



APNA 2014 Annual Activity Report

October 17, 2014

Dear Colleagues,

On behalf of the APNA Board of Directors, I am delighted to present to you the 2014 APNA Annual Activity Report! This report summarizes the activities and initiatives to which our organization has devoted its resources over the past year. The President, Treasurer, and Secretary have each provided reports which address the key areas within which APNA's activities fall. Supplemental reports in the Appendix offer a comprehensive look at committee activities, APNA continuing education programs, communications strategies, financial statements, and more. I hope that you enjoy reading through this exciting snapshot of all that we, the APNA membership, have accomplished over the past year - it is truly an exciting time to be involved!

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

Sincerely,

A handwritten signature in black ink that reads "Patricia D. Cunningham". The signature is written in a cursive style.

Patricia Cunningham, DNSc, APRN, BC
President
American Psychiatric Nurses Association

President's Report

On behalf of the APNA Board of Directors I am pleased to present the 2014 American Psychiatric Nurses Association Activity Report. This report will cover the period from October 1, 2013 through September 30, 2014. This 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. Please see APNA Secretary Ben Evans's report for more details on membership growth. We have also enjoyed a strong financial year. 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 will be updated this coming February. A full copy of the plan can be found at <http://www.apna.org/i4a/pages/index.cfm?pageid=3287>. 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

1. APNA will be the indispensable resource for member networking and leadership and professional development.
2. APNA will be the leader in creating strategic alliances with key stakeholders.
3. APNA will be recognized as the expert voice for psychiatric-mental health nursing.
4. APNA will be the leader in integrating research, practice, and education to address pressing psychiatric-mental health nursing care issues.

Our year began with the APNA 27th Annual Conference in San Antonio, Texas, which offered a total of 117.75 continuing education contact hours. Over 1300 individuals attended the conference and, according to their evaluations, more than 95% of them were satisfied or more than satisfied with their experience. Similarly, our June psychopharmacology conference – the APNA Clinical Psychopharmacology Institute – saw a record number of attendees (455) and provided 21.5 continuing education contact hours specific to psychopharmacology. Special thanks go to the many members who shared their expertise through presentations at these conferences.

The hub of APNA networking activity continues to be our website. This online presence is comprised of the APNA eLearning Center, Member Bridge and the main site, www.apna.org. The site is updated on a continual basis to serve as a rich resource of psychiatric-mental health nursing information for members and the public alike. The eLearning Center houses over 195 online presentations and offers a total of 243.5 continuing education contact hours. The majority of the content is formed by the expertise within our membership – many of you have generously shared knowledge through these online sessions. Member Bridge is also a highly utilized feature which connects members from across the world. The discussions which take place each day keep us all up-to-date on the issues relevant to our practice. The main website provides information on the APNA activities conducted by our 11 councils and institutes. It is also home to plentiful resources on psychiatric-mental health issues such as recovery, PTSD, integrated care, and many others. Please see the Secretary's report for specific data relative to the activity on the APNA website.

Because the chapter system is a major source of networking for APNA members at the local level, the APNA Board of Directors, in conjunction with chapter leaders, is examining structural changes that will enable the chapters to more effectively help members network both within the chapters and the association as a whole. This process is expected to continue through the next several months with the goal of fully implementing the structural changes within one year.

Building on last year's initiative in mentoring, we are introducing an in-person element to APNA's online Mentor Match program throughout this year's Annual Conference. Another hallmark element of APNA's focus on mentorship is the Board of Directors Student Scholarship program. Last year, and again this year, 20 students (10 undergraduate and 10 graduate) were chosen to receive funding from APNA to join our organization and attend the APNA annual conference. The program allows students to meet and engage with experienced psychiatric nurses at the conference, which initiates the mentoring process that continues throughout the year.

The updated edition of the *Scope and Standards of Practice for Psychiatric-Mental Health Nursing*, the foundational resource for mental health nursing, was released this year. The document was updated through a joint effort by the American Nursing Association (ANA), APNA, and the International Society of Psychiatric-Mental Health Nurses (ISPN). Kris McLoughlin led the joint task force on behalf of APNA. In addition to the print version, which is available for sale at a substantial discount on the website, APNA has also made arrangements for the standard to be available as an e-book free of charge to members. More information is available at <http://www.apna.org/i4a/pages/index.cfm?pageid=3342>.

In keeping with APNA's commitment to research, the Board of Directors augmented the office of the Journal of the American Psychiatric Nurses Association Editor-in-Chief, held by Karen Stein, by adding an Associate Editor, Colleen Corte. Dr. Corte assists Dr. Stein with initial manuscript screening and reviewer assignment, synthesis of reviews and journal administrative

responsibilities. Dr. Stein's contract was renewed through December 31, 2015. The APNA Board has charged a search committee, chaired by President-Elect Susie Adams, to solicit potential candidates to succeed Dr. Stein on January 1, 2016. The search is expected to run over the next year.

Likewise, to help foster greater participation in research for psychiatric-mental health nursing, a full day of pre-conference sessions dedicated to the topic of research will be part of the 28th Annual Conference program. The sessions have been coordinated by the Research Council under the leadership of Linda Beeber and the council co-chairs Daryl Sharp and Danny Willis.

The APNA Board of Directors, understanding that attrition has a profound impact on the psychiatric mental health nursing workforce, this year funded the APNA Transitions in Practice program (ATP). Studies have shown that as many as 25% of new nurses leave their positions within one year, citing inadequate preparation for the job for which they were hired. The ATP program is designed to augment the education nurses receive at the undergraduate level with specific coursework that prepares the new graduate for a position in psychiatric mental health nursing. The program will also apply to experienced nurses in the workforce who wish to make the transition from one specialty into psychiatric-mental health nursing. The coursework is divided into modules that cover therapeutic engagement, the therapeutic environment, recovery, risk assessment, psychiatric-mental health disorders, and psychopharmacology. The program is near completion and will be introduced in early 2015.

While the ATP program is geared towards RNs who have completed their undergraduate education, APNA is also developing educational resources for psychiatric-mental health nursing undergraduate curricula. The Education Council, co-chaired by Barbara Warren and Donna Rolin Kenny, and its Undergraduate Branch, headed up by David Sharp and Diane Esposito, are developing toolkits for use by undergraduate faculty. The toolkits, with content guided by the new *Psychiatric-Mental Health Nursing Scope and Standards of Practice*, can be used by undergraduate faculty to better prepare nursing students in the essential elements of psychiatric-mental health nursing.

APNA is also now completing its fifth year as a subcontractor for the Recovery to Practice initiative through the Substance Abuse and Mental Health Services Agency (SAMHSA). Through our participation, APNA has developed a recovery curriculum that has undergone field testing and is being delivered by psychiatric-mental health nurses throughout the United States. As of September, 2014, 123 APNA nurses have completed the APNA Recovery to Practice (RTP) Facilitator Training and 1,230 nurses and health care professionals have completed the APNA RTP program.

In an effort to help psychiatric-mental health nurses provide better assessment and management for patients at risk for suicide, the Board created a task force to develop psychiatric-mental health nursing specific competencies for suicide assessment. I am excited to announce that these

competencies have been developed, completed internal and external expert validation, and are ready to be released in early 2015.

The Institute for Safe Environments (ISE), led by Co-Chairs Diane Allen and Kathy Delaney, has updated the [APNA Position Statement and Standards of Practice on the Use of Seclusion and Restraint](#). In addition, an updated version of the One-Hour Face-to-Face Assessment webinar, as well as a webinar created by ISE members to help nurses integrate the new seclusion and restraint standards of practice into their work: Seclusion and Restraint: Keys to Assessing and Mitigating Risks. Both of these continuing education opportunities are available to members at no cost in the APNA eLearning Center.

The new DSM-5 has been introduced and, to help prepare members for the changes, APNA is conducting an 8.5-hour multi-day course during the 28th Annual Conference. The course will examine the changes in the DSM-5 with an emphasis on how to perform a thorough diagnostic interview, identify symptom criteria, and write a case formulation paragraph. Topics addressed will include: an overview of the changes, neurodevelopmental disorders, personality disorders, substance use and addictive disorders, depressive and bipolar disorders, anxiety and obsessive-compulsive disorders, trauma-related and stress-related disorders, dissociative disorders, and schizophrenia spectrum disorders.

APNA has long been a champion of smoking cessation through the Tobacco Dependence Council, co-chaired by Daryl Sharp and Susan Blaakman. In an effort to extend this work and further mobilize grassroots smoking cessation initiatives, APNA has partnered with the Smoking Cessation Leadership Center to support innovative strategies aimed at decreasing tobacco use in persons with mental illness. This program, the Virtual Nursing Academy of APNA Champions for Smoking Cessation, provided funding to 13 psychiatric-mental health nurses to help them implement proposed smoking cessation programs. At the 28th Annual Conference, information on the programs will be presented at the Tobacco Dependence Council Interactive Panel. You can learn more about the Virtual Nursing Academy of APNA Champions for Smoking Cessation at <http://www.apna.org/i4a/pages/index.cfm?pageID=4767>

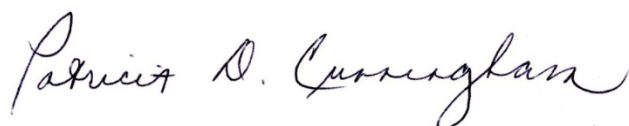
The Institute for Mental Health Advocacy released an online policy forum this year in an effort to provide members with practical information on the integration of physical and mental health care and the opportunities it presents for psychiatric-mental health nurses. Led by co-chairs Peggy Halter and Christine Tebaldi, the Institute conducted an interview with APNA member Sharon Katz, who is Executive Director of Abington Collaborative Care. The resulting video presentation is available on the APNA website here: <http://www.apna.org/i4a/pages/index.cfm?pageID=5471>.

APNA also continues to partner with other organizations and ensure that psychiatric-mental health nurses are 'at the table' where important interdisciplinary connections are forming.. For example, we participated in the Institute of Medicine's meeting on nursing certification research,

attended the American Federation of Teachers/GAO meeting on workplace violence, and have a representative working with Optum Health. In addition, incoming President-Elect Mary Ann Nihart was nominated to review the Institute of Medicine's report on PTSD on our behalf, incoming President Susie Adams spoke to psychiatric-mental health nursing's role in health care reform on a nationwide call organized by the Department of Health and Human Services, and we are in the midst of discussions with the Emergency Nurses Association to begin a project that will provide a clearer picture of psychiatric-mental health care in the emergency department (based upon work by the Institute for Safe Environments). As President, I have had the opportunity to represent APNA and psychiatric-mental health nursing via numerous avenues – conferences, calls, press interviews, and more. For example, earlier this year I gave a presentation on integrating psychiatric-mental health nursing into primary care for the Patient Centered Outcomes Research Institute (PCORI). Along with Tari Dilks, I also monitor and interface on activities related to LACE and the evolution of the APRN Consensus Model. APNA continues to enjoy a relationship with the American Nurses Association through our Organizational Affiliate status. Past-President Marlene Nadler-Moodie and Executive Director Nick Croce regularly attend these meetings, which allow for networking with virtually every specialty nursing organization in the country. In a broader sense, we also continue to participate in national initiatives such as Recovery Month, Nurses Week, and Children's Mental Health Awareness Week, National Depression Screening Day to help raise public awareness about these important topics.

All of the projects and initiatives in this report would not be possible without the incredible members who give their time to help APNA support and advance psychiatric-mental health nursing. I would like to thank the members of the APNA Board of Directors, the team that I have had the privilege of heading up this year. APNA is an incredible network of connections with each other and our world of psychiatric care. Through "thoughtful persistence", we help narrow the omnipresent gaps in knowledge and practice to continuously evolve psychiatric nursing. It has been a privilege to serve as your president, and I look forward to many more years of our journey together.

Respectfully Submitted,



Patricia D. Cunningham, DNSc, APRN, BC
President
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 8, 2013, February 21-22, 2014, and June 17-18, 2014. Conference calls were held on November 12, 2013, December 10, 2013, January 13, 2014, February 5, 2013, March 11, 2014, April 8, 2014, May 13, 2014, July 8, 2014, August 12, 2014, September 9, 2014, and October 14, 2014.

Membership has increased since the last activity report. Based on dues revenue collected from January 1, 2014 through September 30, 2014, there has been an increase of 6.5% over the same period last year. Current membership as of September 30, 2014 is 9568. New members from October 1, 2013 to September 30, 2014 are 2,285, and is an increase over the same period a year ago of 2.1%

During the past year, the website has continued to help APNA serve as your resource for psychiatric mental health nursing. Visits to the site are up 13%, the number of people who have visited our site has increased by 18%, and the number of page views is 12% higher than last year. The newsfeed page continues to be updated in order to show the stream of all APNA activities in one place. Over the past year the eLearning Center and has had 55,249 visits and since its launch in 2011, we have had a total of 35,782 orders. For more details on the website's top content, top traffic sources, etc., see the full report in the Appendix.

APNA has continued to issue press releases to increase its visibility. Twelve releases have been sent out over the past year. This engendered 672,501 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 Pinterest. For more detailed statistics on the use of press releases and our social networking sites, see the full report 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 by 14.56% over last year with 52,020 total visits. More than 6,000 eGroup posts have been written in almost 200 communities. In the All-Purpose Discussion Forum alone, members have posted 2,237 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. We are currently in the process of unrolling a completely new version of the site, which will let members easily navigate the site on their mobile devices as well as on their computers – the opportunity to network and engage in discussion virtually any where!

To supplement our online communications, we have mailed several print pieces over the past year: brochures highlighting resources and continuing education opportunities, postcards announcing new 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,

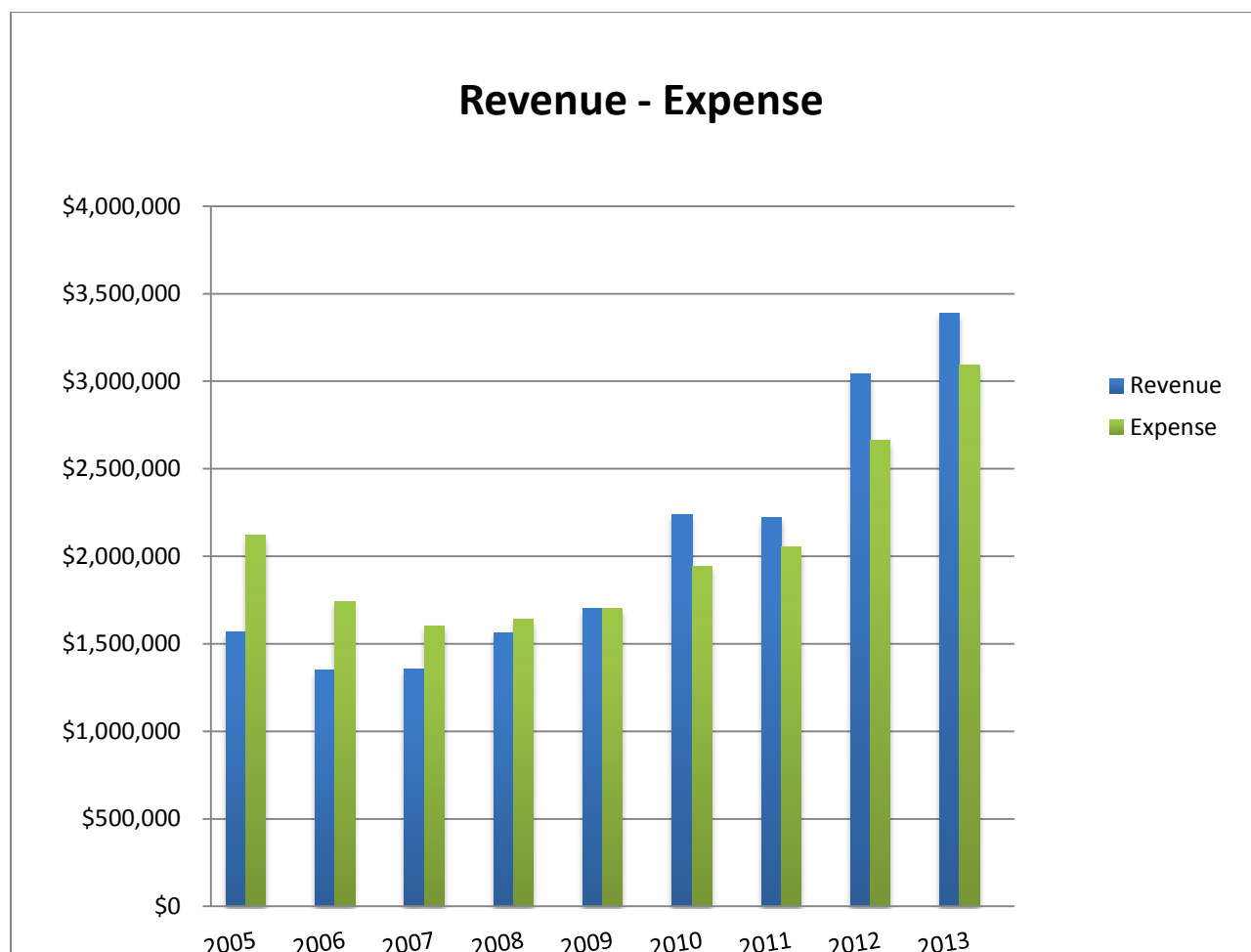
Ben Evans
Secretary of APNA

Treasurer’s Report

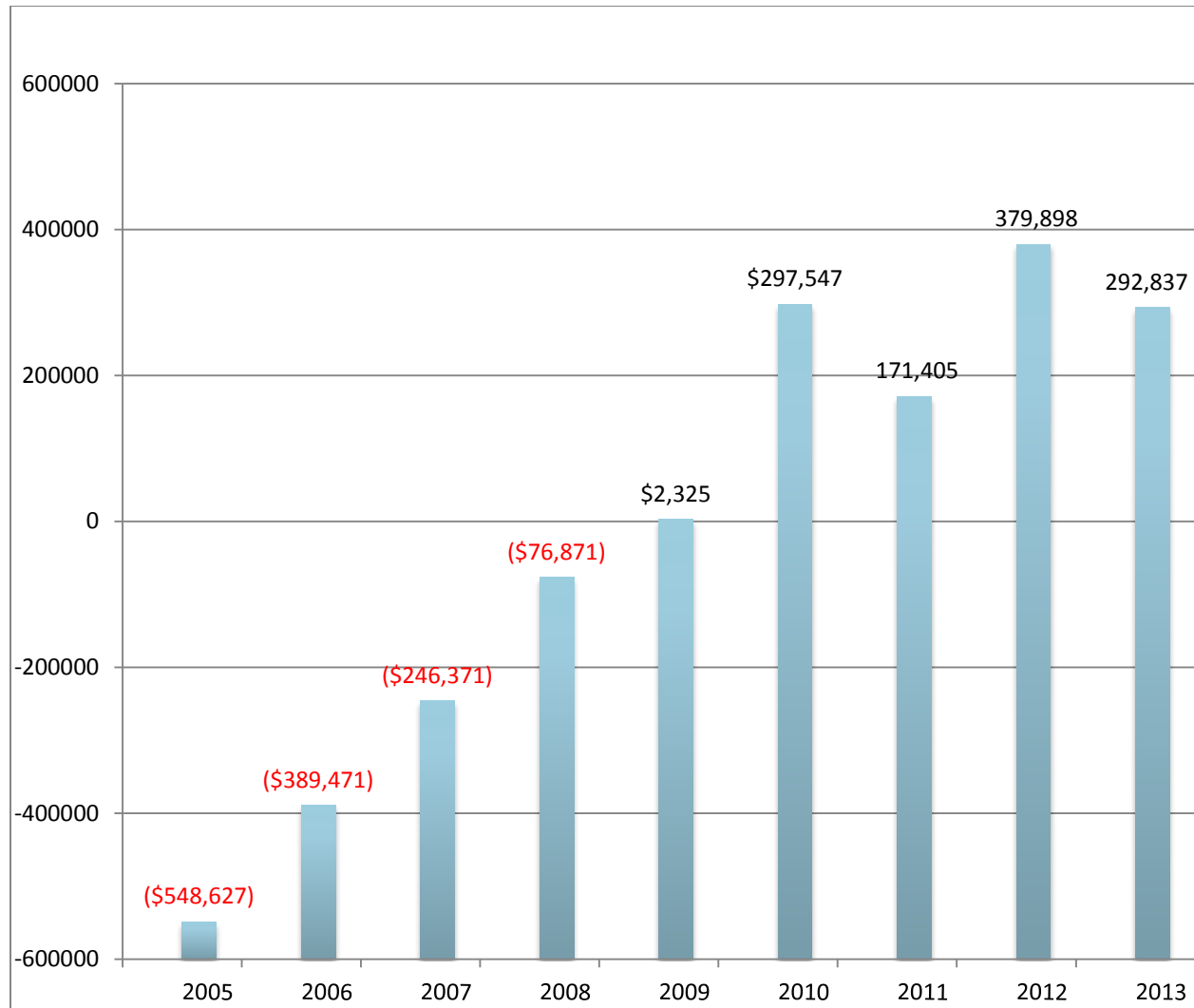
During the fourth year since our conversion from a fiscal year to a calendar year APNA remains financially sound. The audited financial statements for the year ending December 31, 2013 can be found in appendix E. These reports are consolidated to show the complete APNA financial position to include the APNA 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 \$292,837. Of this amount, \$265,551 is attributed to APNA and \$27,286 is attributed to APNF

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.

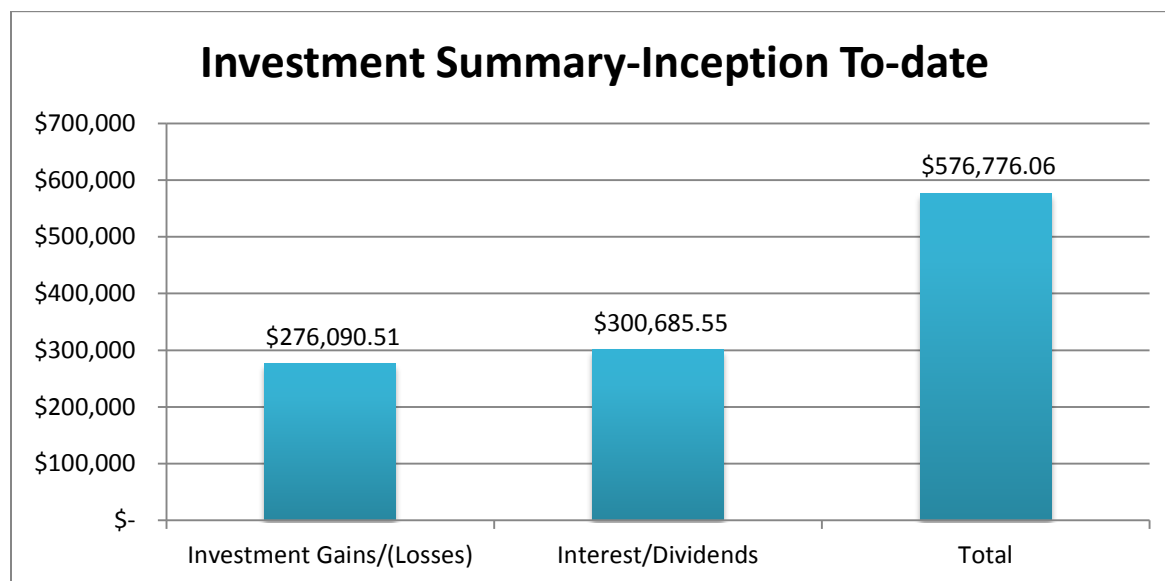
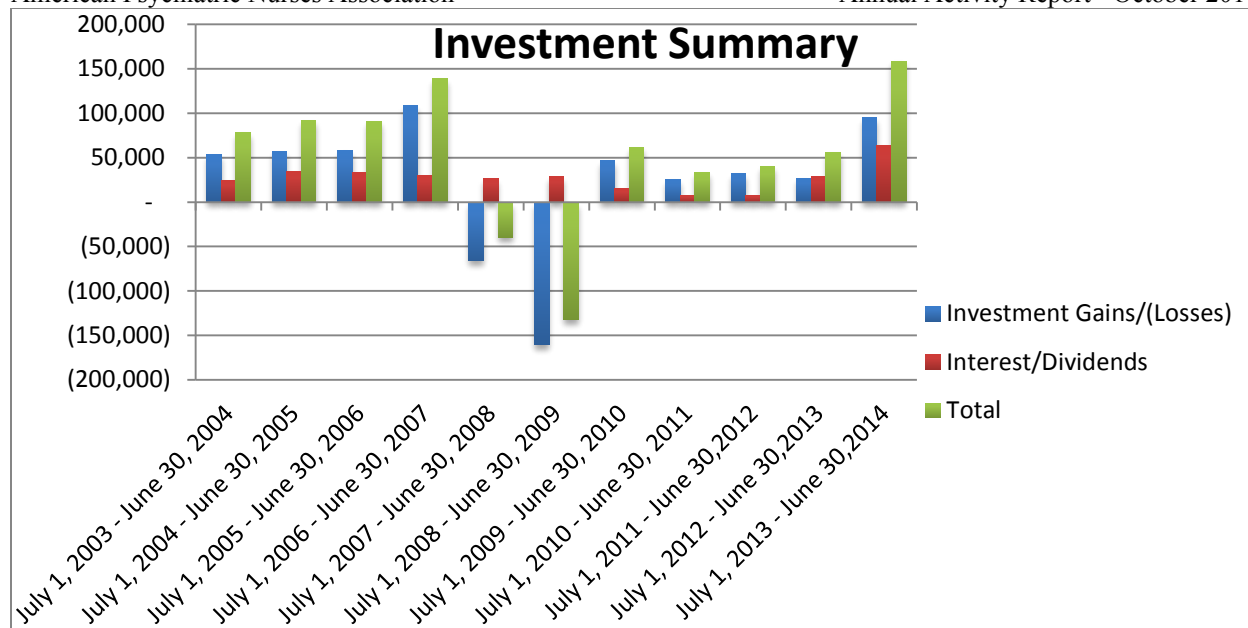
In addition to the statements discussed above, we have prepared the following charts reflecting the revenues and expenses and the net operating results from July 1, 2004 through December 31, 2013.



Net



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 June 2004 through June 2014. APNA investments have returned a total of \$576,776 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

Appendix

- I. Council Activity Report
- II. Education & Provider Unit
- III. APNA Transitions in Practice Certificate Program
- IV. APNA Recovery to Practice Program
- V. APNA 12th Annual Clinical Psychopharmacology Institute
- VI. APNA 28th Annual Conference
- VII. APNA eLearning Center
- VIII. APNA Website
- IX. Communications
- X. Audited Financials

Addictions Council

Chair

Matthew Tierney, PMHNP-BC, ANP-BC

Steering Committee (30)

Cathleen Ahern, MS, PMHNP
 Susan Archacki-Resnik, MSN, ARNP, FPMHNP-BC
 Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, ICCDPD
 Anlee Birch-Evans, APRN, CNS-BC, PhD
 Susan Caverly, ARNP, PhD
 Clare Conner, MSN, RN
 Colleen Corte, PhD, RN
 Deborah Finnell, DNS, PHMNP-BC, CARN-AP, FAAN
 Jolie Gordon-Browar, MSN, RN-BC, PMH
 Faye Grund, PhD, APRN-BC
 Dawn Hahn, RN-BC, CMCN, CARN
 Janet Jiles, BSN, BA, RN
 Mary Kastner, PMHCNS, PMHNP-BC
 Ernest Lapierre, DSN, APN
 Laura Leahy, FPMHAPN, MSN, APRN, PMH-CNS/FNP, BC

Kris McLoughlin, DNP, APRN, PMHCNS-BC, CADC-II, FAAN
 Lynette Melby, CNP
 Susanne Meyers, NP, PMHNP-BC
 Ann Mitchell, PhD, RN, FAAN
 Madeline Naegle, PhD, CNS, PMH-BC, FAAN
 Robin Osterman, PhD, RNC-OB, CNS
 Richard Pessagno, DNP, PMHNP-BC, CGP
 Colleen Phalen, PMH, NP, RN, CNS
 Eric Roman, MS, APRN, PMHNP-BC
 Rebecca Sherwood, DNSc, RN
 Diane Snow, PhD, RN, PMHNP-BC, CARN, FAANP
 Martha Snow, MSN, RN, PMHNP, CARN-AP
 Ruth Staten, PhD, ARNP-CS
 Aline Wommack, RN, MS
 Alysha Woods, BSN

Advisory Panel (93)

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
 Rose Theresa Anderson, MSN, PMHNP, BC, BSN, RN, PHN
 Jamie Baldy Hicks, CRNP
 Diane Barber, DNP, APRN, FNP-C, PMHNP-BC
 Lauren Barber, MSN, PMHNP-BC
 Ingrid Barcelona, MSN, PMC, CNP
 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
 Rosetta Booker-Brown, RN, BSN
 Jana Briggs, RN, BSN
 Elizabeth Chang, RN, MSN
 Anne Cofone, RN, MA, LCSW, MSN, PhD-ABD

Theresa Damien, PMHNP-BC, RN
 Diane Decarolis, RN
 Nicole Deller, MSN, PMHNP
 Debbi Delre, RN, BSN, MSN
 Joanne Devine, MS, PMHCNS-BC
 Sumi Dolben, APRN
 Amanda Dzierlatka
 Dwight Faught, MSN, RN, PMHNP-BC, CMSRN
 Theresa Fay-Hillier, PMHCNS-BC
 Susanne Fogger, DNP, CRNP, PMHNP-BC
 Mary Gagne, MSN, PMHCNS, BC
 Susan Glodstein, PMHNP-BC, PMHCS-BC
 Davis Graham, DNP, PhD, RN, CNP
 Sharon Hancharik, EdD, MS, MEd, RN-BC
 Mary Lou Heater, DNP, APRN, PMHCNS-BC
 Kim Hickman, PMHNP-BC
 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
Karalee Labreche, DNP, RN, CNS, CNP
Leida Lamas-Sheldon, BSN, RN
Patricia Latham, PMHCNS-BC
Laura Leahy, FPMHAPN, MSN, APRN,
PMH-CNS/FNP, BC
Florence Leighton, BSN, RN
Patricia Lewis, DNP, PMHCNS
Matthew Lindquist, MSN, RN, PMHNP, BC
James MacDonald, BSN, RN, MA, PhD
Debra Mack, MSN, RN-BC
Elizabeth Maguire, PMHNP-BC
Laurie Mandel, MSN, CNP, PMHNP
Joanne Matthews, APRN-CS, MSN
Mary McCabe-Vogel, RN
Rebecca McGrail, RN,
Ana Joy Mendez, RN, PhD
Lisa Naugle, MSN RN BC
Lauraann Nicoletto, RNC, BSN, MSN
Patricia Nisbet, DNP, PMHNP-BC
Rosemary Oarsley, RN, MS, BC
Mark Pavlick, RN, MS
Leigh Powers, DNP, APRN, PMHNP-BC
Margaret Pung, MA, RN, NEA-BC
Elizabeth Riley
Georgina Rotzler, RN MSN PMHNP CASAC-t
Namioka Salabie, RN, CNP

Ren Scheuerman, MSN, APRN, FNP-BC,
PMHNP-BC
Sharon Schmidt, CRADC, PMHNP, Psy. D,
MS, RN, PMHCNS-BC
Mary Schumacher, BSN-BC, RN
JT Seaman, MSN, RN, PMHNP-BC
Amanda Sieracki, RN
Rosemary Smentkowski, BSN, CARN
Diana Smith, MSN, PMHNP-BC
Marie Smith, NP, EMT-B
Janet Standard, DNP, APRN
Christopher Eric Sterling
Bruce (Jamie) Stevens, MSN, APRN, PMHNP-BC
Carol Stewart, LNLAC, RN, MS, CS, CADC
Charlotte Strahm, DNSc, RN, CNS
Susan Szilagyi, RN, BA
Basirah Taha, RN
Roberta Thomas, PhD, RN, PMHNP-BC
Martha Thomson, NP, PMH
Jennifer Tillman, BSN, RN-BC
Joseph Tomsic, ARNP
Judith Van Cleef, MS, RN-BC, CARN
Pamela Waranowicz, Associate, RN
Kathleen Webster, RN, MSN, PMHNP, CNSMH
Audrey Wisner, RN, PMHNP
Tarry Wolfe
Audrey Wyatt, RN, BSN
Linda Zarrett, RN
Donna Zucker, RN, PhD, FAAN

Addictions Council

How many conference calls did you conduct during the 2013 - 2014 year? 5 to date

Check any meetings that apply for the 2014 conference.

Interactive Panel

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

- Formed the Council and selected members of the Steering Committee and Advisory Panel.
- Had monthly meetings starting April 2014.
- In the process of forming our Council Mission and Vision statements.
- Environmental scans of activities included:
 - ONDCP webinar on opioid overdose epidemic,
 - ANCC/ANA Webinar on medically assisted treatment of addiction
 - SAMHSA web-based product roll-out for telepsychiatry in area of Addiction Medicine.

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 council is actively working on the development of Mission and Vision statements that describe how best nursing practices in addiction care promote better mental health.

How has your group worked to achieve these goals?

Since we are a new Council, work toward these goals is yet to be defined.

What do you hope to accomplish for the 2014 - 2015 year?

Complete the Vision and Mission Statements for the council and identify achievable short-term goals.

Administrative Council

Chairs

Avni Cirpili, MSN, RN
Joanne Matthew, MS, RN PMHCNS-BC

Steering Committee (13)

Elizabeth Andal, APN, PhD, FAAN
Elizabeth Fuller, MSN, DNP
Len Getz, FNP, DNP-PMH
Lisa Jensen, DNP, APRN
Kathy Lee, MS, APN, PMHCNS-BC
Elizabeth Maree, MSN, RN, PMHCNS-BC,
NEA-BC

Brenda Marshall, EdD, NP-BC
Thomas Mendez, PhD, RN, CNS, PhD(c)
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 (77)

Sylvia Adams, RN, MSN, PMHCNS-BC
Robert Askerlund, APRN
Nicole Beer, BSN, RN, MSN, CNS
LaVerne Bennett, PMHNP
Margaret Bookman, RN, MS, CS
Susan Brown, PhD, MS, BS, APNP
Diane Burgermeister, PhD, APRN
Renee' Campbell, BHA, RN
Cynthia Clarke, RN, MS, MSN
Katherine Darling, DNP, PMHNP/FNP-C, APRN
Susan Dawson, EdD, PMHCNS/NP-BC
Laura Dayton, RN
Joanne Dedowicz
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
Joelle Fellingner, RN, MS, APNP, CNS-BC
Darlene Flowers, PMHNP-BC
Anne Greenwalt, RN
Joshua Hamilton, DNP, RN-BC, PMHNP-BC, CNE
Dayna Harbin, RN, MSN, BC
Dorothy Hill, RN, C
Rebecca Horn, MSN, RN-BC
Tara Howard-Saunders, MPH, MSN, NP-P
Edwina Jackson, BSN, RNC
Deidra Johnson, RN, BSN
Florence Keane, DNSc, MBA, PMHNP, ANP-C

Kathleen Kregor, BSN, RN-BC
John Lepscier, RN-BC, BSN
Karen Lothamer, CNS, BC
Judith Luehr, APRN, MS, CNS
Marilyn Lynch-Goddard, MSN, BSN, RN
Theresa Mackey, RN, BSN
Susan Mangano, RN-BC, MS, BSN, LPC
Tara Mariolis, RN
Lynette Marshall, RN, MSN
Janus Maybee, PMHNP, FNP
Charlizza McMurray-Horton, RN, MS
Mary Meiselman, CNS, NP
Tamara Melville, DNP, APRN, PMHNP-BC
Janet Merritt, PhD, RN
William Morris, DNP, PMHNP
Lisa Naugle, MSN RN BC
Eileen Niksa, RN, MSN
Jay Norwood, MSN, RN
Cheryl Odell, MS, NEA-BC
Diane Ouellette, PMNMP-NEA BC
Lovelyn Paddock, RN, BSN
Lisa Patterson, MPH, BSN
Nancy Purtell, RN, BSN, MBA/HCM
Iola Radtke, RN, BSN
Deirdre Rea, BSN, RN, MSN
Elizabeth Reimherr, RN, BC
R. John Repique, MS, RN, NEA-BC
Charlene Roberson, RN, BC, Med
Cheryl Robinson-Moore, BSN, MA, RN-BC
Georgina Rotzler, RN MSN PMHNP CASAC-t

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
Dawn Sims, RN-BC, ADN, BSN, MSN
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
Nanette Watson, DNP, PMHNP-BC, PMHCNS-BC
David Whittaker, PMHNP
Judith Wilson, PMHCNS, BC

Administrative Council

How many conference calls did you conduct during the 2013 - 2014 year? 10

Check any meetings that apply for the 2014 conference.

Interactive Panel

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

We put out a call to members in order to solicit additional membership on the Steering Committee and Advisory Panels. Response was very good and selection of potential members was forwarded to the APNA president for approval.

We are also working on strategies to create four subgroups that will look at examining operations, integration (primary care and mental health care), quality and education as it relates to psychiatric nursing leaders.

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?

Organizing concerns of nurses working with an administrative focus over a broad range of experience.

How has your group worked to achieve these goals?

Creation of the four subgroups to focus on issues that address these goals with an administrative/leadership voice. We have acted as a resource to Nurse leaders and developed mentor activities.

What do you hope to accomplish for the 2014 - 2015 year?

Create a more focused resource for nurse leaders in Quality and Operations.

APRN Council

Chairs

Sattaria Dilks, DNP, APRN, PMHNP-BC
Kathryn Johnson, MSN, PMHCNS-BC, PMHNP-BC

Steering Committee (9)

Naomi Brown, MSN, PMHNP-BC
Sharon Katz, RN, FPMH-NP, PMH-CNS, BC
Georgianna Marks, PhD, RN, PC
Marla McCall, MSN, PMHNP, PhD
Candidate
James Goodlett McDaniel, EdD, RN, CS,
PMHNP-BC, MBA

Allen Novak, MSN, APRN, Rx, PMHCNS-BC
Dawn Vanderhoef, PhD, DNP, RN,
PMHNP/CNS-BC
Ellin Wade, RN, MSN, PMHNP-BC
Mary Weber, PhD, APRN, BC, PMHNP

Advisory Panel (171)

James Adams, MSN, PMHCNS-BC
Jennifer Allran, RN, MSN, PMHCNS/NP-BC
Bridget Amore, MSN, PMHCNS-BC
Jill Anderson, PhD, PMHCNS, PMH-NP
Betty Ang, PhD, PMHCNS-BC, PMHNP
Robert Askerlund, APRN
Leilanie Ayala, MSN, PMHCNS-BC,
PMHNP-BC
Lance Bain, MSN
Linda Barloon, MSN, RN, PMHCNS, PMHNP
Emily Bell, RN, ARNP, PMHNP-BC
Eva Belmonte De Vega, RN, MSN, CNS
Jenna Birdsell, CNS, CNP
Michelle Blackmer, PMHNP-BC, FNP-BC,
MSN, RN
Katrene Blackwell, MSN, RN, APRN
Mildred Blandamer, MSN, APRN-Rx,
PMHCNS-NP-BC
Barbarajo Bockenbauer, ARNP, PMHCNS-BC
Rebecca Bombet, MS, APRN, BC
Margaret Bookman, RN, MS, CS
Sheila Boulter, NP
Dieter Boxmann, ARNP-BC
Kaleen Boyd, PMHNP, MS, RN-BC
Wailua Brandman, MSN APRN
PMHCNS/NP-BC FAANP
Arleen Briggs, MSN, RN-BC
Mary Brown, DNP, CRNP
Marla Brucken
Diane Burgermeister, PhD, APRN

Sandra Cadena, PhD, APRN, PMHCNS-BC, CNE
Lisa Casler, PMHNP-BC, NPP
Brenda Castrichini, PMHNP
Kelly Chandler, MS, RN, PHN, PMHNP-BC
Roberta Cirocco, ARNP, CARN-AP
Judith Collins, RN, BSN, MA
Janet Collins, MS, RN, CNS, NPP-BC
Rosemary Collins, CRNP, PMHNP-BC, RN,
MSN, MSW
Mary Conklen, MSN, APN, PMHCNS-BC
Holly Covington, PhD, PMHNP, RNX, APRN
Mary Crosby
Denise Daly-Stennis, MSN, PMHNP, BC
Theresa Damien, PMHNP-BC, RN
Nancy Daniels, APRN, BC, PMH-CS
Katherine Darling, DNP, PMHNP/FNP-C, APRN
Susan Dawson, EdD, PMHCNS/NP-BC
Laura Dayton, RN
Sherry Doney, APRN, PMHCNS-BC
Kelly Drilling, BSN, RN
Elizabeth Easley, APRN, BC, PMHCNS--BC
Margie Eckroth-Bucher, PhD, RN,
PMHCNS-BC
Lisa Ehrlichman, PMHNP
JaneFrances Ezimorah, MSN, RN, APRN
Lisa Faist, FNP-C, PMHNP-C
Joelle Fellingner, RN, MS, APNP, CNS-BC
Darlene Flowers, PMHNP-BC
Beverlee Furner, FNP

Vanessa Genung, PhD, RN, PMH-NP-BC,
 LCSW-ACP, LMFT, LCDC
 Barbara Gilmore, PMHNP--BC
 Jaroslaw Gradek, DNP, APRN, NEA-BC
 Tamera Graziano, MSN, CNL-BC, PMHNP
 Melanie Ham, MA, MSN, RN, CSAC,
 PMHCNS
 Joshua Hamilton, DNP, RN-BC, PMHNP-BC, CNE
 Cynthia Handrup, DNP, APRN, PHMCNS-BC
 Jennifer Hanley
 Jane Harmon, DNP, PMHNP-BC, CNS-BC
 Crystal Hartis, MSN, RN, PMHNP-BC
 Johann Hepner, PMHNP-BC
 Lisa Hill, PMHCNS-BC
 Mary Hoes, PhD, PMH-NP, BC
 Tara Howard-Saunders, MPH, MSN, NP-P
 Kim Hutchinson, EdD, PMHCNS-BC, LCAS,
 CARN
 Sharlene Hutchinson, RN, CNS, APRN
 Christine Jackson, RNC
 Susan Jacobson, PMHNP, CNS
 JeanAnne Johnson Talbert, APRN-BC, CARN-AP
 Helen Jones, PhD, RN, APN-C
 Sherry Kahn, MS, PMHCNS-BC
 Christopher Kalinyak, Psychiatric FNP, DNP,
 CNP, CNS, MBA
 Christine Karell, MSN, APRN, PNP
 Cheryl Kaufman, PMHNP-BC
 Florence Keane, DNSc, MBA, PMHNP, ANP-C
 Sandra Kelley, NP, MSN, ARNP
 Sukh Dev Singh Khalsa, BSN, MBA, MSN,
 PMHNP, PHN
 Maureen Kolomeir, MBA, MSN, PMHNP-BC
 Kathleen Kregor, BSN, RN-BC
 Rose Kutlenios, PhD, CRNP
 Marion Kyner, MSN, PMHCNS-BC
 Kathleen Langdon, PMHNP, BC
 Nancy Lange, RN, PC, PCMS
 Dee Langford, MSN, RN, PMHCNS-BC
 Lauren Langley, MSN, PMHNP-BC
 Joy Lauerer, MSN, APRN, BC
 Jeanette Lee, MS, NPP
 John Lepscier, RN-BC, BSN
 Andrea Lerma, MSN, RNCS
 Lynnetta Loveland, MSN, PMHNP, RN
 Judith Luehr, APRN, MS, CNS

Marilyn Lynch-Goddard, MSN, BSN, RN
 Susan Mahnovski, RN, CNL
 Cheryl Marsh, PMHCNS-BC
 Charlzetta McMurray-Horton, RN, MS
 Kelly McNichol
 Marie McQueen, MSN, ANP-BC
 Mary Meiselman, CNS, NP
 Tamara Melville, DNP, APRN, PMHNP-BC
 Josette Millman, ANCC, MS, CS, PMHNP-BC
 Wanda Monroe, ARNP
 William Morris, DNP, PMHNP
 Esther Mugomba-Bird, MSN, PMHNP-BC
 Joseph Nemeth, BSNRN
 Janet Nickolaus, CNS, ARNP
 Donna Nurss, APRN, BC
 Deborah Oestreicher, APRN, PMHCNS-BC
 Leslie Oleck, MSN, PMHCNS-BC, PMHNP, LMFT
 Lisa Olsen, PNP, APRN, FPMHNP
 Nancy Ortego, APRN, BC
 Joyce Parks, PMHCNS-BC
 Namita Patel, RN, APRN, CNS
 Brenda Patzel, PhD, APRN, PMHNP-BC
 Todd Perkins, MSN, APRN, ANP, PMHNP-BC
 Jane Phelan, APRN-BC
 Leah Pickett, MSN, RN, PMHNP-BC
 Leigh Powers, DNP, APRN, PMHNP-BC
 Renel Ramos, RN, MSN, NPP-APMHNP-BC
 Harold Ramsey, PMH, NP
 Rita Ray-Mihm, DNP, RN, CNS
 Elizabeth Reimherr, RN, BC
 R. John Repique, MS, RN, NEA-BC
 Carol Richina, BSN, MSN, FMP-C, PMHNP-BC
 Laura Rodgers, PhD, PMHNP, BC
 Sharon Rosenfield, CS, MS, CMC
 Georgina Rotzler, RN MSN PMHNP CASAC-t
 Rhonda Roy, MS, PMHNP-BC
 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, PMH, CNS, BC
 Rebecca Schroeder, DNP, PMHNP
 Amanda Schuh, PhDc, RN, PMHNP-BC
 Russell Shapiro, MA, MN, PMHNP
 Stacey Shaw, MSN, RN

Lynn Shell, PhD, APN-C
Sally South, MS, RN, PMHNP-BC
Vicki Spitzer, MSN, ARNP, CNS
Susan Stancampiano, NP, PMH-NP, BC
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, APRN-PMH/FNP
Nancy Testerman
Cherie Tubeileh, MSN, APRN, PMHNP-BC

Mary Tulinnye, DNP
Shiori Usami, CNS
Sharon Van Fleet, MS, PMHCNS-BC
Blake Vaughan, RN
Danny Vining, MSN, PMH-NP
Cheryl Waskiewicz, MSN, BC, APRN
David Whittaker, PMHNP
Babette Wieland, MSN, BSN
Laura Withorne-Maloney, RN, MSN, CNP
Grace Wlasowicz, PhD, RN, PMHNP-BC
Kimberly Wolf, PMHCNS-BC
Kylie Wright, RN
Elena Zeltser, CRNP-PMH
Cathi Zillmann, NPP
Wendy Zubenko, EdD, MSN, CNS
Melissa Zupancic, RN, CNS, APRN, BC

APRN Council

How many conference calls did you conduct during the 2013 - 2014 year? 12

Check any meetings that apply for the 2014 conference.

Interactive Panel

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

- The APRN Steering Committee experienced an overwhelming response to our call for new members. We added 7 new members in April 2014.
- The SC began its work this year by sending out a needs assessment to the APRN Council. APNA's APRNs identified legislative issues as they affect barriers to practice, reimbursement for APRNs and maintaining the role of psychotherapy in APRN practice as top priorities.
- The Steering Committee continually acts as a clearing house for information on key legislative issues, and we communicate this information via the discussion boards.
- The Steering Committee has solicited input from APRN members to put together talking points for those members who meet with their state representatives. Sample letters are posted in the APRN library.
- We are working with other councils in identifying the organization's thought leaders related to providing psychotherapy and anticipate working with the Education Council in putting together a continuing education series.
- We are currently exploring issues related to delivering care via tele health with the intent of guiding our members in their practice.
- The Steering Committee has provided input to NCSBN on proposed APRN Compact Model Rules and to CMS regarding proposed limitations of covered psychotropic medications.
- The APRN Steering Committee has provided feedback to the National Association of Boards of Pharmacy in updating APRN practice parameters state to state.
- The chairs of the APRN Steering Committee and the Institute for Mental Health Advocacy have met to explore areas where we can combine efforts.
- Council members peer reviewed content for the APNA eLearning Center.

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 work of the Steering Committee has focused on identifying barriers to PMH APRN practice and helping members to strategize effective response. Members of the Steering Committee have taken a lead in informing members of legislative issues that affect PMH APRN practice. We have provided feedback and guidance to member questions, have offered tools to help PMH APRNs educate key stakeholders in the provision mental health services and are exploring continuing education offerings that will enhance PMH APRN practice. We have taken a lead in anticipating issues related to the use of technology in the provision of care.

How has your group worked to achieve these goals?

A. There are national groups addressing the issues of nurse practitioners and of clinical nurse specialists, but the APNA APRN Council and Steering Committee are the only groups addressing issues specific to psychiatric mental health advance practice registered nurses in their

delivery of care to consumers of mental health services. We are encouraging members to participate in investigating identified areas of APRN concern and considering ways to provide legislative updates to our members

B. The Steering Committee has given input to NCSBN in their work toward APRN Compact Rules, to CMS regarding Medicare Part D covered psychotropic medications and to the NABP regarding state regulations pertaining to APRNs. We are working with other councils to develop methods of improving psychotherapy options.

C. In exploring legislative efforts we hope to identify ways of getting the message of mental illnesses recovery principles and the role of psychiatric nursing into the governing bodies of the states.

D. This one we need to continue to work on.

What do you hope to accomplish for the 2014 - 2015 year?

We have been successful in engaging many of our members in meaningful dialogue but we want to continue to work toward having all APRN members become actively involved. We will continue to work with members of the Institute for Mental Health Advocacy in monitoring current and upcoming legislation pertaining to PMH nurses/ PMH APRNs and the provision of mental health services and inform our members of these events. We anticipate joining with the APNA Education Council in providing continuing education offerings that are tailored to the learning needs of our members. We will continue to monitor issues related to the delivery of mental health services via "tele health" and provide guidelines as they are available.

We want to develop a single source site for legislative concerns effecting psychiatric nursing and the provision of service to the mentally ill. We will work on developing an online format similar to the DSM 5 workshop to enhance building of psychotherapy skills for psychiatric nurses.

Child and Adolescent Council

Chairs

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

Steering Committee (11)

Robin Bartlett, PhD, RN
Erin Ellington, DNP, RN, PMHNP-BC
Chantal Flanagan, RN, MS, CNS, FPMHNP
Kathleen Gaffney, APN, MSN, PMHCNS
Patricia McCoy, APRN, MS, ARNP, BC
Paula McManus, ARNP, BC, PNP

Michele Messina, MS, BSN, BC
Sue Odegarden, MA, MS, BSN, RN
Kathleen Regan
Jeanette Rossetti, EdD, MS, RN
Theresa Searls, APRN

Advisory Panel (119)

Andrea Anderson, BSN, MSN, RN
Lisa Auditore, RN, Associates
Linda Barloon, MSN, RN, PMHCNS, PMHNP
Vanessa Barlow, MBA, BSN, RN
Joanne Bartlett
Jenna Birdsell, CNS, CNP
Michelle Blackmer, PMHNP-BC, FNP-BC, MSN, RN
Colleen Borchert, MSN, APN, RN, PMHCNS-BC
Kaleen Boyd, PMHNP, MS, RN-BC
Dottie Brown, RN, BC
Kathleen Brown, RN, BC, PMHN
Meriel Campbell, MS, RN, NP CNS
Brenda Castrichini, PMHNP
Judith Collins, RN, BSN, MA
Amanda Costello
Terry Crickenberger, CNS, PMH-NP
Susan Crowder, RN, BSN
Christopher Cureton, BSN, RN - BC
Diane Daddario, MSN, RN, ACNS-BC, CMSRN
Susan Dawson, EdD, PMHCNS/NP-BC
Laura Dayton, RN
Erika DeMarche, RN, BSN
Della Derscheid, RN, PhD, CNS
Joseph Dull, PMHCNS-BC
Anjannette Dupree, RN-BC, BSN, MPA, CPHQ
Lisa Ehrlichman, PMHNP
Rebecca Emmanuelli, BSN, RN
Diane Esposito, PhD, ARNP, PMHCNS-BC

Linda Evinger, RN, MSN, WHNP
Lelise Ewing, RN, MSN
Sara Feldmann, MSN, PMH-NP, BC
Joelle Fellingner, RN, MS, APNP, CNS-BC
Mary Ferraro
Richard Folger, RN, BS, BSN, EdM
Vanessa Genung, PhD, RN, PMH-NP-BC, LCSW-ACP, LMFT, LCDC
Maria Germaine, RN-BC, MSN
Deanna Golden, RN, MSN/MBA
Judith Goodwin, PMHCNS
Denise Hall, RN, PMHCNS-BC
Margaret Halter, PhD, APRN
Dayna Harbin, RN, MSN, BC
Patricia Hill, PMHCNS
Barbara Hinds, BS, RNC
Debra Hofmann, RN
Margaret Howes, MS, RN
Elizabeth Hutson, RN, BSN, PMHNP
Tristin Johnson, APRN
Deborah Johnson, MSN, APRN, PMHNP-BC
Florence Keane, DNSc, MBA, PMHNP, ANP-C
Joan Kearney, PhD, APRN-BC
Laura Kellogg, RN
Lorna Kendrick, PhD, APRN, BC
Sukh Dev Singh Khalsa, BSN, MBA, MSN, PMHNP, PHN
David Klee, RN, PCNS
Raymond Klunk, RN

Darcy Koehn, ARNP
Steven Korona, FPMHNP
Maria Kottke
Kathleen Kregor, BSN, RN-BC
Andrea Kwasky, NP, DNP, PMHCNS-BC,
PMHNP-BC
Lauren Langley, MSN, PMHNP-BC
Elizabeth Laubenthal, RN, MSN
Joy Lauerer, MSN, APRN, BC
John Lepscier, RN-BC, BSN
Janie LeVieux, PhD, LPC-S, RN
Linda Lewin, PhD, PMHCNS-BC
Macey Luo-Souza, MSN, BSN, RN, APRN,
PMHCNS-BC, HCPS
Marilyn Lynch-Goddard, MSN, BSN, RN
Crystalmichelle Malakar, BSN, RN
Mia Manfredi, ARNP, MSN, FNP-BC
Robert Marks, MDV, MSW, MSLS, RN, BC
Ana Marrero, ARNP, MSN
Cheryl Marsh, PMHCNS-BC
Lynette Marshall, RN, MSN
Eric McKeown
Julia McLaughlin, BSN, RN
Kelly McNichol
Karin Meier, RN
Tamara Melville, DNP, APRN, PMHNP-BC
Marissa Mishne, BSN, MSN, RN Student
Patricia Molloy, PhD, PMHCNS-BC
Michele Moreau, BA, RN-BC
Jane Muehsam, RN, MSN, APN, CDE
Sean Murphy, PhD, RN, PMHNP Student
Jeanne Norton, RN, MSN
Cheryl Odell, MS, NEA-BC
Nancy Ortego, APRN, BC

Cindy Parsons, DNP, PMHNP-BC,
PMHCNS-BC, FAANP
Leah Pickett, MSN, RN, PMHNP-BC
Cindy Potts, RN, BSN, BC
Kristina Prapuolenis, RN
Sharon Pudlo, RN, BSN, JD
Carol Richina, BSN, MSN, FMP-C, PMHNP-BC
Cheryl Robinson-Moore, BSN, MA, RN-BC
Kathleen Roblyer, DMin, MSN, APRN, PMHNP-
BC
Tracey Rose, RN, BC
Georgina Rotzler, RN MSN PMHNP CASAC-t
Julie Ryder, PMHNP, BC
Joseph Schatz, MSN, CRNP, PHRN
Karen Schepp, PhD, APRN, BC
Paul Schwartz, BSN, MSN
Debra Scrandis, PhD, CRNP
Chenoa Shenandoah, MSN
Robin Smith, RN, MSN, CPN
Julie Solomon, PhD, MS, RN.
Janet Somlyay, DNP, CPNP, PMHNP
Debbie Steele, MFT, PhD, RN
Regina Stokes
Christine Tebaldi, MS, PMHNP-BC
Michael Terry, DNP, APRN-PMH/FNP
Brigitte Vaughan, MSN, APRN-BC, NP
Angelique von Halle, PMHNP
Kim Walker, PNP, PMHCNS-BC
E. Monica Ward-Murray, EdD
Jesseca Washburn, RN, BSN
Carol Winkler, PNP, Child & Adolescent
Psychiatric Nurse Practitioner
Linda Zarrett, RN
Jolyn Zeller, MS, PMHNP-BC
Wendy Zubenko, EdD, MSN, CNS

Child and Adolescent Council

How many conference calls did you conduct during the 2013 - 2014 year? 5

Check any meetings that apply for the 2014 conference.

Interactive Panel

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

- Diane Wieland and Julie Carbray became co-chairs of the Child and Adolescent Council in January, 2014. There are 228 members who are identified as members, and 10 members of the Steering Committee.
- For the APNA 28th Annual Conference in Indianapolis, there are 13 presentations by members of the council including the Interactive Council Presentation.
- The APNA Child and Adolescent Council Survey was completed and resulted in 9 Work Groups. Two of these workgroups submitted Abstracts for the conference and will be presenting.
- Over 79% stated they would participate in the development of CE products for APNA. Work groups met via phone conference calls. There is a need for continual involvement of members on the work groups, but it is hoped that once nurses talk and connect with one another face to face at the Annual Conference more energy will result in tangible CE products.
- The issue of community violence and what nurses may do to intervene is being presented at the Child and Adolescent Interactive Council. This includes violence in the forms of dating violence bullying including cyberbullying and ways for psychiatric nurses to respond. It is hoped that a lot of discussion around the work groups and community violence will take place at the Interactive Council and fuel more work by members after this event.
- Content development is in process for the Autism Spectrum series.
- Council members peer reviewed content for the APNA eLearning Center.

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?

It is a unified voice in that the survey report evolved into many topical areas that our members can address. There is a sense of working together towards goals related to caring for children and adolescents and dedication to this population among the Council members.

How has your group worked to achieve these goals?

- *Indispensible Resource*: Coming together on topics and working as groups on the work group topics helps to network with other members and achieve goals we may not have achieved individually.
- *Leader in creating strategic alliances with key stakeholders*: Our members are one of our stakeholders as are the children and teens served. The work helps develop a stronger alliance to help this population
- *Expert Voice*: As Child and Adolescent psychiatric nurses we are gathering members who are experts, and by working together, we learn from one another.
- *Leaders*: In completing our projects, some members write articles, CE, and present at the Annual Conference. Also, in reviewing the literature on some topics, for example, secondary

traumatic stress, it was noted that there is no research study that had child and adolescent psychiatric nurses or psychiatric nurses at all, as research participants, and this gives us the opportunity to do a study related to this topic.

What do you hope to accomplish for the 2014 - 2015 year?

Increase the work and productivity of the work groups under the Child and Adolescent Council.

Increase networking and interpersonal connection face to face at the Annual Conference.

Generate ideas for work that have not been identified on the survey. Ascertain from members what they need.

Education Council

Chairs

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

Steering Committee (19)

Cynthia Archer-Gift, PhD, ED, MSN, RN
Sattaria Dilks, DNP, APRN, PMHNP-BC
J. Carol Elliott, PhD, RN, PMHCNS, BC
Diane H. Esposito, PhD, ARNP, PMHCNS-BC
Marian Farrell, PhD, PMH-NP, BC, CRNP
Ruth Fiedler, EdD, PMHCNS-BC, CNE
Nancy Hanrahan, PhD, RN, FAAN
Mary Johnson, PhD, RN, PMHCNS-BC, FAAN
Maureen Killeen, PhD, FAAN, APRN
Barbara Limandri, PhD, PMHCNS-BC

Pamela Lusk, RN, DNP, PMHNP-BC
Ann Mitchell, PhD, RN, FAAN
Karen Moosvi, MSN, APNC, CNE
Linda Oakley, PhD, RN
Patricia O'Brien, PhD, RN, PMHNP-BC
Eula Pines, PhD, DNP, PMHCNS, BC,
David Sharp, PhD, RN
Carole Shea, PhD, RN, FAAN
Joyce Shea, DNSc, APRN, BC

Advisory Panel (139)

Susie Adams, PhD, APRN, PMHNP, CNS-BC, FAANP
Andrea Anderson, BSN, MSN, RN
Lindsay Anderson, MS, APRN-BC
Lorraine Anderson, PhD, RN, MPA
Lisa Auditore, RN, Associates
Morningdove Bain, MSN, RN, PHN, FCN
Lora Beebe, PhD, PMHNP-BC
Michelle Blackmer, PMHNP-BC, FNP-BC, MSN, RN
Margaret Bookman, RN, MS, CS
Arleen Briggs, MSN, RN-BC
Debra Brodersen, RN, MSN-MHA
Michelle Buckman, MSN, APRN BC
Doreen Butler, R.N., CPN, CAN.Ed, MSc.
Barbara Buxton, PhD
Lisa Casler, PMHNP-BC, NPP
Carolyn Castelli, PMHCNS, RN-BC
Catherine Clark, MSN, PMHNP-BC
Maureen Craigmile, RN-BC, MSN
Mary Crosby
Shirlee Davidson, RN, MSN
Susan Dawson, EdD, PMHCNS/NP-BC
Laura Dayton, RN
Barbara De Feo, RN, MSN, NPP
Joanne Dedowicz
Susan Derivas, PMHNP-BC

Carleen DiMeglio, RN, MSN, PMHCNS-BC
Susan Dreaden, RN, MSN, BC, CCM
Mary Dubriel, RN
Laura Dzurec, PhD, RN, PMHCNS, BC
Elizabeth Easley, APRN, BC, PMHCNS--BC
Donna Ecklesdafer, RN, MSN
Linda Etchill-Ewald, RN, BSN, MSN, PMHCNS-BC
Cassandra Euell, MSN, RN
Ginger Evans, APN-BC, PMHCNS, SANE-A
Sara Feldmann, MSN, PMH-NP, BC
Ann Filipski, MSN, PSY. D, PMHCNS-BC
Joyce Fjelland, PhD, RN, CNS
Darlene Flowers, PMHNP-BC
Ruth Flucker, MS, RN, RNMH, PMHNP-BC, CNE
Sandra Foltz, RN, BSN, MSN
Sandra Gamble, RN, MSN, BS
Diane Gardner, EdD, APRN, PMHCNS-BC
Vanessa Genung, PhD, RN, PMH-NP-BC,
LCSW-ACP, LMFT, LCDC
Suzanne Goetz, PhD Candidate, MSN, RN, CCS-P
Deanna Golden, RN, MSN/MBA
Teresita Gonzales
Edna Hamera, PhD, ARNP
Sharon Hancharik, EdD, MS, MEd, RN-BC
Ann Harms, EdD, RN-PMHCNS-BC
Todd Hastings, PhD(c), MS RN, MS
Sally Helton, RN, MSN, CS, BC, SANE-A

Susan Jacobson, PMHNP, CNS
 Christina Jolley, BSN, CSN, RN
 Hollis Jones, RN
 Paula Jones, MSN, RN
 Ann Keeley, RN, MN, CNS/PMH, LMFT
 Lorna Kendrick, PhD, APRN, BC
 Min-Shik Kim, DRPH, CS
 Debra Kloesz, MS, RN, CNE, BC
 Candice Knight, PhD, EdD, APN, PMHNP-BC, PMHCNS-BC
 Kerry Kokaisel, FPMHNP, DNP
 Kathleen Kregor, BSN, RN-BC
 Gisli Kristofersson, RN, CNS
 Elizabeth Laubenthal, RN, MSN
 Jeanette Lee, MS, NPP
 Kathleen Lenaghan, MSN, RN-BC
 John Lepscier, RN-BC, BSN
 Sherry Lindsay, ARNP
 Jill Lintner, PMHCNS-BC
 Kristy Loewenstein, MSN, RN-BC, PMHNP-BC
 Lynnetta Loveland, MSN, PMHNP, RN
 Agnes Lynch, NPP
 Marilyn Lynch-Goddard, MSN, BSN, RN
 Linda Mabey, DNP, CNS, BC
 Angelina Manchester, MSN, BSN, RN
 Alla Maria, RN
 Joan Masters, EdD, MBA, APRN, PMHNP-BC
 Selina McKinney, PhD, APRN-BC
 Suzanne Medina, RN-BC, MSN
 Ana Joy Mendez, RN, PhD
 Greg Mercer, BA, MSN
 Cindy Michael, MSN, PMHAPN-BC
 Ann Marie Michalski, FNP, MSN, RNBC
 Leslie Miles, APRN, BC
 Elise Montoya, RN
 Betty Morgan, PhD, PMHCNS, BC
 Amy Morton-Miller, PhD, RN, PMHCNS-BC, CNE
 Lisa Naugle, MSN RN BC
 Patricia Nisbet, DNP, PMHNP-BC
 Jay Norwood, MSN, RN
 Jill Nusbaum, RN, PhD, CS
 Deborah Oestreicher, APRN, PMHCNS-BC
 Michael Olasoji, PhD, BNurs, PGDip MHN,
 Leslie Oleck, MSN, PMHCNS-BC, PMHNP, LMFT
 Stacie Olson, MS, RN, PMHNP-BC
 Bonnie Parker, DNP, RN, CRRN

Brenda Patzel, PhD, APRN, PMHNP-BC
 Ann Peden, PMHCNS-BC, DSN
 George Peraza-Smith, DNP, APRN, GNP-BC, NP-C, CNE
 Christina Peters, BSN, RN
 Lourdes Pineda, MSN, RN-BC, CCM
 Leigh Powers, DNP, APRN, PMHNP-BC
 Hilarie Price, MSN, RN
 Nicole Price, RN, MSN, CNS/ANP
 Sharon Pudlo, RN, BSN, JD
 Rita Ray-Mihm, DNP, RN, CNS
 R. John Repique, MS, RN, NEA-BC
 Bettina Riley, PhD, RN
 William Robertson, MSN, ANCC PMHN
 Georgina Rotzler, RN MSN PMHNP CASAC-t
 Jacqueline Saleeby, PhD, RN, BCCS
 Monique Sawyer, DNP, RN, PMHNP-BC
 Karen Schepp, PhD, APRN, BC
 Rebecca Schroeder, DNP, PMHNP
 Debra Scrandis, PhD, CRNP
 Laurie Seidel, BSN, MSN
 Traci Sims, APRN, BC, MS
 Lakeisha Sneed, MSN, RN
 Jane Sobolov, MS, RN-BC
 Mark Soucy, PhD, APRN, BC
 Bruce (Jamie) Stevens, MSN, APRN, PMHNP-BC
 David Strawn, RN
 Lourdes Sumilang, BSN, RN, BC, MSNEd
 Tina Taylor, MN, ARNP, PMHNP-BC
 Terri Tebo, RN, MSN/Ed
 Miriam Thornton, MSN, RN
 Jennifer Tillman, BSN, RN-BC
 Judith Van Cleef, MS, RN-BC, CARN
 Mary VanderKolk, BS, BSN, MSN, MBA
 Lisa von Braun, RN, MSN, MEd CNL
 Paula Vuckovich, RN, PhD, PMHCNS-BC
 Carol Wahlstrom, RN, MS, LCPC
 Mimi Waldman, PMHCNS-BC
 Matthew Walker, MSN, RN-BC
 Kimberly Walker-Daniels, RN, MSN, BSN, RN-BC (Gero), RN-BC (M-S), CMSRN, WCC
 E. Monica Ward-Murray, EdD
 Grace Wlasowicz, PhD, RN, PMHNP-BC
 Kimberly Wolf, PMHCNS-BC
 Scott Ziehm, DNP, RN

Education Council

How many conference calls did you conduct during the 2013 - 2014 year? 9

Check any meetings that apply for the 2014 conference?

- Meeting of Steering Committee + Advisory Panel
- Interactive Panel
- Interactive Panel Breakout Session following the Interactive Panel.

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

- We facilitated the Education Council Interactive Session at the 27th Annual Conference and will do so again this year at the APNA 28th Annual Conference in Indianapolis, Indiana.
- We have 3 Sub-Committee Work Groups (e.g., Graduate, Undergraduate/Pre-Licensure and Continuing Education):
 - The Graduate group is developing innovative strategies using cinema/film exemplars to teach psychotherapy concepts to graduate students. In addition, they are pursuing how to incorporate more evidence-based strategies and research within Graduate Education. They are also presenting at the conference.
 - The Undergraduate/Pre-Licensure group is developing a framework for the incorporation of concepts related to the BSN Essentials, Scope and Standards for Psychiatric Mental Health Nursing Practice and Recovery concepts into Undergraduate/Pre-Licensure education. Workgroup members are presenting two sessions at the conference. Members of this group developed content for the APNA eLearning Center.
 - The Continuing Education group piloted an on-line explanation of the DSM-5. This will be showcased in one of the 2014 annual pre-conference workshops. This workgroup has two more sessions being presented at the conference.

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?

We solicited member input as we piloted the DSM-5 On-line CE content. In addition, we worked toward the development of a unified framework for the incorporation of the BSN Essentials, Scope and Standards of Psychiatric Mental Health Nursing and Recovery Concepts into undergraduate/pre-licensure education. We also provide collaboration and assistance to other APNA Councils and to members as requested.

How has your group worked to achieve these goals?

- A. Development of educational CE and Conference offerings and also solicitation of APNA member ideas for development, implementation and evaluation of goals within Psychiatric Nursing.
- B. Collaborative work within and across other councils as well as emphasis on the input of consumers who promote and educate others regarding Recovery concepts.

- C. Using the experts within our Council structure as well as solicitation of ideas from APNA members who know and teach the evidence-based strategies within our specialty. D. Our three sub-committee workgroups are illustrative of this as they address the Undergraduate, Graduate and Continuing Education components and evidence-based approaches within our PMH specialty. We are forward thinking and collaborative in our work within and outside of APNA work.

What do you hope to accomplish for the 2014 - 2015 year?

1. Implementation of the DSM-5 CE Offering as pilot work is completed.
2. Completion of the development of a framework for the inclusion of BSN Essentials, Scope and Standards of PMH Nursing Practice and Recovery Concepts within Undergraduate/Pre-Licensure Educational settings.
3. Completion and Implementation of a 3 issue electronic Nursing e-series on Bipolar Disorders.

Forensic Psychiatric Nurses Council

Chairs

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

Steering Committee (21)

Angela Amar, PhD, PMHCNS-BC, FAAN
 Joyce Azzaline, APRN, BC, DHS(c), MSN, MS
 Helen Birkbeck, APRN
 Deborah Cook, RN, MS, PMHCNS-BC
 Yvonne Cryns, JD, MSN, RN, PMHNP, CPM
 Bernice Ferguson
 Loraine Fleming, DNP, PMHNP-BC
 Tara Haskins
 Victoria Hazard
 Andrea Katz, MSN
 Ursula Kelly, PhD, ANP-BC, PMHNP-BC

Melanie Lint, MSN, CNS, CARN-AP
 Shelly Lurie-Akman, MS, APRN, PMH-BC
 Richard Pessagno, DNP, PMHNP-BC, CGP
 Deborah Schiavone, PhD, RN, PMHCNS-BC, CNE
 David Sharp, PhD, RN
 Janet Smith, PMHNP, DNP (c)
 Ramona Smith Hall, BSN, PMH-BC
 Frankie Wallis, RN, MSN, FNP
 Shiphrah Williams-Evans, PhD, PMHNP-BC
 Nancy Wolf, DNP, PMHNP-FNPC

Advisory Panel (68)

Janice Adam, RN-BC
 Andrea Anderson, BSN, MSN, RN
 Lisa Auditore, RN, Associates
 Mariela Badum, RN, BSN
 Karen Blonigan, RN, BC, MSN
 Rosetta Booker-Brown, RN, BSN
 Judith Collins, RN, BSN, MA
 Laura Conley-Prince, MN, RN-BC Clinical Nurse
 IV
 Mary Crosby
 Susan Crowder, RN, BSN
 Pamela Dalrymple, RN, MH
 Maura Davis, RN, MS, PMHNP
 Laura Dayton, RN
 Joelle Fellingner, RN, MS, APNP, CNS-BC
 Jennifer Flock, BSN
 Darlene Flowers, PMHNP-BC
 Olesya Gavrylyuk, RN
 Joseph Giovannoni, DNP, PMHCNS-BC, APRN-
 RX
 Teresita Gonzales, MSN Ed. RN-BC
 Carla Graham, RN
 Dean Ivester, RN, PMHN
 Christine Jackson, RNC
 Susan Jacobson, PMHNP, CNS
 Carissa Kajenski, MS, RN, PMHNP-BC

Florence Keane, DNSc, MBA, PMHNP, ANP-C
 Ronda Kearns-Strawser, RN, BSN
 Sandra Kelley, NP, MSN, ARNP
 Kathleen Kregor, BSN, RN-BC
 Lauren Langley, MSN, PMHNP-BC
 Elizabeth Laubenthal, RN, MSN
 John Lepscier, RN-BC, BSN
 Donna Lynch, MSN, CSFN
 Loine Lynch-Finlayson, RN
 Marilyn Lynch-Goddard, MSN, BSN, RN
 Angelina Manchester, MSN, BSN, RN
 Laurie Mandel, MSN, CNP, PMHNP
 Carol Maute, RN, BSN, MSN, HN-BC,
 APN
 Britta Mazanet, RN, BSN
 Leslie Miles, APRN, BC
 Sean Murphy, PhD, RN, PMHNP Student
 Evelyn Perkins, PMH-BC, NE-BC
 Keith Plowden, PhD, RN
 Sharon Pudlo, RN, BSN, JD
 Melinda Rader, RN, MSN
 Maureen Rafa, BS, RNC
 Jeff Ramirez, PhD, PMH-NP
 Deirdre Rea, BSN, RN, MSN
 Renee Redden, APMHCNS, BC
 Mary Reed, PhD, APN, PMHCNS-BC

R. John Repique, MS, RN, NEA-BC
Cheryl Robinson-Moore, BSN, MA, RN-BC
Carol Ross, PMHCNS
Karen Schepp, PhD, APRN, BC
Dorothy Seals, APMHNP
Zuzana Segev, PhD, MSN, ARNP
Virginia Singer, DNP
Janet Somlyay, DNP, CPNP, PMHNP
Tina Taylor, MN, ARNP, PMHNP-BC
Marcy Tichacek, MN, PMHCNS-BC, RN

Eleanor Tomas, BSN, RN
Debbie Ultsch, RN, BSN
Doris Van Byssum, PsyD, PMHNP-BC
Amye Varnum, PMHN, RN, BC
Jesseca Washburn, RN, BSN
Sheila Webster, PMHCNS-BC, CNS
Kathleen Wolff, PhD, APRN, CNS
MaryBeth Zambella, PMHNP-BC
Cathi Zillmann, NPP

Forensic Psychiatric Nurses Council

How many conference calls did you conduct during the 2013 - 2014 year? 1

Check any meetings that apply for the 2014 conference.

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

We are conducting a survey to see the interest of members on council activities and planning to rejuvenate the council.

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?

Surveyed participant members on availability for service in forensic nursing.

How has your group worked to achieve these goals?

Responded to issues on the blog

What do you hope to accomplish for the 2014 - 2015 year?

Rejuvenate the Counsel by recruiting members and having more meetings.

Recovery Council

Chair

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

Steering Committee (24)

Eric Arauz, MA, MLER
Cynthia Archer-Gift, PhD, ED, MSN, RN
Moe Armstrong, MBA, MA
Gayle Bluebird, RN
Mary Ann Boyd, PhD, DNS, PMHCNS-BC
Susan Brammer, PhD, RN
Genevieve Chandler, RN, PhD
Dawn Coglisier, MSN, RN-BC
Lynn DeLacy, PhD, RN, NEA-BC
Nancy Dillon, PhD, RN, CNS
Mary Ellen Donovan, MA, RN, CRSS
Ann Gander, APRN
Diane Hickman, PhD, APRN, PMHCNS-BC
Celeste Johnson, DNP, APRN, PMH CNS

Joan King, RN, MSN, CS
Kathleen McCoy, DNSc, APRN-BC,
PMHNP-BC, PMHCNS-BC, FNP-BC,
FAANP
Janet Merritt, PhD, RN
Kathleen Musker, PhD, RN
Constance Noll, MA, BSN, RN-BC
Stephanie Plummer, DNP, APRN, PMHNP-
BC, FN
Ora Robinson, PhD, R.N. CNE
Karen Stein, PhD, RN, FAAN
Georgia Stevens, PhD, APRN, PMHCNS-BC
Barbara Warren, PhD, RN, PMHCNS-BC,
FAAN

Advisory Panel (53)

Jane Abanes, NP
Lynda Artusio, PMHCNS
Deborah Bethel, PMHCNS
Mary-Margaret Bradley, RN, MSN, APRN
Lisa Casler, PMHNP-BC, NPP
Jeanne Clement, EdD, APRN, PMHCNS-
BC, FAAN
Jose Colom, RN, BSN
Kayla Cross, RN-C, MA, BSN
Katherine Darling, DNP, PMHNP/FNP-C, APRN
Susan Ellenbecker
Mark Farrington, CNS, PMHCNS, BC
Brienne Fitzgerald, NP, MPH
Virginia Fox, BSN, MSN, PMHCNS-BC
Mary Gagne, MSN PMHCNS, BC
Teresita Gonzales
Patricia Graham, MSN, PMHCNS, BC
Elaine Greggo, PMHCNS, BC
Sharon Haight-Carter, PMHNP-BC
Edna Hamera, PhD, ARNP
Helen Jones, PhD, RN, APN-C
Ruth Jordan, RN, MS, MBA, NE, BC
Cathleen Kealey, BSN, PMH-RN-BC

Johanna Kolodziej, MSN, RN
Kathleen Kregor, BSN, RN-BC
Marion Kyner, MSN, PMHCNS-BC
Sandra Lavelle, RN
James Leahy, RN, BC
Kathleen Lehmann, RN-BC PMHN, Ed.D(c),
Ed.S, M.Ed.
John Lepscier, RN-BC, BSN
Carolynn Lindsey, BSN, RN
Kim Moreno, PhD, RN
Ann Murphy Harris, MSN, PMHNP-C
Lisa Naugle, MSN RN BC
Eris Perese, APRN-PMH
Susan Phillips, DNP, PMHCNS-BC
Jeff Ramirez, PhD, PMH-NP
R. John Repique, MS, RN, NEA-BC
Carol Rogers, PhD, APN
Marian Roman, PhD, PMHCNS-BC
Amy Rushton, MSN, RN, 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
Jennifer Tillman, BSN, RN-BC
Nancy Turner, RN, C, MSN
Anu Vazhappilly, RN

Jesseca Washburn, RN, BSN
Kathleen Webster, RN, MSN, PMHNP, CNSMH
Danny Willis, RN, DNS, PMHCNS-BC
Theresa Zeman, MSN

Recovery Council

How many conference calls did you conduct during the 2013 - 2014 year? 8

Check any meetings that apply for the 2014 conference.

Interactive Panel

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

- Jennifer Barut started as co-chair at the beginning of the year.
- We have revised our "Big Audacious Goal" to a more comprehensive Mission, Vision & Core Values.
- We submitted an abstract for the 28th Annual Conference with a focus on recovery in a cultural context.
- We formed three workgroups to develop deliverables focusing on the different cultural contexts including: Environments, Education, and Populations.
- We have surveyed members to determine continued interest in involvement and are currently working with Council Support staff to renew membership.
- Council members participated in peer reviewing of APNA eLearning Center content.
- Council members developed content for the eLearning Center program on Storytelling.
- Council members contributed content for the eLearning Center program called, "Integrating Recovery Model into Undergraduate Nursing Education".

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?

Our workgroups are tasked with developing recovery resources in order to be the primary source for nurses from all areas and with all populations for information and resources on supporting individuals in their recovery process

How has your group worked to achieve these goals?

We are having discussion about how to incorporate peer support more strongly in our council. As previously discussed, our formation of workgroups to address resources for a range of contexts will integrate research, practice and education, and we will collaborate with the other councils as needed.

What do you hope to accomplish for the 2014 - 2015 year?

Development of a comprehensive set of resources on recovery from multiple cultural contexts including populations, environments and education.

Research Council

Chairs

Linda Beeber, PhD, CNS-BC, FAAN
 Daryl Sharp, PhD, PMHCNS-BC, NPP
 Danny Willis, RN, DNS, PMHCNS-BC

Steering Committee (27)

Susie Adams, PhD, APRN, PMHNP, CNS-BC, FAANP
 Angela Amar, PhD, PMHCNS-BC, FAAN
 Devon Berry, PhD, RN, MSN, CFNP
 Nancy Buccola, MSN, APRN, PMHCNS-BC
 Linda Chafetz, RN, DNSC
 Genevieve Chandler, RN, PhD
 Colleen Corte, PhD, RN
 Sandy Hannon Engel, PhD, RN, CNS, PMHNP
 Nancy Hanrahan, PhD, RN, FAAN
 Helen Karpilovsky, BSN, RN, MSN
 Ursula Kelly, PhD, ANP-BC, PMHNP-BC
 Theresa Kormos, PMHCNS-BC
 Linda Lewin, PhD, PMHCNS-BC
 Irma Mahone, PhD, RN

Jane Mahoney, PhD, RN, PMHCNS-BC
 Teena McGuinness, PhD, CRNP, FAAN
 Kris McLoughlin, DNP, APRN, PMHCNS-BC, CADC-II, FAAN
 Brandy Mechling, PhD, RN, PMHCNS-BC
 Geoffry Phillips McEnany, PhD, PMHCNS, BC
 Bethany Phoenix, PhD, RN, CNS
 Mary Rosedale, PhD, PMHNP-BC, NEA-BC
 Grayce Sills, PhD, RN, FAAN
 Marianne Smith, RN, PhD, ARNP, BC
 Gail Stuart, PhD, RN, CS, FAAN
 Sandra Thomas, PhD, RN, FAAN
 Kimberly Williams, RN, DNSc, APN-BC, PMHNP-BC, APHN-BC
 Barbara Wolfe, PhD, APRN, BC, FAAN

Advisory Panel (99)

James Adams, MSN, PMHCNS-BC
 Pamela Adamshick, PhD, RN, PMHCNS, BC
 Lorraine Anderson, PhD, RN, MPA
 Paula Anderson, MS, PMHNP-BC
 Mary Basolo-Kunzer, PhD, APRN, CNE
 Jill Bormann, PhD, RN, APRN-BC, CNS
 Nancy Bowllan, EdD, CNS, RN
 Kaleen Boyd, PMHNP, MS, RN-BC
 John Brion, PhD, RN
 Rebecca Casarez, PhD, RN
 Jeanne Clement, EdD, APRN, PMHCNS-BC, FAAN
 Malachy Corrigan, RN, MSN, NPP-BC
 Gail DeBoer, RN, MS
 Joanne Dedowicz
 Della Derscheid, RN, PhD, CNS
 Susan Dreaden, RN, MSN, BC, CCM
 Linda Evinger, RN, MSN, WHNP
 Janefrances Ezimorah, MSN, RN, APRN
 Joyce Fjelland, PhD, RN, CNS

Beverlee Furner, FNP
 Mary Gagne, MSN PMHCNS, BC
 Lucille Gambardella, PhD, APN-BC, CNE, ANEF
 Gerald Georgette, RN, MSN, CCRC
 Suzanne Goetz, PhD Candidate, MSN, RN, CCS-P
 Janice Goodman, PhD, PMHCNS-BC
 Tamera Graziano, MSN, CNL-BC, PMHNP
 Stephanie Grey, RN, FCN
 Judith Hauck, RN, PMHCNS-BC
 E. Claire Heilman, MSN, PMH, CNS-BC
 Edward Herzog, MSN, APRN
 Rebecca Horn, MSN, RN-BC
 Jacqueline Hott, RN, BS, MA PhD, FANN
 Donald Johnston
 Cathleen Kealey, BSN, PMH-RN-BC
 Florence Keane, DNSc, MBA, PMHNP, ANP-C
 Joan Kearney, PhD, APRN-BC
 Debra Knop, RN, MSN, PMHCNS-BC
 Abigail Kotowski, RN, BS, PMHCNS-BC

Mary Kozy, PhD, RN, PMHCNS, BC
Kathleen Kregor, BSN, RN-BC
Leticia Lantican, PhD, RN
Judy Lark, MS, RN, PMHCNS-BC
Patricia Latham, PMHCNS-BC
Elizabeth LeCuyer, RN MN, PhD, PMHNP
Kathleen Lehmann, RN-BC PMHN, EdD(c),
EdS, MEd
Debra LeMasters-Parzel, MSN, APRN
John Lepscier, RN-BC, BSN
Andrea Lerma, MSN, RNCS
Jane Mahoney, PhD, RN, PMHCNS-BC
Tara Mariolis, RN
Ernestina Martin, RN, BSN, MSN
Margherite Matteis, PhD, PMHCNS-BC
Marie Maugans-Coleman, APRN, BC
Mary Meiselman, CNS, NP
Sandy Mishkin, RN, BC, MSN, MEd
Lisa Naugle, MSN RN BC
Pamela Nelson, PhD, PMH, CNS, RN
Vareen O'Keefe-Domaleski, MSN, EdD,
NEA, BC
Joyce Olagoke, RN, BSN, MSN
Sudha Patel, BSN, MN, MA, DSN, RN
Olimpia Paun, PhD, PMHCNS-BC
Pamela Pepper, PMH, CNS, BC

Leah Pickett, MSN, RN, PMHNP-BC
Sharon Piercy, MSN, RN, BSN
Leigh Powers, DNP, APRN, PMHNP-BC
Jeff Ramirez, PhD, PMH-NP
R. John Repique, MS, RN, NEA-BC
Gale Robinson-Smith, PhD, RN
Georgina Rotzler, RN MSN PMHNP CASAC-t
Karen Schepp, PhD, APRN, BC
Nancy Scheutz, MSN, RN, AHN-BC
Debra Scrandis, PhD, CRNP
Jeanne Marie Stacciarini, PhD, RN
Debbie Steele, MFT, PhD, RN
Gail Stern, MSN, PMHCNS-BC
Sylvia Stevens, APRN, MS, BC
Gail Stuart, PhD, RN, CS, FAAN
Lourdes Sumilang, BSN, RN, BC, MSNEd
Kimberly Sutter, MSN, RN
Helen Thamm, APRN, PMHCNS-BC
Jennifer Tillman, BSN, RN-BC
Debra Van Dyke, MA, BSEd, BSN RN
Renee Vives, SPMHNP
Kelly Voll, ADN, RN
Carol Wahlstrom, RN, MS, LCPC
Cathi Zillmann, NPP
Sarah Zimmerman, PMHNP-BC

Research Council

How many conference calls did you conduct during the 2013 - 2014 year? The Research Council Co-chairs (Linda Beeber and Danny Willis) had regular telephone conference calls.

Check any meetings that apply for the 2014 conference.

Interactive Panel

2014 Conference Goals for the Research Council presentations

- Energize participants' research engines
- Help participants plan their next step as a nurse scientist, practice expert or clinician
- Help participants navigate the rough waters of funding
- Support participants in developing new teams to accomplish meaningful PMH Practice change
- Provide participants with the opportunity to hear the newest research on Depression, Trauma and PMH Interventions

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

We were able to accomplish these goals:

- Developed Strategic Plan for 2014 based on 3 focus groups held at the 2-13 conference. Plan called for a) adding new leadership to the Council; b) submitting a proposal to APNA to support intensifying research at the 2014 conference, and c) continue to review and recommend APNF research seed grant proposals to the APNF Board for approval.
- Launched plan to intensify research at the annual conference (**see program offerings below**)
 - Proposal submitted and approved – November, 2013
 - Committee formed: Linda Beeber, Danny Willis, Karen Stein, and Nancy Buccola*, Marianne Smith*#, Linda Lewin*#, Andrea Kwasky*# and Kimberly Smith*#. The * members were new recruits to Council leadership (“a” in the strategic plan); *# indicates former recipients of APNF funding.
 - Worked with APNA staff (Pat Black and Tandi-Jo Lantrip) to design 4-2hour Preconference sessions and one additional Interactive Panel presentation (10 hours of presentations total).
 - Result is three research development sessions and two emerging research session featuring 6 programs of PMHN research under two themes, Depression and Trauma Healing
- Continued to work with Tandi-Jo Lantrip to coordinate the annual review and recommendation process for the APNF proposals – two proposals were funded

Tobacco Dependence Council

Chairs

Susan Blaakman, PhD, RN, NPP-BC
Daryl Sharp, PhD, PMHCNS-BC, NPP

Steering Committee (18)

Romnee Auerbach, ANP, PMHNP-BC
Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, ICCDPD
Sharon Davis, FPMHNP-BC
Jennifer DiPiazza-Sileo, MS, NP-P, APRN-BC
Jill Ebright, RN
Carol Essenmacher, DNP, C-TTS
Kay Foland, PhD, RN, PMHNP-BC, PMHCNS-BC, CNP
Julia Houfek, PhD, APRN-CNS, BC
Kristin Lundsten, RN, MSN
Erin McCluskey, RN, BSN
Arabella Mitchell Bruce, DNP, MSN, RN
Madeline Naegle, PhD, CNS, PMH-BC, FAAN
Margaret Scharf, PMH-NP, FNP, DNP, PMHNP Leader
Vicki Smith, RN, NP-BC
Dorothy Valin, APN CNS PhD
Bridgette Vest, DNP, RN, PMHNP, GNP
Donald Wleklinski, PMHNP-BC
Olivia Young, PhD, TTS, FPMHNP-BC

Advisory Panel (12)

Therese Carlson, RN, BSN
Agnes Dougherty, RN, MSN, BC
Melinda Easley, RN, BSN, MSN, PMHNP
Mary Gagne, MSN PMHCNS, BC
Cheryl Gould, BSN, MS, RN, APN-C
Stephanie Grey, RN, FCN
Sharon Hancharik, EdD, MS, MEd, RN-BC
Lisa Hensler, NP
Sally Melcher-McKeagney, RN, BC
Elizabeth Riley
Bruce (Jamie) Stevens, MSN, APRN, PMHNP-BC
Jennifer Tillman, BSN, RN-BC

Tobacco Dependence Council

Check any meetings that apply for the 2014 conference.

Interactive Panel

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

Although the prevalence of tobacco use in the general population has decreased over the past several decades, the numbers of people living with psychiatric and/or substance use disorders that use tobacco remains alarmingly high. Since the creation of our Tobacco Dependence Council in 2008, APNA has fostered the development and dissemination of many resources to educate our workforce and assist psychiatric-mental health nurses in prioritizing and providing evidence-based tobacco dependence interventions with those they serve. In an effort to extend this work and further mobilize grass roots smoking cessation initiatives, we partnered with the Smoking Cessation Leadership Center to support innovative strategies aimed at decreasing tobacco use in this vulnerable population. Fashioned after the SAMHSA/SCLC 100 Pioneers for Smoking Cessation program, all APNA members were eligible to apply to be part of the new Virtual Nursing Academy of APNA Champions for Smoking Cessation. 13 applicants with the most promising strategies were selected to receive an honorarium of \$1,000 and complimentary registration to the APNA 28th Annual Conference, October 22-25, 2014 in Indianapolis, Indiana. The Champions participated in an orientation call in January, then webinars in March, May, and August. They will present their projects during the Tobacco Dependence Council Interactive Panel on Thursday, October 23rd at the conference.

Here's a list of the Champions:

Marissa Abram, RN, CASAC-T

Phoenix House

Project Lights Out Phoenix House

Jennifer Armentrout, BSN, RN, PHN

Sharp Mesa Vista Hospital

Living Well

Suzan Blacher, MSN, RN, CARN, CCIT

Family Recovery Specialists

An Adolescent Tobacco Dependence Intervention and Cessation Program

Janick Bridges, RN, FNP-C

Healthcare for the Homeless- Houston

Stop Choking, Quit Smoking

Nicole Rozek-Brodrick, APRN, RN, NP, CNS, DNP

University of Colorado Colorado Springs School of Nursing

Teaching Tobacco Cessation to Undergraduate Nursing Students in a Psychiatric Clinical Rotation

Sarah Farwick, BSN, RN

Chicago Lakeshore Hospital

No Smoking! No Butts About It!

Constance Green, RN, MS, NPP
Suffolk County Community College
Let's Quit Together

Erica Joseph, FNP-C
Southeast Louisiana Veterans Healthcare System
The Importance of Tobacco Cessation Classes in Conjunction with Pharmacological Interventions

Jeanette Lee, MS, NPP
Broome County Mental Health
Smoking Cessation Program for Clients with Mental Illness

Patricia O'Brien, PhD, RN, PMHNP-BC
Long Island University School of Nursing
Patient Education Group on Smoking Cessation with Student Nurse and Staff Nurse Co-leaders

Chizimuzo Okoli, PhD, MSN, MPH, RN
University of Kentucky
Developing a Tailored Tobacco Treatment Program for Individuals with Schizophrenia

Leigh Powers, DNP, APRN, PMHNP-BC
East Tennessee State University
Educating Clinicians for Successful Implementation of a Tobacco Cessation Program

Joseph Schatz, MSN, CRNP, PHRN
ChesPenn Health Services
Smoking Cessation: Addressing the Unique Needs of Single Mothers in an Urban Community

Bridgette Vest, DNP, RN, PMHNP, GNP
Veterans Affairs Medical Center
Tobacco Cessation for Veterans

Institute for Mental Health Advocacy

Chairs

Margaret Halter, PhD, APRN
Christine Tebaldi, MS, PMHNP-BC

Steering Committee (18)

Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, ICCDPD
Pamela Bajari, MNA, BSN, RN
Emily Bell, RN, ARNP, PMHNP-BC
Barbara Bockenauer, ARNP, PMHCNS-BC
Kathryn Brotzge, MSN, APRN
Jeanne Clement, EdD, APRN, PMHCNS-BC, FAAN
E. Colleen Conklin, MS, RN
Matthew Lindquist, MSN, RN, PMHNP, BC
Kathleen McCoy, DNSc, APRN-BC, PMHNP-BC, PMHCNS-BC, FNP-BC, FAANP

Mary Ann Nihart, MA, APRN, PMHCNS-BC, PMHNP-BC
Rivy Oseni, RN, NP
George Peraza-Smith, DNP, APRN, GNP-BC, NP-C, CNE
Donna Rolin-Kenny, PhD, APRN, PMHCNS-BC
Maria Romana, PMHNP-BC
Julie Ryder, PMHNP, BC
Amanda Schuh, PhD, RN, PMHNP-BC
Joyce Shea, DNSc, APRN, BC
Elizabeth Wechsler, RN, CNS-PMH

Advisory Panel (175)

Jennifer Allran, RN, MSN, PMHCNS/NP-BC
Lisa Auditore, RN, Associates
Mariela Badum, RN, BSN
Morningdove Bain, MSN, RN, PHN, FCN
Vanessa Barlow, MBA, BSN, R.N.
Elaine Bawden, RN, CNS, BSN, MSN, PhD
Lora Beebe, PhD, PMHNP-BC
Emily Bell, RN, ARNP, PMHNP-BC
Patricia Bezek, BSN, RN
Jenna Birdsell, CNS, CNP
Kaye Blasingame, RN, BC, MSN
Mary Bollinger, RN, BS, MSED
Karen Bone
Jennifer Bowman
Arleen Briggs, MSN, RN-BC
Debra Brodersen, RN, MSN-MHA
Cynthia Bullard, RN, PMHCNS-BC
Allison Burfield, RN, MSN, PhD
Margaret Bushey, MS, APN, NP
Alice Carter, BSN, RN
Rebecca Casarez, PhD, RN
Lisa Casler, PMHNP-BC, NPP
Angela Chesser, PhD, RN, CNS-BC
Judith Collins, RN, BSN, MA
Lois Corwin, MS, ARNP, BC

Maureen Craigmile, RN-BC, MSN
Susan Crowder, RN, BSN
Patricia Cubilette, PMHNP-BC
Patricia Cunningham, APRN-BC
Julie Dahl, RN
Theresa Damien, PMHNP-BC, RN
Katherine Darling, DNP, PMHNP/FNP-C, APRN
Shirlee Davidson, RN, MSN
Hershaw Davis, Jr., MSN, RN
Laura Dayton, RN
Diane Decarolis, RN
Joanne Dedowicz
Jacob Deney, RN, BSN
John Dool, RN, MSN
Mary Jane Ebias
Linda Evinger, RN, MSN, WHNP
Roberta Feldhausen, PMHCNS, BC
Elizabeth Fife, RN, MSN, CNS, CPN
Joyce Fjelland, PhD, RN, CNS
Jennifer Flock, BSN
Mary Gagne, MSN PMHCNS, BC
Eileen Galit, RN, BSN
Kristyn Gall, PMHCNS-BC, NP
Lucille Gambardella, PhD, APN-BC, CNE, ANEF
Diane Gardner, EdD, APRN, PMHCNS-BC

Judith Ginther, CNP, MSN, APRN
Deanna Golden, RN, MSN/MBA
Teresita Gonzales
Patricia Graham, MSN, PMHCNS, BC
Tamera Graziano, MSN, CNL-BC, PMHNP
Anne Greenwalt, RN
Elaine Greggo, PMHCNS, BC
Stephanie Grey, RN, FCN
Jillian Hagerich, BSN, RN-BC
Jane Harmon, DNP, PMHNP-BC, CNS-BC
Crystal Hartis, MSN, RN, PMHNP-BC
Barbara Hinds, BS, RNC
William Jacobowitz, MSN, MPH, EdD
Susan Jacobson, PMHNP, CNS
Lisabeth Johnston, PhD, APRN
Ruth Jordan, RN, MS, MBA, NE, BC
Helen Karpilovsky, BSN, RN, MSN
Cathleen Kealey, BSN, PMH-RN-BC
Florence Keane, DNSc, MBA, PMHNP, ANP-C
Ann Keeley, RN, MN, CNS/PMH, LMFT
Sandra Kelley, NP, MSN, ARNP
Anne Kelly, RN
Kristen Kichefski, RN
Sun Kim, PhD, APRN-BC
Amy Kirsch, MSN, RN
Kathleen Kregor, BSN, RN-BC
Leida Lamas-Sheldon, BSN, RN
Mary Lamont, RN, BSN, BC
Dee Langford, MSN, RN, PMHCNS-BC
Suzanne Lee, DNP, APRN-PMH-BC, CARN-AP
Andrea Lerma, MSN, RNCS
Linda Lewin, PhD, PMHCNS-BC
Judy Linn, BS, BSN, MS
Pamela List, MSN, APRN, PMHNP-BC,
FNP-BC
Thomas Liverseed, RN-BSN
Scott Logan, MM, BSN, RN
Marilyn Lynch-Goddard, MSN, BSN, RN
Linda Mabey, DNP, CNS, BC
Carol Marchetti, PhD, RN, PMHNP-BC, SANE
Alla Maria, RN
Tara Mariolis, RN
Margherite Matteis, PhD, PMHCNS-BC
Britta Mazanet, RN, BSN
Becky McDaniel, RN
Mary Meiselman, CNS, NP

Sally Melcher-McKeagney, RN, BC
Janet Memoli, RN
Greg Mercer, BA, MSN
Wanda Monroe, ARNP
Esther Mugomba-Bird, MSN, PMHNP-BC
Ann Murphy Harris, MSN, PMHNP-C
Duane Napier, MSN, RN
Pamela Nelson, PhD, PMH, CNS, RN
Joseph Nemeth, BSNRN
Patricia Nisbet, DNP, PMHNP-BC
Jill Nusbaum, RN, PhD, CS
Deborah Oestreicher, APRN, PMHCNS-BC
Leslie Oleck, MSN, PMHCNS-BC, PMHNP, LMFT
Catherine Osborn O'Reilly, RN
Namita Patel, RN, APRN, CNS
Sudha Patel, BSN, MN, MA, DSN, RN
Bethany Phoenix, PhD, RN, CNS
Leah Pickett, MSN, RN, PMHNP-BC
Charmaine Platon
Cindy Potts, RN, BSN, BC
Eartha Pugh-Harris, RN-BC
Rita Ray-Mihm, DNP, RN, CNS
R. John Repique, MS, RN, NEA-BC
Michael Rice, PhD, APRN, BC, FAAN
Donna Riemer, RN-PMHN
Elizabeth Riley
Charlene Roberson, RN, BC, Med
Michelle Roberson, AD, BS, RN
William Robertson, MSN, ANCC PMHN
George Roets, RN, MS
Carla Rosler, PMH, CNS, BC
Linda Rossow, RN, BC
Georgina Rotzler, RN MSN PMHNP CASAC-t
M. Joyce Sasse, DNP, APRN, PMHNP, CNS
Karen Schepp, PhD, APRN, BC
Mary Schmeltz Weaver, RN, BSN, CLNC
Ashley Scroggins, BSN, RN
Bonita Shaw, RN, BSN, BC
Dawn Sims, RN-BC, ADN, BSN, MSN
Ronnie Sims, BSN
Julia Smith
Shirley Smoyak, Professor II, RN, PhD, FAAN
Lori Solon, PMHCNS-BC
Susan Steffel, MSN, BS, RN-BC
Gail Stern, MSN, PMHCNS-BC
Linda Stone, PhD, BNC, APNP

Joan Strenio, MSN, PMHCNS-BC
Mary Sturdy-Martin, RN
Lourdes Sumilang, BSN, RN, BC, MSNEd
Kimberly Sutter, MSN, RN
Michelle Tavares, BN, RN
Tina Taylor, MN, ARNP, PMHNP-BC
Burton Thelander, PMHCNS, BC
Miriam Thornton, MSN, RN
Marlene Tocher, PMHNP-BC
Claire Trauth, NCSP, RN-BC
Shiori Usami, CNS
Barbara Valerius, RN, MSN
Judith Van Cleef, MS, RN-BC, CARN
Debra Van Dyke, MA, BSEd, BSN RN

Kelly Voll, ADN, RN
Lisa von Braun, RN, MSN, MEd CNL
Wendy Waddell, PhD(c), MSN, RN
Carol Wahlstrom, RN, MS, LCPC
Naomi Walker, RN
Kimberly Walker-Daniels, RN, MSN, BSN, RN-
BC (Gero), RN-BC (M-S), CMSRN, WCC
E. Monica Ward-Murray, EdD
Nanette Watson, DNP, PMHNP-BC,
PMHCNS-BC
Babette Wieland, MSN, BSN
Judith Anne Zdziera, MSHA, RN, C
Rose Marie Zmyslinski, MSN, APRN,
PMHCNS, PMHNP

Institute for Mental Health Advocacy

How many conference calls did you conduct during the 2013 - 2014 year? 4

Check any meetings that apply for the 2014 conference.

6th Annual Institute for Mental Health Advocacy Interactive Panel

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

- Rapid response letters in response to requests from the Board where we asked IMHA members for their feedback. Shared information to IMHA members about advocacy issues.
- Collaborated with the Advanced Practice Council about providing a medium by which information could be shared with advanced practice registered nurses regarding advocacy issues at the federal and state level.
- Held four conference calls for IMHA members.
- Organized an integrative care policy forum that was led by Sharon Katz for dissemination to APNA members and non-members.
- Developed an Interactive Panel for the October 2014 annual conference in Indianapolis, Indiana. This offering will include several members of Institute sharing policy initiatives in their home states.

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 Institute for Mental Health Advocacy has provided the membership with structure for discussing and addressing issues related to mental health advocacy. This structure benefits both the patients for whom we care and the profession.

How has your group worked to achieve these goals?

Rapid response letters in response to requests from the Board where we asked IMHA members for their feedback. Shared information to IMHA members about advocacy issues. Collaborated with the Advanced Practice Council about providing a medium by which information could be shared with advanced practice registered nurses regarding advocacy issues at the federal and state level. Held four conference calls for IMHA members. Organized an integrative care policy forum that was led by Sharon Katz for dissemination to APNA members and non-members.

What do you hope to accomplish for the 2014 - 2015 year?

Provide feedback from IMHA members to rapid response letters from the Board. Educate IMHA members and the membership as a whole about advocacy issues. Collaborate with the Advanced Practice Council to provide a medium by which information could be shared with advanced practice registered nurses regarding advocacy issues at the federal and state level. Promote the involvement of nurse generalists in IMHA activities. Hold monthly conference calls for IMHA members. Develop at least two policy forums for dissemination to APNA members and non-members. Develop an Interactive Panel for the October 2015 APNA Annual Conference to include several members of Institute sharing policy initiatives in their home states. Continue to elicit members' opinions regarding advocacy issues.

Institute for Safe Environments

Chairs

Diane Allen, MN, RN-BC, NEA-BC
Kathleen Delaney, PhD, PMH-NP, RN

Steering Committee (15)

Catherine Batscha, DNP, RN
Barbara Bonney, APRN
Pamela Greene, PhD, RN
Erik Lee, RN, MSN
Marlene Nadler-Moodie, MSN, APRN,
PMHCNS-BC
Kimberly Owens, PhD, MSN, BSN
Esther Pinkston, RN, MSN

Michael Polacek, MSN, BSed, RN
Richard Ray, MS, RN, PMH-BC
April Schwartz, RN, MHA
David Sharp, PhD, RN
Mona Shattell, PhD, RN, FAAN
Justin Souther, RN-BC
Aja Sullivan, BSN
Mary Williams, MSN, BSN, AAS, RN, CNS

Advisory Panel (129)

Carla Abel-Zieg, ARNP, CNS
Janice Adam, RN-BC
Maripat Alger Cottone, APN-BC
Cheryl Allen, RN-BC, BSN
Lisa Auditore, RN, Associates
Mariela Badum, RN, BSN
Morningdove Bain, MSN, RN, PHN, FCN
Elizabeth Balota, MSN, RN, CEN
Lauren Barber, MSN, PMHNP-BC
Velma Barker-Hill, BSN, MS Adult PMHN
Sandra Barton, MS, RN-BC
Patricia Bezek, BSN, RN
Mary Bollinger, RN, BS, MSED
Darlene Borrromeo, BSN, RN-BC,
FACDONA
Debra Brodersen, RN, MSN-MHA
Kathleen Brown, RN, BC, PMHN
Lisa Casler, PMHNP-BC, NPP
Angela Chesser, PhD, RN, CNS-BC
Ramona Coffman-Fratkin, RN, BC
Judith Collins, RN, BSN, MA
Kayla Cross, RN-C, MA, BSN
Rebecca Damin-Moss, MSn, CARN-BC, CPHQ
Katherine Darling, DNP, PMHNP/FNP-C,
APRN
Maura Davis, RN, MS, PMHNP
Laura Dayton, RN
Joanne Dedowicz
Valerie Devereaux

John Dool, RN, MSN
Elizabeth Easley, APRN, BC, PMHCNS--
BC
Carole Farley-Toombs, MS, RN, NEA, BC
Sarah Farwick, MSN APRN
Melodie Fitts, RN, -BC
Linda Flaherty
Robert Frey, MSN, MEd, PMHNP, RN-BC
Sandra Gary, BSN
Valerie Glass, PMHNP, BC
Suzanne Goetz, PhD Candidate, MSN, RN,
CCS-P
Teresita Gonzales
Susan Gough, RN, BSN
Sonya Green, MSN, RN
Corrine Gresen, RN
Jennifer Harris, MSN, RN-BC
Paula Harrison, RN, BSN, MSN
Joseph Holmes, RN
Edgardo Jaminola, BSN, MA, RN-BC
Susan Johnson, BSN, RNC, MA
Cathleen Kealey, BSN, PMH-RN-BC
Florence Keane, DNSc, MBA, PMHNP, ANP-C
Anne Kelly, RN
Raymond Klunk, RN
Kathleen Kregor, BSN, RN-BC
Rose Kutlenios, PhD, CRNP
Elizabeth Laubenthal, RN, MSN
John Lepscier, RN-BC, BSN

Andrea Lerma, MSN, RNCS
Janie LeVieux, PhD, LPC-S, RN
Carolynn Lindsey, BNS, RN
Donna Linette, CS, DNP, RN, NEA-BC
Thomas Liverseed, RN-BSN
Scott Logan, MM, BSN, RN
Claribel Lopez, RN
Jeannine Loucks, MSN, RN-BC PMH
Marilyn Lynch-Goddard, MSN, BSN, RN
Christopher Mamrol, RN
Alla Maria, RN
Lynette Marshall, RN, MSN
Allison Mason-Johnson, MHA, BSN, RN
Britta Mazanet, RN, BSN
Kathleen McCann, PhD, RN
John McDonnell, RN, BC
Kelly McNichol
Colin Meyer, RN
Jacqueline Meyer, RN, MBA
Cindy Michael, MSN, PMHAPN-BC
Susan Michos, MS, NPP-BC
Charlene Moore, RN, MS, CNML
Linda Nagy, MSN, CNS
Heidi Napolitano, BSN RN-BC
Lisa Naugle, MSN RN BC
Sandra Nelson, PhD, APRN-BC
Mary Ann Nihart, MA, APRN, PMHCNS-BC, PMHNP-BC
Jay Norwood, MSN, RN
Catherine Osborn O'Reilly, RN
Lovelyn Paddock, RN, BSN
Rebecca Parant, MSN, RN-BC
Sudha Patel, BSN, MN, MA, DSN, RN
Lauren Paul, BSN, RN
Margaret Pung, MA, RN, NEA-BC
Rita Ray-Mihm, DNP, RN, CNS
Deirdre Rea, BSN, RN, MSN
R. John Repique, MS, RN, NEA-BC
Sharon Repko, MSN, APN
Donna Riemer, RN-PMHN

Elizabeth Riley
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, PMH, CNS, BC
Lorna Scoggins, RN, BC, MSN
Laurie Seidel, BSN, MSN
Stacey Shaw, MSN, RN
Virginia Singer, DNP
John Smeltzer, BSN, RN
Kathy Smith, MSN, RN, CENP
Jane Sobolov, MS, RN-BC
Lori Solon, PMHCNS-BC
Carmen Steward-Sweezer, RN, BSN
Vivian Streater
Lourdes Sumilang, BSN, RN, BC, MSNEd
Kimberly Sutter, MSN, RN
Michelle Tavares, BN, RN
Christine Tebaldi, MS, PMHNP-BC
Nancy Testerman
Miriam Thornton, MSN, RN
Jennifer Tillman, BSN, RN-BC
Laura Tramell, RN, BSN, CEN, CPEN, SANE-A, CCHP
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
Cynthia Warso, RN, BC, BSN
Babette Wieland, MSN, BSN

Institute for Safe Environments

How many conference calls did you conduct during the 2013 - 2014 year? 11

Check any meetings that apply for the 2014 conference.

Interactive Panel ISE interactive panel Friday Session 3052

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

APNA workgroups have engaged in the following activities:

1. Reviewed and revised the APNA Seclusion and Restraint Position Paper and Standards of Care
2. Researched and wrote a position paper on Engagement and its importance in the provision of safe, therapeutic patient care for people with mental illnesses.
3. Created a member survey to help describe the role of psychiatric nurses who work in hospital emergency rooms, and identify if there is a need for training and competencies for nurses who care for people with mental illnesses in these settings.
4. Lent their expertise to the work of other councils in developing Suicide Assessment competencies for nurses.
5. A member workgroup researched and produced a new educational module entitled Seclusion and Restraint: Face to Face Assessment and Risk Mitigation.
6. Diane Allen organized information scattered throughout APNA website associated with ISE topics and organized existing resources according to 8 Elements of a Safe Environment.
7. Members of the Institute peer reviewed content for the APNA eLearning Center.

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?

Our council has focused on the priorities set for the 2013 year while keeping abreast of emerging issues around safety posed to us from members or posted on member bridge. Via our work and discussions we have attempted to formulate a sense of core safety issues and when appropriate respond with the collective wisdom of the council.

The Insitute for Safe Environment has identified Emergency Management and Engagement as two key elements of safe environments, and the council's work on position papers on Seclusion and Restraint and Engagement have helped to reinforce APNA's position as the place where evidence generated by psychiatric nurses is translated into practice and shared in a useful manner.

How has your group worked to achieve these goals?

Goal A - Via the organization of resources on ISE web page

Goal B - Via work with closely aligned groups, particularly ED nurses.

Goal C - Production of a one hour face to face assessment

Goal D - Production of a briefing paper that integrates issues of practice and research around the topic of engagement. Updating Seclusion and Restraint guidelines with recent references

The ISE has generated and informed numerous discussions about safety related topics. APNA members are extremely interested in safety issues, as demonstrated by a growing ISE Advisory Panel that consists of an impressive array of experts with vast experience and knowledge.

What do you hope to accomplish for the 2014 - 2015 year?

We have added several new members to the group. ISE members hope to publish our Position Paper on Engagement and conduct a member survey about the role and competencies of hospital emergency room nurses. In addition, we have recently formed two new workgroups that hope to explore alternatives to the use of seclusion, as well as alternatives to the use of 1:1 sitters and special observation levels. New projects will also evolve from Interactive Meeting at the Annual Meeting.

Military Mental Health Task Force

How many conference calls did you conduct during the 2013 - 2014 year? 2

Check any meetings that apply for the 2014 conference.

Military mental health

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

Author white paper

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 goal of the white paper is to establish a shared mental vision of what the population needs

How has your group worked to achieve these goals?

The proposed action steps of the white paper submitted to the APNA Board of Directors.

What do you hope to accomplish for the 2014 - 2015 year?

Get white paper published and begin to work with APNA constituency to breath life into the document

Chairs

Sean Convoy, PMHNP

Jean Fisak, PMHCNS-BC

Committee (6)

Michelle Dunwoody, BSN, MS, WHNP-C

James Harris, DSN, APRN-BC, MBA, CNL, FAAN

Carmen Kynard, DNP

Keith Smith

Richard Westphal, PhD, RN, PMHCNS-BC

Thomas Yarber, RN

APNA Education and Provider Unit Report

APNA Provider Unit:

ANCC COMMISSION ON ACCREDITATION ACTION

The American Nurses Credentialing Center's Commission on Accreditation reviewed your application for accreditation as a provider of continuing nursing education on May 30, 2013. The Commission is pleased to inform you that accreditation has been granted for four years, from May 30, 2013 to November 30, 2017.

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 conferences: Completed 8 chapters' conferences offering a total of 40 contact hours.

Member Activity

Active groups included:

- Live 4 part series "Risky Business: Walking the Boundaries Tightrope: A Primer for Nurses" presented by Nancy Dillon completed for a total of 4 contact hours.
- "Keeping the Unit Safe" developed and in the eLearning center for 1.25 contact hours
- "Creating Safety on Inpatient Units: Trauma Informed Care" developed and on the eLearning center for 1 contact hour

CPI Committee and the provider unit

- Developed CPI program and secured faculty for the APNA Clinical Psychopharmacology Institute
- Reviewed for APNA eLearning sessions with psychopharmacology content

APNA Scholarly Review Committee and the provider unit

- Reviewed and scored abstracts for APNA Annual Conference program
- Podium presentations and posters selected and placed into program sessions

Institute for Safe Environment members and the provider unit

- Competency Based Training for Conducting the One Hour Face to Face Assessment for Patients in Seclusion and Restraint revised, updated and on the eLearning center for 1.5 contact hours
- Seclusion and Restraint : Keys to Assessing and Mitigating Risks created and on the eLearning center for 1.0 contact hour

Recovery Council members and the provider unit

- “The power of stories: perspectives of a nurse and a person with lived experience on storytelling as a therapeutic intervention” developed and in eLearning center for 1 contact hour.

Education Council, Recovery Council members and the provider unit

- “Integrating Recovery Model into Undergraduate Nursing Education”– developed and in eLearning center for 1.5 contact hours

Education Council: Continuing Education Branch and the provider unit

- Developed and completed a pilot 6 session live online and interactive course for APRN’s on “Integrating the DSM-V for APRN’s” for a total of 13.5 contact hours
- Conference Plus- “Integrating the DSM-V for APRN’s” developed and in process (October 2014 delivery)for 8.5 contact hours
- Suicide workgroup developed “ Psychiatric Nurse Generalist Essential Competencies for Assessment and Management of Individuals at Risk for Suicide”
- Briefing paper developed for approval of “ Psychiatric Nurse Generalist Essential Competencies for Assessment and Management of Individuals at Risk for Suicide”

In Development for 2014/2015

- Podcast on Schizoaffective Disorder-in process
- Bipolar Disorders workgroup- Developing Continuing Education for APNA *E-Series on Bipolar Disorders Across the Lifespan*
- Continued work with Suicide Competencies

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 Certificate Program

As the primary resource for psychiatric-mental health nursing information and education, APNA recognizes that it is essential to provide clinicians both within the psychiatric-mental health field as well as those who practice in other health care settings with the educational framework to provide care to people with mental health disorders. The development of a psychiatric-mental health certificate will allow *all* nurses to provide evidence based, safe, cost-effective, consumer focused care to people with psychiatric-mental health disorders across the lifespan.

The APNA Transition to Practice (ATP) Certificate is a previously approved concept that will be offered as an extension of our current eLearning product. The certificate will:

- Provide foundational evidence based psychiatric-mental health education to all RNs.
- Provide educational support for nurses as they transition from the classroom to clinical practice.
- Provide RNs with a resource for reliable evidence based, best practices, PMH continuing education.
- Provide RNs with PMH content to meet the continuing education requirement for ANCC certification
- Highlight the importance of the mental health care provided by RNs in a way that is highly visible to institutions, consumers, other nursing / healthcare professionals, and the general public.
- Pay tribute to RN psychiatric mental health nursing practice.
- Reflect APNA's high regard for, and commitment to APNA's RN membership.

ATP = APNA Transitions *in* Practice

This addresses concerns of those who felt that 'transition *to* practice' applied primarily to new RNs. 'Transitions *in* practice' includes those that are returning to practice, making career changes, and those entering practice.

Staff Advisory Committee

The Staff Advisory Committee includes member administrators from across the country that have insight into the needs of RNs as they enter the field of PMH nursing. This staff advisory committee will provide review and oversight of our plans as we move forward.

- Joanne Bartlett
- Avni Cirpili
- Michael Fitzgerald
- Celeste Johnson
- Amy Rushton

Topic identification through a process that includes

- A review of pertinent documents: APNA Scope and Standards, PMH-RN Essentials, ANCC PMH-RN content outline for certification, and Healthy People 2020.
- The results of a survey sent to leaders in PMH nursing administration and education.
- Focused conversations with leaders in PMH nursing administration.

Status Report January 2014

We are making steady progress in the ATP Certificate program. The highlights are as follows:

- Speakers have been identified and have confirmed their desire to participate
- Speakers are currently developing content / slides
- Content will be recorded live on 6/18/2014 (linked to CPI)
- All presenters will submit a recorded PowerPoint presentation prior to the live recording in June. This will allow for more flexibility since we will have content available in two formats. We are in the process of making arrangements for speaker transportation and lodging.
- Those presenters who cannot attend in person will submit a recorded PowerPoint presentation for the certificate

The speakers are listed below:

Presenter	Topic
	Overview
Carole Farley-Toombs	Introduction to program, therapeutic engagement to promote safety, health, resiliency
	Therapeutic Environment
Nancy Dillon	Boundaries in PMH nursing
Kris Lambert	Recovery
Diane Esposito	Trauma and Recovery
Eric Arauz	Consumer / Expert perspective
Diane Allen	Safety
Joanne Bartlett	Escalation / De-escalation
	Cultural Humility
Cheryl Puntill / Pam Marcus	Risk Assessment
	Psychopharmacology
Josh Hamilton	Psychopharm
	Diagnoses
Julie Carbray	Mood and Anxiety Disorders
Joyce Shea	Psychotic Disorders

Matt Tierney	Chemical Addictions
Linda Stanley	PTSD and Trauma Informed Care
	Comorbid Illness
Gail Stern	Cardiac, metabolic syndrome, diabetes, etc

Status Report June 2014

We continue to make progress in the development of the ATP Certificate program.

- We made two changes in the list of presenters.
 - Josh Hamilton was replaced with Kim Hutchinson
 - Dawn Coglisier was invited to present the material on cultural humility
- Three speakers will present content from a clinical/provider perspective, as well as a consumer perspective. We feel that this will strengthen the overall program.
- We have received recorded PowerPoints from nearly all of the presenters – only two have not been completed as of June 4th, and it is anticipated that those will be received within the next couple of days
- Speakers are in the final stages of preparation for the ATP live conference on June 19th at the Reston Sheraton.
- While finishing the planning and production of the live ATP program we are in the process of planning for the editing, production, and piloting of the ATP Certificate program.

Status Report October 2014

Steady forward momentum continues.... The program is nearing completion with plans to pilot in November.

- The ATP Conference in June 2014 was well received and review of attendee evaluation / and on site comments confirmed that this program is needed in PMH nursing
- The live recordings have been edited and packaged as a cohesive program including an introduction and 5 modules of related content
- APNA member Expert Reviewers have found the ATP modules to:
 - Be relevant for the targeted audience
 - Be strengthened by speakers who are providers and also consumers of PMH care
 - Cover information from across the lifespan
 - Include, best practices, evidence based information

- Final edits of audio and rebuild slides are being sent for the last round of edits
- Syllabus is being finalized
- Sites are being identified to pilot the program in November
- Web platform for program delivery is being developed

Program Modules

Introduction: Carole Farley Toombs: Promoting Safety, Health and Resiliency Through the Therapeutic Use of Self, Presence and Engagement (40 minutes)

Module 1: Therapeutic Environment (3 hours 10 minutes)

1. Diane Allen – Key Elements of a Safe Environment
2. Nancy Dillon – Risky Business: Walking the Boundaries Tightrope
3. Joanne Bartlett – Therapeutic Engagement in De-Escalation

Module 2: Recovery (3 hours 5 minutes)

1. Kris Lambert – Recovery
2. Diane Esposito – Trauma and Recovery
3. Linda Stanley – PTSD and Trauma Informed Care (provider as well as consumer)
4. Dawn Coglisier – Cultural Humility (provider as well as consumer)

Module 3: Risk Assessment (1 hour 51 minutes)

1. Pam Marcus and Cheryl Puntill - Mental Status, Suicide Assessment, and Violence Assessment

Module 4: PMH Disorders (4 hours 15 minutes)

1. Julie Carbray – Mood and Anxiety Disorders
2. Joyce Shea – Psychotic Disorders and Schizophrenia
3. Matt Tierney - Substance-Related Disorders
4. Gail Stern – Medical Co-morbid Illness in Psychiatric Patients

Module 5: Psychopharmacology (1 hour presentation, 1 hour case studies)

1. Kim Hutchinson – psychopharmacology and related case studies

American Psychiatric Nurses Association
Recovery to Practice Activity Report
Year 05: October 1, 2013-September 30, 2014

The American Psychiatric Nurses Association (APNA) is one of six awardees to receive a Recovery to Practice (RTP) subcontract to develop and implement a training curriculum that promotes greater awareness, acceptance, and adoption of mental health recovery principles and practices among psychiatric-mental health nurses.

Year 01: A systematic assessment was conducted to determine the status of recovery principles and practices within the discipline of psychiatric mental health (PMH) nursing. Educational gaps were identified and recommendations made for program development.

Year 02: A Recovery to Practice workgroup was formed to begin development of the nursing curriculum and training manual. Persons with mental health lived experience participated in development of the curriculum and as faculty with nurse experts in recovery. The target audience for the pilot programs was identified as nurses who work in psychiatric mental health acute care settings and are recovery naive.

Year 03: Year 03 included finalizing the RTP curriculum, *Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery Oriented Practice* and piloting the content through live facilitated programs. A participant manual was also developed. The first half of the year was spent refining content for the pilot programs and identifying and securing appropriate pilot sites to deliver the curriculum content. The curriculum was piloted in Texas, North Carolina and California. Feedback from the pilot programs was used to evaluate the effectiveness of the nursing curriculum and manual content.

Year 04: A fourth pilot program was delivered as a preconference during the APNA Annual Conference on November 7, 2012 in Pittsburgh, PA. The program was audio/video recorded for development of the final program to be disseminated in Year 05. Feedback from program participants and SAMHSA reviewers was incorporated into the final curriculum. Six modules were developed to address knowledge, skills and attitudes related to recovery nursing practice. Year 04 changes to the program included the following:

- Individual program focus was transitioned to facilitated discussion format.
- Facilitator training was developed to include video content and live exercises for group training.
- Facilitator manual was developed and participant manual was revised.
- Modules were shortened to allow more time for discussion of the consumer perspective.
- Content for modules 3 & 4 was redeveloped to include nursing self-assessment of attitudes, verbal and nonverbal communication and recovery language.

Program faculty: Four recovery leaders delivered the content for the APNA RTP pilot programs. Program faculty included: Eric Arauz, MA, MLER; Jeanne A. Clement, EdD, PMHCNS-BC, FAAN; Kris McLoughlin, DNP, APRN, PMH-CNS, BC, CADC-II, FAAN; Mary D Moller, DNP, APRN, PMHCNS-BC, CPRP, FAAN. Eric Arauz provided perspective throughout the

program from both professional and personal experience. Faculty met in person and through conference calls to prepare, debrief and revise content and/or process for each pilot program. Support for faculty and all phases of the RTP program was provided by APNA staff members. Program materials were developed by APNA staff

Program content: Program objectives were developed from the learning needs that were identified in the Year 01 analysis. Program content was developed to include foundational knowledge of recovery with experiential learning related to nursing attitudes and recovery-oriented nursing care. Trauma, language, person-centered care and culture were included in the curriculum. Content was organized by knowledge, skills and attitudes. Content was revised in year 04 to incorporate feedback from pilot programs and content expert reviews. Learning objectives for the program included the following:

1. Identify at least three areas of the recovery movement that will have an impact on nursing.
2. Identify at least three aspects of nursing care that can be modified to become recovery-oriented.
3. Identify three ways in which nurses can use their life experiences and those of persons with mental health and/or substance use conditions to promote recovery in inpatient settings
4. Describe at least two ways in which the attitudes of nurses impact the implementation of recovery-oriented nursing intervention
5. Name 2 Standards of the PMH-Scope and Standards of Practice and identify a key part of the Standard
6. List at least 3 psychiatric-mental health nursing interventions and connect them to recovery-oriented outcomes

Pilot sites: 23 hospitals volunteered to pilot the APNA RTP nursing curriculum. Sites were screened for location (geographic distribution), type of hospital, size of facility, number of nursing staff, types of units, and commitment of administrative support. Sites that had no previous experience with recovery were contacted for more information and to confirm availability and commitment. APNA requested that hospitals recruit a minimum of 25 nurses for each pilot program.

Participant Pilot programs: Round 1- Four full-day programs (ranged 6 – 8 hours) were conducted to pilot the RTP nursing curriculum, *Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery Oriented Practice*. Nurses who attended the entire program and completed an evaluation were awarded continuing nursing education contact hours. Nurses who participated in the pilot programs confirmed the need to deliver the RTP nursing curriculum in a discussion format using trained facilitators.

Facilitator Pilot programs: Round 2 - Nurses reviewed and evaluated video content prior to attending a live pilot training to learn to facilitate RTP programs. Nurses earned contact hours when they completed the entire program and an evaluation.

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

<i>Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery Oriented Practice</i>				
Pilot programs - Round 1				
Pilot	Date	Location	Format	Participants
1	May 2012	Los Angeles, CA	Live	24
2	June 2012	Dallas, TX	Live	41
3	July 2012	Greensboro, NC	Live	21
4	November 2012	Pittsburgh, PA	Live	25
Pilot Programs - Round 2				
1	September 2013		Online	62
2	October 2013	San Antonio, TX	Live	89

Year 05: Year 05 began with the delivery of a live facilitator training in October, 2013 at the APNA Annual Conference. Attendees previewed online video content prior to the live training and evaluated:

- Technical aspects of the program (access, usability)
- What they liked most/least about the program
- How they intended to use the program (orientation, lunch & learn, educate students)
- Additional tools needed to implement training in their facility

Participants of the online program indicated that the video content was easy to access but depended on individual technology available through facilities. APNA made revisions to program materials based on feedback from the facilitator training. In December, 2013, APNA invested in an updated platform for program delivery. APNA also provided trained facilitators with video content in DVD format so that the RTP program could be delivered in any setting regardless of internet capabilities.

APNA support for facilitators was sustained during Year 05 through an APNA online community, a recovery mailbox (recovery@apna.org) and through bimonthly conference calls to facilitate ongoing education, assist with problem solving and CE support. The online site was used to share resources for nurses who were planning RTP trainings. New facilitators were given access to this site so that they could access RTP training materials and participate in facilitator discussion.

In February, 2014, APNA initiated virtual facilitator trainings using web based and teleconference resources. APNA successfully conducted 5 facilitator trainings between February and May, 2014 and trained 34 new RTP facilitators.

To date, 1230 individuals have completed the APNA's *Recovery to Practice* educational program through 4 pilot and 46 facilitated accredited programs; and 123 nurses have completed the APNA facilitator training. Additional programs may have been delivered by facilitators but were not accredited or reported to APNA.

Dissemination – Facilitated RTP Education January – September 2014			
Date	Location	Participants	Disciplines
January	Texas	21	RNs, Case manager, CNA

February	Texas Nebraska	55	RN leadership; RNs; NP; Army nurses; LVN
March	California	7	RNs Therapist
April	Tennessee Colorado California	195	RNs; LVN; BH Techs. Social Workers; MH Specialist; OT; PT
May	California North Carolina Colorado	239	RNs, BH Techs; Social Workers; LMFT; Case Managers; Rec Therapist; Psychologists; CNA; PT/OT
June	California Tennessee New Mexico New York	104	RNs; BH Techs; Therapist; ER/ Med-Surg & ICU nurses
July	Nebraska New Mexico Massachusetts Oklahoma	103	RNs; CNAs; Psychologist
August	North Carolina New Mexico Nebraska New York	245	RNs
September	Virginia Nebraska	150	RNs

Participant comments:

Participant comments supported the nurses' appreciation for bringing recovery into nursing practice and they reported that they would change their practice to include recovery.

- Several nurses commented that the program was inspiring.
- Most helpful "psychiatric" specialized nursing training I've had since orientation. This is an awesome model.
- Renewed hope for PMH nursing practice. "Gave us practical tips on how to make the change to recovery practices."
- "I look forward to on-going updates and to implementing methods as a central part in our culture change efforts."

- Nurses repeatedly commented on how helpful it was to have Eric Arauz provide his personal experience and guidance throughout the knowledge, attitudes and skills content. “Eric’s input was invaluable!”

Participants also requested additional education in recovery oriented nursing practice that would focus on additional content in trauma informed care, overcoming challenges to implementing recovery practices with limited community support, and effective engagement in the recovery process with persons and families who have been using services in the mental health system for many years.

Facilitator feedback included the following:

- Facilitators confirmed that the RTP content should be delivered as an interactive discussion based program in order to facilitate change in nursing practice.
- The program facilitator guide, presentation slides, participant handouts and video content were usable and easily adaptable from one full day live training to live training delivered in 3 parts/components
- Facilitators reported that the recovery content presented was appropriate for a multidisciplinary audience.

Some challenges experienced with training facilitators and delivering content included:

- Internet access for streaming video content was inconsistent
- Individuals attended facilitator training without adequate preparation or with varied recovery knowledge and the scheduled training time did not allow for leveled participation
- RTP training could not be delivered at one state hospital due to the inflexibility of the hospital’s processes and procedures.
- Difficulty scheduling facilitator training that could accommodate individual’s availability across the country
- Reporting of programs delivered did not always happen in a timely manner

APNA will continue to disseminate and sustain the *Recovery to Practice* program after September, 2014. APNA will maintain the APNA recovery webpage, recovery mailbox, online facilitator community and facilitator trainings for APNA members and nonmembers. APNA will continue to promote the RTP content as a facilitated program and will offer continuing nursing education contact hours for a small fee. Two modules of video content will be available for viewing free to the public via the APNA website. Organizations that wish to offer the complete facilitated program will pay a small fee for training, use of materials, video content and online support from APNA. Additional information can be obtained through recovery@apna.org.

12th Annual Clinical Psychopharmacology Institute
From Cells to Community: Integrating Psychopharmacology into Nursing Practice
 June 19-22, 2014
 Hyatt Regency Reston

Registration rate (\$395) includes online access to podcasts – no increase from 2013!

Attendance: 455

21.5 Continuing Nursing Education contact hours

Book provided to all attendees - *I am Not Sick, I Don't Need Help!* (keynote)

Objectives:

1. Incorporate psychopharmacologic mental health nursing practice interventions that reflect the context of psychiatric illness from the cellular through the community level.
2. Review evidence-based pharmacologic approaches related to the prescribing, administration, and monitoring of psychotropic medications for persons diagnosed with complex psychiatric disorders across their environments of care.
3. Discuss clinical psychopharmacological issues for psychiatric mental health nurses and consumers relevant to the continuum of wellness and recovery.

Faculty/Topic:

Pre-Conference

Laura G. Leahy, DrNPc, APN, PMH-CNS/FNP – Conquering Clinical Conundrums:
 Psychopharmacology in the 21st Century

Conference Program

Markus Heilig, MD, PhD – (**Keynote**) Personalized Medicine Approaches to the Treatment of Alcohol Addiction

Xavier F. Amador, PhD - (**Keynote**) – "I am Not Sick, I Don't Need Help!" Research on Poor Insight and How We Can Help

Elizabeth Galik, MS, RN, PhD – Uncommon Complications in Using Psychotropic Medications with Older Adults

Joseph M. Holshoe, MSN, PMHNP-BC – Understanding Sleep and Antidepressants: Lessons from

Research Literature and Clinical Practice

Susan E. Swedo, MD – PANDAS, CANs, Autism Spectrum Update

Christian J. Teter, PharmD, BCPP – Cannabinoids Overview: Medical Use, Abuse, Pharmacotherapy, and Assessment of Consequences

Sharon R. Katz, MSN, FPMH-APRN, CRNP – Collaborative Care: Organizing Treatment Options and Psychopharmacology in Integrated Mental Health Settings

Jessica M. Gill, PhD, RN – An Exemplar of the use of Genomics to Determine Pharmacological Agents to Treat Trauma-related Disorders

Barbara J. Limandri, PhD, PMHCNS-BC and Eric C. Arauz, MA, MLER – Consumer Perspectives on

Medication: Continuing the Conversation

Mary Rosedale PhD, PMHNP-BC, NEA-BC – Treatment Choices in Neuromodulation vs Medication

Carrie Carretta, PhD, APN, AHN-BC, FPMHNP – Assessing, Prescribing, and Examining the Evidence through a Forensic Lens

Symposium Luncheon: Managing Bipolar Type I Depression: Maximizing Benefits, Minimizing Risks

Breakfast Product Theaters:

- Misconceptions Related to Long-Acting Injectable use in Schizophrenia
- Bipolar Depression: Presentation, Diagnosis and Treatment

2015 – *New Location*

13th Annual Clinical Psychopharmacology Institute – *Planned for Nurses by Nurses*
Hyatt Regency Baltimore Inner Harbor – June 12-14, 2015

APNA 28th Annual Conference
 JW Marriott Indianapolis
 Indianapolis, IN
October 22 – 25, 2014

Building Connections: Psychiatric-Mental Health Nursing Perspectives

Conference Registration - \$495 member early bird rate
 Attendance: 1274 as of 10/7/14

Headquarter Hotel – JW Marriott Indianapolis

- Room rate - \$179 per night single/double/triple/quad

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

2 Lunch symposia: Wednesday & Thursday

4 Product Theaters

Night at the Museum Event (Friday night event at the Indiana State Museum)

Conference Program: up to 28.5 contact hours onsite and 100 + contact hours online

- Posters: Open access Thursday & Friday in conference foyer areas
- Pre-conferences: 26 sessions
- Concurrent sessions: 64
- Mini concurrent sessions: 32
- Interactive Panels: 10
- Posters: 112

Conference Plus

- Pre-conference sessions
 - Research Council – 4 session science symposium
 - Suicide assessment – 6 hour course for APRNs
- DSM5 Course – 8.5 hours (Wed – Sat)

Keynote Speakers

Andrew Solomon – Mental health activist, philanthropist and award-winning author: *Far from the Tree: Parents, Children and the Search for Identity*

Angela Barron McBride PhD, RN – Author, Distinguished Professor-University Dean Emerita, Indiana University School of Nursing: *Building Leadership Connections at Each Career Stage*

Overall Conference Objectives:

By the end of this continuing education activity the learner will be better able to:

1. Identify opportunities for building knowledge connections in administration, education, practice, research, and policy.
2. Develop communication strategies for articulating the impact of psychiatric-mental health nurses with patients, families, colleagues, and communities.
3. Engage in the integration of psychiatric-mental health nursing strategies to promote relationships and transform our healthcare environment.

New this year or encore performance:

- Mentor Match Live!
- Online Evaluations & CE certificates with more evaluation stations
- Psychopharmacology throughout the conference
- Conference App
- Mobile access to conference information/conference updates

APNA eLearning Center Report October 2014

Currently Online in the APNA eLearning Center

Currently Online: Summary Chart (*comparisons are to May 2014*)

	Number of Sessions	Number of Contact Hours
Special Skills for Psychiatric Nurses	7 (↑6)	8.75 (↑7.5)
Annual Conference Archives	126	118.25
Psychopharmacology	53 (↑8)	80.25 (↑ 13)
CPT Webinars	3	3
APNA Webinars	4	15.75
Counseling Points: Schizophrenia & Recovery	2	3
Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery Oriented Practice	3	8.5
TOTAL	198	243.5

Currently Online: Session Types

- **198 total sessions**
 - 6 webinars (audio synced with slides) (↑2)
 - 1 webcast (audio synced with slides + video component)
 - 186 podcasts (audio only – on-the-go capability)
 - 4 live sessions (sessions presented to participants in real time)
 - 1 digital publication

Currently Online: Contact Hours Offered

- **TOTAL: 243.5 contact hours**
- Psychopharmacology: **80.25 contact hours**

Currently Online: Sessions & Contact Hours by Section (*comparisons are to May 2014*)

- Special Skills for Psychiatric Nurses
 - Section which focuses on special skills that will help transform PMHNs from novice to expert
 - **7 sessions: 8.75 contact hours – 6 sessions added since May 2014!**
- Annual Conference Session Archives
 - 2013 Annual Conference sessions

- **66 sessions: 64 contact hours**
 - 2012 Annual Conference sessions
 - **55 sessions: 48.25 contact hours**
 - 2011 Annual Conference
 - **4 sessions: 4.25 contact hours** – *Down 26. 26 Sessions CE Expired*
- Psychopharmacology
 - Sessions from CPI 2013, 2012, 2011– plus 14 sessions from 2011-2013 Annual Conferences
 - **53 sessions: 80.25 contact hours**
 - CPI 2014: 13 sessions: 20.25 contact hours– *Up 12. All new!*
 - CPI 2013: 11 sessions: 17.50 contact hours – *same (no change).*
 - CPI 2012: 7 sessions: 12.5 contact hours – *Down 4. 12 reviewed. 7 renewed, 4 removed.*
 - CPI 2011: 9 sessions: 14.0 contact hours – *same (no change).*
 - AC 2011: 3 sessions: 3.75 contact hours – *Down 1. CE Expired*
 - AC 2012: 2 sessions: 3.25 contact hours – *same (no change).*
 - AC 2013: 8 sessions: 9 contact hours – *same (no change).*
- CPT Webinars
 - These 3 webinars give the background and explanation of the RUC process, discuss in detail the new codes and when to use them, and outline Evaluation and Management (E&M) Codes documentation and billing.
 - Webinars are free to members and non-members.
 - **3 sessions: 3.0 contact hours**
- APNA Webinars
 - 1 session from CPI 2013 not approved for pharmacology credit, Integration of Recovery Principles, How to Decide on a PhD or DNP, DSM-5 for APRNs
 - **4 sessions: 15.75 contact hours**
- Counseling Points: Schizophrenia & Recovery
 - Symposium session from the 2012 Annual Conference offered in 2 different formats: webcast and digital publication
 - **2 sessions: 3.0 contact hours**
- Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery Oriented Practice
 - The final APNA RTP curriculum has been launched! This 3-part series of 6 modules is attended by participants live and is led by a facilitator on-site. Once each part is complete, participants log in to the APNA eLearning Center to take their evaluations, posttests and get their CE Certificates.
 - **3 sessions: 8.5 contact hours**

Number of Orders in the APNA eLearning Center

- Total # of Orders since Launch (March 15, 2011): **35,782**
- **Current Period:** # of Orders June – September 2014: **4,834**
- **2014:** # of Orders since January 1, 2014: **12,716 (30.7% increase** from the same period in 2013: 9,728)

Number of Orders by Month (June – Sept. 2014, compared to June – Sept. 2013):

Month	# of Orders
June 2014	1,091 (up 37.9% – June 2013: 791)
July 2014	927 (up 52.7% – July 2013: 607)
August 2014	1,342 (up 43.8% – August 2013: 933)
September 2014	1,474 (up 12.3% – September 2013: 1,312)
TOTAL	4,834 (up 32.6% compared to June 1, 2013 – September 30, 2013: 3,643)

Number of Orders: Top 10 Sessions***Current Period: June – September 2014***

1. **384 Orders:** 3001: Shaping the Future of Behavioral Health
 - Podcast format
 - 1.0 contact hours
 - Free to members and non-members

2. **276 Orders:** Seclusion and Restraint: Keys to Assessing and Mitigating Risks
 - Webcast
 - 1.0 contact hours
 - Free to members / \$18 nonmember

3. **185 Orders:** Policy Changes in Substance Use Disorders and Access to Treatment Impacting Prescribers
 - Podcast format
 - 1.5 contact hours (*pharmacology*)
 - Free to members and non-members

4. **148 Orders:** Counseling Points: Shedding the Label of Schizophrenia – Digital Publication
 - Digital publication format
 - 1.5 contact hours
 - Free to members and non-members

5. **145 Orders:** Counseling Points: Shedding the Label of Schizophrenia – Digital Publication
 - Digital publication format
 - 1.5 contact hours
 - Free to members and non-members

6. **144 Orders:** PANDAS, PANs: Autism Spectrum Update
 - Podcast
 - 1.5 contact hours (*pharmacology*)
 - Free to members and non-members

7. **122 Orders:** The Power of Stories: Perspectives of a Nurse and a Person with Lived Experience on Storytelling as a Therapeutic Intervention
 - Webcast
 - 1.25 contact hours
 - \$13 members / \$18 nonmember
 - Free during National Recovery Month

8. **100 Orders:** Migraine Headaches: An Interactive Presentation
 - Podcast
 - 1.0 contact hours (*pharmacology*)
 - \$0 members / \$15 nonmember

9. **94 Orders:** Implementing E&M Codes – Mary D. Moller
 - Webinar format
 - 1.5 contact hours
 - Free to members and non-members

10. **88 Orders:** 2044: Change the World Through PMH Nursing Research!
 - Podcast format
 - 1.0 contact hours
 - Free to members and non-members

Revenue Earned from the APNA eLearning Center

Total \$ earned since launch (March 15, 2011): **\$ 110,681.57**

- **Current Period:** \$ earned June – September 2014: **\$ 11,419.50**
- **2014:** \$ earned since January 1, 2014: **\$32,476.50 (8.9% increase** over this same period in 2013: \$29,812)

Sessions Offered for Free since January 1, 2014 (aside from free CE via use of bonus points)Listed on www.apna.org/FreeCE

Reason / Dates	Title	Contact hours	Members and/or Non-members
Currently free	<i>Shaping the Future of Behavioral Health</i>	1.0	Members / Nonmembers
Currently free	<i>How to Decide on a PhD or DNP</i>	.5	Members / Nonmembers
Currently free	<i>Policy Changes in Substance Use Disorders and Access to Treatment Impacting Prescribers</i>	1.5 Rx	Members / Nonmembers
Currently free	<i>Change the World Through PMH Nursing Research!</i>	1.0	Members / Nonmembers
Currently free	<i>Counseling Points: Schizophrenia & Recovery – Webcast</i>	1.5	Members / Nonmembers
Currently free	<i>Counseling Points: Schizophrenia & Recovery – Digital Publication</i>	1.5	Members / Nonmembers
Currently free	<i>PANDAS, PANs: Autism Spectrum Update</i>	1.5 Rx	Members / Nonmembers
CPT Codes Currently Free	<i>2013 Psychiatric Service Codes: The Journey Through RUC & CPT</i>	.75	Members / Nonmembers
CPT Codes Currently Free	<i>2013 Psychiatric CPT Code Update</i>	.75	Members / Nonmembers
CPT Codes Currently Free	<i>Implementing E&M Codes into Daily Practice</i>	1.5	Members / Nonmembers
Member Benefit Currently free	<i>The Future of Nursing: Are The Stars Aligning?</i>	1.0	Members
Member Benefit Currently Free	<i>Migraine Headaches: An Interactive Presentation</i>	1.0 Rx	Members
Member Benefit Currently free	<i>Seclusion and Restraint: Keys to Assessing and Mitigating Risks</i>	1.0	Members
Nurses Week/Mental Health Month Promotion	<i>3026: Co-morbidity of Homelessness, Mental Illness, Substance Use, Chronic Medical Illness, and Pharmacotherapy Challenges</i>	1.0 Rx	Members/ Nonmembers (Nurses Week)
Nurses Week/Mental Health Month Promotion	<i>3034: Promoting Recovery with Trauma Informed Practice</i>	.75	Members/ Nonmembers (Nurses Week)
Recovery Month	<i>The Power of Stories</i>	1.25	Members / Nonmembers
Recovery Month	<i>Integrating a Recovery Model into Undergraduate Nursing Education</i>	1.5	Members / Nonmembers
Total 18 sessions			

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
 - **8,259** have been used (June – September 2014)
 - **67.7** per day have been used (June – September 2014)
- **Attendee Bonus Points** – number varied based on registration (full, one day, pre-con) – all attendees (member or non-member)
 - **743** for 2013 AC podcasts (Pre-Conference and Full Registration)
 - **190** for 2014 CPI podcasts (Pre-Conference and Full Registration)
- **CE Reviewer Bonus Points** – given so that reviewers can access the session(s) & complete their review(s)/evaluation(s). Reviewers also are able to get CE for sessions reviewed.
 - **1,452 CE Reviewer bonus points** given so far in 2014
- **CE Reviewer Reward Bonus Points** – # equivalent to two times the value of the session(s) reviewed
 - **1,265 CE Reviewer Reward bonus points** given so far in 2014

APNA eLearning Center Site Analytics

From June 1, 2014 to September 30, 2014 (as compared with the previous year: June 1, 2013 – September 30, 2013):

Visits: 18,516 – **up 20.39%**

- Highest on 9/23 and 9/25 – related to group orders (individuals accessing the site for ordering, viewing, evaluation) of the Face to Face Assessment webinar
- APNA eLearning Center

Unique Visitors: **10,290 – up 27.10%**

New (1st time) Visitors: **9,151 – up 29.76%**

Average Visit Duration: **6 min, 12 sec – down 10%**

Percentage of New Visits: **49.26% – up 7.65%**

Number of Visits by Device:

1. Desktop/Laptop: **15,333 – up 15.07%**
2. Tablet: **1,635 – up 43.3%**
3. Mobile: **1,548 – up 69.37%**

Number of Visits by Location:

1. United States
2. Canada

3. India
4. United Kingdom
5. Australia

Page Views: **105,476 – up 21.56%**

- Highest on 9/9, 9/23, and 9/25 – related to group orders of the Face to Face Assessment webinar

Unique page views: **67,379 – up 21.72%**

Top Content:

1. My eLearning History
2. eLearning Home Page
3. Cart
4. Psychopharmacology
5. Special Skills for Psychiatric Nurses

Traffic Sources:

- Organic Search Traffic:
 - 1,939 visits – **up 129.2%**
- Referral Traffic:
 - 13,006 visits – **up 84.01%**
- Direct Traffic:
 - 3,457 visits – **up 131.08%**
- Social Traffic:
 - 114 visits – **up 16.33%**

APNA Website Report

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

APNA WEBSITE

From June 1, 2014 to September 30, 2014 (*as compared to June 1, 2013 – September 30, 2013*):

Visits / Visitors

Visits: 162,317 – up 9.2%

Visits per Day: 1,330

- Highest on Thursday, August 28 at 2,272 visits → Email blast “Celebrating Psychiatric Nursing” sent to recognize APNA Annual Awards recipients
- *Unique Visitors:* 109,282 – up 12.79%
- 99,648 new visitors (61.4% of visitors) – up 1.7%
- 62,669 returning visitors (38.6% of visitors)

Number of Visits on Mobile Devices: 35,79 (22.22% of visits) - up 95.33%

Number of Visits on Tablets: 13,188 (8.12% of visits) – up 31.85%

Number of Visits by Location:

1. United States – up 11.86%
2. India – down 11.25%
3. Canada – up 0.57%
4. United Kingdom – up 13.53%
5. Australia – up 52.77%
6. Philippines – down 51.63%
7. Pakistan – down 23.35%
8. Netherlands – up 107.87%
9. Nigeria – up 31.03%
10. Indonesia – up 33.93%

Page views / Top Content

Page views: 494,689 (up 10.98%)

- Highest on June 12 at 6,624 page views → Registration opened for Annual Conference
- **Unique Page views: 377,014 (up 23.31%)**

Average Time on Page: 3:11 – up 2.73%

Top Content June 1, 2014 – September 30, 2014:

1. **APNA Homepage – up 20.16%**
2. **About PMH Nurses – up 26.97%**
3. Account Login page – up 44.58%
4. Annual Conference – down 4.78%

5. Graduate programs – up 21.07%
6. Continuing Education – up 13.08%
7. Member Application – up 7.23%
- 8. Free Continuing Education – up 43.07%**
- 9. Online Store – up 61.49%**
10. Membership in APNA – up 19.20%

Traffic Sources

- Direct Traffic: 18.7% of all traffic
- Referring Sites: 10.8%
 - 50,071 visits
 - Top Referring Sites:
 1. eLearning Center
 2. Member Bridge
 3. Nursecredentialing.org
 4. Nursingworld.org
 5. APNA Online Evaluations Site
 6. PRWeb (press releases)
 7. Nurse.org
 8. AllNurses.com
 9. JAPNA
 10. Healthcareers.com
- Search Engines: 68.7% of all visits
 - Top Keywords Searched
 1. APNA
 2. American Psychiatric Nurses Association
 3. Psychiatric Nurse Practitioner
 4. Psychiatric Nurse
 5. Psychiatric Nursing
 6. Apna.org
 7. Mental Health Nursing
 8. Mental Health Nurse
 9. Psych Nurse
 10. Psychiatric Nurse Practitioner Salary
- Social: 2.9% of all visits
 - Visits via Social Referral Site: 3,478 – up 31.54%
 1. Facebook – 1,897 up 37.26%
 2. Allnurses.com – 1,125 up 74.96%
 3. Twitter – 135 - down 40.79%
 - Actions on site using Social Sharing Plug-In on Website
 1. Email Link: 548
 2. Share on Facebook: 285
 3. Twitter: 55

4. Print Friendly: 33
5. LinkedIn: 17
- Most Shared Pages
 1. APNA Homepage (657)
 2. Graduate Programs by State (314)
 3. About Psychiatric-Mental Health Nurses (251)
 4. Welcome to APNA (213)
 5. Award for Distinguished Service – Ruth ‘Topsy’ Staten (146)

Content Additions/Revisions

Homepage

- Graphics to highlight CPI and Annual Conference
- Simplification of APNA Quicklinks column
- Subscribe to APNA News Form

Resource Center

- 40 New Resources Added
- All sections updated to reflect continuing education available in the eLearning Center
- LACE Resources Section Reformatted

Annual Conference

- New Tool enables people to browse sessions by topic, not just by day
- Reformatted Program Pages

Get Involved

- Main navigation changed from “Committees” to “Get Involved”
- Addictions Council Section Added

About Psych Nurses

- New Section: Videos About PMH Nursing
- Video interviews with Grayce Sills and Shirley Smoyak available

Publications

- Buy Books Here page revised
- Scope & Standards of Psychiatric-Mental Health Nursing available
- APNA News and Members’ Corner pages reformatted
- Print Newsletters now available to download as PDFs

American Psychiatric Nursing Foundation

- Creation of donate landing page
- Use of Facebook banners to encourage donation

Chapters

- Updated Chapter Resources

Continuing Education

- Live Conference CE Certificates page added to allow attendees to access their CE Certificates from past conferences

Get Involved

- Share Your Story landing page added to encourage psychiatric-mental health nurses to share their stories about psychiatric-mental health nursing. These stories will be included in future editions of APNA News – Members’ Corner

Job Postings

- Mobile App now available

MEMBER BRIDGE

From June 1, 2014 to September 30, 2014 (*as compared to June 1, 2013 – September 30, 2013*):

Visits

- **18,454 visits to the site – up 26.62%**
 - Desktop: 71.4% of visits (visits up 19.92%)
 - Mobile: 16.97% of visits (visits up 45.47%)
 - Tablet: 11.63% of visits (visits up 49.65%)
- **9,432 visitors – up 26.64%**
 - 3,187 Unique Log Ins
 - 11,780 total Log Ins
- Members visit an average of 4.86 (down 3.85%) pages per visit
- **89,692 page views – up 21.75%**
 - Top Pages Visited:
 - **All-Purpose Discussion Forum (10,171) - up 141.49%**
 - Profile (5,441)
 - Member Bridge Home (4,626) – up 9.75%
 - **Post Reply (2,394) – up 30.96%**
 - **My Communities (1,896) – up 29.77%**

Communities

- **200 Communities**
 - **37,091 Content Contributions (Cumulative)**
 - 2,105 total Discussion posts written
 - **Library entries viewed 15,546 times**
 - 213 Library entries posted
- **8,579 Subscribers to the All-Purpose Discussion Forum**
 - 802 Public Posts
 - 325 New Threads
 - 477 Public Replies
 - 367 Private Replies
 - 521 Unique Authors
 - Daily Digest Open Rate: 18.1%
- 2,056 Profiles created (Cumulative)
 - 978 Profiles with pictures (Cumulative)
 - 3,407 connections made (Cumulative)
 - 1,032 Messages Sent
 - 482 Contact Invitations Sent

- 22 Blogs Written
 - Blogs viewed 26,801 times
- Email Notifications (Digests, Real-time, contact requests, etc.)
 - 935,705 sent
 - 178,718 viewed

Content Additions/Revisions

- Introduction of Mobile-Friendly Daily Digest Template
- In process: Website to be “bootstrapped” which will make it a responsive website, which adjusts based upon the type of device on which it is viewed.

Communications Report October 2014

1. Press Releases
2. Email Blasts and Website Communications
3. APNA News
4. Social Media
5. Print Communications

1. Press Releases

4 Press Releases Issued via PR Web since June 1, 2014. Data for each release is cumulative from date of release to 10/17/14.

- 9/4/2014 10 Psychiatric-Mental Health Nurses Recognized with 2014 American Psychiatric Nurses Association Annual Awards
 - 1,808 Reads
 - 282 Pickups
- 7/29/14 American Psychiatric Nurses Association Announces Newly-Elected Members of Board of Directors
 - 1,300 Reads
 - 173 Pickups
- 7/8/14 Continuing Nursing Education for Psychiatric-Mental Health Nurses – Registration is Open for the APNA 28th Annual Conference
 - 1,883 Reads
 - 178 Pickups
- 6/26/14 To Support Safe Delivery of Health Care to Persons with Mental Illness, APNA Releases Updated Standards of Practice and Position Paper on Use of Seclusion and Restraint
 - 1,165 Reads
 - 165 Pickups

2. Online Communications: June 1, 2014 – September 30, 2014

- 664 contacts from online sign-up form on homepage
- APNA Newsfeed Page
 - 51 posts to the Quick Updates section
- Member Bridge
 - 17 Announcements
 - 4 button ads on Daily Digests

3. APNA News – Online Newsletter

- Emailed out Once a Month (4 sent June 1, 2014 – September 30, 2014)
 - 70,285 total newsletters sent (+47.2%)
 - Average Open Rate: 21.33% (-0.47%)
 - 777.25 average clicks per newsletter (+2.6%)

- Members' Corner Issue – bi-monthly (June 2014, August 2014)
 - 2 President's Messages
 - Members featured in Member News and Member Profiles: 28

4. Social Media (June 1, 2014 – September 30, 2014)

- Facebook
 - 5,934 total fans
 - Average Reach of 558 users for any page activity

Published	Post	Organic Reach	Engagement*
09/23/2014 4:49 pm	"As psychiatric-mental health nurses we often forget to tell our stories...we don't speak up and talk about the joy of what we do often enough." Take a moment to share one of your stories with us here: http://goo.gl/5kAx3r	2K	149 64
09/19/2014 3:33 pm	Nick's 3 Reasons to donate to the American Psychiatric Nursing Foundation: 1. Research is what lays the groundwork for advancements in the practice of psychiatric-mental health nursing and for better patient outcomes. 2. Research provides the evidence which demonstrates the value psychiatric-mental health nurses bring to health care systems. 3. Funding new researchers now helps ensure that psychiatric-mental health nurses are at the table when it comes to future research initiatives. www.apna.org/donate	1.2K	16 81
09/17/2014 2:25 pm	Weds Question: Do you use EMR while seeing patients?	814	71 17
09/12/2014 11:08 am	Celebrating National Recovery Month: Two free webinars for APNA Members throughout September! http://buff.ly/WSV6XG	862	27 19
09/12/2014 10:22 am	Helping to ensure the future of psychiatric-mental health nursing! Learn how you can help and download a cover photo here: http://goo.gl/2504ss #psychnursepride	972	118 0
09/10/2014 9:47 am	Via National Institute of Mental Health: More people die by suicide each year than homicide. Suicide is preventable. Learn more about the research that gives us a roadmap to save lives. http://bit.ly/1oleEOD #SuicidePreventionWeek	682	6 29
09/10/2014 9:44 am	For World Suicide Prevention Day, a graphic to help inform and educate. #EndSuicide	1.4K	89 56
09/08/2014 9:55 am	A quick reminder that today is the last day for Annual Conference Early Bird Registration - You have until 11:59pm EDT! http://goo.gl/ECMuhY #PMHNCon	551	14 5
09/06/2014 12:45 pm	This Weekend: Save \$75 on Annual Conference Registration! This October: Make connections, see old friends, refresh your practice, earn contact hours! Early Bird Registration ends Monday! http://goo.gl/7bnADK	607	16 17
09/03/2014 4:50 pm	Weds Question: What's on your list of essential skills that ALL nurses should have, regardless of setting or specialty?	1.1K	115 45
09/02/2014 5:51 pm	"She is a visionary with the ability to see possibilities instead of barriers." http://buff.ly/1nSBzOy #nursing #mentalhealth #PMHNCon	2.1K	102 268
08/29/2014 5:59 pm	"I chose psychiatric-mental health nursing because I wanted to help alleviate some of the suffering of people." http://buff.ly/1B1aWio	1.8K	23 86
08/29/2014 12:52 pm	Refresh...rejuvenate...rekindle...reignite your passion for psychiatric-mental health nursing at the APNA Annual	2.2K	143 53

	Conference! Remember, Early Bird registration ends Monday, September 9th.		
08/25/2014 2:13 pm	"Healthcare reform and the increasing demand for mental healthcare means nurses at all levels of practice should avoid making the artificial distinction between mental and physical health and look at the whole patient, in keeping with their training, mental health nurses said." Part 2 of a great piece: http://goo.gl/MHUsF2	4.9K	160 131
08/21/2014 11:29 am	"The most important thing a nursing program can do to prepare nurses to care for patients with mental illness, say those who teach psychiatric/mental health nursing, is to teach them that mental health issues are widespread among the population and that someone with mental illness deserves the same care, compassion and respect as any other patient." http://goo.gl/rSSQur	10K	294 384
08/13/2014 5:15 pm	Weds Question: What TV shows and movies do a good job of showing mental illness in a way that helps to dispel stigma? (In honor of tonight's #VoiceAwards!)	2K	211 35
08/11/2014 5:30 pm	BIG news! The 2014 Edition of Psychiatric-Mental Health Nursing: Scope & Standards of Practice eBook is now at the fingertips of every APNA member! http://goo.gl/pk4Qds	1.4K	17 45
08/06/2014 6:40 pm	Did you know that, when you register for the Annual Conference, you get to choose from more than 100 sessions to map out your own personal program? YOU are the master of your conference adventure! http://goo.gl/TVPNEE	664	15 21
07/30/2014 7:00 pm	Weds Question: Imagine you're talking to someone whose only knowledge of psychiatric-mental health nursing is based on Nurse Ratched. How do you explain to them what psych nursing is really about?	1.9K	186 41
07/29/2014 3:00 am	Meet the newly-elected members of the APNA Board of Directors - http://bit.ly/1nxgFar	1.7K	46 9
07/23/2014 7:00 pm	Coming to Indianapolis... the best clinical topics, research studies, education strategies, and best practices for providing care to people with mental health issues!	1.3K	70 61
07/18/2014 4:41 pm	WOW! 126,817 messages have been posted in our online community, Member Bridge. So many members willing to contribute and further evidence that psych nurses love good dialogue! http://community.apna.org/home/	520	12 20
07/08/2014 3:03 am	Earn up to 130 contact hours with just 1 conference registration?! #PMHNCon http://bit.ly/1mC8xqm	2.1K	131 26
07/02/2014 3:24 pm	Weds Question: What's one tip you would give a new psych nurse on the prevention of behavioral emergencies?	3.3K	380 128
06/27/2014 12:28 pm	Congrats, Ellen! We love to see our #psychiatric #mentalhealth #nurse #rockstars recognized for their work! http://goo.gl/R84qE9 #PMHNCon	589	14 10
06/21/2014 3:28 pm	Long-term heavy marijuana use leads to a 12% reduction in hippocampal volume. -> Great presentation on cannabinoids (medical use, abuse, pharmacotherapy, and assessment of consequences) by Christian Teter! #CPI2014	3.4K	128 132
06/21/2014 3:26 pm	Did you know? The potency of THC in marijuana is now up to 12%...it was 4% in 1995 #CPI2014	1.8K	24 52
06/21/2014 11:58 am	Did you know? Of the 5% of women who meet the criteria for PMDD, almost 6% meet the criteria for Bipolar I Disorder & 5% meet the criteria for Bipolar II disorder. #CPI2014 (Session 1008 - Laura G. Leahy, DrNPc, APN, PMH-CNS/FNP)	1.5K	12 37
06/20/2014	In persons with schizophrenia, "awareness of being ill (insight) is	3.2K	213

3:07 pm	among the top 2 predictors of long-term medication adherence." - Keynote Xavier Amador #CPI2014 What's the other predictor? Post your best guess!		136
06/20/2014 8:47 am	Happening Now: Great Keynote by Clinical Director Heilig from NIDA and NIAAA on personalized medical treatments for alcohol #addiction! #CPI2014	1K	19 9
06/17/2014 9:24 pm	Ready for #CPI2014? See you tomorrow! http://buff.ly/1kKhG9C	771	33 14
06/17/2014 1:02 pm	A Pilot Study of the Psychological Impact of the Great East Japan Earthquake and Tsunami: http://buff.ly/U6yAK5	764	10 0
06/11/2014 5:10 pm	Weds Question: What resources do you find most helpful in staying up-to-date on best practices?	846	7 4
06/09/2014 5:59 pm	Pre-Order your copy of the 2014 Scope & Standards of Psychiatric-Mental Health Nursing by next Monday to save 38%! http://buff.ly/1pvCiaU	885	18 5
06/02/2014 4:56 pm	Today is the last day to save \$75 on registration for the APNA Clinical Psychopharmacology Institute! http://goo.gl/fGRdfe	744	26 4
06/02/2014 10:43 am	Can #nurses Be the Cornerstone of Integrated Care? via SAMHSA http://buff.ly/1nYfWz6	873	8 5

*(Clicks / Likes, Comments, and/or Shares)

- **Twitter**
 - 2,273 followers

Tweet text	Date	impressions	engagements
National Recovery Month: An Opportunity to Integrate Behavioral Health and Hepatitis C Prevention http://t.co/JtqWWo9YPu via @SAMHSAgov	9/30/2014	168	2
Blog Post Å» From My Data to Mined Data http://t.co/k758nSGhbb via @NIMHgov	9/25/2014	209	2
Friday Webinar from @SAMHSAgov: Making Apps and Web-based Tools Part of Your Integrated Behavioral Health Team - http://t.co/mCeKFYEIzt	9/24/2014	191	4
Single Dose of Antidepressant Changes the Brain Psych Central News: http://t.co/g1je9ho1V3	9/24/2014	173	3
Have a story about #psych #mentalhealth #nursing to tell? Share it with us here: http://t.co/5do19tIDxB	9/23/2014	205	3
Meeting Summary Å» Solving the Grand Challenges in Global Mental Health http://t.co/oxQwXLhGNV via @NIMHgov	9/23/2014	195	4
The "B&C" Health http://t.co/J6zOf6YCj7 via @SAMHSAgov □ in L	9/22/2014	181	1
Join the Recovery Month Movement http://t.co/oognvHQUXj via @SAMHSAgov	9/13/2014	197	2
Helping to ensure the future of psych nursing! Learn how you can help and get a cover photo here: http://t.co/fCSQGsQVdP #psychnursepride	9/12/2014	211	5
Celebrating National Recovery Month: Two free webinars for APNA Members throughout September! http://t.co/HNYCjri9v8	9/12/2014	180	1
Via @NIMHgov: Suicide is preventable. Learn more abt research that gives us a roadmap to save lives. http://t.co/QCl0ChzpguÅ #EndSuicide	9/10/2014	919	20
Join the Voices of Recovery: Speak Up, Reach Out! http://t.co/dn3qP4Y98u via @SAMHSAgov	9/10/2014	171	1

FASD Awareness Day 2014 http://t.co/EZDCVu9rCv via @SAMHSAgov	9/9/2014	181	3
To What Degree is Recovery Happening? http://t.co/xj4LY6O5bB	9/8/2014	220	4
Remember, today is the last day for Annual Conference Early Bird Registration - You have until 11:59pm EDT! http://t.co/ttbHvAZys7A #PMHNCon	9/8/2014	305	4
Great Facebook cover photo from VA Nurses Care! Feel free to download and use on your profile. http://t.co/hXq9JuKKbd	9/8/2014	200	4
Today: Save \$75! October: See old friends, make new ones, earn CE at the Annual Conference! http://t.co/0ggZc9uMP6	9/6/2014	182	1
Recovery Month: 25 Years Strong http://t.co/TliuHeKk4E via @SAMHSAgov	9/6/2014	243	8
Blog Post Å» Suicide: a Global Issue http://t.co/AvTwyAG4B0 via @NIMHgov	9/5/2014	228	7
Even non-fatal overdoses can lead to severe consequences http://t.co/0QznPHtjR via @SAMHSAgov	9/3/2014	328	7
Blog Post Å» Manipulating Memory http://t.co/vWFVu1Nb6v via @NIMHgov	9/3/2014	209	0
â€œShe is a visionary with the ability to see possibilities instead of barriers.â€ http://t.co/0QznPHtjR #mentalhealth #PMHNCon	9/2/2014	185	8
Rejuvenate your passion for psych #nursing at the Annual Conference! Early Bird registration ends Monday, 9/9 http://t.co/V8r7pAHeXN	8/30/2014	194	2
â€œI chose psychiatric-mental health nursing because I wanted to help alleviate some of the suffering of people.â€ http://t.co/4MZMxzxRxj	8/29/2014	283	12
Recovery & Health: Echoing Through the Community http://t.co/trHwmBVKOQ via @SAMHSAgov	8/29/2014	143	3
Robin Williams: Raising Awareness About Depression http://t.co/NCXihaxWi7 via @SAMHSAgov	8/28/2014	141	6
August 2014 APNA News - The Psychiatric Nursing Voice http://t.co/S3Hf6bbixF	8/27/2014	175	3
Labor Day: A Time to Reflect on Behavioral Health in the Workplace http://t.co/9eSWzTE8I via @SAMHSAgov	8/26/2014	145	3
Second part of a great piece! Treating the mind - Part 2 http://t.co/FAI30X78qu News http://t.co/eoRXZqmJL via @Nurse_com	8/25/2014	1133	7
A member just shared @mentalhealthcnl w/ us - an online network using videos to raise awareness abt #mentalhealth http://t.co/7JXVR6NWZV	8/21/2014	341	15
Treating the mind: Part I http://t.co/FAI30WQ5ou News http://t.co/5DTW8iMUeL via @Nurse_com	8/21/2014	193	4
Return to School Means Renewed Focus on Prevention on College Campuses http://t.co/dkeGyfVJdS via @SAMHSAgov	8/20/2014	246	6
Science News Å» Suspect Gene Corrupts Neural Connections http://t.co/XR8Q2wgspK via @NIMHgov	8/19/2014	186	0
Las Vegas #Nurse (& APNA member!) Guides Others Into Pursuing A Degree In Health Care http://t.co/HtbsDCi2Xb	8/19/2014	235	1
Nurse practitioners fight for more independence http://t.co/m9N19LwGL5 via @usatoday	8/19/2014	555	6
Paperwork Can Be a Powerful Anti-smoking Tool http://t.co/aC1PVEkicC	8/19/2014	167	1

Science News Â» Follow that Cell http://t.co/Yf682iVv3D via @NIMHgov	8/18/2014	160	2
Science News Â» Jump-starting Natural Resilience Reverses Stress Susceptibility http://t.co/AAYgYVZcix via @NIMHgov	8/15/2014	191	2
FDA approves new type of #insomnia drug, Belsomra http://t.co/gT65Do0s4S	8/15/2014	192	8
Live Tonight: 2014 Voice Awards http://t.co/e7z4eZOSZ0 via @SAMHSAgov	8/14/2014	151	2
We'll have a member there, but the rest of us will be watching a webcast of the @samhsagov #VoiceAwards tonight! http://t.co/W1OOxYnkB2	8/13/2014	226	1
Doing More to Save Lives http://t.co/doQqeOCR7f via @SAMHSAgov	8/13/2014	124	2
Shake, Rattle, Enroll http://t.co/mBvJrlc9At via @SAMHSAgov	8/12/2014	161	3
BIG news! #PsychiatricÂ #MentalHealthÂ #Nursing: Scope & Standards of Practice eBook is now a part of APNA membership! http://t.co/CqcWQngItj	8/11/2014	210	3
Screening, Brief Intervention, and Referral to Treatment http://t.co/oufwUDkvPC via @SAMHSAgov	8/9/2014	166	3
Did you know that, when you register for #PMHNCon, you choose from 100+ sessions to map out your own program? http://t.co/RK0d8GFif9	8/6/2014	181	6
Video Â» Unearthing Secrets of New Neurons http://t.co/zyfpjycRnb via @NIMHgov	8/1/2014	209	4
Achieving Equity in Behavioral Healthcare â€ A Q & A with SAMHSAâ€™s Administrator http://t.co/JirS5wM6PN via @SAMHSAgov	8/1/2014	173	3
NIMH Twitter Chat on Premenstrual Dysphoric Disorder - Thurs 8/7 1-2pm EST http://t.co/8hVVjpZeSC	7/30/2014	196	1
Start the Talk about Underage Drinking http://t.co/rn4PJrNS8j via @SAMHSAgov	7/30/2014	195	4
Meet the newly-elected members of the APNA Board of Directors - http://t.co/foAEBj2QIB	7/29/2014	157	6
Young Adults with Mental Health Conditions: 7 Myths http://t.co/nXA4PKN4xf via @SAMHSAgov	7/29/2014	217	14
Living in the Now: Mindfulness in Behavioral Health http://t.co/sJYVjo4xqP via @SAMHSAgov	7/25/2014	275	10
Coming to Indianapolis... the best clinical topics, research studies, education strategies, and best http://t.co/L2Xswa9RdB	7/23/2014	220	1
Getting Covered: Outreach and Enrollment in Communities of Color http://t.co/PYrmh1LTqc via @SAMHSAgov	7/23/2014	185	2
Science News Â» Schizophreniaâ€™s Genetic â€ Skylineâ€ Rising http://t.co/D8VR3BZz2K via @NIMHgov	7/22/2014	177	1
New research on the smokingâ€™suicide association: http://t.co/HzZ6XIJVsF	7/22/2014	196	5
WOW! 126,817 messages posted in our online community, Member Bridge. Psych nurses love to connect with colleagues! http://t.co/AJXieiX5uS	7/18/2014	290	9
Your Health Insurance Coverage Options: The Basics http://t.co/qSr1q2US4P via @SAMHSAgov	7/17/2014	235	2
Science News Â» Shining a Light on Memory http://t.co/1B0xwIXOoI via @NIMHgov	7/16/2014	253	2
Behind the Scenes: Creating a Mobile App to Talk with Children about Underage Drinking http://t.co/rKVfkEiePC via	7/15/2014	286	5

@SAMHSAgov			
Bullying at Camp "What Parents Should Know!" http://t.co/Wa44WOUvKB via @SAMHSAgov	7/11/2014	399	6
Earn up to 130 contact hours with just 1 conference registration?! #PMHNCon http://t.co/e78tcgPSNs	7/8/2014	206	2
Everyone has a story. http://t.co/g45PTBYkx4	7/7/2014	338	19
Great quote from Patch Adams http://t.co/5CEwxTOqYn	7/7/2014	213	5
Inspiration! http://t.co/svc4fVEH5r	7/7/2014	207	5
SAMHSA Releases New Spanish Language Mental Health Resources http://t.co/yMJzEFYaoJ via @SAMHSAgov	7/3/2014	215	4
Congrats, Ellen! We love to see our #psychiatric #mentalhealth #nurse #rockstars recognized for their work! http://t.co/WKtkIkKW6W #PMHNCon	6/27/2014	213	9
APNA News - June 2014 - American Psychiatric Nurses Association http://t.co/X52tg93QNa	6/26/2014	214	4
Miss #CPI2014? Check out the recap: http://t.co/YsL3KfLG4Z	2014-06-26 16:44 +0000	284	5
Supporting the reduction of seclusion and restraint: http://t.co/x7Qqrgv9fG	6/26/2014	221	18
Science News "NIMH Twitter Chat on Men and Depression" http://t.co/7LNkxxEB2V via @NIMHgov	6/25/2014	211	0
Getting Covered: Outreach and Enrollment in Communities of Color http://t.co/90Z84yNPvt via @SAMHSAgov	6/25/2014	234	5
Remembering Olmstead http://t.co/4Jwhur7SLR via @SAMHSAgov	6/24/2014	220	4
Science News "NIMH Twitter Chat on Autism Spectrum Disorder Diagnosis" http://t.co/YRXQgj1xh4 via @NIMHgov	6/23/2014	200	2
Long-term heavy marijuana use leads to 12% reduction in hippocampal volume. - &gt; Great presentation by Christian Teter! #CPI2014	6/21/2014	318	4
Did you know? The potency of THC in marijuana is now up to 12%...it was up to 4% in 1995 #CPI2014	6/21/2014	263	3
"Awareness of being ill (insight) is among the top 2 predictors of long-term medication adherence" - Keynote Amador #CPI2014	2014-06-20\	182	2
"50% of patients with #schizophrenia are unaware of having Tardive Dyskinesia" - Keynote Xavier Amador #CPI2014	6/20/2014	199	3
Blog Post "AIDS: A Cautionary Tale" http://t.co/bnoyY4EKM1 via @NIMHgov	6/20/2014	182	0
Great Keynote by Clinical Director Heilig from @NIDAnews & @NIAAAnews on personalized med treatments for alcohol #addiction! #CPI2014	6/20/2014	170	0
Video "NIMH Outreach Partnership Program" http://t.co/Tb5KWfTWvn via @NIMHgov	6/19/2014	159	0
Silence is Deadly: Combating the Epidemic of Viral Hepatitis http://t.co/o3qdW6DLfu via @SAMHSAgov	6/19/2014	187	5
Blog Post "SAMHSA and NIMH Partner to Support Early Intervention for Serious Mental Illness" http://t.co/2HfV2g51Yb via @NIMHgov	6/18/2014	158	4
Ready for #CPI2014? See you tomorrow! http://t.co/1SmxP1Tod7	6/18/2014	176	4
From Research to Practice http://t.co/tyoxboEwej via @SAMHSAgov	6/18/2014	147	3

A Pilot Study of the Psychological Impact of the Great East Japan Earthquake and Tsunami: http://t.co/3vHbZoHRof	6/17/2014	332	4
SAMHSA and NIMH Partner to Support Early Intervention for Serious Mental Illness http://t.co/9HVHsyj0nn via @SAMHSAgov	6/17/2014	177	7
Make suicide prevention your choice. Vote today. http://t.co/msWABMWWDG via @SAMHSAgov	6/13/2014	173	2
Blog Post Á» From Research to Practice http://t.co/WdrJP5l82Q via @NIMHgov	6/10/2014	152	4
Just 1 week left to pre-order the NEW edition of The Scope & Standards of #Psych #MentalHealth #Nursing - save 38%! http://t.co/72TW02NGgU	6/9/2014	240	5
Exploring Alternatives to Detention for American Indian/Alaska Native Youth http://t.co/FzKoZ1Ulm4 via @SAMHSAgov	6/5/2014	287	5
Pride in our Progress http://t.co/Arc0b1iQ3U via @SAMHSAgov	6/3/2014	174	4
A Collective Focus on Behavioral Health in the AAPI Community http://t.co/orVHVkSOhi via @SAMHSAgov	6/2/2014	239	8
Today is the last day to save \$75 on registration for the APNA Clinical Psychopharmacology Institute! http://t.co/0ViNjVYmv6	6/2/2014	158	3
Can #nurses Be the Cornerstone of Integrated Care? via @samhsagov http://t.co/JocBHapxKb	6/2/2014	287	15

- Pinterest
 - 245 Followers
 - 96 Average Daily Impressions
 - 7 Boards: Paving the Way, CPI, Annual Conference, Reading List, Chapters
 - 132 Pins
- Google +
 - 363 followers
 - 13,247 views since page creation
- YouTube
 - 59 Videos – Embedded on APNA website and viewable on YouTube
 - 40 Subscribers
 - **1,490 Views**

Video	Views	Minutes watched
Living the History of Psychiatric-Mental Health Nursing through the Eyes of Grayce Sills	601 (40%)	3,965 (47%)
Building Connections at the APNA Annual Conference	198 (13%)	260 (3.1%)
Psychiatric Mental Health Nursing through the Eyes of Shirley Smoyak: Sneak Peek	183 (12%)	191 (2.3%)
Living the History of Psychiatric-Mental Health Nursing through the Eyes of Shirley Smoyak	160 (11%)	1,316 (16%)
Institute for Mental Health Advocacy Policy Forum: Policy Implications of Integrated Care	96 (6.4%)	559 (6.7%)

5. Print Communications

- Print Newsletter: July 2014, Winter 2015
- Annual Conference Registration Brochure
- APNA eLearning Center Brochure
- JAPNA Editor Search Letter
- Scope and Standards Post Card
- Member Bridge User's Guide – Upcoming for Winter 2015

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION
AND AFFILIATE**

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

DECEMBER 31, 2013 AND 2012

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2013 AND 2012**

	2013	2012
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 365,189	\$ 772,445
Investments	1,811,408	917,426
Accounts receivable	74,438	79,728
Grants and pledges receivable	50,000	297,150
Prepaid expenses	34,917	58,681
Total Current Assets	2,335,952	2,125,430
OTHER ASSETS		
Property and equipment, net (Note E)	108,775	102,997
Security deposit	23,788	23,788
Total Other Assets	132,563	126,785
TOTAL ASSETS	\$ 2,468,515	\$ 2,252,215
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 15,439	\$ 104,073
Accrued expenses	147,370	175,911
Deferred revenue	17,730	7,580
Deferred rent	73,381	42,893
Total Current Liabilities	253,920	330,457
NET ASSETS		
Board designated	935,806	-
Unrestricted	1,232,789	1,875,758
Total Unrestricted Net Assets	2,168,595	1,875,758
Permanently restricted	46,000	46,000
Total Net Assets	2,214,595	1,921,758
TOTAL LIABILITIES AND NET ASSETS	\$ 2,468,515	\$ 2,252,215

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**

	Unrestricted	Permanently Restricted	Total
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	3,387,183		3,387,183
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	2,281,691		2,281,691
Support services:			
Management and general	803,805		803,805
Fundraising	8,850	-	8,850
Total Support Services	812,655	-	812,655
Total Expenses	3,094,346	-	3,094,346
CHANGE IN NET ASSETS	292,837	-	292,837
NET ASSETS, beginning of period	1,875,758	46,000	1,921,758
NET ASSETS, end of period	\$ 2,168,595	\$ 46,000	\$ 2,214,595

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, 2012**

	Unrestricted	Permanently Restricted	Total
REVENUE AND SUPPORT			
Membership dues	\$ 1,030,481	\$ -	\$ 1,030,481
Annual conference	851,907	-	851,907
Sponsorships, grants and contributions	714,263	-	714,263
Royalties	187,485	-	187,485
Contract income	103,817	-	103,817
Advertising	29,200	-	29,200
Sales revenue	65,013	-	65,013
Interest and dividend income	35,978	-	35,978
Net loss from investments	62,824	-	62,824
Total Revenue and Support	<u>3,080,968</u>		<u>3,080,968</u>
EXPENSES			
Program services:			
Annual conference	841,174	-	841,174
Education and information	587,027	-	587,027
Membership services	504,673	-	504,673
Total Program Services	<u>1,932,874</u>		<u>1,932,874</u>
Support services:			
Management and general	734,064		734,064
Fundraising	6,793	-	6,793
Total Support Services	<u>740,857</u>	-	<u>740,857</u>
Total Expenses	<u>2,673,731</u>	-	<u>2,673,731</u>
CHANGE IN NET ASSETS	407,237	-	407,237
NET ASSETS, beginning of period	<u>1,468,521</u>	<u>46,000</u>	<u>1,514,521</u>
NET ASSETS, end of period	<u>\$ 1,875,758</u>	<u>\$ 46,000</u>	<u>\$ 1,921,758</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, 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 STATEMENT OF FUNCTIONAL EXPENSES
 YEAR ENDED DECEMBER 31, 2012

	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	\$ 191,806	\$ 146,198	\$ 213,833	\$ 551,837	\$ 272,535	\$ 3,477	\$ 276,012	\$ 827,849	
Payroll taxes	12,412	9,460	13,837	35,709	17,636	225	17,861	53,570	
Employee benefits	20,909	15,937	23,310	60,156	29,708	379	30,087	90,243	
Pension	11,071	8,438	12,342	31,851	15,731	201	15,932	47,783	
Subtotal personnel costs	236,198	180,033	263,322	679,553	335,610	4,282	339,892	1,019,445	
Advertising	375	49	-	424	60	-	60	484	
Auditing and accounting	-	-	-	-	15,235	-	15,235	15,235	
Audio visual	51,456	17,252	-	68,708	2,173	-	2,173	70,881	
Bank and credit card fees	-	-	-	-	84,024	-	84,024	84,024	
Commission	37,733	1,890	-	39,623	-	-	-	39,623	
Conference and meeting	323,137	240,420	-	563,557	2,480	-	2,480	566,037	
Consultant	29,116	8,803	78,920	116,839	18,312	-	18,312	135,151	
Contributions	-	-	-	-	100	-	100	100	
Depreciation	4,068	3,101	4,535	11,704	5,779	74	5,853	17,557	
Dues and subscriptions	90	2,290	515	2,895	25,306	-	25,306	28,201	
Honorarium and scholarships	20,850	30,710	-	51,560	1,000	-	1,000	52,560	
Information technology	8,863	6,756	9,881	25,500	12,594	161	12,755	38,255	
Interest and investment fee	-	-	-	-	8,226	-	8,226	8,226	
Insurance	-	-	-	-	9,240	-	9,240	9,240	
Legal	-	-	-	-	24,961	-	24,961	24,961	
Loss on disposal	-	-	-	-	5,890	-	5,890	5,890	
Moving expenses	-	-	-	-	4,633	-	4,633	4,633	
Occupancy	27,714	21,124	30,896	79,734	39,378	502	39,880	119,614	
Office expenses	2,399	1,829	2,674	6,902	3,409	43	3,452	10,354	
Office supplies	7,784	5,933	8,678	22,395	11,062	141	11,203	33,598	
Postage and delivery	9,077	6,919	10,120	26,116	12,897	165	13,062	39,178	
Printing and copying	9,342	7,121	10,415	26,878	13,275	169	13,444	40,322	
Product expenses	3,704	-	7,494	11,198	-	-	-	11,198	
Professional services	4,343	3,310	4,842	12,495	6,170	79	6,249	18,744	
Telephone	5,628	4,290	6,275	16,193	7,997	102	8,099	24,292	
Travel	50,461	38,462	56,256	145,179	71,699	915	72,614	217,793	
Website	8,836	6,735	9,850	25,421	12,554	160	12,714	38,135	
Total Expenses	\$ 841,174	\$ 587,027	\$ 504,673	\$ 1,932,874	\$ 734,064	\$ 6,793	\$ 740,857	\$ 2,673,731	

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, 2013 AND 2012**

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 292,837	\$ 407,237
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Loss on disposal of assets	779	5,890
Depreciation	25,476	17,557
Net income from investment	(68,436)	(62,824)
Decrease (increase) in assets:		
Accounts receivable	5,290	(26,881)
Grants receivable	247,150	(272,150)
Prepaid expenses	23,764	(25,019)
Security deposit	-	(12,861)
Increase (decrease) in liabilities:		
Accounts payable	(88,634)	85,183
Accrued expenses	(28,541)	107,579
Deferred revenue	10,150	280
Deferred rent	30,488	42,893
Net Cash Provided by Operating Activities	450,323	266,884
CASH FLOWS FROM INVESTING ACTIVITIES		
Net proceed from sales	205,054	87,310
Purchases of investments	(1,030,600)	(134,204)
Purchases of leasehold improvements	(24,585)	(16,805)
Purchases of furniture and equipment	(7,448)	(83,571)
Net Cash Used by Investing Activities	(857,579)	(147,270)
NET CHANGE IN CASH AND CASH EQUIVALENTS	(407,256)	119,614
CASH AND CASH EQUIVALENTS, beginning of year	772,445	652,831
CASH AND CASH EQUIVALENTS, end of year	\$ 365,189	\$ 772,445

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, 2013 AND 2012**

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 November. 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 sessions were offered in 2013 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 – Expense 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 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, 2013 AND 2012
(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 \$935,806 and \$0 in board designated net assets as of December 31, 2013 and 2012, 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, 2013 and 2012.

Permanently Restricted Net Assets - Net assets are subject to donor-imposed stipulations that the assets will be maintained permanently by APNA. There were \$46,000 of permanently restricted net assets as of December 31, 2013 and 2012, respectively.

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, 2013 AND 2012
(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 and Pledges Receivable

Accounts 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, 2013 AND 2012
(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 gifts of cash and other assets 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, publication, 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 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 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, 2013 AND 2012
(continued)

NOTE C – INCOME TAXES

APNA and APNF are both 501(c)(3) tax exempt organizations under Section 501(a) of the Internal Revenue Code. APNA and APNF are, however, subject to tax on business income unrelated to its exempt purpose. 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 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 fiscal years 2010 through 2012 are open for a tax examination by the IRS, although no request has been made as of the date of these 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:

- Level 1* Inputs are based on unadjusted quoted prices for identical assets traded in active markets that the Association has the ability to access.

- Level 2* 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.

- Level 3* Inputs are unobservable and significant to the fair value measurement.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012
(continued)

NOTE D – INVESTMENTS – continued

There were no Level 3 inputs for any assets held by the Association as of December 31, 2013 and 2012.

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, 2013 and 2012:

	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

	Assets at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 828,905	\$ -	\$ -	\$ 828,905
Common stocks	88,521	-	-	88,521
Total	\$ 917,426	\$ -	\$ -	\$ 917,426

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012
(continued)

NOTE D – INVESTMENTS – continued

Investment return for the years ended December 31, 2013 and 2012 is summarized as follows:

	2013	2012
Interest and dividend income	\$ 69,245	\$ 35,978
Net appreciation in fair value of investments	68,436	62,824
Net investment income	137,681	98,802

NOTE E – PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of December 31, 2013 and 2012:

	2013	2012
Computer, software and website	\$ 82,971	\$ 80,771
Furniture and fixtures	61,620	56,372
Leasehold improvement	41,391	16,806
	185,982	153,949
Less accumulated depreciation	(77,207)	(50,952)
Net Property and Equipment	\$ 108,775	\$ 102,997

Depreciation expense for the years ended December 31, 2013 and 2012 was \$25,476 and \$17,557, 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 all 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, 2013 and 2012 totaled \$60,094 and \$47,783, respectively.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012
(continued)

NOTE G – OPERATING LEASE

One August 1, 2012, the Association entered into a new 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,	2014	\$	98,895
	2015		101,613
	2016		104,396
	2017		107,259
	2018		110,220
	Thereafter through 2023		503,237
			<u>\$ 1,025,620</u>

The occupancy expense for the years ended December 31, 2013 and 2012, totaled \$120,462 and \$119,614, 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, 2013 AND 2012
(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, 2012, there were no deficiencies in the endowment funds.

The Endowment balance at December 31, 2013 and 2012 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, 2013 and 2012, APNA owed APNF amounts totaling \$122 and \$165, respectively. These amounts were balances for donations made to APNF and were deposited into APNA's bank accounts.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2013 AND 2012
(continued)**

NOTE K - SUBSEQUENT EVENTS

In preparing these financial statements, the Association's management has evaluated events and transactions for potential recognition or disclosure through June 10, 2014, the date the financial statements were available to be issued. There were no additional events or transactions discovered during the evaluation that required further disclosure.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATING SCHEDULE OF FINANCIAL POSITION
DECEMBER 31, 2013**

<u>ASSETS</u>	<u>APNA</u>	<u>APNF</u>	<u>Eliminations</u>	<u>Total</u>
CURRENT ASSETS				
Cash and cash equivalents	\$ 336,645	\$ 28,544	\$ -	\$ 365,189
Investment	1,673,300	138,108	-	1,811,408
Accounts receivable	74,438	-	-	74,438
Grants and pledges receivable	25,000	25,000	-	50,000
Due from APNA	122	-	(122)	-
Prepaid expenses	34,917	-	-	34,917
Total Current Assets	<u>2,144,422</u>	<u>191,652</u>	<u>(122)</u>	<u>2,335,952</u>
OTHER ASSETS				
Property and equipment, net (Note E)	108,775	-	-	108,775
Security deposit	23,788	-	-	23,788
Total Other Assets	<u>132,563</u>	<u>-</u>	<u>-</u>	<u>132,563</u>
TOTAL ASSETS	<u>\$ 2,276,985</u>	<u>\$ 191,652</u>	<u>\$ (122)</u>	<u>\$ 2,468,515</u>
<u>LIABILITIES AND NET ASSETS</u>				
CURRENT LIABILITIES				
Accounts payable	\$ 15,439	\$ -	\$ -	\$ 15,439
Accrued expenses	147,370	-	-	147,370
Due to APNF	-	122	(122)	-
Deferred revenue	17,730	-	-	17,730
Deferred rent	73,381	-	-	73,381
Total Current Liabilities	<u>253,920</u>	<u>122</u>	<u>(122)</u>	<u>253,920</u>
NET ASSETS				
Board designated	935,806	-	-	935,806
Unrestricted	1,087,259	145,530	-	1,232,789
Total Unrestricted Net Assets	<u>2,023,065</u>	<u>145,530</u>	<u>-</u>	<u>2,168,595</u>
Permanently restricted	-	46,000	-	46,000
Total Net Assets	<u>2,023,065</u>	<u>191,530</u>	<u>-</u>	<u>2,214,595</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,276,985</u>	<u>\$ 191,652</u>	<u>\$ (122)</u>	<u>\$ 2,468,515</u>

See independent auditor's report on supplemental information.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATING SCHEDULE OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2013**

	<u>APNA</u>	<u>APNF</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	732,897	16,007	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	62,275	6,970	69,245
Net income from investment	56,497	11,939	68,436
Total Revenue and Support	<u>3,352,267</u>	<u>34,916</u>	<u>3,387,183</u>
EXPENSES			
Program services:			
Annual conference	964,545	-	964,545
Education and information	764,377	6,000	770,377
Membership services	546,769	-	546,769
Total Program Services	<u>2,275,691</u>	<u>6,000</u>	<u>2,281,691</u>
Support services:			
Management and general	802,175	1,630	803,805
Fundraising	8,850	-	8,850
Total Support Services	<u>811,025</u>	<u>1,630</u>	<u>812,655</u>
Total Expenses	<u>3,086,716</u>	<u>7,630</u>	<u>3,094,346</u>
CHANGE IN NET ASSETS	265,551	27,286	292,837
NET ASSETS, beginning of period	<u>1,757,514</u>	<u>164,244</u>	<u>1,921,758</u>
NET ASSETS, end of period	<u>\$ 2,023,065</u>	<u>\$ 191,530</u>	<u>\$ 2,214,595</u>

See independent auditor's report on supplemental information.