the site are up 13%, as is the number of people who have visited our site. Likewise, the number of pages viewed by visitors is 12% higher than last year. For more details on the website's top content, top traffic sources, etc., see the full report in the Appendix.

Over the past year the [APNA eLearning Center](#) and has had 58,269 visits and, since its launch in 2011, we have had a total of 50,029 orders. More than 200 sessions are available to access online, altogether offering more than 250 contact hours. In July of this year we also unveiled the [APNA Transitions in Practice Certificate Program](#), which is housed on a new and improved eLearning platform. We have had approximately 200 orders of this program thus far, and interest from other institutions and individuals is quickly growing. More information can be found in the [Appendix](#).

Our members-only networking site [Member Bridge](#) continues to grow in scope and utility for the members. Unique visits to the site have increased over the last year with 83,517 total visits. More than 7,000 eGroup posts have been written in more than 200 communities. In the All-Purpose Discussion Forum alone, members have posted 3,049 messages. Through this forum, APNA committees are also able to learn what topics are important to the membership and further their work in those areas.

APNA has continued to issue press releases to increase its visibility. Nine releases have been sent out over the past year. This engendered 1,041,395 online impressions or number of times a press release link was seen on a website or via a newsfeed. We also continue to make use of the broad range of social media platforms to disseminate information to a continuously growing audience – Facebook, Twitter, Google+, and

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Pinterest. For more detailed statistics on the use of press releases and our social networking sites, see the full report in the [Appendix](#).

To supplement our online communications, we have mailed several print pieces over the past year: brochures highlighting resources and continuing education opportunities, postcards announcing features of APNA membership, and print newsletters packed with updates, to name a few.

We continue to reach the membership through as many communication avenues as possible.

Respectfully submitted,

Ben Evans, DD, DNP, RN APN, PMHCNS-BC
Secretary
American Psychiatric Nurses Association

Appendix

I. Council Activity Report

II. Education & Provider Unit

III. APNA Transitions in Practice Certificate Program

IV. APNA Clinical Psychopharmacology Institute

V. APNA 29th Annual Conference

VI. APNA eLearning Center

VII. APNA Website

VIII. Communications

IX. Audited Financials

Addictions Council

How many conference calls did you conduct during the 2014 - 2015 year? 10 for Addictions Council steering committee and 6 for the Tobacco Dependence branch

Check any meetings that apply for the 2015 conference.

Interactive panel focused on "The Hidden Nature of Stigma: Recognition & Response"

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

*Early in the year the Addictions Council developed Mission and Vision Statements which were approved by APNA's Board of Directors. *In December 2015: the Addictions Council and Tobacco Dependence Council merged to create one Addictions Council with a Tobacco Dependence Branch (TDB). Matt Tierney and Carol Essenmacher are co-chairs of the newly blended council. *The council membership succeeded in eliciting and submitting a large number of proposals for presentation at the 2015 APNA Annual Conference, which has resulted in an increase in addictions-specific content at the conference this October. *Based on feedback from the APNA membership, the council developed and will present an interactive Panel and Discussion at the 2015 APNA Annual Conference on the topic of Stigma. The council created specific content to not only help identify stigma, but also to present evidence on stigma reduction strategies.

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

Through all its activities this year, the Addictions Council's activities have focused on the understanding of substance use and addictive disorders as identifiable and treatable psychiatric disorders, and on sharing this understanding with the APNA membership in order to be a more comprehensive and unified voice of psychiatric mental health nursing. Organizations and stakeholders can and should recognize APNA as having expertise and leadership in the areas of substance abuse and addictions nursing. The council promotes this idea not only among the membership, but also more broadly through our focused efforts this past year as identified in the previous section of this report

How has your group worked to achieve these goals?

The TDB is taking the lead in exploring the creation of a position paper on what nurses should know about electronic nicotine delivery systems (ENDS). A special committee is reviewing current literature and will consolidate this information, and if approved by the APNA Board of Directors, will create and disseminate a position paper on what nurses should know about ENDS. This task requires member networking to determine the most objective sources of literature on the topic of ENDS so that psychiatric mental health nurses will be recognized as

experts on the use of ENDS. The TDB will also continue to engage in learning and disseminating information about the most current trends in effective tobacco and nicotine dependency treatment through collaborations with the APNA Education Council. Regarding Strategic Alliances and an expert voice for stakeholders: The co-chairs of the Addictions Council worked with Nick Croce at the end of the year to submit an invited commitment to the White House to help address the opioid overdose epidemic in the US. Specifically, APNA proposed to educate nurses and other health professionals on evidence-based best practices for treating opioid use disorder and associated problems, including opioid overdose, by developing and disseminating educational interventions on the treatment of opioid use disorder that will be offered in a webinar and/or interactive format at no cost.

What do you hope to accomplish for the 2015 - 2016 year?

In the 2015-2016 year the TDB will complete the application for developing a white paper. If the application is approved, the TDB will complete at least one draft of an ENDS position paper. The TDB will also collaborate on construction of a webinar or other such interactive educational presentation on at least one tobacco or nicotine treatment related topic. The Addictions Council has proposed inter-council work in the coming year with APNA's Education Council to provide leadership in disseminating drug use trends and treatments in order to provide nurse visibility and expertise on addiction and substance use content. We hope to work on creating a resource to disseminate this information not just to APNA members but to others throughout the country; i.e.: a resource nurses, primary care providers and communities could access easily to promote education and safety around substance use and addiction treatment. The Addictions Council hopes to develop a survey of the APNA membership regarding addiction knowledge. The survey would provide an update to past Tobacco Dependence Surveys, and also add additional survey content regarding other drugs of abuse as well as their evidence-based treatments. The purpose is to survey the knowledge base and identify deficits so knowledge gaps can be filled.

Addictions Council

Chairs

Carol Essenmacher, DNP, C-TTS
Matthew Tierney, PMHNP-BC, ANP-BC

Steering Committee

Susan Archacki-Resnik, MSN, ARNP, PMHNP-BC
Romnee Auerbach, MS, ANP, PMHNP-BC
Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, ICCDPD
Susan Caverly, ARNP, PhD
Clare Conner, DNP, APRN
Colleen Corte, PhD, RN
Sharon Davis, FPMHNP-BC
Jennifer DiPiazza-Sileo, PhD, PMHNP-BC, RN
Jill Ebright, RN
Deborah Finnell, DNS, PHMNP-BC, CARN-AP, FAAN
Kay Foland, PhD, RN, PMHNP-BC, PMHCNS-BC, CNP
Faye Grund, APRN-BC
Dawn Hahn, RN-BC, CMCN, CARN
Julia Houfek, PhD, APRN-CNS, BC
Janet Jiles, BSN, BA, RN
Mary Kastner, PMHCNS, PMHNP-BC
Ernest Lapierre, PhD, APRN, PMHCNS-BC
Laura Leahy, FPMHAPN, MSN, APRN, PMH-CNS/FNP, BC
Kristin Lundsten, RN, MSN
Erin McCluskey, RN, BSN
Kris McLoughlin, DNP, APRN, PMHCNS-BC, CADC-II, FAAN

Lynette Melby, CNP
Susanne Meyers, NP, PMHNP-BC
Ann Mitchell, PhD, RN, FAAN
Arabella Mitchell Bruce
Madeline Naegle, PhD, CNS, PMH-BC, FAAN
Robin Osterman, PhD, RNC-OB, CNS
Rick Pessagno, DNP, APRN, FAANP
Colleen Phalen, PMH, NP, RN, CNS
Eric Roman, MS, APRN, PMHNP-BC
Margaret Scharf, PMH-NP, FNP, DNP, PMHNP
Rebecca Sherwood, DNSc, RN
Vicki Smith, RN, NP-BC
Martha Snow, MSN, RN, PMHNP, CARN-AP
Ruth Staten, PhD, ARNP-CS
Dorothy Valin, PhD, APN CNS
Bridgette Vest, DNP, RN, PMHNP, GNP
Donald Wleklinski, PMHNP-BC, APRN
Aline Wommack, RN, MS
Alysha Woods, BSN
Olivia Young, PhD, TTS, FPMHNP-BC

Advisory Panel

Carla Abel-Zieg, ARNP, CNS
Marissa Abram, PMHNP-BC CASAC
Anna Acee, EdD, ANP-BC, PMHNP-BC
Ivandra Adams, RN, BSN
Robert Allen, RN, FPMHNP, LMSW
Elizabeth Andal, APN, PhD, FAAN
Jennifer Armentrout, BSN, RN, PHN
Jamie Baldy Hicks, CRNP
Lauren Barber, MSN, PMHNP-BCC, MHSA, NE-BC
Diane Barber, DNP, APRN, FNP-C, PMHNP-BC
Audur Bardardottir, RN, NP
Rosa Belgard, MS, RN
Kirk Bergmark, APN, PMHCNS-BC
Ann Bispo, PCNS, MSN, RN, CNS
Suzan Blacher, MSN, RN, CARN, TTS
Jana Briggs, RN, BSN
Anthony Brown, BS, RN
Elizabeth Chang, RN, MSN
Margaret Christen, RNC, ICADC, CARN
Anne Cofone, RN, MA, LCSW, MSN, PhD-ABD
Dawn Coglisier, MSN, RN-BC

Theresa Damien, PMHNP-BC, RN
Diane Decarolis, APRN, PMHNP-BC
Debbi Delre, RN, BSN, MSN
Julie Denton, BS, RN
Joanne Devine, MS, PMHCNS-BC
Tamara Dillon, RN-C
Sumi Dolben
Melinda Easley-Luckay, RN, BSN, MSN, PMHNP
Katherine Evans, MSN, RN
Delaine Farnum, PMHNP-BC
Dwight Faught, MSN, RN PMHNP-BC, CMSRN
Theresa Fay-Hillier, PMHCNS-BC
Jeanne Florio, RN, MS, APRN, BC
Susanne Fogger, DNP, CRNP, PMHNP-BC
Nancy Fruin, ANCC, ARNP
Robin Gale, RN, MSN, ARNP, GNP, PMHNP-BC, DNP
Michelle Geiss, BS Psychology; BSN
Judith Gentz, RN, MSN, CNS-BC, NP
Ann Gershone, RN, BSN
Phyllis Giarraffa, PMH-NP
Susan Glodstein, PMHNP-BC, PMHCS-BC

Jolie Gordon-Browar, MSN, RN-BC, PMH
Davis Graham, DNP, PhD, APRN, CNP
Stephanie Grey, RN, FCN
Sharon Hancharik, EdD, MS, MEd, RN-BC
Mary Lou Heater, DNP, RN, PMHCNS-BC
Rosanne Hickman
Diane Hickman, PhD, APRN, PMHCNS-BC
Kim Hickman, PMHNP- BC
Kathy Holley, MS, BSN
Josephine Igwacho, BSN-BC, DNP
Susan Jacobson, PMHNP, CNS
JeanAnne Johnson Talbert, APRN-BC, CARN-AP
Erica Joseph, FNP-C
Linda Kaplan, RN, BSN, MSN, CARN
Kathleen Kelley, BSN, MN, PMHNP-BC
Jae-Hoon Kim, CRNP-PMH
Valerie Kolbert, ARNP, BC
Belinda Kotin, NPP
Karalee Labreche, DNP, RN, CNS, CNP
Leida Lamas-Sheldon, BSN, RN
Patricia Latham, PMHCNS-BC
Eletha Lectora, MS, RN
Erik Lee, RN, MSN
Florence Leighton, BSN, RN
Patricia Lewis, DNP, PMHCNS
Matthew Lindquist, MSN, RN, PMHNP, BC
Carolynn Lindsey, BSN, RN
Mark Loszewski, NP
Deborah Lucas, RN-BC, MSN, CCHP
Sharon Lyon-Paul, MS, RN, MSW, LISW-S
Debra Mack, MSN, RN-BC
Judith Magnon, RN-BC, BS
Laurie Mandel, MSN, CNP, PMHNP
Elizabeth Marigi, BSN, RN
Melissa Martyn, RN, BSN
Melissa Mathis
Joanne Matthews, DNP, APRN, PMHCNS
Mary McCabe-Vogel, RN
Joan McCuen, APN, PhD
Rebecca McGrail, RN
Sally Melcher-McKeagney, RN, BC
Ana Joy Mendez, RN, PhD
Michele Messina, MS, BSN, BC
Leigh Milhorn, RN-BC, BSN
Sarah Minnick, MSN, RN, PMHNP-BC
Heidi Muller
Audrey Naser, APRN
Lisa Naugle, MSN RN BC
Lorraine Ndusha, MSN, PNP
Marian Newton, PhD, RN, CS, PMHNP, ANEF
Lauraann Nicoletto, RNC, BSN, MSN
Patricia Nisbet, DNP, PMHNP-BC
Judith Nolen, MS, RN, BC

Obiageli Nwachukwu, RN, RPN
Chizimuzo Okoli, PhD, MSN, MPH, RN
Linda Parisi, BSN, MA, RN
Mark Pavlick, RN, MS
Elizabeth Petitt, MSN, Ned, FNP-C, PMHNP-BE, SANE-A
Bethany Phoenix, PhD, RN, CNS
Leigh Powers, DNP, MSN, MS, APRN, PMHNP-BC
Margaret Pung, MA, RN, NEA-BC
Maureen Rafa, BS, RNC
Tammy Reddington, MSN, BSN, APRN, RN
Susan Reul, PMHNP-BC
Jdee Richardson, PhD, PMHNP
Elizabeth Riley, MPA, MLS, MSN
Lance Rounkles, BSN, RN-BC
Sharon Schmidt, CRADC, PMHNP, PsyD, MS, RN, CS
Amanda Schuh, PhD, RN, PMHNP-BC
April Schwartz, RN, MHA
JT Seaman, MSN, RN, PMHNP-BC
Daryl Sharp, PhD, PMHCNS-BC, NPP
Amanda Sieracki, RN
Kim Sirk
Rosemary Smentkowski, BSN, CARN
Diana Smith
Marie Smith, NP, EMT-B
Loring Smith, Jr., PMHN
Janet Stagg, MS, RN, PMHCNS
Janet Standard, DNP, APRN
Jill Steinke, MS RN
Christopher Sterling
Jamie Stevens, PMHNP-BC, MSN, APRN, PMHNP-BC
Carol Stewart, RN, MS, CNE, CS, CADC
Victoria Stoneman, RN, MSN, CNL
Charlotte Strahm, DNSc, RN, CNS
Philip Sweet, MSN RN PMHCNS -BC
Nancy Syms, PMHNP-BC
Susan Szilagyi, RN, BA
Janet Thelen, MSN
Robert Thomas, PhD, RN, PMHNP-BC
Martha Thomson, NP, PMH
Joseph Tomsic, NEA-BC, PMHNP-BC
Deborah Valentine, RN
Judith Van Cleef, MS, RN-BC, CARN
Jessica Vetter, RN, MS, PMHNP
Pamela Waranowicz, Associate, RN
Kathleen Webster, RN, MSN, PMHNP, CNSMH
Diane Wieland, PhD, MSN, RN, PMHCNS-BC
Cynthia Wilson, MSN, PHMCNS, BC
Audrey Wisner, RN, PMHNP
Tarry Wolfe, DNP, FNP-c, PMHNP-BC
Audrey Wyatt, RN, BSN
Tia Young, BS Psych, BS Nursing
Linda Zarrett, RN
Donna Zucker, RN, PhD, FAAN

Administrative Council

How many conference calls did you conduct during the 2014 - 2015 year? 5

Check any meetings that apply for the 2015 conference.

Interactive Panel with a focus on Leader Response to Workplace Violence

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

The Steering Committee solicited new members and named new co-chair. We piloted a new structure for the committee's work, dividing the members into focused small work groups. We determined the previous structure was preferable. The steering committee focused on leadership development and created a survey for APNA membership to determine members' ideas about leadership competencies. Leader response to workplace violence was chosen as topic for the group's annual conference Interactive Panel.

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

The Steering Committee chairs participated in phone conferences with leadership of the Institutes for Safe Environments. The goal for this activity is to capitalize on each group's unique contributions to providing safe environments in which psychiatric nursing care can be safely provided in a recovery oriented fashion. Additionally, we are striving to provide leaders with the competencies needed to achieve excellence. We have identified key roles for nurse leaders and are in the process of surveying members about desired leadership competencies so that focused education can be developed. We will be leading a discussion at the national conference focused on creating violence free environments in which nurses can provide and patients can receive recovery focused care.

How has your group worked to achieve these goals?

We developed a survey for members to better understand member opinions about most important leadership competencies. We have focused on an understanding of best practices in leadership responsibility in creating and maintaining safe environments for nurses and patients. Our group reorganized with the goal of increasing member participation. We have participated in phone conferences with leaders of the Institutes for Safe Environments in order to build synergy around leader roles in building safe environments for care.

What do you hope to accomplish for the 2015 - 2016 year?

Distribution of leadership competency surveys to members. Analyze and begin planning for survey results. Solidify membership commitment to the advisory council and steering committee.

Administrative Council

Chairs

Avni Cirpili, MSN, RN
Kathy Lee, MS, APN, PMHCNS-BC

Steering Committee

Elizabeth Andal, APN, PhD, FAAN
Len Getz, FNP, DNP-PMH
Lisa Jensen, DNP, APRN
JeanAnne Johnson Talbert, APRN-BC, CARN-AP
Elizabeth Maree, MSN, RN, PMHCNS-BC, NEA-BC
Brenda Marshall, EdD, NP-BC

Thomas Mendez, PhD, RN, CNS
Kimberly Owens, PhD, MSN, BSN
Charlene Roberson, RN, BC, Med
Ilyas Saloom, PMHNP
Margaret Sherlock, MA, PMHCNS-BC
Janet Stagg, MS, RN, PMHCNS

Advisory Panel

Sylvia Adams, RN, MSN, PMHCNS-BC
Diane Allen, MN, RN-BC, NEA-BC
Robert Askerlund, APRN
Romnee Auerbach, MS, ANP, PMHNP-BC
Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, ICCDDP
Nicole Beer, BSN, RN, MSN, CNS
Margaret Bookman, RN, MS, CS
Susan Brown, PhD, MS, BS, APNP
Diane Burgermeister, PhD, PMH-NP
Reneé Campbell, BHA, RN
Cynthia Clarke, RN, MS, MSN
Katherine Darling, DNP, PMHNP/FNP-C, APRN
Susan Dawson, EdD, PMHCNS/NP-BC
Laura Dayton, RN
Jo Deaton, MS, APRN/PMH-BC, CDNC
Joanne Dedowicz
Sattaria Dilks, DNP, APRN, PMHNP-BC
Nancy Dillon, PhD, RN, CNS
Sheila Donnan, BSN, MN
John Dool, RN, MSN
Susan Dreaden, RN, MSN, BC, CCM
Elizabeth Easley, APRN, BC, PMHCNS--BC
Margaret Edwards, RN, MSN, NEA, BC
Benjamin Evans, DD, DNP, RN, APN, PMHCNS-BC
Joelle Fellingner, RN, MS, APNP, CNS-BC
Darlene Flowers, PHMNP-BC
Anne Greenwalt, PMHNP-BC
Joshua Hamilton, DNP, RN-BC, PMHNP-BC, CNE
Dayna Harbin, RN, MSN, BC
Dorothy Hill, RN, C
Kathy Holley
Rebecca Horn, MSN, RN-BC
Tara Howard-Saunders, MPH, MSN, NP-P
Deidra Johnson, RN, BSN
Celeste Johnson, DNP, APRN, PMH CNS
Florence Keane, DNSc, MBA, PMHNP, ANP-C
Deborah Klaszky, MSN APN-C
Kathleen Kregor, BSN, RN-BC
Karen Lothamer, CNS, BC
Marilyn Lynch-Goddard, MSN, BSN, RN

Theresa Mackey, RN, BSN
Tara Mariolis, MS RN
Lynette Marshall, RN, MSN
Joanne Matthew, MS, RN, PCNS
Janus Maybee, PMHNP, FNP
Charlzetta McMurray-Horton, RN, MS
Mary Meiselman, CNS, NP
Tamara Melville, DNP, APRN, PMHNP-BC
Janet Merritt, PhD, RN
Holly Mielke, RN
William Morris, DNP, PMHNP
Marlene Nadler-Moodie, MSN, APRN, PMHCNS-BC
Lisa Naugle, MSN RN BC
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Jay Norwood, MSN, RN
Cheryl Odell, MS, NEA-BC
Diane Ouellette, PMNMNP-NEA BC
Nancy Purtell, MBA/HCM, RN
Iola Radtke, RN, BSN
Deirdre Rea, BSN, RN, MSN
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R. John Repique, MS, RN, NEA-BC
Cheryl Robinson-Moore, BSN, MA, RN-BC
Amy Rushton, MSN, RN, PMHCNS-BC
Susan Russo, MS, APN, CHS, CNS
Karen Schepp, PhD, APRN, BC
Sandra Schleiter, RN, CNS, DNR
Tracy Schlosser, RN, BSN
Barbara Stephens, DNP, APRN, PMHCNS-BC
Gail Stern, MSN, PMHCNS-BC
Tina Taylor, MN, ARNP, PMHNP-BC
Theresa Terry-Williams, RN
Mala Thomas, MSN
Miriam Thornton, MSN, RN
Judith Van Cleef, MS, RN-BC, CARN
Kelly Voll, ADN, RN
David Whittaker, PMHNP
MaryAnn Wilkinson, EdD, APRN-PMH, CRNP-PMH
Judith Wilson, PMHCNS, BC

APRN Council

How many conference calls did you conduct during the 2014 - 2015 year? 10

Check any meetings that apply for the 2015 conference.

Interactive Panel

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

The APRN Steering Committee has developed a 3 part psychotherapy series that will be presented at the APNA Annual Conference in Orlando. We anticipate developing further psychotherapy offerings based on feedback from course participants. The Steering Committee developed a brochure on the role of the PMH APRN to be offered through the APNA website for use by all chapters. The brochure will have a version to be offered to prospective PMH APRN students and one to offer to prospective consumers. The Steering Committee continues to follow and post relevant information related to tele-mental health and to engage in discussion on this topic with members of the APRN Council. APRN Council members are gradually becoming more active as mentors in the Mentor Match program and the SC will focus on how to become more involved during our interactive session in Orlando.

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

There is growing concern among PMH APRNs, particularly PMH CNS that a shortage of providers coupled with cost cutting measures has shifted APRN practice from psychotherapy to medication management in which non-nursing professionals are expected to do psychotherapy, leaving the PMH APRN to focus on prescribing. Graduate nursing programs have been criticized for emphasizing the medical care and medication management of patients who have chronic mental illness without providing adequate training in psychotherapy. Both the APRN and the Education Council: Graduate Branch have been exploring how to address this issue. The APRN Steering Committee has joined with members of the Education Council in developing the psychotherapy series that will be presented at this year's APNA Annual Conference.

How has your group worked to achieve these goals?

The APRN Council and Steering Committee are working toward getting more members involved in APNA's Mentor Match Program. We have continued to use the APRN discussion boards to post information and updates relevant to APRN practice. The APRN Steering Committee has been working with members of the Education Council: Graduate Branch to determine continuing education needs for our APRN members.

What do you hope to accomplish for the 2015 - 2016 year?

Further collaboration with the Education Council: Graduate Branch to develop continuing education products that will meet the educational needs of our APRN membership. Continuing support of the Mentor Match program through educating members about the program and getting more members involved as mentors and mentees. Facilitating discussion of pertinent issues that impact PMH APRN practice and treatment of the mentally ill such as PMH NPs training and supervision related to psychotherapy, ongoing barriers to PMH APRN practice and the shortage of PMH APRNs and resulting proliferation of non PMH APRNs and PAs being used in settings that treat persons suffering from chronic and severe mental illness.

APRN Council

Chairs

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Kathryn Johnson, MSN, PMHCNS-BC, PMHNP-BC

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Ellin Wade, RN, MSN, PMHNP-BC
Melanie Young, BA

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Kathleen McCoy, DNSc, APRN-BC, PMHNP-BC, PMHCNS-BC, FNP-BC, FAANP
Charlzetta McMurray-Horton, RN, MS
Mary Meiselman, CNS, NP
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Josette Millman, ANCC, MS, CS, PMHNP-BC
Wanda Monroe, ARNP
William Morris, DNP, PMHNP
Esther Mugomba-Bird, MSN, PMHNP-BC
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Julie Ryder, PMHNP, BC
Luanne Sadowsky, ARNP, BC
Julie Santayana, RN, CRNP
M. Joyce Sasse, DNP, APRN, PMHNP, CNS
Karen Schepp, PhD, APRN, BC
Terese Schneider, DNP, PMHNP, PMHCNS
Rebecca Schroeder, Dr
Amanda Schuh, PhD, RN, PMHNP-BC
Stacey Shaw, MSN, RN
Lynn Shell, PhD, APN-C
Sally South, MS, RN, PMHNP-BC
Vicki Spitzer, MSN, ARNP, CNS
Marcia Starkman, RN, BSN, MSN, PMHCNS-BC
Debbie Steele, MFT, PhD, RN
David Strawn, RN
Therese Strome, MS, APNP, BC
Lynette Swedberg, APN, CNS, RN
Rita Tadych, PhD, APRN-BC
Tina Taylor, MN, ARNP, PMHNP-BC
Christine Tebaldi, MS, PMHNP-BC
Michael Terry, DNP, FNP-BC, PMHNP-BC
Nancy Testerman, MS
Cherie Tubeileh, MSN, APRN, PMHNP-BC
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Grace Wlasowicz, PhD, RN, PMHNP-BC
Kimberly Wolf, PMHCNS-BC
Kylie Wright, RN
Cathi Zillmann, NPP
Wendy Zubenko, EdD, MSN, CNS
Melissa Zupancic, RN, CNS, APRN, BC

Child and Adolescent Council

How many conference calls did you conduct during the 2014 - 2015 year? The Child and Adolescent Council met three times from October 2014 through May 28, 2015, with meetings of subgroups occurring between these meetings.

Check any meetings that apply for the 2015 conference.

Interactive Panel with the topic of Cyberbullying

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

The Interactive Council held at the Annual APNA Conference had approximately 60 attendees and following a presentation of actions over the past year including survey results from a survey administered to the group in 2013-2014. The large group broke off into small work groups that included: violence in the community, evidence based practice, self-care, special populations, substance abuse, and inpatient care. Members connected with leaders from each group who will lead the groups in small calls to work on goals of interest. Three follow-up meetings of the council were held and council members reported back on work among these groups. Action items from these meetings included:

1. Continued work in the evidence based practice group on the continuing education offering on Autism Spectrum Disorders lead by Jason Earle and potential paper/or collaboration on a paper on separation anxiety to be published in *The Journal of Child and Adolescent Psychiatric Nursing*. Support was also given to members for submitting proposals for this year's APNA (2015) conference and a discussion and follow up into offering a training using the COPE model at the APNA Annual Conference in Orlando. As of October 2, 2015, Jason Earle has submitted a continuing education series on Autism Spectrum Disorders, and is working with Deb Hobbs on this product. At the Conference in Orlando, in two pre-conference sessions, Dr. Bernadette Melnyk is providing continuing education on the COPE Model.
2. Michelle Messina reported that her sub-group for Inpatient Child and Adolescent Nursing has met 7 times and is meeting on a regular basis. Some initiation occurred with Kathy Delaney and the group to pose a proposal for a talk at the 2015 Conference, looking at model of care across child and adolescent inpatient psychiatric-mental health nursing .
3. A priority goal for looking at the Resource Web Page for the Child and Adolescent Council was identified and the chairs were to seek guidance from APNA on how to make some revisions and additions. Kathy Gaffney has an offering on child trauma she will work on with Deb Hobbs to get onto the Resource Page as well as to look for other trauma informed care links relative to child and adolescent nursing practice.

4. Efforts aimed at collaborating across disciplines were discussed. Michael Terry reported on the panel discussion given this past year at the Annual meeting of the American Academy of Child and Adolescent Psychiatry (ACAP) and will lead continued discussions (along with Kathy Delaney and Julie Carbray) with Dr. Axelson, on the Access Committee of ACAP. This year there will be another panel discussion. Michael Terry plans to help organize this. The ACAP meeting overlap the APNA meeting in October, 2015 (October 26-31, 2015 in San Antonio, Texas). The Assembly of Regional Organizations around Child-Adolescent Psychiatric Nursing is held in the spring, 2016. A representative should be at this meeting. This is being discussed.
5. One of the topics that rose in interest at the 2014 Child-Adolescent Interactive Council was the use of technology/cyberbullying. Diane Wieland is presenting on this topic at the Interactive Child-Adolescent Council at the 2015 Annual Conference to address this need.

During this past year, Julie Carbray and Diane Wieland participated in the APNA InterCouncil Council meeting on September 2, 2015. Julie Carbray has also participated in the development of a continuing education product on Bipolar Disorder, contributing to the child-adolescent aspect of this illness that occurs across the lifespan. She and several other APNA members worked on this project with Deb Hobbs.

At the APNA 2015 Conference there are a number of sessions under the Child and Adolescent Track including:

1. United We Stand, Divided We Fall, Development of a New Inpatient Behavioral Health Unit in a Large Tertiary Pediatric Facility.
2. Creating an Innovative Inpatient Program for Pediatric Medical Psychiatric Patients.
3. The Transformation of Pediatric Psychiatric Nursing Practice to Enhance Therapeutic Outcomes
4. REAACH: Recognizing Every Adolescent's Ability to Climb Higher: A Therapeutic Framework for Adolescent Inpatient Psychiatric Units.
5. The Impact of Parent Directed Education Curriculum on Improved Adolescent Mood Disorder Outcomes.
6. Parents Self-Help Training for Improved ADHD Outcomes
7. Evaluating the Effectiveness of Multiple Family Group Therapy in Reducing Stress Among Families Coping with Autism.

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

The Child and Adolescent Council is the one and only voice for the large amount of nurses working in this field. Julie Carbray has been active in co-authoring a CE on Bipolar Disorder across the lifespan with other APNA members. Jason Earle is working on a CE on ASDs. Diane Wieland and Julie Carbray are working on a publication on Cyberbullying. Other work groups are beginning to address other issues.

How has your group worked to achieve these goals?

We are working with ACAP leadership in terms of collaboration. Michael Terry has been instrumental in this as have been Kathy Delaney and also Julie Carbray. The other goals should be discussed at the Interactive Council with activities designated to meet these goals.

What do you hope to accomplish for the 2015 - 2016 year?

1. To strengthen the workgroups, especially the Inpatient Unit Workgroup
2. To improve the Resource Page
3. To increase activity on the conference calls
4. To present child-adolescent nursing sessions at the Annual Conference each year
5. To collaborate with ACAP members/leaders
6. To follow-up with continuing education offerings from the Council with Deb Hobbs.
7. To connect with speakers at the APNA conference who are speaking about child-adolescent topics but who may not yet be Child-Adolescent Council members.

Child and Adolescent Council

Chairs

Julie Carbray, PhD, APN, BC
Diane Wieland, PhD, MSN, RN, PMHCNS-BC

Steering Committee

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Patricia McCoy, APRN, MS, ARNP, BC
Paula McManus, ARNP, BC, PNP
Michele Messina, MS, BSN, BC
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Theresa Searls, APRN-BC
Sue Simon, MA, MS, BSN, RN

Advisory Panel

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Rachel Adams, NP
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Judith Ballerstein, BS, RNC
Joanne Bartlett
Jenna Birdsell, CNS, CNP
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Marissa Mishne, BSN, MSN, RN Student
Elizabeth Mogtader, APRN
Michele Moreau, BA, RN-BC
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Sean Murphy, PMHNP-BC
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Jeanne Norton, RN, MSN
Cheryl Odell, MS, NEA-BC
Nancy Ortego, APRN, BC
Theresa Parkhurst, MSN, PMHNP-BC
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Cindy Parsons, DNP, PMHNP-BC, PMHCNS-BC, FAANP
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Donna Peterson, BSN, RN-BC
Barbara Peterson, RN, MS, CNS
Mertie Potter, PMHNP-BC
Cindy Potts, RN, BSN, BC
Kristina Prapuolenis, RN
Sara Repola, MSN, PMH-NP, BC
Tammy Reynolds, MSN, NP
Elizabeth Riley, MPA, MLS, MSN
Cheryl Robinson-Moore, BSN, MA, RN-BC
Kathleen Roblyer, DMin, MSN, APRN, PMHNP-BC
Tracey Rose, RN, BC
Kelly Rosebush, RN
Erica Runkle
Julie Ryder, PMHNP, BC
Deborah Safier, BSN, MSN
Joanne Sanderson, PMHCNS-BC
Karen Schepp, PhD, APRN, BC
Paul Schwartz, BSN, MSN
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Debbie Steele, MFT, PhD, RN
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Kim Walker, PNP, PMHCNS-BC
Jesseca Washburn, RN, BSN
Colleen Williams, DNP, PMHNP-BC
Kathleen Wolff, PhD, APRN, CNS
Alysha Woods, BSN
Kelli Wright, MHA, RN
Jolyn Zeller, MS, PMHNP-BC
Wendy Zubenko, EdD, MSN, CNS

Education Council

How many conference calls did you conduct during the 2014 - 2015 year? 9 between November 2014-October 2015

Check any meetings that apply for the 2015 conference.

The council will have an Interactive Panel and the three branches of the Education Council will be conducting presentations and meetings at the 2015 APNA Annual Conference.

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

The **Undergraduate Branch** has continued to work on the following: *Update on major project charged by APNA BOD *Infuse pertinent PMHN content into undergrad curriculum to cover range of healthcare settings *Develop teaching resources *Crosswalk document aligning APNA/ANA Scope & Standards of PMHN, AACN BSN Essentials, Toolkit in development for teaching 13 required core nursing content areas. **Graduate Branch:** *Monthly Conference Calls *Topical discussions *Project planning & implementation *Member Bridge Discussions *Goals & Projects for Upcoming Year: -Update list of Graduate Advanced Practice Psychiatric Mental Health Programs -Form workgroups (Continuation of Graduate Ed. Council Concurrent Session #3047) -Debate basic knowledge, skills, & attitudes needed by PMHNP to provide psychotherapy -Discuss various individual, group, & family psychotherapy learning & training opportunities that can be employed in PMHNP programs -Create forum these learning opportunities can be shared. **Continuing Education Branch:** Suicide Competencies for Acute Care RNs Bipolar Spectrum Disorder Series Psychiatric RN and APRN Roles in Integrated Care Upcoming Annual Goals: * Survey of interest areas for Continuing Education Branch members * Self-care practices for Psychiatric Nurses * Strategies for dealing with manipulative or disruptive client behaviors * Responding to cultural differences in psychiatric settings * Collaborative work with other APNA Councils.

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

The Education Council has worked toward the development of products that are grounded out of surveying members on the issues that surround educational opportunities within and across APNA. In addition, we are beginning to create collaborative work with other councils.

How has your group worked to achieve these goals?

Please see the previous answers in this document.

What do you hope to accomplish for the 2015 - 2016 year?

Please see the previous answers in this document.

Education Council

Chairs

Donna Rolin, PhD, APRN, PMHCNS-BC
Barbara Warren, PhD, RN, PMHCNS-BC, FAAN

Steering Committee

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Advisory Panel

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Anthony Brown, BS, RN
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Monique Sawyer, DNP, RN, PMHNP-BC
Karen Schepp, PhD, APRN, BC
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Paul Schwartz, BSN, MSN
Dorothy Seals, APMHNP
Beverly Sedlacek, MSN, RN, CS
Laurie Seidel, BSN, MSN
Grayce Sills, PhD, RN, FAAN

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Dorothy Varchol, RN, BC, MA, MSN
Lisa von Braun, RN, PMH-NP
Paula Vuckovich, RN, PhD, PMHCNS-BC
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Mimi Waldman, PMHCNS-BC
Matthew Walker, MSN, RN-BC
Kathleen Walker, MS, PMHCNS-BC
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Rebecca Weaver, PMHNP
Katherin Weiss, BSN, RN
Kimberly White, MSN-NA, RN
Rebecca White, APRN, MSN, PMHNP
Candice Wilson, RN
Grace Wlasowicz, PhD, RN, PMHNP-BC
Kimberly Wolf, PMHCNS-BC
Kathleen Wolff, PhD, APRN, CNS
Scott Ziehm, DNP, RN

Forensic Psychiatric Nurses Council

How many conference calls did you conduct during the 2014 - 2015 year? 0

Check any meetings that apply for the 2015 conference.

Interactive Panel

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

We have not done as much as I would like, but I hope that after Carrie returns from the Conference we can get a list of interested members together and promote activity on the member bridge and on regularly scheduled calls. I also hope to get some leadership ideas from the meeting in February.

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

None--but hope to work with other councils next year as I see we have many common visions.

How has your group worked to achieve these goals?

We have not achieved much this year, but I hope to get a white paper on forensic nursing written and create a robust interactive panel for next year.

What do you hope to accomplish for the 2015 - 2016 year?

Energize member bridge activity. Schedule and hold regular calls. Develop a robust interactive panel for next year at the APNA Annual conference.

Forensic Psychiatric Nurses Council

Chairs

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

Steering Committee

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Advisory Panel

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Kathleen Wolff, PhD, APRN, CNS
MaryBeth Zambella, PMHNP-BC
Cathi Zillmann, NPP

Recovery Council

How many conference calls did you conduct during the 2014 - 2015 year? 12-14 including workgroups

Check any meetings that apply for the 2015 conference.

Meeting of Steering Committee + Advisory Panel and Interactive Panel

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

1. Currently working on a literature review looking at current best practices/research in the area of recovery across disciplines. Plan to publish this work. 2. Beginning to approach other councils to explore collaborating on specific projects that include recovery principles and content. 3. Revised our mission, vision, goals and outcomes for the council. 4. Developing a workbook for nurses using recovery principles and self-care practices. 5. Considering collaborating on a publication comparing and contrasting recovery and mental health with recovery and cancer. 6. Education, Population and Environment work groups working on tool kits for APNA members to use in their practice setting.

The group broke into workgroups to develop recovery materials for members based on different environments and settings, but these were not successful due to attendance. Beginning in 2015, a literature review has been conducted and is still underway with a goal of writing a state of the science paper for the *JAPNA Journal*.

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

Recovery itself is a unifying theme for all psychiatric mental health nurses. Our council is dedicated to ensuring PMH nurses have the resources they need to understand, utilize and integrate recovery principles into their professional practice. To that end, we are completing a review of the current literature and hope to publish the findings. In addition, our work groups are putting together specific tool kits for nurses in academia, hospital practice and community settings to help them incorporate and infuse recovery into all aspects of care. Finally, we are currently discussing how recovery principles might be used as part of self-care practices for nurses. The deliverable for this project will be a workbook/journal for nurses.

Literature review for state of the science paper on recovery. Working on a toolkit of resources for website.

How has your group worked to achieve these goals?

Goal A: We have initiated conversations with other councils to collaborate on projects for the APNA membership to ensure our members have up-to-date best practice information on recovery. We are eliciting examples of recovery oriented activities, experiences, practices from APNA members to share with all APNA members. Goal B: We have intentionally included

individuals with lived experienced on our steering committee. Goal C: We are interested in developing a "speakers bureau" of council members, prepared to offer information and assistance to agencies interested in integrating recovery principles into their system of care.

What do you hope to accomplish for the 2015 - 2016 year?

1. Publish at least three articles for PMH and RN's interested in learning more about current best practices in recovery. 2. Complete a self-care/recovery oriented workbook/journal for nurses. 3. Engage and include current steering committee members as well as utilizing the expertise of the expert panel members. 4. Make best practice information collected during the interactive panel available to APNA membership as well as continue to add to the repository of best practice exemplars.

Recovery Council

Chairs

Jennifer Barut, MSN, RN-BC
Kristen Lambert, PhD, MSN, RN

Steering Committee

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Mary Ellen Donovan, MA, RN, CRSS
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Karen Stein, PhD, RN, FAAN
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Barbara Warren, PhD, RN, PMHCNS-BC, FAAN

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R. John Repique, MS, RN, NEA-BC
Carol Rogers, PhD, APN
Marian Roman, PhD, PMHCNS-BC
Amy Rushton, MSN, RN, PMHCNS-BC
Joyce Shea, DNSc, APRN, BC
Margaret Sherlock, MA, PMHCNS-BC
Vivian Streater
Joan Strenio, MSN, PMHCNS-BC
Lourdes Sumilang, BSN, RN, BC, MSNEd
Jamie Surfus-Lewiston, RN, MSN, NEA-BC
Kimberly Sutter, MSN, RN
Nancy Testerman, MS
Jesseca Washburn, RN, BSN
Kathleen Webster, RN, MSN, PMHNP, CNSMH
Danny Willis, RN, DNS, PMHCNS-BC
Alysha Woods, BSN
Theresa Zeman, MSN

Research Council

The Steering Committee led by Dr. Danny Willis met in May, June, and September 2015. The Steering Committee has focused on engaged dialogue, new ideas, sustained energy and a fresh perspective during brainstorming and thinking about the role of the Research Council within APNA. The Steering Committee has engaged in discussions about inclusivity as a major theme over the past few months. Discussions have included thoughtful suggestions about how to best engage the membership. The discussions have included recognition of the fact that APNA is composed of a diverse group of members representing the many facets of psychiatric mental health nursing, including general and advanced practice, nursing education, nursing science/research; and policy. In order for the Research Council to be most appealing and inclusive, the Steering Committee has been conceptualizing “research” as existing on a continuum with nurses able to participate at different levels of engagement, including evidence-based practice, quality improvement, as well as NIH and other types of funded nursing science to advance foundational knowledge for practice and the empirical development of theory-based interventions.

Submitted by: Danny G. Willis, Steering Committee Chair

The 2015 Interactive Panel for the Research Council will be truly interactive and exciting for attendees! Under the direction of Dr. Jane Mahoney (Research Council Co-Chair), we will offer APNA members an opportunity to engage in the strategic planning at the annual conference in Orlando. Attendees will have the opportunity to take part in shaping the council’s goals and activities. We will be utilizing an interesting methodology (Liberating structures activities/group work; akin to a modified Delphi technique) to synergize energy around research needs, gather input from attendees and reach consensus on a unified direction that reflects the diverse needs of the members via several rounds of voting. The final goals and activities will be presented to the group for final discussion and revision at the end of the Interactive Panel.

This content will be brought back to the Steering Committee for discussion and final decision-making. The final document will be posted on the Research Council’s Community via the Member Bridge for comments and revision.

Submitted by: Jane Mahoney, Interactive Panel Chair

In addition to the ongoing Council Activities, The Research Council also coordinated the peer review of the 2015 American Psychiatric Nurses Foundation (APNF) research proposals. This

year, we received 17 proposals (an excellent response!) and had a dedicated panel of reviewers conduct blind reviews on the proposals. Each proposal received two independent reviews with constructive comments offered on each proposal. The APNF Board directed that two awards of \$10,000.00 each be awarded. After careful review, one proposal was funded; other proposals were worthy but had methodological issues that the reviewers deemed in need of revision before funding could be awarded. The Council made a recommendation to the APNF Board that a variable funding mechanism be created that would allow several proposal mechanisms ranging from \$2-10,000.00 to be supported. Dr. Beeber will take this proposal to the APNF Board in October.

Steering Committee members with expertise in clinical care and DNP Educational programs will work with the Co-Chairs to design criteria and a review rubric to include DNP evidence application proposals to be considered in a separate call for proposals.. These criteria and the rubric will be completed by January, 2016 in time for the 2016 call for proposals.

Submitted by: Linda Beeber, APNF Grants Chair

Research Council

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Jane Mahoney, PhD, RN, PMHCNS-BC
Danny Willis, RN, DNS, PMHCNS-BC

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Institute for Mental Health Advocacy

How many conference calls did you conduct during the 2014 - 2015 year? 10

Check any meetings that apply for the 2015 conference.

Interactive Panel

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

Annual conference planning including a panel discussion, review of APNA guidelines for advocacy. CQ State Tracking System – reviewed by Advocacy Steering Committee. Excited to have ability to provide more legislative information for members. Look forward to tracking trends in states on issues involving mental health. Presentation will be provided at the APNA Annual Conference in October 2015. Review of Steering Committee members and survey of participation of interest completed with the help of council support. 400 persons submitted requests to join the Institute Steering Committee or Advisory Panel. Selected member candidates will be submitted to the Board for approval. Identified issues with low participation of board members in monthly calls and on Member bridge.

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

Continuing to discuss current issues in psychiatric mental health nursing. Monitor legislation. Involve membership thru our Steering Committee and Advisory Panel from all over the United States. Provide guidelines for members regarding lobbying and advocacy.

How has your group worked to achieve these goals?

Involvement of members from all disciplines in advocacy for mental health through our Institute membership and meetings. Continued monitoring of current legislation and issues in mental health.

What do you hope to accomplish for the 2015 - 2016 year?

Membership participation in using the new CQ State Tracking system. Providing input on current issues. Monitoring trends in states. Getting this information out to members. Continuing to involve all disciplines in psychiatric nursing.

Institute for Mental Health Advocacy

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Ronnie Sims, BSN
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Institute for Safe Environments

How many conference calls did you conduct during the 2014 - 2015 year? 11

Check any meetings that apply for the 2015 conference.

Interactive Panel

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

This year the ISE Steering Committee continued its structure of monthly calls and a focus on issues/projects raised by the members of the steering committee or suggested to us as a concern of membership. Each month our calls have an average of six members. Discussions among members are usually thoughtful and productive, and inevitably end with talk about the importance of teaching and promoting therapeutic interaction and engagement as means to increase safety. We discuss our current projects as well as emerging issues related to safe environments. We begin the year with broad discussions of issues and then settle into two to three projects. Co-chair Diane Allen reached out to inactive Steering Committee members to invite them to participate.

One of our projects was completion of a paper titled Engagement as an Element of Safe Inpatient Environments that was published in *JAPNA*. We appreciate Michael Polacek's leadership on this project. We are hoping that the paper provides a platform for discussion on the importance of engagement as well as our efforts to formulate methods to measure the relationship of safety and engagement. We are pleased that feedback from members gathered at the 2014 APNA Safe Environments Interactive Discussion Meeting was incorporated into the document.

Another ISE work group, consisting of nurses who work in hospital emergency rooms, is awaiting a final decision about publication in the *JAPNA Journal* of the results of the APNA member survey done earlier this year about the Role of the Psychiatric Nurse in Hospital Emergency Departments. This paper will provide invaluable baseline data on how this role is evolving and how we might support safety in this setting.

Another ISE workgroup, led by Richard Ray, has authored a paper on the use of Special Observations and they are working towards its publication in the *JAPNA Journal*.

We are proud of ISE Steering Committee members Barbara Bonney and Pamela Greene who worked diligently with the group that developed the recently published *Suicide Competencies*.

Finally, The Steering Committee is planning an Interactive Discussion Panel Presentation at the APNA Annual Conference at Disney World, and hopes to use this opportunity to flesh out some of ideas for a proposed "Violence Prevention Toolkit" and a resource/toolkit for engagement that highlights recovery-oriented, trauma-informed and relationship-based strategies for providing care.

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

The Institute for Safe Environments has provided a framework for further exploration of issues related to safe environments and as added to the scholarly nursing literature about safety related topics.

How has your group worked to achieve these goals?

Goal A: ISE has actively communicated with members, promoted discussion and encouraged members who demonstrate leadership. Goal B: ISE has worked to create alliances with other councils and stakeholders - ISE Steering Committee members volunteered to lend their expertise projects of interest. Goal C: By publishing scholarly works in respected nursing journals such as JAPNA, ISE members have gained credibility have disseminated evidence about best practices related to safety. Goal D: The work of the ISE has provided a foundation that will support further research, education and training about safe nursing practices.

What do you hope to accomplish for the 2015 - 2016 year?

1. Publish results of the APNA Member Survey about the Role of the Psychiatric Nurses in Emergency Departments. 2. Publish a "Call to Action" regarding the need for research to determine best practices for monitoring patient safety. 3. Engage APNA members in development of a compendium or "toolbox" of practical resources that support the use of engagement as an element of safe environments.

Institute for Safe Environments

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Deirdre Rea, BSN, RN, MSN
R. John Repique, MS, RN, NEA-BC
Sharon Repko, MSN, APN
Donna Riemer, RN-PMHN
Elizabeth Riley, MPA, MLS, MSN
Patricia Roberts, MSN, RN, PMHCNS-BC, NE-BC
Jacquelyn Rosen, MS, RN, PMHCNS-BC
Amy Rushton, MSN, RN, PMHCNS-BC
Luanne Sadowsky, ARNP, BC
Darlene Santi-Rogers, RN, MSN, PMHCNS-BC
Karen Schepp, PhD, APRN, BC
Angela Schmidt, BSN

Terese Schneider, DNP, PMHNP, PMHCNS
April Schwartz, RN, MHA
Lorna Scoggins, RN, BC, MSN
Laurie Seidel, BSN, MSN
Stacey Shaw, MSN, RN
Margaret Sherlock, MA, PMHCNS-BC
Virginia Singer, DNP
John Smeltzer, BSN, RN
Kathy Smith, MSN, RN, CENP
Jane Sobolov, MS, RN-BC
Lori Solon, PMHCNS-BC
Janet Stagg, MS, RN, PMHCNS
Carmen Steward-Sweezer, BSN, RN
Vivian Streater
Lourdes Sumilang, BSN, RN, BC, MSNEd
Kimberly Sutter, MSN, RN
Michelle Tavares, BN, RN
Christine Tebaldi, MS, PMHNP-BC
Nancy Testerman, MS
Janet Thelen, MSN
Miriam Thornton, MSN, RN
Judith Van Cleef, MS, RN-BC, CARN
Kelly Voll, ADN, RN
Wendy Waddell, PhD(c), MSN, RN
Michael Waggoner, MSN, RN
Naomi Walker, RN
Cornelia Walsh, RN BC, BSN, MSHS
Sharon Ward-Miller, MA, CS, APRN-BC
Barbara Warren, PhD, RN, PMHCNS-BC, FAAN
Cynthia Warso, RN, BC, BSN
Babette Wieland, MSN, BSN

APNA Education and Provider Unit Report

APNA Provider Unit:

ANCC COMMISSION ON ACCREDITATION ACTION

American Psychiatric Nurses Association was awarded Accreditation with Distinction, the highest recognition awarded by the American Nurses Credentialing Center's Accreditation Program. Organizations accredited with distinction have completed a review without any progress report requirement. The web directory of accredited organizations will reflect this special designation.

Chapters

Live chapter conferences: Completed 9 chapter conferences January – September 30, 2015, offering a total of 48.5 contact hours. One additional APNA chapter is actively planning to co-provide an educational activity with APNA in October, 2015

Member Activity

Active groups include:

Education Council: Continuing Education Committee and the provider unit-

- Suicide workgroup –Pre Conference “Competency Based Training –Suicide Prevention to be held October 28, 2015
- Critical Care/ Med Surg Suicide Competency Steering Committee meeting bimonthly
- Education Council-UG Crosswalk workgroup-developing components of the tool kit

APNA Program Developments:

Recovery to Practice

- 2 Organizations and 6 Chapters have leased the RTP program for the next 6 months.
- Two RTP Facilitator Trainings were held in 2015, March and August.
- 23 New RTP facilitators trained

APNA Transition to Practice (ATP)

- Live July 1, 2015
- 21 persons completed the program.

Comments from Module 1 evaluations:

Question 9. Please describe the changes you plan to make.

- Be more aware of the physical changes going on with the patient with a possible connection to the psychiatric medications and their interactions and possible side-effects.
- I found the spectrum of depressive disorders fascinating and very well presented. I plan on using this spectrum, not necessarily as a diagnostic tool (because it could easily be used as such), but as a better understand where in the spectrum my patients are at with their illness.
- Better understanding of the different classifications of antidepressants and their uses and side effects.
- Change the way I do assessments and be more aware of the effects and side effects of medication.
- Pay more attention to the medication, and combination of medications my patients take.
- Monitor patients more closely for side effects to antipsychotic medications
- I've always believed in person centered care. These training modules reminded me that the patient is the most knowledgeable and is the expert in their illness. I plan on exploring the concepts of motivational interviewing and CBT to make it more prevalent in the way I interact with patients and provide care to patients. Good work APNA with these training modules
- Communication skills with my patients, side effects of the medications to watch and how to keep boundaries with my patients.
- Personalized plan of care based on increased knowledge regarding nursing interventions r/t medications (tolerating side effects, providing more informed med education)
- More vigilant monitoring of my patients for medication side effects and effectiveness
- Monitor patient's medication and potential side effects more closely. Also, provide a deeper education to patients.
- Understanding side effects and able to better educate patients about side effects
- Monitor side effects
- I am more cognizant of side effects of meds discussed in the module
- AS I teach nurses I will emphasize the hope that we need to have for the clients recovery and the respect that they deserve as we work with them to find drugs that they respond to with the least amount of side effects.
- I can give my nursing students current information about mental health.
- Just to use best practice when it comes to psychotic patients such as do not invade personal space, let them pace if they want to, etc.
- Pay attention to all aspect of care of the patient with mental illness
- Inquire regarding possible barriers to medication adherence.
- Again spending more time out on the unit interacting patients.
- I will be more aware of lower level needs being met.
- I will be more vigilant of my patients state and comfort zones
- I will educate my peers
- I plan to incorporate the best practice strategies this course highlighted
- I plan to be more mindful in observing my clients for s/s of medication side effects, adverse reactions, and if the medication is having the desired outcome.
- Modeling best practice
- Consider environmental milieu as therapeutic and not just practical.

- I will become more assertive in having our pharmacists be more engaging in educating our nurses.
- This will help me to better understand and explain medications to my patients.
- The presentation already made it much easier for me to remember that each patient has a unique story that they bring as a human to the hospital along with their diagnosis. I can be so much more patient with when I remember that everyone's goal is recovery.
- Counsel clients on SSRIs not to suddenly discontinue meds, but to discuss tapering down with provider.
- Application of new material
- Be more vigilant when assessing side effects for our clients on psychotropics
- I will be more attentive to blood levels of certain medications. I will monitor more closely for EPS and TD. I will review therapeutic interventions specific to diagnoses.
- I will become more systematic and thorough at assessing clients before and after medicating, making sure to know what to look for each type of medication. I also want to listen to my intuition when interacting with clients.
- Closer evaluation of patient's medication regimens on admission.
- Be more aware of possible side effects
- I plan on looking more into alternative activities for identifying and managing depression and anxiety (meditation, guided imagery, etc.) with my patients. I also want to look more into medications, dosages, half-lives, etc.
- Utilize information from the program.
- As a nurse educator I will be teaching about the best practice outcomes, incorporate the nursing research, and stress the importance of monitoring side effects of medications.
- I feel I am better prepared to safely administer medication to patients with psychiatric disorders, am better educated regarding side effects and their management, and better prepared to provide teaching to my patients.
- I have already started spending more time with my patients and engaging them in conversation so I can know them better as opposed to having a clipboard and asking assessment questions.
- Take more time to explain the actions and benefits of prescribed medications to my patients.
- Better care of my patients.
- I plan to focus more of my practice on educating patients about medications

Overall Program Evaluations Comments:

ATP Final Evaluations Jan 1 (pilot) to September 19, 2015

Question 4. Please describe the changes you plan to make :

- Put patient first in their care. 2. Be more patient centered - ask what is important to the patient; not just what you want for them. 3. Utilize the whole centered plan of care for my patients. 4. Do not think of the patient as their diagnosis, but focus on their strengths. 5. Utilize reflective practices to examine our own biases and work on dealing with these issues.
- as I mentioned before, I will be much more aware of the possibility of trauma histories in patients and the importance of screening for all - not just psych or know trauma pts

- To understand my own culture in reference to caring for patients with mental illness and include therapy that are effective
- To understand my own culture in reference to caring for patients with mental illness and include therapy that are effective
- More patient contact. Identifying triggers. Maintain boundaries.
- increase focus on trauma history
- Overall better idea of how to implement different interventions with patients.
- This course has increased my awareness of the focus on recovery and that is encouraging to me and I look forward to being a part of this focus when I am in the inpatient setting again and will definitely try to incorporate these principles in the outpatient addictions setting that I am currently in. Also, the cultural humility section was very helpful and I have already started to incorporate these principles and encouraged them where i work.
- I work in the field and this course has a very good refresher plus i learned new information to better myself and the patients I served.
- Try to be a better nurse in every aspect.
- The modules that were most influential related to cultural humility and safe environments. As an educator and supervisor, I hope to bring concepts that I have learned forward with the intent of influencing policy and procedural changes, as well as cultural changes with my inpatient program setting.

Psychiatric-Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide

- Competency Based Trainings being delivered CPI and scheduled APNA Annual Conference as well as the first of the 5 part facilitator training.

In Development for 2015

- *APNA E-Series on Bipolar Disorders Across the Lifespan*
 - Issue 1 eBook available
 - Issue 2 in process; publishing soon
 - Issue 3 in process; editing and pilot

Comments from Issue 1 Evaluations:

Question- How will I change my practice after completing this activity

I am new to psychiatric nursing and, although I have studied psychiatric disorders in the past, this course has made me see each person more as an individual, not simply their disorder. I work with people who have very few resources and their chances for recovery are slim. Though my clients have an uphill battle, I now have more tools to give them.

Provided more signs/symptoms of what to do with Bipolar patients in adolescent population

Help reduce stigma....realize it can happen at any age

Being more aware of cultural considerations and comorbidities.

Psych nursing is new to me. I will go in this experience with an open mind and a clearer understanding that these patients are not what I am used to seeing.

It helped me to better understand what patient's with bipolar go through. Therefore, I will listen to the patient and have an understanding attitude towards them.

Learned about how to deal with bipolar disorder

I will be more aware of the different disorder and how to effectively provide the best quality of care to my patients.

I will have a better idea of how to apply this knowledge and resource in the clinical setting.

I will be more observant of symptoms/identifiers that may be signs of bipolar spectrum disorders and will be very involved in assisting the patient to recover.

Work with consumers to allow as much choice in care as possible. I work on a locked involuntary unit. Will try to get more involvement from patient's loved ones if possible.

Utilize a recovery perspective when caring for clients with bipolar spectrum disorder. The diagnosis is not the person.

To listen attentively and empower the clients to make changes.

I will be more open minded to the population of people suffering from bipolar disorder. I will also be more aware of the signs and symptoms to look for.

I think my practice will change because I can talk to patients about their home care and their personal role/involvement in their self-care. I think this learning also makes me feel more confident to explain the lifespan of bipolar disorder to my patients.

Understanding the impacts and changes Bipolar disorder does to a person enables me to know how to communicate with the patient in the most effective way and work with other medical professionals and the patient in his or her care.

I will become more confident in speaking with other care providers about viewing a client as him or herself, rather than the illness.

To encourage the client to be in control of their own recovery. Too many times I hear blame towards the doctor or the meds, and as the nurse, I feel like we are encouraged to be "nice" and listen to the complaints/blame without speaking up, reminding the client that they are ultimately in control of their own recovery.

- *What Psychiatric Nurses Need to Know About Bipolar Disorder*
Co-provided case based online activity with gaming format - in process and piloting
- APNA eLearning activity on Schizoaffective Disorder-in process
- Live Webinar-DSM-5 and the Use of Cross-Cutting Measures in development for January, 2016
- Autism Spectrum eLearning series-Spring 2016

The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

APNA Transitions in Practice (ATP) Program

October 2015

NEW! The APNA Transitions in Practice Program went live on July 24, 2015.

The APNA Transitions in Practice (ATP) Certificate program is a newly developed educational offering by APNA to deliver foundational psychiatric mental health (PMH) knowledge that RNs need for transition into mental health practice settings.

Program Objectives

1. Introduce evidence based strategies for providing safe and effective nursing care for people with psychiatric-mental health disorders.
2. Provide education that promotes the acquisition of foundational evidence-based knowledge related to psychiatric-mental health nursing through case study analysis and post-test questions.
3. Provide evidence-based tools and strategies to facilitate nurses developing a person centered plan of care for people with mental health disorders.

As of September 27, 2015:

- Total number of orders since launch (July 24, 2015): 168
- Number of participants who have completed the full 15 contact-hour course: 21
- Total number of overall contact hours earned: 315

ATP Evaluation Data

July 24, 2015 – September 27, 2015

ATP Module Evaluations

- 89.76% of the Program Forward evaluations are complete and 100% of Overall Post Program evaluations are complete.

Evaluation Key Findings

- 100% of respondents agree the course content is appropriate to the level of their nursing practice.
- Respondents agree 100% that the course content has influenced changes in their practice.
- Provide education that promotes the acquisition of foundational evidence-based knowledge related to psychiatric-mental health nursing through case study analysis and post-test questions.

Response: 100% agree this course objective is achieved.

- Provide evidence-based tools and strategies to facilitate nurses developing a person centered plan of care for people with mental health disorders.

Response: 95.46% agree this course objective is achieved.

4.55% moderately agree this course objective is achieved.

13th Annual Clinical Psychopharmacology Institute
Planned for Nurses by Nurses

From Discovery to Recovery: Transforming Psychopharmacologic Nursing Practice

Hyatt Regency Baltimore on the Inner Harbor
300 Light Street
Baltimore, Maryland 21202
June 12-14, 2015

Conference Schedule

Thursday: 5:00 – 7:00 pm pre-conference
Friday 8:00 – 5:00pm & Saturday: 8:00 am – 5:15 pm
Sunday: 8:00 am – 3:30 pm

Registered attendees: 486 (as of June 1, 2015)

Earn up to 22 Continuing Nursing Education contact hours

Topics presented address psychopharmacology across the lifespan

Competency Based Training for Assessment and Prevention of Suicide

- Prior to CPI - Thursday, June 11
- 57 Registrants (as of June 2, 2015)

CPI Learning Outcomes

1. Relate new discoveries in psychopharmacology and neuroscience to the nursing practice of persons with complex psychiatric disorders across the lifespan.
2. Review evidence-based pharmacologic approaches for persons with comorbid substance use and psychiatric illness across the lifespan.
3. Discuss integrative treatments relevant to the continuum of wellness and recovery in addressing clinical psychopharmacological issues.

Conference Program

Keynote Speakers:

Eric D. Green, MD, PhD

Director, National Human Genome Research Institute, National Institutes of Health; *Human Genomes, Precision Medicine, and Advancing Human Health*

Francis J. McMahon, MD

Chief, Human Genetics Branch and Genetic Basis of Mood and Anxiety Disorders Section, National Institute of Mental Health Intramural Research Program, National Institutes of Health; *Genetics of Treatment Resistant Depression and Genetic Guidelines for Clinical Psychiatry*

Faculty/Topics:

Pre-conference session: **Barbara Limandri, PhD, PMHNP, BC** – Professor, Linfield College School of Nursing; *Treating Persons with Borderline Personality Disorder from a Nursing Perspective*

Carolyn Beebe Smith, PhD – Chief, Section on Neuroadaptation & Protein Metabolism, Intramural Research Program, National Institute of Mental Health, National Institutes of Health; *Sleep-dependent Memory Consolidation: Understanding Core Processes*

Pamela Z. Cacchione, PhD, CRNP, BC – Associate Professor of Geropsychic Nursing, University of Pennsylvania; *Prescribing in Older Adults: From Anxiety to Dementia*

Jess A. Calohan, DNP, MN, PMHNP-BC – Daniel K. Inouye Graduate School of Nursing, Uniformed Services University of the Health Sciences; *Evidence-Based Prescribing Practices for Treating PTSD in Military Combat Veterans*

Jessica M. Gill, PhD, RN – Lasker Clinical Research Scholar, Tissue Injury Branch, Division of Intramural Research, National Institute of Nursing Research, National Institutes of Health; *Neurobiological Mechanisms Related to Psychiatric Disorders After Traumatic Brain Injury*

Mary A. Gutierrez, PharmD, BCPP – Professor of Pharmacy Practice (Psychiatry), Chapman University School of Pharmacy; *Drug-drug Interactions, Pharmaceuticals, OTC, Herbal & Food Products*

Gerald Overman, PharmD, BCPP – Clinical Pharmacy Specialist - Mental Health, Pharmacy Department, Clinical Center, National Institute of Mental Health, National Institutes of Health; *Antipsychotic Treatment and Tolerability: Focus on Metabolic Syndrome*

Daniel S. Pine, MD – Chief, Section on Development and Affective Neuroscience, National Institute of Mental Health Intramural Research Program, National Institutes of Health; *Pediatric Mood and Anxiety Research: Uncovering Mechanisms and Pharmacologic Targets*

Christena Raines, RN, MSN – Associate Director, Obstetrical Liaison and Community Outreach, UNC Perinatal Psychiatry Program; *Perinatal Mood Disorders: Navigating Psychopharmacologic Options*

Christian J. Teter, PharmD, BCPP – Associate Professor of Psychopharmacology, College of Pharmacy, University of New England; *Buprenorphine 101 for Assessing and Managing Opioid Use Disorders*

Julie Worley, PhD, FNP-BC, PMHNP-BC – Assistant Professor, Community Systems and Mental Health Nursing, Rush University College of Nursing;
Doctor Shopping: What You Need to Know to Understand, Identify and Manage It

Additional Sessions:

Symposium Luncheons

- Friday - Evidence-based Treatment Approaches in Bipolar Depression: A Patient Spotlight (Sunovion)
- Saturday - From the Molecule to the Mind: The Science of LAIs in Schizophrenia (Janssen)

Product Theater Dinner – Friday (Sunovion)

14th Annual Clinical Psychopharmacology Institute
Hyatt Regency Baltimore on the Inner Harbor
June 9-12, 2016

Keynote Speaker: John Kane

APNA 29th Annual Conference
Disney's Coronado Springs Resort
Lake Buena Vista, FL

October 28 – 31, 2015

Collaborating in an Evolving Health Care System: Opportunities to Advance Psychiatric-Mental Health Nursing

Registration opens: Wednesday, June 18, 2015

Conference Registration - \$495 member early bird rate (September 15 early bird deadline)

Total Abstracts submitted: 442

Attendance: 1466 (as of 9/30/15)

Headquarter Hotel – Disney's Coronado Springs Resort

- Room rate - \$149 per night single / double (includes WIFI)
- Complimentary transportation to/from Disney theme parks
- Complimentary transportation to/from Orlando International Airport
- All guest rooms and meeting space located on resort
- Theme park discounts for hotel guests
- 7 restaurants/lounges and 4 pools at resort
- Exclusive Friday Night Event in Disney's Dinoland

Monday/Tuesday: ANCC Certification Review Courses – PMH RN & PMH NP

Conference Program: up to 29.5 contact hours onsite

- Conference Course: Psychotherapies Wed/Thurs/Sat
- Pre-conference sessions/Conference Plus
 - 20 – 2hr sessions
 - Suicide Competency training plus facilitator training
- Concurrent sessions: 57
- Mini concurrent sessions: 27
- Interactive panels: 11
- APNF Speed Networking Session

Keynote Speakers

Brian Cuban – Author, *Shattered Image*

Pamela Cipriano – President, American Nurses Association

Overall Conference Objectives:

1. Explore psychiatric-mental health nursing opportunities for intra and inter-professional collaboration across administration, education, practice and research.
2. Discuss innovative care delivery models that implement the full scope of psychiatric nursing practice across settings to meet the physical and mental health needs of the population across the lifespan.
3. Advance psychiatric-mental health nursing through collaborative strategies with stakeholders (patients, families, colleagues, and health systems) to improve the mental health of the population.

Symposia and Product Theaters

- Symposia – (Wed/Thurs)
- Product Theaters – 4 (Wed/Thurs/Fri)

New this year:

- Sessions begin 1 hour later each morning
- Military Panel – U.S. Army, Navy and Air Force presentations on mental and behavioral health
- WIFI throughout the resort and conference center
- Disney's Magical Express (Includes airport transportation, baggage to room, boarding pass/baggage pick-up/transportation upon departure)
- Disney's My Magic + (Express check-in, wrist band replaces room key, can register for additional services)

APNA eLearning Center Report October 2015

APNA eLearning Center Current Online Sessions Comparisons are to October 2014

Session Category	Number of Sessions*	Number of Contact Hours*
Special Skills for Psychiatric Nurses	4 (↓3)	5.25 (↓3.5)
Annual Conference Archives	178 (↑52)	167.5 (↑49.25)
Psychopharmacology	44 (↓9)	64.75 (↓15.25)
CPT Webinars	3 (same)	3 (same)
APNA Webinars	3 (↓1)	2.25 (↓14.5)
Counseling Points: Schizophrenia & Recovery	2 (same)	3 (same)
APNA e-Series: Bipolar Spectrum Disorders	1 (↑1) <i>New!</i>	1.5 (↑1.5) <i>New!</i>
Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery Oriented Practice	3 (same)	8.5 (same)
TOTAL	238 (↑40)	255.75 (↑12.25)

*APNA 29th Annual Conference sessions and contact hours not included.

APNA eLearning Center Order Activity

- **Total orders since launch (March 15, 2011 – September 28, 2015): 50,029 - 10.59% increase** since June 2015 (44,999).
 - **Current Period:** Total orders June 1, 2015 – September 28, 2015: **5,136 - 7.75% increase** over June - September 28, 2014 (4,753).
 - **2015:** Total orders since January 1, 2015 – September 28, 2015: **11,397 - 6.83% decrease** versus January - September 28, 2014 (12,203).
-

Order Activity by Month (June 2015 – September 28, 2015) – Comparisons to the past 2 years

Orders Completed					
Month	2015	2014	Variance 2015 vs. 2014	2013	Variance 2015 vs. 2013
June	1,173	1,076	+8.63%	818	+35.66%
July	1,256	927	+35.49%	607	+106.92%
August	1,143	1,342	-14.89%	933	+43.84%
Sept 1- 28	1,271	1,317	-3.56%	1,243	+2.23%
Total	4,843	4,662	+3.81%	3,601	+29.42%

Order Activity: Top Ten Sessions
Current Period: June 1, 2015 – September 28, 2015

- 1. 918 Orders:** Issue 1: Bipolar Spectrum Disorders: Assessment, Diagnosis, and Epidemiology Using a Recovery Paradigm
 - Ebook Format
 - 1.5 contact hours
 - Free to members and non-members
- 2. 196 Orders:** 1007-14: PANDAS, PANs: Autism Spectrum Update
 - Podcast Format
 - 1.5 contact hours (*Psychopharmacology*)
 - Free to members and non-members
- 3. 180 Orders:** 4026: Transforming Psychiatric Mental Health Care to Recovery Oriented Practice with an Inter-Professional Team
 - Podcast Format
 - 0.5 contact hours
 - Free to members and \$8 for non-members
- 4. 162 Orders:** Managing Bipolar Type I Depression: Maximizing Benefits, Minimizing Risks
 - Webcast Format

- 1.25 contact hours
 - Free to members and non-members
5. **162 Orders:** 3055: Trauma and Healing: Findings and Insights from Three Nurse Scientists
- Podcast Format
 - 1.25 contact hours
 - Free to members and non-members
6. **152 Orders:** Counseling Points: Shedding the Label of Schizophrenia through the Recovery Model
- Digital Publication Format
 - 1.5 contact hours
 - Free to members and non-members
7. **147 Orders:** 1007: Policy Changes in Substance Use Disorders and Access to Treatment Impacting Prescribers
- Podcast Format
 - 1.5 contact hours
 - Free to members and non-members
8. **146 Orders:** Counseling Points: Shedding the Label of Schizophrenia Through the Recovery Model
- Webinar Format
 - 1.5 contact hours
 - Free to members and non-members
9. **144 Orders:** Competency Based Training for Conducting the One Hour Face-to-Face Assessment for Patients in Restraints or Seclusion
- Podcast Format
 - 1.5 contact hours
 - \$10 member / \$18 nonmember (group purchase of 10+ at member rate / person)
10. **126 Orders:** 2044: Creating a Culture of Recovery: Connecting Cultural Contexts and Recovery for Psychiatric Mental Health Nurses
- Podcast Format
 - .75 contact hours
 - Free to members and non-members

Sessions Offered for Free since January 1, 2015 (aside from free CE via use of bonus points)

Listed on www.apna.org/FreeCE

Total 19 Sessions 19.75 Contact Hours			
Reason / Dates	Title	Contact hours	Members and/or Non-members
Currently Free	Issue 1: Bipolar Spectrum Disorders: Assessment, Diagnosis, and Epidemiology Using a Recovery Paradigm	1.5	Members / Nonmembers
Currently Free	Policy Changes in Substance Use Disorders and Access to Treatment Impacting Prescribers	1.5 Rx	Members / Nonmembers
Currently Free	PANDAS, PANs: Autism Spectrum Update	1.5 Rx	Members / Nonmembers
Currently Free	Managing Bipolar Type I Depression: Maximizing Benefits, Minimizing Risks	1.25	Members / Nonmembers
Currently Free	Counseling Points: Schizophrenia & Recovery – Webcast	1.5	Members / Nonmembers
Currently Free	Counseling Points: Schizophrenia & Recovery – Digital Publication	1.5	Members / Nonmembers
Currently free	Far from the Tree: Parents, Children and the Search for Identity	.75	Members / Nonmembers
Currently free	How to Decide on a PhD or DNP	.5	Members / Nonmembers
CPT Codes Currently Free	Implementing E&M Codes into Daily Practice	1.5	Members / Nonmembers
CPT Codes Currently Free	2013 Psychiatric Service Codes: The Journey Through RUC & CPT	0.75	Members / Nonmembers
CPT Codes Currently Free	2013 Psychiatric CPT Code Update	0.75	Members / Nonmembers
APNA Interactive Panel Currently Free	Change the World Through PMH Nursing Research!	1.0	Members / Nonmembers
APNA Interactive Panel Currently Free	The 6th Annual Institute for Mental Health Advocacy Interactive Panel	1.25	Members / Nonmembers
APNA Interactive Panel Currently Free	APRN Council	.75	Members / Nonmembers
APNA Interactive Panel Currently Free	Creating a "Culture" of Recovery: Connecting Cultural Contexts and Recovery for Psychiatric Mental Health Nurses	.75	Members / Nonmembers

APNA Interactive Panel Currently Free	Tobacco Dependence Council Interactive Panel: Virtual Nursing Academy of APNA Champions for Smoking Cessation	1.25	Members / Nonmembers
APNA Interactive Panel Currently Free	Trauma and Healing: Findings and Insights from Three Nurse Scientists	1.25	Members / Nonmembers
Recovery Month (All of September 2015)	4026: Transforming Psychiatric Mental Health Care to Recovery Oriented Practice with an Inter-Professional Team	.5	Members
Mental Health Month (All of May 2015)	4025: Possibilities, Partnerships and Healing	.75	Members
National Nurses Week (5/5/15 – 5/12/15)	4025: Possibilities, Partnerships and Healing	.75	Members / Nonmembers

Bonus Points in the APNA eLearning Center

General: Types of Bonus Points Assigned

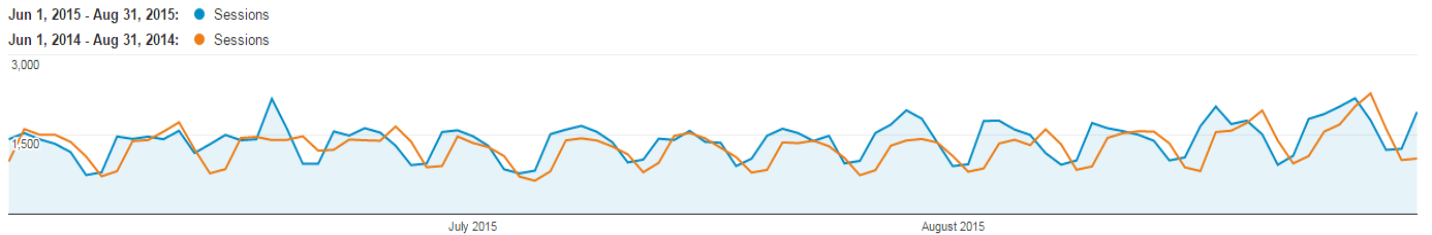
- **Membership Join/Renew Bonus Points** – 25 – all members, compounding each year as long as membership is renewed by expiration date
- **Attendee Bonus Points** – number varied based on registration (full, one day, pre-con) – all attendees (member or non-member)
 - **944** for 2014 AC podcasts (Pre-Conference and Full Registration). **Increase of 201** from 2013 AC podcasts.
 - **314** for 2015 CPI podcasts (Pre-Conference and Full Registration). **Increase of 124** from 2014 CPI podcasts.
- **CE Reviewer Bonus Points** – provided to reviewers for session(s) access to complete review(s)/evaluation(s). Reviewers are also eligible to receive contact hours for session(s) reviewed.
 - **311 CE Reviewer bonus points** for review session access provided through September 2015.
- **CE Reviewer Reward Bonus Points** – reward amount equivalence of two times the value of the session(s) reviewed.
 - **386 CE Reviewer Reward bonus points** provided through September 2015.

APNA Website Report

1. APNA Website (<http://www.apna.org>)
2. Member Bridge (<http://community.apna.org>)

APNA WEBSITE

From June 1, 2015 to August 31, 2015 (as compared to June 1, 2014 – August 31, 2014):



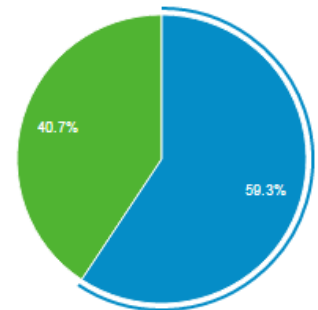
Visits / Visitors

Visits: 128,285 – up 10.22%

Visits per Day: 1,394

- Highest on Thursday, August 27th at **2,182 visits** → Email announcing the return of Simon and Verna as animated conference guides sent, YouTube video posted to website
- **Unique Visitors: 85,356** – up 7.96%
- New Users: 59.3% of visitors – down 1.4%
- Returning Visitors: 40.7% of visitors – up 1.4%
- Average Time on Website: 3:24 – up 6.43%

■ New Visitor ■ Returning Visitor
Jun 1, 2015 - Aug 31, 2015



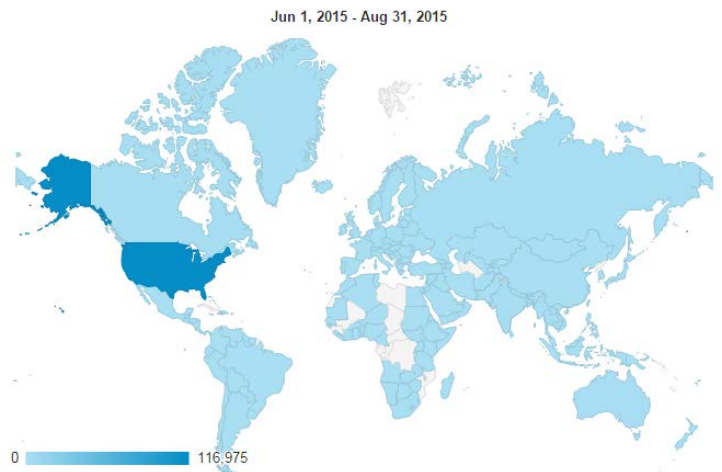
Visits on Mobile Devices: 27,661 (21.56% of visits) - **up 6.84%**

Visits on Tablets: 9,357

(7.29% of visits) – down 2.15%

Visits by Location:

1. United States – up 8.52%
2. India – up 44.90%
3. Canada – up 28.07%
4. United Kingdom – up 29.61%
5. Australia – up 36.05%
6. Philippines – up 30.54%
7. Russia – up 1,681.82%
8. Pakistan – up 20.28%
9. Malaysia – up 87.68%
10. Japan – up 34.75%



Page views / Top Content

Page views: 412,906 (up 14.96%)

- Average pages Viewed Per Session: 3.22 – up 4.30%
- Most page views on June 18th at 8,028 page views → Email announcing that registration for the APNA 29th Annual Conference is open
- Average time on page: 1:32 – up 0.07%

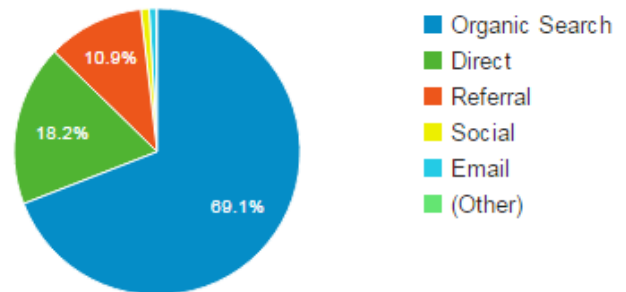
Top Content June 1, 2015 to August 31, 2015:

1. APNA Homepage – up 11.96 %
2. About PMH Nurses – down 25.46%
3. Member Login – up 20.95%
4. Annual Conference – **up 29.42%**
5. Forgotten Password – up 60.71%
6. Graduate programs – up 7.23%
7. Continuing Education – up 14.87%
8. Membership Application – up 28.54%
9. Annual Conference Registration – **up 88.22%**
10. Free Continuing Education – up 9.18%

Traffic Sources

- Direct Traffic: 18.2% of all traffic
- Referring Sites: 10.9%
 - 13,977 visits
 - Top Referring Sites:
 1. Member Bridge
 2. eLearning Center
 3. Nursecredentialing.org
 4. Bing.com
 5. Data.express-evaluations.com
- Search Engines: 69.1% of all visits (up 23.97%)
 - Top Keywords Searched
 1. APNA
 2. American Psychiatric Nurses Association
 3. APNA conference 2015
 4. Psychiatric Nurse Practitioner
 5. Psychiatric Nursing
 6. APNA conference
 7. Psychiatric nurse
 8. Apna.org
 9. www.apna.org
 10. chapter

Jun 1, 2015 - Aug 31, 2015



- Social: 0.9% of all visits (down 3.41%)
 - Visits via Social Referral Site: 1,187 – up 46.54%
 1. Facebook – 828 - up 102.44%
 2. Allnurses.com – 206 - down 26.95%
 3. LinkedIn – 71 – up 610%
 - Actions on site using Social Sharing Plug-In on Website
 1. Email Link: 299
 2. Share on Facebook: 81
 3. Twitter: 23
 - Most Shared Pages
 1. Annual Conference (240)
 2. Homepage (188)
 3. JAPNA (123)
 4. APRN Resources (98)
 5. Graduate programs (59)

Website Refresh: New look and homepage design for www.apna.org introduced September 17, 2015.

MEMBER BRIDGE

Current Stats - Since Inception	
Agreed to Terms	12871
Communities	182
Community Members	54777
Connections Made	4152
Content Contributions	46605
Engagement Score	2455080
People with > 2 Friends	1047
Profiles Created	2548
Profiles with Pictures	1288
Total Logins	318115
Unique Logins	14404

From June 1, 2015 to September 30, 2015:

Community Discussions:

All Communities						
Subscribed	Unsubscribed	Total Public Messages	New Threads	Public Replies	Private Replies	Members
5938	4266	1872	758	1114	628	29821

All Purpose Discussion Forum					
Subscribed	Unsubscribed	Unique Contributors	Total Public Messages	New Threads	Public Replies
2,399	1,690	770	1,163	365	798
Contributor with the most public messages			Deborah Thomas		
Title of message with the most recommends			RE: Requirement for PMH NP - Masters or Doctors?		
Title of message with the most replies			RE: Multidisciplinary Behavioral Health Treatment Plan		

Logins:

Total Logins During Date Range	Unique Contacts During Date Range
27,756	4,974

Resource Libraries:

- 662 Total Resources Shared (cumulative)
- 3,947 Views
- 4,808 Downloads

Top 5 Entries June 1 – September 30				
Library Name	Entry Title	Created	Views	Downloads
All-Purpose Discussion	Associative Stigma in Psychiatric Nursing	6/1/2015	267	198
All-Purpose Discussion	Writing DSM-5 Diagnoses: Introductory Notes	6/9/2015	232	220
All-Purpose Discussion	Six Web based Modules from the Substance Abuse Research Education and Training (SARET) Project	6/22/2015	221	219
All-Purpose Discussion	Sharing of Introductory Notes on DSM-5	6/14/2015	116	166
All-Purpose Discussion	Competencies for Psych Nurses	8/26/2015	101	139

Mentor Match:

- **197 Mentors Enrolled**
- **345 Mentees Enrolled**
- **20 Mentorships**

Search Terms:

Top 10 Search Terms	Use Count
safety	135
private practice	107
charting	96
aprn practice	96
psychotherapy	83
contraband	80
rn practice	79
pmhnp	79
prescribing	74
suicide risk assessment	66

Platform Upgrade – July 30, 2015

- Website is now responsive – can be viewed across devices
- Users now have ability to edit messages
- New Streamlined look and navigation

Communications Report

October 2015

1. PRESS RELEASES
2. EMAIL BLASTS AND WEBSITE COMMUNICATIONS
3. APNA NEWS
4. SOCIAL MEDIA
5. PRINT COMMUNICATIONS

Unless otherwise specified, all data refers to time period of June 1 – September 30, 2015.

1. PRESS RELEASES

Data for release is cumulative from date of release to 9/22/15.

- 09/15/15 *Eight Psychiatric-Mental Health Nurses Recognized with 2015 American Psychiatric Nurses Association Annual Awards*
 - 53,268 Impressions
 - 1,410 Reads
 - 173 Pickups, including Boston Globe, Miami Herald, Star Tribune
 - Total Release Interactions: 16
 - Email Release: 1 (6%)
 - PDF: 2 (13%)
 - Print: 13 (81%)
 - Clicks on links in release: 9
- 09/9/15 *American Psychiatric Nurses Association Announces Election of New Members to Board of Directors, 2016 Nominating Committee*
 - 238,787 Impressions
 - 1,667 Reads
 - 170 Pickups, including Boston Globe, Miami Herald, Star Tribune
 - Total Release Interactions: 21
 - Email Release: 1 (5%)
 - Print: 20 (95%)
 - Clicks on links in release: 5
- 08/25/15 *American Psychiatric Nurses Association Announces Election of New Members to Board of Directors, 2016 Nominating Committee*
 - 63,183 Impressions
 - 2,376 Reads
 - 246 Pickups, including Boston Globe, Miami Herald, Star Tribune
 - Total Release Interactions: 40
 - Email Release: 2 (5%)
 - PDF: 9 (23%)
 - Print: 29 (73%)
 - Clicks on links in release: 9
- 08/18/15 *Journal of the American Psychiatric Nurses Association Boosts Visibility and Reach with Inclusion in Thomson Reuters Indexes*
 - 264,201 Impressions
 - 1,925 Reads
 - 203 Pickups, including Boston Globe, Miami Herald, Star Tribune
 - Total Release Interactions: 33

- Email Release: 4 (12%)
 - PDF: 4 (12%)
 - Print: 25 (76%)
- Clicks on links in release: 3
- 07/28/15 *American Psychiatric Nurses Association Transitions in Practice Certificate Program to Improve Mental Health Care Through Continuing Nursing Education*
 - 86,632 Impressions
 - 1,649 Reads
 - 215 Pickups, including Boston Globe, Miami Herald, Star Tribune
 - Total Release Interactions: 33
 - Email Release: 2 (6%)
 - PDF: 2 (6%)
 - Print: 29 (88%)
 - Clicks on links in release: 14
- 07/21/15 *20 Nursing Students Awarded American Psychiatric Nurses Association's Board of Directors Student Scholarship*
 - 79,732 Impressions
 - 7,686 Reads
 - 238 Pickups, including Boston Globe, Miami Herald, Star Tribune
 - Total Release Interactions: 62
 - PDF: 6 (10%)
 - Print: 19 (31%)
 - View iFrame: 25 (40%)
 - Hover over iFrame: 12 (19%)
 - Clicks on links in release: 4
- 06/30/15 *American Psychiatric Nurses Association 29th Annual Conference: Continuing Education and Collaboration in Psychiatric-Mental Health and Nursing*
 - 75,575 Impressions
 - 1,982 Reads
 - 260 Pickups, including Boston Globe, Miami Herald, Star Tribune
 - Total Release Interactions: 90
 - PDF: 3 (3%)
 - Print: 24 (27%)
 - View iFrame: 41 (46%)
 - Hover over iFrame: 22 (24%)
 - Clicks on links in release: 12

2. ONLINE COMMUNICATIONS

- APNA Newsfeed Page
 - 50 posts to the Quick Updates section
- Member Bridge
 - 11 Announcements

- Emails
 - 6.29% unsubscribe rate
 - Emails Sent via Constant Contact Software:

	Sent	Bounces	Opens	Clicks	Forwards
Overall	890988	3.8% (34286)	27.4% (234836)	16.0% (37678)	0.1% (139)
Last 3 months	169351	3.7% (6276)	21.9% (35764)	13.9% (4981)	0.0% (7)

3. APNA NEWS – ONLINE NEWSLETTER

Emailed out Once a Month (4 sent June 1, 2015 – September, 2015)

APNA News Feb. 2015-September 2015

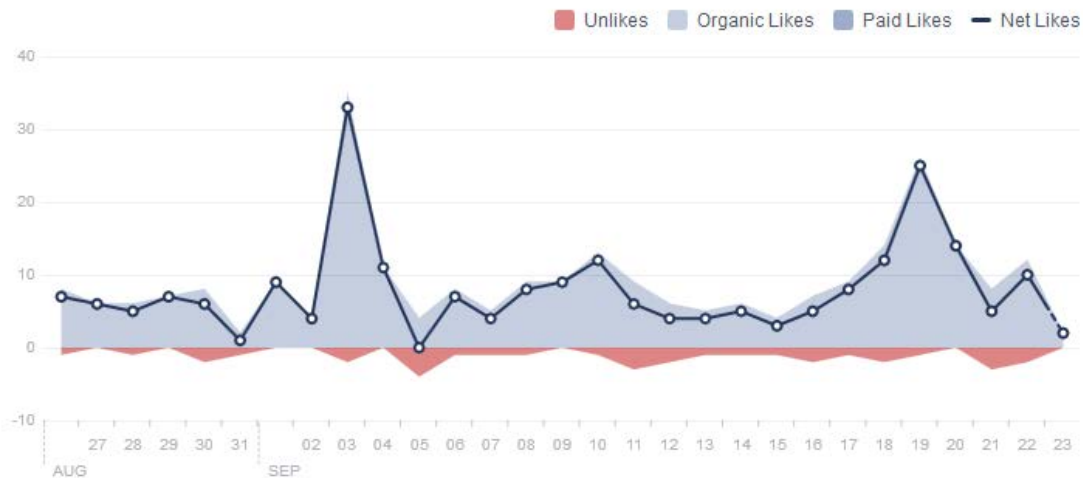
	sent	bounces	%	clicks	%	html opens	%	unsubscribes
February 2015	19635	413	2.1%	900	4.6%	6629	33.8%	14
March 2015	19873	382	1.9%	1227	6.2%	6700	33.7%	25
April 2015	20089	404	2.0%	1676	8.3%	6466	32.2%	21
May 2015	20230	382	1.9%	912	4.5%	5906	29.2%	12
June 2015	20305	296	1.5%	1025	5.0%	5840	28.8%	28
July 2015	20398	278	1.4%	1058	5.2%	5898	28.9%	17
August 2015	20506	225	1.1%	884	4.3%	5823	28.4%	23
September 2015	20728	237	1.1%	901	4.3%	5652	27.3%	27

- Members' Corner Issue – bi-monthly (July, September)
 - 2 President's Messages
 - Members featured in Member News, Member Profiles, and Articles: 29

4. SOCIAL MEDIA

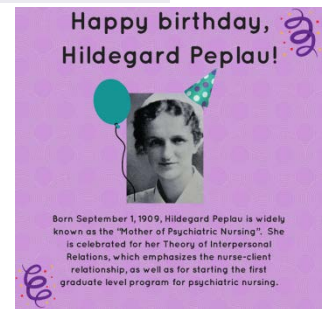
Net Likes

Net likes shows the number of new likes minus the number of unlikes.



FACEBOOK

- 6,450 Likes
- Highest number of new likes generated with the September 3rd #tbt (Throwback Thursday) post about Hildegard Peplau's birthday: #tbt: This week in 1909, mother of #psychiatricnursing Hildegard Peplau was born! Her innovative work revolutionized the field of psychiatric-mental health nursing. The image to the right was also included:

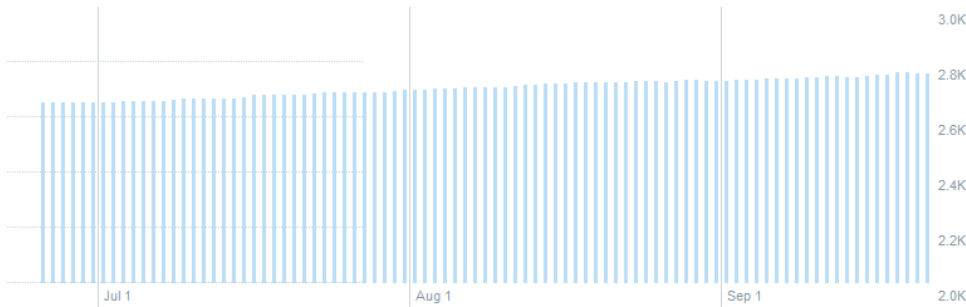


Top Five Posts:

Published	Post	Type	Targeting	Reach	Engagement
09/03/2015 9:39 am	 #tbt: This week in 1909, mother of #psychiatricnursing Hildegard Peplau was born! Her innovative w	📄	🌐	40.2K	1.5K 2.4K
08/05/2015 11:30 am	 In the news: #psychiatricnurses help the Lazarus Project promote #mentalhealth through #homeles	🔗	🌐	10.7K	464 490
08/12/2015 3:27 pm	 Useful information for your #psychiatricnursing practice on emerging trends in #substanceabuse fro	🔗	🌐	9K	464 121
09/09/2015 10:38 am	 This #SuicidePreventionWeek, we thank #psychiatricnurses for all the work they do to provide care to	📄	🌐	7.5K	738 468
09/22/2015 4:08 pm	 Mental wellness is vitally important at all ages. Learn about palliative mental health care, housing opti	📄	🌐	4K	152 304

Top 5 Tweets:

Tweet text	impressions	engagement	retweets	favorites	clicks
Can't wait for @bcuban's keynote at #PMHNcon? Hear him speak about his journey from #addiction to #recovery: http://linkd.in/1dKkpUd	3002	0.2%	1	1	1
Suicide and Race http://1.usa.gov/1GZpkrM via @SAMHSAgov	1053	0.8%	2	0	2
Congrats to the Board of Directors Student Scholars to be honored at #PMHNCon! See the full list: http://www.apna.org/i4a/pages/index.cfm?pageid=5314 ... #psychiatricnursing	1013	0.4%	2	0	2
House bill addresses #mentalhealth services, research and records http://buff.ly/1K6Pmij via @modrhealthcr	952	0.4%	1	0	2
This month in JAPNA: #metabolicsyndrome screening, magnetic resonance spectroscopy and #substanceabuse, and more: http://buff.ly/1K2tvuM	802	0.2%	0	1	1



Your current follower audience size is **2,761**
 That's **107** more than the same time 90 days ago. You've gained around 1 new followers per day

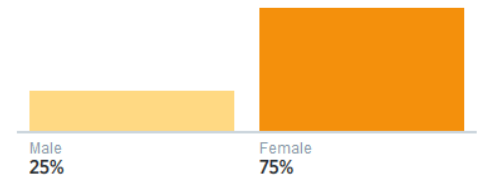
Interests

Interest name	% of audience
Health, mind, and body	78%
Business and news	70%
Politics and current events	65%
Science news	64%
Biotech and biomedical	59%
Business news and general info	59%
Movie news and general info	51%
Comedy (Movies and television)	43%
Nonprofit	43%
Tech news	41%

Occupation

Occupation type	% of audience
Health services	62%
Professional/technical	33%

Gender



Household income categories

Income category	% of audience
\$75,000 - \$99,999	18%
\$100,000 - \$124,999	15%
\$150,000 - \$199,999	11%
\$60,000 - \$74,999	10%
\$125,000 - \$149,999	9%

Values based on 30.0% match rate from Twitter partners

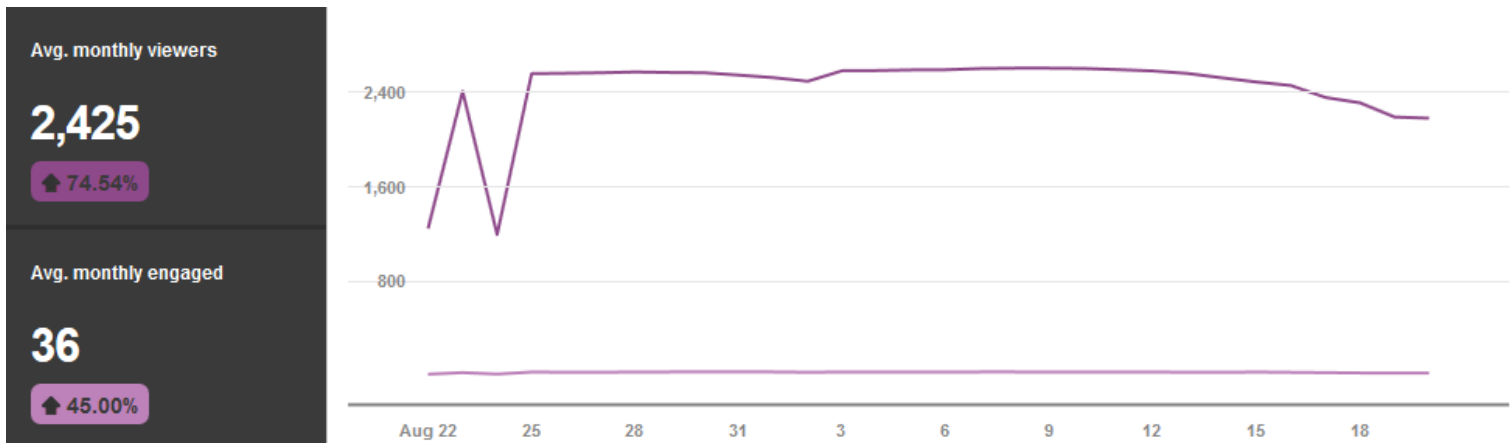
Net worth

Net worth category	% of audience
--------------------	---------------

PINTEREST

Data only available for past 30 days

- 314 Followers
- 56 Average Daily Impressions (+2.33%)
- 9 Boards: Paving the Way, CPI, Annual Conference, Reading List, Chapters, Continuing Education
 - 145 Pins

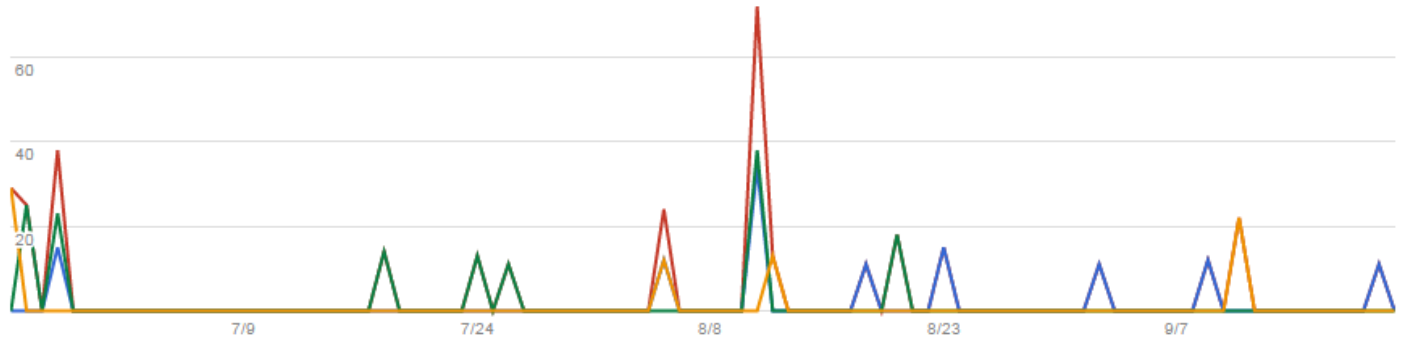


Data only available for past 90 days.

- 419 Followers, 24,343 views since page creation


Views ⓘ 24,343 All-time total

Last 90 days ▾



339 Total
 121 Google+ page
 142 Post
 76 Photo

YOUTUBE


American Psychiatric Nurses Association [®]
 Created: Nov 8, 2011 • Videos: 69 • Lifetime views: 12,775
 CHANNEL

Last 28 days (Aug 25, 2015 – Sep 21, 2015)

Performance



Engagement



Top 10 Videos [Browse all content](#)

Video	Views ⓘ ↓	Estimated minutes watched ⓘ	Total estimated earnings* ⓘ
The Return of Simon and Verna	191 (26%)	219 (5.6%)	\$0.00 (0.0%)
Living the History of Psychiatric-Mental Health...	188 (25%)	2,290 (58%)	\$0.00 (0.0%)
Simon and Verna Talk Hotels	164 (22%)	236 (6.0%)	\$0.00 (0.0%)
Living the History of Psychiatric-Mental Health...	92 (12%)	888 (23%)	\$0.00 (0.0%)
APNA Annual Conference Testimonials	52 (7.0%)	64 (1.6%)	\$0.00 (0.0%)

5. PRINT COMMUNICATIONS

- New Member Packet – Includes welcome letter, Resource Center Brochure, eLearning Center Brochure, ANA eMembership Postcard, Scope & Standards Postcard
- Elections postcard mailed June 2015
- Print Newsletter mailed to members and recent lapsed members August 2015
- 2 Rounds of Annual Conference Registration Brochures: Mailed June 2015, August 2015
- Upcoming: APNA Transitions in Practice Brochure distributed at Annual Conference, About APRN-PMHs Brochure

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION
AND AFFILIATE**

**CONSOLIDATED FINANCIAL STATEMENTS
AND INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2014 AND 2013

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Independent Auditor's Report

To the Board of Directors
American Psychiatric Nurses Association and Affiliate
Falls Church, VA

We have audited the accompanying consolidated statements of financial position of American Psychiatric Nurses Association ("APNA") and American Psychiatric Nurses Foundation ("APNF"), (collectively referred to as the "Association"), (nonprofit organizations), as of December 31, 2014 and 2013 and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

Independent Auditor's Report
American Psychiatric Nurses Association and Affiliate
Page Two

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial positions of American Psychiatric Nurses Association and American Psychiatric Nurses Foundation as of December 31, 2014 and 2013, and the changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Jane Manna & McQuade PA

Washington, DC
April 10, 2015

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2014 AND 2013

	2014	2013
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 507,563	\$ 365,189
Investments	1,874,875	1,811,408
Accounts receivable	72,100	74,438
Grants and pledges receivable	25,000	50,000
Prepaid expenses	50,942	34,917
Total Current Assets	2,530,480	2,335,952
OTHER ASSETS		
Property and equipment, net (Note E)	95,133	108,775
Security deposit	23,788	23,788
Total Other Assets	118,921	132,563
TOTAL ASSETS	\$ 2,649,401	\$ 2,468,515
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 10,569	\$ 15,439
Accrued expenses	98,309	147,370
Deferred revenue	28,200	17,730
Deferred rent	77,431	73,381
Total Current Liabilities	214,509	253,920
NET ASSETS		
Board designated	688,175	935,806
Unrestricted	1,700,717	1,232,789
Total Unrestricted Net Assets	2,388,892	2,168,595
Permanently restricted	46,000	46,000
Total Net Assets	2,434,892	2,214,595
TOTAL LIABILITIES AND NET ASSETS	\$ 2,649,401	\$ 2,468,515

See independent auditor's report and accompanying notes to the financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2014**

	Unrestricted	Permanently Restricted	Total
REVENUE AND SUPPORT			
Membership dues	\$ 1,169,926	\$ -	\$ 1,169,926
Annual conference	1,060,374	-	1,060,374
Sponsorships, grants and contributions	237,328	-	237,328
Royalties	242,927	-	242,927
Contract income	58,488	-	58,488
Advertising	30,850	-	30,850
Sales revenue	124,434	-	124,434
Interest and dividend income	38,725	-	38,725
Net income from investments	36,973	-	36,973
Total Revenue and Support	3,000,025	-	3,000,025
EXPENSES			
Program services:			
Annual conference	829,621	-	829,621
Education and information	450,071	-	450,071
Membership services	611,998	-	611,998
Total Program Services	1,891,690	-	1,891,690
Support services:			
Management and general	878,086	-	878,086
Fundraising	9,952	-	9,952
Total Support Services	888,038	-	888,038
Total Expenses	2,779,728	-	2,779,728
CHANGE IN NET ASSETS	220,297	-	220,297
NET ASSETS , beginning of period	2,168,595	46,000	2,214,595
NET ASSETS , end of period	\$ 2,388,892	\$ 46,000	\$ 2,434,892

See independent auditor's report and accompanying notes to the financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2013**

	<u>Unrestricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
REVENUE AND SUPPORT			
Membership dues	\$ 1,097,038	\$ -	\$ 1,097,038
Annual conference	1,005,031	-	1,005,031
Sponsorships, grants and contributions	748,904	-	748,904
Royalties	189,044	-	189,044
Contract income	63,902	-	63,902
Advertising	12,900	-	12,900
Sales revenue	132,683	-	132,683
Interest and dividend income	69,245	-	69,245
Net income from investments	68,436	-	68,436
Total Revenue and Support	<u>3,387,183</u>	-	<u>3,387,183</u>
EXPENSES			
Program services:			
Annual conference	964,545	-	964,545
Education and information	770,377	-	770,377
Membership services	546,769	-	546,769
Total Program Services	<u>2,281,691</u>	-	<u>2,281,691</u>
Support services:			
Management and general	803,805	-	803,805
Fundraising	8,850	-	8,850
Total Support Services	<u>812,655</u>	-	<u>812,655</u>
Total Expenses	<u>3,094,346</u>	-	<u>3,094,346</u>
CHANGE IN NET ASSETS	292,837	-	292,837
NET ASSETS , beginning of period	<u>1,875,758</u>	<u>46,000</u>	<u>1,921,758</u>
NET ASSETS , end of period	<u>\$ 2,168,595</u>	<u>\$ 46,000</u>	<u>\$ 2,214,595</u>

See independent auditor's report and accompanying notes to the financial statements.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2014

	PROGRAM SERVICES				SUPPORT SERVICES			
	Annual Conference	Education and Information	Membership Services	Total Program Services	Management and General	Fundraising	Total Support Services	Total
Personnel costs:								
Salaries	\$ 248,362	\$ 168,886	\$ 228,493	\$ 645,741	\$ 342,739	\$ 4,967	\$ 347,706	\$ 993,447
Payroll taxes	35,188	23,928	32,373	91,489	48,558	704	49,262	140,751
Employee benefits	23,329	15,864	21,463	60,656	32,193	467	32,660	93,316
Pension	16,209	11,022	14,913	42,144	22,369	324	22,693	64,837
Subtotal personnel costs	323,088	219,700	297,242	840,030	445,859	6,462	452,321	1,292,351
Advertising	6,996	-	-	6,996	-	-	-	6,996
Auditing and accounting	-	-	-	-	15,690	-	15,690	15,690
Audio visual	64,569	21,748	6,120	92,437	-	-	-	92,437
Bank and credit card fees	23,095	5,516	59,187	87,798	15,188	-	15,188	102,986
Commission	44,145	-	-	44,145	-	-	-	44,145
Conference and meeting	155,006	51,020	-	206,026	3,016	-	3,016	209,042
Consultant	21,100	6,390	58,218	85,708	56,964	-	56,964	142,672
Contributions	-	-	-	-	200	-	200	200
Depreciation	4,190	2,849	3,855	10,894	5,781	84	5,865	16,759
Dues and subscriptions	665	1,500	30,641	32,806	19,336	-	19,336	52,142
Honorarium and scholarships	16,400	25,500	-	41,900	5,298	-	5,298	47,198
Information technology	8,663	5,891	7,970	22,524	11,953	173	12,126	34,650
Interest and investment fee	-	-	-	-	14,570	-	14,570	14,570
Insurance	-	-	-	-	13,593	-	13,593	13,593
Legal	-	-	-	-	46,821	-	46,821	46,821
Moving expenses	-	-	-	-	351	-	351	351
Occupancy	26,275	17,867	24,173	68,315	36,259	525	36,784	105,099
Office expenses	3,395	2,309	3,123	8,827	4,685	68	4,753	13,580
Office supplies	16,712	11,364	15,375	43,451	23,064	334	23,398	66,849
Postage and delivery	18,042	12,268	16,598	46,908	24,897	361	25,258	72,166
Printing and copying	16,224	11,032	14,926	42,182	22,391	324	22,715	64,897
Product expenses	7,209	4,902	6,633	18,744	9,949	144	10,093	28,837
Professional services	6,891	4,686	6,339	17,916	9,508	138	9,646	27,562
Telephone	6,354	4,321	5,845	16,520	8,768	127	8,895	25,415
Travel	48,670	33,095	44,776	126,541	67,480	973	68,453	194,994
Website	11,932	8,113	10,977	31,022	16,465	239	16,704	47,726
Total Expenses	\$ 829,621	\$ 450,071	\$ 611,998	\$ 1,891,690	\$ 878,086	\$ 9,952	\$ 888,038	\$ 2,779,728

See independent auditor's report and accompanying notes to the financial statements.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2013

	PROGRAM SERVICES				SUPPORT SERVICES			Total
	Annual Conference	Education and Information	Membership Services	Total Program Services	Management and General	Fundraising	Total Support Services	
Personnel costs:								
Salaries	\$ 241,376	\$ 164,135	\$ 222,065	\$ 627,576	\$ 333,098	\$ 4,828	\$ 337,926	\$ 965,502
Payroll taxes	15,544	10,570	14,301	40,415	21,451	311	21,762	62,177
Employee benefits	27,831	18,925	25,604	72,360	38,405	557	38,962	111,322
Pension	15,024	10,216	13,822	39,062	20,732	300	21,032	60,094
Subtotal personnel costs	299,775	203,846	275,792	779,413	413,686	5,996	419,682	1,199,095
Advertising	200	920	-	1,120	2,511	-	2,511	3,631
Auditing and accounting	-	-	-	-	15,492	-	15,492	15,492
Audio visual	40,371	9,731	1,384	51,486	3,255	-	3,255	54,741
Bank and credit card fees	25,642	5,828	55,844	87,314	14,690	-	14,690	102,004
Commission	63,692	945	-	64,637	-	-	-	64,637
Conference and meeting	339,084	432,047	-	771,131	15,766	-	15,766	786,897
Consultant	27,215	4,162	64,538	95,915	40,382	-	40,382	136,297
Depreciation	-	4,331	5,859	10,190	15,286	-	15,286	25,476
Dues and subscriptions	5,361	-	9,565	14,926	39,300	-	39,300	54,226
Honorarium and scholarships	20,500	11,528	2,500	34,528	-	-	-	34,528
Information technology	7,486	5,090	6,887	19,463	10,331	150	10,481	29,944
Interest and investment fee	-	-	-	-	11,231	-	11,231	11,231
Insurance	-	-	-	-	12,338	-	12,338	12,338
Legal	-	-	-	-	21,925	-	21,925	21,925
Loss on disposal	-	-	-	-	779	-	779	779
Moving expenses	-	-	-	-	231	-	231	231
Occupancy	30,116	20,479	27,706	78,301	41,559	602	42,161	120,462
Office expenses	3,424	2,328	3,150	8,902	4,725	68	4,793	13,695
Office supplies	14,029	9,540	12,906	36,475	19,359	281	19,640	56,115
Postage and delivery	13,151	8,943	12,099	34,193	18,149	263	18,412	52,605
Printing and copying	11,731	7,977	10,793	30,501	16,189	235	16,424	46,925
Product expenses	3,522	2,395	3,240	9,157	4,861	70	4,931	14,088
Professional services	3,195	2,173	2,939	8,307	4,409	64	4,473	12,780
Telephone	6,036	4,104	5,553	15,693	8,330	121	8,451	24,144
Travel	40,594	27,604	37,346	105,544	56,019	812	56,831	162,375
Website	9,421	6,406	8,668	24,495	13,002	188	13,190	37,685
Total Expenses	\$ 964,545	\$ 770,377	\$ 546,769	\$ 2,281,691	\$ 803,805	\$ 8,850	\$ 812,655	\$ 3,094,346

See independent auditor's report and accompanying notes to the financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2014 AND 2013**

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 220,297	\$ 292,837
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Loss on disposal of assets	-	779
Depreciation	16,759	25,476
Net income from investment	(36,973)	(68,436)
Decrease (increase) in assets:		
Accounts receivable	2,338	5,290
Grants receivable	25,000	247,150
Prepaid expenses	(16,025)	23,764
Increase (decrease) in liabilities:		
Accounts payable	(4,870)	(88,634)
Accrued expenses	(49,061)	(28,541)
Deferred revenue	10,470	10,150
Deferred rent	4,050	30,488
Net Cash Provided by Operating Activities	171,985	450,323
CASH FLOWS FROM INVESTING ACTIVITIES		
Net proceed from sales	106,379	205,054
Purchases of investments	(128,675)	(1,030,600)
Purchases of leasehold improvements	-	(24,585)
Purchases of furniture and equipment	(7,315)	(7,448)
Net Cash Used by Investing Activities	(29,611)	(857,579)
NET CHANGE IN CASH AND CASH EQUIVALENTS	142,374	(407,256)
CASH AND CASH EQUIVALENTS, beginning of year	365,189	772,445
CASH AND CASH EQUIVALENTS, end of year	\$ 507,563	\$ 365,189

See independent auditor's report and accompanying notes to the financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013**

NOTE A – NATURE OF ORGANIZATION

The American Psychiatric Nurses Association (“APNA”) was originally established in 1983 in the state of Illinois as a not-for-profit corporation. In 1988, the Illinois corporation was dissolved and re-formed as a Delaware not-for-profit corporation. Its primary purpose is to provide leadership to advance psychiatric mental health nursing practices, improve mental health care for individuals, families, groups, and communities and shape policy for the delivery of mental health services.

The majority of APNA’s revenues are derived from membership dues, conference registration fees, and conference and project sponsorships. APNA hosts two major conferences each year: the Annual Conference and the Clinical Psychopharmacology Institute. APNA publishes a bi-monthly Journal: “*Journal of the American Psychiatric Nurse Association*”.

APNA formed the American Psychiatric Nursing Foundation (“APNF”) in 2002 to provide resources to advance the profession of psychiatric nursing. APNA’s Board of Directors may appoint the Board of APNF. APNF was designed to raise funds to support APNA’s mission and support long-range growth.

APNA and APNF are collectively referred to as the Association.

Program Descriptions

Annual Conference – APNA holds two national conferences each year, the Clinical Psychopharmacology Institute (“CPI”) Conference in June and the Annual Conference in October. CPI focuses on complex clinical issues addressing the most current practices and insights on clinical psychopharmacology. The Annual Conference is the premiere event for psychiatric nursing and is held in a new location each year to encourage regional participation. The Association recognizes outstanding contributions to the Association and psychiatric nursing through the presentation of the Annual Awards.

Education and Information - The Association provides online continuing nursing education opportunities to members and nonmembers via their “eLearning Center”. One hundred and thirty-four sessions were offered in 2014 through publications, webinars, webcasts and podcasts. In order to facilitate continuing nursing education and to promote psychiatric mental health nursing, the Association administered a scholarship program for 30 graduate and undergraduate nursing students to attend the Annual Conference.

Membership Services – Expenses associated with member services provides for the maintenance of the membership database and the presence of a national network that enables members to communicate with each other in the development of standards and policies to advance the discipline of psychiatric-mental health nursing within the field of mental illness and substance abuse disorders.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013
(continued)

NOTE B – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The consolidated financial statements are prepared using the accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

Basis of Presentation

The consolidated financial statements include the accounts of American Psychiatric Nursing Association and the American Psychiatric Nursing Foundation. All material inter-company transactions have been eliminated.

Net assets and revenue are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Association and changes therein, are classified and reported as follows:

Unrestricted Net Assets - Net assets not subject to donor-imposed restrictions include \$688,175 and \$935,806 in board designated net assets as of December 31, 2014 and 2013, respectively.

Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations that may or will be met by either actions of the association and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statement of activities as net assets released from restrictions. There were no temporarily restricted net assets as of December 31, 2014 and 2013.

Permanently Restricted Net Assets - Net assets are subject to donor-imposed stipulations that the assets will be maintained permanently by APNF. There were \$46,000 of permanently restricted net assets as of December 31, 2014 and 2013.

Cash and Cash Equivalents

The Association considers demand deposits, money market funds and investments purchased with an original maturity of three months or less to be cash and cash equivalents.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013
(continued)

NOTE B – SUMMARY OF ACCOUNTING POLICIES - continued

Investments

Investments are stated at fair value, based on quoted market prices, if available. Interest and dividend income is recognized when earned. Unrealized appreciation or depreciation in the fair value of investment is recognized in the statement of activities in the period in which such changes occur.

Accounts, Grants and Pledges Receivable

Accounts, grants and pledges receivable are stated at the amount that management expects to collect from balances outstanding at year end. Annually, management determines if an allowance for doubtful accounts is necessary based upon review of outstanding receivables, historical collection information, and existing economic conditions. Accounts deemed uncollectible are charged off based on specific circumstances of the parties involved. Management believes all receivables are collectible. Therefore, no allowance for uncollectible accounts has been established.

Property and Equipment

Furniture and equipment are recorded at cost. Major additions, replacements, and betterments with costs of at least \$500 and lives greater than one year are capitalized, while repairs and maintenance are expensed. Depreciation is recorded using the straight-line method over the estimated useful lives of the assets as follows:

Furniture, fixtures and equipment	7 Years
Computer, software and website	3 Years
Leasehold improvement	5 Years
Capital lease	5 Years

Deferred Revenue

Deferred revenue consists of conference registrations and exhibit booth fees received in advance of the periods to which they apply.

Deferred Rent

During 2013, the landlord provided APNA free rent, which is being amortized on a straight line basis over the term of the lease and is recorded as deferred rent liability in the statements of financial position.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013
(continued)

NOTE B – SUMMARY OF ACCOUNTING POLICIES – continued

Revenue Recognition

Membership dues are recognized on the cash method of accounting, which is a comprehensive method of accounting other than generally accepted accounting principles. Under the cash method of accounting, membership dues are recognized as revenue when the dues are received by the Association, rather than over the membership period.

Annual conference and sponsorship revenue is recognized in the year in which the meetings and events are held. Amounts received in advance are recorded as deferred revenue.

The Association reports grants and contributions as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statement of activities as net assets released from restrictions.

Revenue from royalties, advertising and the sale of products is recognized in the period that it is earned.

Contracts revenue is treated as an exchange transaction, in which revenue is earned when eligible expenditures, as defined in each contract, are incurred. Funds received but not yet earned are recorded as deferred revenue.

Functional Allocation of Expenses

The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities and detailed in a supplemental schedule of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013
(continued)

NOTE C – INCOME TAXES

APNA and APNF are both 501(c)(3) tax exempt organizations exempt from federal income tax under the provisions of Section 501(a) of the Internal Revenue Code, except on unrelated business activities. Both organizations are separate entities for income tax reporting, and they file separate information returns and other tax returns as required.

The Association believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements or that would have an effect on its tax-exempt status. There are no unrecognized tax benefits or liabilities that need to be recorded.

The Association's income tax returns are subject to examination by the Internal Revenue Service ("IRS") for a period of three years from the date they were filed, except under certain circumstances. The Association's Form 990 tax returns for the years 2011 through 2013 are open for a tax examination by the IRS, although no request has been made as of the date of these consolidated financial statements.

NOTE D – INVESTMENTS

Generally accepted accounting principles establish a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of three levels, which is determined by the lowest level input that is significant to the fair value measurement in its entirety. The three levels of the fair value hierarchy are described as follows:

- | | |
|----------------|---|
| <i>Level 1</i> | Inputs are based on unadjusted quoted prices for identical assets traded in active markets that the Association has the ability to access. |
| <i>Level 2</i> | Inputs are based upon quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, or model based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. |
| <i>Level 3</i> | Inputs are unobservable and significant to the fair value measurement. |

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013
(continued)

NOTE D – INVESTMENTS – continued

There were no Level 2 or 3 inputs for any assets held by the Association as of December 31, 2014 and 2013.

The following is a description of the valuation methodologies used to measure investments at fair value:

Mutual funds - Valued at the closing price reported in the active market in which the individual securities are traded.

Common stocks - Valued at the closing price reported in the active market in which the individual securities are traded.

Bonds - Valued at the closing price reported in the active market in which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Association's investments at fair value as of December 31, 2014 and 2013:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,788,863	\$ -	\$ -	\$ 1,788,863
Common stocks	34,743	-	-	34,743
Bonds	51,269	-	-	51,269
Total	\$ 1,874,875	\$ -	\$ -	\$ 1,874,875

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,744,405	\$ -	\$ -	\$ 1,744,405
Common stocks	17,418	-	-	17,418
Bonds	49,585	-	-	49,585
Total	\$ 1,811,408	\$ -	\$ -	\$ 1,811,408

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013
(continued)

NOTE D – INVESTMENTS – continued

Investment return for the years ended December 31, 2014 and 2013 is summarized as follows:

	2014	2013
Interest and dividend income	\$ 38,725	\$ 69,245
Net appreciation in fair value of investments	36,973	68,436
Net investment income	\$ 75,698	\$ 137,681

NOTE E – PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of December 31, 2014 and 2013:

	2014	2013
Computer, software and website	\$ 90,286	\$ 82,971
Furniture and fixtures	61,620	61,620
Leasehold improvement	41,391	41,391
	193,297	185,982
Less accumulated depreciation	(98,164)	(77,207)
Net Property and Equipment	\$ 95,133	\$ 108,775

Depreciation expense for the years ended December 31, 2014 and 2013 totaled \$16,759 and \$25,476, respectively.

NOTE F – RETIREMENT PLAN

The Association has established a tax-deferred annuity plan that covers substantially all of its employees except student interns, consultants, and temporary employees. Eligible employees may begin participation in the plan on the first of the month following employment. Vesting in the benefits by participating employees is full and immediate. In addition, the Association established a defined contribution retirement plan. Eligible employees may begin participation in the plan upon completion of three months of service. The Association contributes 5% of employees' annual salaries to eligible plan participants. On January 1, 2012, the Board of Directors approved an additional matching contribution of up to a maximum of 2.5% of the employee's elective deferrals. Pension expense for the years ended December 31, 2014 and 2013 totaled \$64,837 and \$60,094, respectively.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013
(continued)

NOTE G – OPERATING LEASE

On August 1, 2012, the Association entered into a lease agreement for its office space at 3141 Fairview Park Drive, Falls Church, VA. The period of this lease is for 128 months, from August 1, 2012 through March 31, 2023. The future minimum lease payments are as follows:

December 31,	2015		\$ 101,613
	2016		104,396
	2017		107,259
	2018		110,220
	2019		113,252
	Thereafter through 2023		389,985
			\$ 926,725

The occupancy expense for the years ended December 31, 2014 and 2013, totaled \$105,099 and \$120,462, respectively.

NOTE H – ENDOWMENT

Effective February, 2008, Virginia enacted the Uniform Prudent Management of Institutional Funds Act (UPMIFA), the provisions of which apply to endowment funds existing on or established after that date. APNF is required to act prudently when making decisions to spend or accumulate donor restricted endowment assets and in doing so, to consider a number of factors including the duration and preservation of its donor restricted endowment funds. As a result of this interpretation, APNF classified as permanently restricted net assets the original value of gifts donated to be held in perpetuity. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by APNF in a manner consistent with the standard of prudence prescribed by UPMIFA.

APNF has one donor restricted endowment, the Jane A. Ryan Endowment Fund. The purpose of the fund is to provide a sustaining source of income to develop a leadership program for potential Association leaders to learn how to successfully represent the President of the American Psychiatric Nurses Foundation.

APNF has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013
(continued)

NOTE H – ENDOWMENTS - continued

To satisfy its investment objectives, APNF relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). APNF targets a diversified asset allocation that places emphasis on a balanced portfolio to preserve the principal, yet produce earnings to be spent to support the Endowment purposes.

APNF's Board of Trustees approves endowment spending as part of its annual budget formulation. As part of the budget process, APNF considers the expected return on its endowment. Accordingly, over the long term, APNF expects the current spending policy to allow its endowment to grow or at least keep the principal intact. This is consistent with APNF's objective of maintaining the purchasing power of the endowment assets held in perpetuity.

The fair value of the assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA required the Association to retain as a fund of perpetual duration. As of December 31, 2014, there were no deficiencies in the endowment funds.

The endowment balance at December 31, 2014 and 2013 consisted of securities of \$21,000 and a pledge receivable of \$25,000 for a total of \$46,000 that were classified as permanently restricted net assets in both years.

Investment income has been allocated to unrestricted net assets in accordance with SFAS 124, due to the absence of donor explicit stipulation to the contrary.

NOTE I – CONTINGENCIES FOR FUTURE MEETINGS

During the year, APNA entered into various contracts that included penalty clauses that would require APNA to pay certain amounts if a meeting is cancelled or if it does not meet its room block guarantees. Management believes that APNA's future exposure to such losses is unlikely.

NOTE J – RELATED PARTY TRANSACTIONS

APNA and APNF share the Executive Director, staff and office space. For the years ended December 31, 2014 and 2013, APNA owed APNF amounts totaling \$26,635 and \$122, respectively. These amounts were balances for donations during the conference made to APNF that were deposited into APNA's bank accounts.

On December 9, 2014, APNA pledged to donate \$250,000 to APNF with payments of \$50,000 each year for five years, beginning in 2015. The current value of this donation as of December 31, 2014 was \$240,911, with the present value discount on the pledge was \$9,089.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013**

(continued)

NOTE K – SUBSEQUENT EVENTS

In preparing these consolidated financial statements, the Association's management has evaluated events and transactions for potential recognition or disclosure through April 10, 2015, the date the consolidated financial statements were available to be issued. There were no additional events or transactions discovered during the evaluation that required further disclosure.



Independent Auditor's Report on Supplemental Information

To the Board of Directors
American Psychiatric Nurses Association and Affiliate
Falls Church, VA

We have audited the consolidated financial statements of American Psychiatric Nurses Association and American Psychiatric Nurses Foundation (collectively referred to as the "Association") as of and for the year ended December 31, 2014, and our report thereon dated April 10, 2015, which expressed an unmodified opinion on those consolidated financial statements, appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules of financial position and activities are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Jane Maresca & McQuade PA

Washington, DC

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATING SCHEDULE OF FINANCIAL POSITION
DECEMBER 31, 2014**

<u>ASSETS</u>	<u>APNA</u>	<u>APNF</u>	<u>Eliminations</u>	<u>Total</u>
CURRENT ASSETS				
Cash and cash equivalents	\$ 476,413	\$ 31,150	\$ -	\$ 507,563
Investment	1,735,937	138,938	-	1,874,875
Accounts receivable	66,055	6,045	-	72,100
Grants and pledges receivable	-	25,000	-	25,000
Pledges receivable - related party, net of present value discount	-	240,911	(240,911)	-
Due from APNA	-	26,635	(26,635)	-
Prepaid expenses	50,942	-	-	50,942
Total Current Assets	<u>2,329,347</u>	<u>468,679</u>	<u>(267,546)</u>	<u>2,530,480</u>
OTHER ASSETS				
Property and equipment, net (Note E)	95,133	-	-	95,133
Security deposit	23,788	-	-	23,788
Total Other Assets	<u>118,921</u>	<u>-</u>	<u>-</u>	<u>118,921</u>
TOTAL ASSETS	<u>\$ 2,448,268</u>	<u>\$ 468,679</u>	<u>\$ (267,546)</u>	<u>\$ 2,649,401</u>
<u>LIABILITIES AND NET ASSETS</u>				
CURRENT LIABILITIES				
Accounts payable	\$ 10,569	\$ -	\$ -	\$ 10,569
Pledges payable - related party, net of present value discount	240,911	-	(240,911)	-
Accrued expenses	98,309	-	-	98,309
Due to APNF	26,635	-	(26,635)	-
Deferred revenue	28,200	-	-	28,200
Deferred rent	77,431	-	-	77,431
Total Current Liabilities	<u>482,055</u>	<u>-</u>	<u>(267,546)</u>	<u>214,509</u>
NET ASSETS				
Board designated	688,175	-	-	688,175
Unrestricted	1,278,038	422,679	-	1,700,717
Total Unrestricted Net Assets	<u>1,966,213</u>	<u>422,679</u>	<u>-</u>	<u>2,388,892</u>
Permanently restricted	-	46,000	-	46,000
Total Net Assets	<u>1,966,213</u>	<u>468,679</u>	<u>-</u>	<u>2,434,892</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,448,268</u>	<u>\$ 468,679</u>	<u>\$ (267,546)</u>	<u>\$ 2,649,401</u>

See independent auditor's report on supplemental information.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATING SCHEDULE OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2014**

	<u>APNA</u>	<u>APNF</u>	<u>Eliminations</u>	<u>Total</u>
REVENUE AND SUPPORT				
Membership dues	\$ 1,169,926	\$ -	\$ -	\$ 1,169,926
Annual conference	1,060,374	-	-	1,060,374
Sponsorships, grants and contributions	204,185	274,054	(240,911)	237,328
Royalties	242,927	-	-	242,927
Contract income	58,488	-	-	58,488
Advertising	30,850	-	-	30,850
Sales revenue	124,434	-	-	124,434
Interest and dividend income	28,826	9,899	-	38,725
Net income from investment	36,732	241	-	36,973
Total Revenue and Support	<u>2,956,742</u>	<u>284,194</u>	<u>(240,911)</u>	<u>3,000,025</u>
EXPENSES				
Program services:				
Annual conference	829,621	-	-	829,621
Education and information	445,073	4,998	-	450,071
Membership services	611,998	-	-	611,998
Total Program Services	<u>1,886,692</u>	<u>4,998</u>	<u>-</u>	<u>1,891,690</u>
Support services:				
Management and general	1,116,950	2,047	(240,911)	878,086
Fundraising	9,952	-	-	9,952
Total Support Services	<u>1,126,902</u>	<u>2,047</u>	<u>(240,911)</u>	<u>888,038</u>
Total Expenses	<u>3,013,594</u>	<u>7,045</u>	<u>(240,911)</u>	<u>2,779,728</u>
CHANGE IN NET ASSETS	(56,852)	277,149	-	220,297
NET ASSETS, beginning of period	<u>2,023,065</u>	<u>191,530</u>	<u>-</u>	<u>2,214,595</u>
NET ASSETS, end of period	<u>\$ 1,966,213</u>	<u>\$ 468,679</u>	<u>\$ -</u>	<u>\$ 2,434,892</u>

See independent auditor's report on supplemental information.