

COUNCILS

Addictions

Current Activities:

- Pocket Cards to Screen for SUDs Across Settings & Provides Treatment Resources
- Updated SBIRT & Revised APRNs Prescribing of BUP Position Papers at Request of BOD
- Advised on SAMHSA Prac-Ed SBIRT Curriculum Grant
- Continued Opioid Webinars for Nurses & 24 Hour Online & 8 Hour Virtual Live MAT Trainings
- Continued Partnerships with Opioid Response Network & Providers Clinical Support System

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

Advise on patient centered treatment options which have been born out of the COVID-19 pandemic (ie: utilization of tele-health technology to provide visits for MAT treatment of OUD, "relaxation" of regulations regarding UDS, pre-treatment in-person physical examination, methadone take-homes, etc related to treatment of patients with OUD/SUD) and continued focus on co-morbid treatment of PMH & SUD as chronic relapsing disorders, removing punitive barriers to care.

Council, Task Force, Committee, Workgroup - Activity Report
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Addictions

Susan Caverly, PhD, ARNP - *Chair*

Laura Leahy, DrNP, APRN, PMH-CNS/FNP, CARN-AP, FAANP – *Co-Chair*

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Council, Task Force, Committee, Workgroup - Activity Report
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Michael Valenti, PhD, RN	Esperanza Zamora Bachtta, RN-BC, CARN
Dorothy Valin, PhD, APN CNS	Michelle Zapanta, MSN, RN-BC

Administrative

Current Activities:

- Developing a draft PMH Administrator tool kit, covering the following broad areas: Workforce development, Creating a culture, Safe Environments, Quality Improvement, Managing in a Regulatory Environment, and Fiscal Management.
- Poster presentation on using the MOAS acuity scale in an acute inpatient setting at the APNA 33rd annual conference, New Orleans.
- Hosted an annual meeting at the APNA 33rd annual conference to receive feedback from PMH administrator members.
- The APNA Administrative Council Steering Committee met several times during the year.

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

Increase engagement and participation of council steering committee members to increase capacity.

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Administrative

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Child and Adolescent

Current Activities:

- Monthly Zoom meetings of steering committee members
- Sent survey to members to elicit interest in topics members were willing to work on
- Posted timely articles on C and A topics including multiple articles and links for tele-mental health re: c and A and links for professional, family and teachers on Covid and Mental health responses to Covid
- Co-chairs published 3 articles on Infant Mental Health and Dr Lauerer participated in a webinar for American Pediatric Surgical Nurses on children's' responses to Covid
- Discussing with Administration the interest of C and A members in a white paper on suicide in Children and Adolescents

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

Address the need for more information (information gap) on Child and Adolescent psychiatry for members to increase their confidence and skills in addressing the increasing need for quality psychiatric care in this population.

Child and Adolescent

Co-Chair

Kathleen Gaffney, APN, MSN, PMHCNS
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Education

Current Activities:

Pre-Licensure and Graduate Branches: Discussing COVID-19 response – resources to be posted on Member Bridge (this was completed last spring as an initial offering) relative to focusing on virtual teaching during the pandemic.

- Pre-Licensure: discussion groups continue to support projects addressing civility, empathy/anti-stigma, NCLEX "next generation questions", student resilience, and updating the Undergraduate Education Toolkit.
- Graduate: As above, COVID-19 challenges are being addressed for graduate/preceptor hours with telehealth and tele preceptor - modalities being discussed; the hope is to inform nurse educators to better understand options for graduate student supervision with virtual contact hours as these are being more fully realized across the country. A survey to further examine teaching options for graduate faculty instruction during the pandemic is being created. The survey is intended to identify which resources are used to support “therapy” in the graduate curriculum and what is being done to facilitate supervised/supervision relative to therapeutic contact hours.
- Continuing Education: The group is discussing the theme of suicide per best educational strategies with members of the steering committee to approach guided instruction on use of suicide risk surveys and other tools ex: how to use the Columbia Suicide Risk Severity Rating Scale; the group is also working on developing a database secondary to the accumulation of new information (new literature and dissemination from credible sources like CDC and SAMHSA) on the effect of COVID-19 on mental health – working on objectives and goals for forming a project group.

If your council could advise the board on one thing that APNA should accomplish relative to your council’s area of expertise, what would it be?

The board should support dissemination of best practices created by Education Council groups for teaching during the pandemic. This offering on dedicated areas of the APNA website could create easily accessed and noticed tabs or prominent areas providing new and novel resources for constituent nurse educators at the undergraduate and graduate levels. CE offerings for guidance on these best practices could be created on the CE link on the APNA site.

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Forensic Psychiatric Nurses

Current Activities:

- 32 attendees at the October 2019 Forensic Council Panel voiced a need to identify the specialized skill-set needed to deliver quality nursing care to psychiatric-forensic patients.
- November 2019, Co-chair Perkins engaged in a review of the literature and found a tool with psychometric properties that measures the quality of forensic-psychiatric care among patients and nurses surveyed in multiple countries outside of the USA.
- Feb 2020, Co-chairs submitted a briefing paper to the BOD that requested using this psychometric tool in the USA. The briefing paper was not approved due to APNA's research policy guidelines.
- May 2020, APNA requested and received suggestions from the Co-chairs on how to structure Zoom conversations for an online "Well-Being" format designed to support all nursing specialties impacted due to COVID19.
- September 2020, in lieu of a formal survey, Co-chairs submitted a request to APNA's membership to describe what skills and training the members believe are needed to provide quality psychiatric-forensic nursing.

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

Developing a working definition of the role of the psychiatric-forensic nurse.

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Forensic

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Sheila Webster, PMHCNS-BC, CNS
Samantha West, MSN, RN-BC
Cathi Zillmann, NPP

Mental Health Advocacy

Current Activities:

- Chapter Presidents were surveyed on issues regarding advocacy activities i.e. legislation, research articles, activity with other advocacy groups, local support for PMHN, full practice regulations, other advocacy activities.
- Advocacy during COVID – CMHA requested all volunteer opportunities be listed on the APNA website in each state. Leslie Oleck compiled a Collection of Resources for Healthcare Providers' on Member Bridge to inform members where resources are to assist other nurses and healthcare workers.
- CMHA worked to advocate for Psychiatric nursing through contacting local sources (ANA state chapters) and publishing articles on Psychiatric Nursing. Donna Linette was successful in getting approval for an article in the Florida Nurses Association quarterly publication. Kathy Brotzge was approved by the Kentucky Nurses Association to compose articles on mental health and psychiatric nursing for their newsletters.
- Kathy Brotzge posted a "letter to the editor" on Member Bridge encouraging members to use such a letter in their local newspapers. This letter addressed psychiatric patients not coming in for treatment because of the stress of the pandemic.

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

Support around providing information to the public on Psychiatric Nursing - working with ANA to promote psychiatric nursing (i.e. commercials - television, radio, social media).

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Mental Health Advocacy

Kathryn Brotzge, MSN, APRN, NP - *Chair*

Leslie Oleck, MSN, PMHNP-BC, PMHCNS-BC, LMFT – *Associate Chair*

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Practice

Current Activities:

- Holding monthly meetings and participating at the annual conference
- Working on a project on psychotherapy and psychotherapeutic modalities
- Working on a project on the characteristics of mentors, instructors, supervisors, preceptors, and consultants
- Updating the structure and membership of the steering committee and advisory panel
- Being involved with the APNA's initiatives such as with COVID-19 and looking for ways to collaborate with other councils

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

Being aware of the American Nurses Credentialing Center's certification renewal requirements regarding psychotherapy continuing education hours in relation to their test content outline and the requirements of the National Organization of Nurse Practitioner Faculties (per the submitted Briefing Paper)

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Practice

Jessica Walker, DNP, APRN, PMHNP-BC - *Chair*

Steering Committee

Vanessa Barlow, MBA, BSN, RN
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Council, Task Force, Committee, Workgroup - Activity Report
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Recovery

Current Activities:

- Discussion of COVID impact on services, educational needs, self care and recovery efforts
- Completion of poster presentation for annual conference
- Recommitment of Steering committee members, request for new membership
- Discussion of new activities including request for literature review by council member submission to Steering committee for access to APNA general membership
- Discussion of other topics for Recovery Council consideration

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

Recovery aspects of coping with COVID pandemic.

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Recovery

Constance Noll, DNP, MA, PMHNP-BC, CRNP - *Chair*

Steering Committee

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Terrie Kirkpatrick, RN, BSN, MS
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Judy Rice, DNP, MSN, PMHNP, FNP, CS
Sylvia Simeone, DNP, PNHP-BC, PMHCNS-BC
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Janet Stagg, MS, RN, PMHCNS

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Jeanne Clement, EdD, APRN, PMHCNS- BC, FAAN
Kayla Cross, MSN, MA, RN-BC
Laura Dayton, RN
Krystyna de Jacq, PhD, PMHNP-BC
Helene Durham, MSN, CNS, RN-BC
Cynthia Estes, DNP, MHA, RN, NE-BC
Brianna Fitzgerald, RN, MSN, NP, MPH
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Virginia Fox, BSN, MSN, RN-BC
Teresita Gonzales, MSN Ed, RN-BC
Elaine Greggo, PMHCNS, BC
Sharon Haight-Carter, PMHNP-BC
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Willa Hardamon, RN, BSN
Martha Hernandez, DNP, APRN, PMHCNS/NP-BC
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Gregory Jones, RN
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Wendy Trout, MSN, PMHNP, APRN
Kathleen Webster, DNP, PMHNP
Sandra West, DNP

Research

Current Activities:

- Updated RC Steering Committee (RCSC) membership with call for volunteers that generated 8 new members.
- Created three workgroups to achieve our goals and promote research among APNA members: 1) Practice Research Integration and Member Engagement (PRIME) workgroup recruited three Advisory Panel members to volunteer; and began posting research-related blogs and featuring projects and research of PMH nurse researchers and clinicians (APNA members); 2) Research Priority Survey (RPS) workgroup began the process of developing a survey to determine research priorities for psychiatric mental health nurses among APNA members that will guide future actions of the RCSC and that align with APNA's strategic plan; and, 3) APNA Conference Abstract workgroup has been placed on-hold and the RCSC will reevaluate the SMART goals after the 2020 Virtual Conference.
- Co-chairs will host our annual meeting at the Annual Conference (Virtual) to inform APNA members of Research Council's initiatives.
- The grant reviews were tabled for this year because of COVID-19.

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

The Research Council would advise the APNA board to actively collaborate with the RCSC to a) facilitate the fostering of PMH nurses' interest in research and evidence-based practice and b) promote research-practice integration through webinars, CEs, and increased grant funding to inform APNA members of the symbiotic relationship between research and practice – such that research informs practice and practice informs research – exceptional nursing care requires both.

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Research

Brandy Mechling, PhD, RN, PMHCNS-BC - *Chair*

Karen Jennings Mathis, PhD, CNP, PMHNP-BC – *Associate Chair*

Steering Committee

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Safe Environments

Current Activities:

- An APNA manuscript was submitted July 2020 to the JAPNA, on behalf of the Council for Safe Environments Steering Committee.
- The council submitted a revised APNA Position Paper on Violence August 2020. Revised manuscript to focus on general overview of violence, its impact and the role of the PMH. CSE in process of updating resources in tool kit.
- Updating resources and articles on web site. Ensuring the most up to date information is available to membership.
- Currently reviewing various hospital “risk” programs i.e. CPI, MAB, HARP, Avade etc. to determine which ones incorporates “recovery” principles, staff and patient safety.
- Discussion regarding the definition and practice of “Chemical Restraint.” What is this, how is it interpreted and what is general care practices. Council deciding whether to initiate position statement or editorial on topic.
- Brief discussion about how Annual Conference will be impacted of Covid-19.

If your council could advise the board on one thing that APNA should accomplish relative to your council’s area of expertise, what would it be?

To continue to support this council in our endeavors to update the Toolkit and support to get the word out about all we are doing to support safe environments in the psychiatric behavioral health setting.\nThank you, Ellen and Jeannine

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Safe Environments

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Ellen Blair, DNP, APRN, PMHCNS-BC, NEA-BC – *Associate Chair*

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TASK FORCES

Neuromodulation Task Force

Current Activities:

- The first APNA Neuromodulation Task Force Steering Committee meeting was held September 16, 2020.
- Ten of the eleven Steering Committee members were present.
- The first project the committee is working on is updating the APNA Position Paper on Electroconvulsive Therapy.
- The Advisory Committee will be meeting with the Steering Committee November 18, 2020.

Neuromodulation Task Force

Co-Chairs

Paula Bolton, MS, CNP, ANP-BC
Donna Ecklesdafer, RN, MSN

Steering Committee

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Dawn Walters, MS, RN
Rick Yakimo, PhD, APRN, PMHNP-BC

Personality Disorders Cluster A Task Force

Current Activities:

New Focus: Essential Information Needed to Care for Patients with the Diagnosis of Personality Disorders

Purpose of Project: Utilizing a trauma informed, destigmatized and therapeutic approach, this project will produce the essential information and clinical pearls needed to assist nurses to care for patients who are diagnosed with personality disorders.

(Definition of Clinical Pearls: "Clinical pearls are best defined as small bits of free standing, clinically relevant information based on experience or observation. They are part of the vast domain of experience-based medicine and can be helpful in dealing with clinical problems for which controlled data do not exist.")

<https://www.ncbi.nlm.nih.gov/pubmed/18821165>)

Cluster A Workgroup Teamleaders:

- Paranoid PD workgroup– Dawn Goldstein
- Schizoid PD workgroup– Jessica Whelen
- Schizotypal PD workgroup -Kevin Huckshorn

- May – June 2020 - Task Force members' interests were reassessed by use of a survey from APNA due to the small number of participants on the monthly phone calls. Members were asked about their commitment to the project due the COVID-19 pandemic during the Task Force Cluster phone conference calls. All members on the Task Force phone calls were committed to completing the project. The Task Force members listed above are the current active participants.
- July – Aug 2020 - Met with BOD and refined focus and streamlined goals and plan for deliverables. Changed focus to 'Essentials'. Survey requesting submission of Clinical Pearls and Interventions sent out to all TF members with goal to share information at Conference TF meetings and continue development of Essential treatments and Clinical Pearls.
- Sept - October 2020 - Task Force group members will be building the framework for each diagnosis in each cluster and determining the "essentials" that need to be included in each aspect of the project. Will plan conference call to share results of survey, and begin developing according to template and plan for Virtual Conference session. Task Force Group members will meet face to face at annual conference to review combined material for each cluster and begin developing clinical pearls.

Future Goals:

- October 2020 - April 2021 Each Task Force Group will develop clinical pearls for each diagnosis within each cluster.
- April 2021 - October 2021 Project will be reviewed by Personality Disorder Advisory Panel. Changes will be made until final product meets approval of members of Task Force and Advisory Panel members.
- October 2021 Final project will be approved by the APNA Board of Directors and introduced at 2021 Annual Conference.

Personality Disorders Cluster A Task Force

Diane Esposito, PhD, ARNP, PMHCNS-BC - *Chair*

Steering Committee

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Angela DelGrande, PhD, PMHNP-BC, CNS
Roxane England, MS, CNE RN
Dawn Goldstein, PhD, RN, PMHNP-BC, CCM
Camellia Herisko, RN, MSN, CRNP, DNP
Kevin Huckshorn, PhD, MSN, RN, CADC, ICRC
Lindsey Irwin, RN, BSN
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Janet Thelen, MSN, PMHNP-BC

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Coren York, RN

Personality Disorders Cluster B Task Force

Current Activities:

- Created an outline and started to develop Cluster B personality Disorder education. The planned follows a format created in collaboration with the Task Force Chairs for Cluster C and Cluster A personality disorders based on APNA Board of Directors feedback.
- We have made the most progress on descriptions of the disorders, overview of pharmacotherapy and the review of psychotherapeutic modalities used. We need to locate and review primary sources cited in the references we have used thus far.
- A survey has been sent out to members of both the Steering committee and the Advisory panel to gather Clinical Pearls used in the practice of these members. We are looking forward to learning the results of the survey and incorporating those results into our work.
- The number of members who have been able to commit time to the project consist of six dedicated individuals. We continue to collaborate with council support to reach out to members of both the steering and advisory committees to facilitate their project involvement.

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

We have received valuable support throughout the year.

Personality Disorders Cluster B Task Force

Co-Chairs

Nancy Ann Feltner, APRN, CF-PMHNP, BC, MS, MSN/Ed, QMHP, BSN
Sherry Lindsay, ARNP

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Sarah Bryant, BSN, RN, PHN-BC	Margaret Early, PhD, RN
Suzanne Butler, BSN, RN, DON	June Esser, MSN, RN, PMHCNS-BC
Carol Campbell, DNP, APRN, PMHCNS-BC, PMHNP- BC, FNP-C	Leslie Evers, RN, MSN, CS, LMFT, PMHCNS

Council, Task Force, Committee, Workgroup - Activity Report
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Diana Wilson, PMHNP-BC
Inez Withers, RN, BSN, MSM, CMCC,
Donald Wright, RNC
Rick Yakimo, PhD, APRN, PMHNP-BC
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Michelle Zapanta, MSN, RN-BC
Marci Zsamboky, DNP, PMHNP/CNS-BC, CNE
Christine Zuidema, RN

Personality Disorders Cluster C Task Force

Current Activities:

- Task Force Steering Work Group has met monthly on phone conference calls.
- Two phone conference calls were held with APNA Board Members to finalize out line for each dx category in Cluster C.
- Each Cluster C diagnosis work group has created an outline with the essentials for care of a person diagnosed with obsessive compulsive personality disorder, avoidant personality disorder and dependent personality disorder.
- The outlines of the essential care for each of the Cluster C Personality Disorders will be combined into one outline including a list of references.
- This outline will be sent to all members of the Advisory Task Force for approval before submission of the final product to APNA.

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

Once the work of the task force is completed I think it will be important to share the information with all members.

Personality Disorders Cluster C Task Force

Shirlee Davidson, MSN, RN - *Chair*

Steering Committee

Florence "Crissi" Brooks, PMHNP
Grashika Devendra, PMHNP
Ayako Garduque, MSN, ARNP
Brayden Kameg, DNP, PMHNP-BC, CARN, CNE
Lynne Mann, MSN, RN, CNE
Robertta Mowdy, PMHNP-BC
Raul Padilla, DNP, APRN-BC, CARN-AP, CRNI

Gwendolyn Porche, RN
Sonia Riley, MSN-Ed, RN
Traci Sims, DNS, RN, CNS/PMH-BC
Robin Trivette, RN, MSN
Farid Uddin, MBBS, DPM, MCPS, ADN, BSN, RN
Carol Wahlstrom, RN, MS, LCPC

Advisory Panel

Gwendolyn Abadom, RN
Kinsey Airhart, RN
Sally Alexander, DNP, PMHNP-BC
Ramona Balsdon, RN, MSN
Linsey Broadbent, RN, BSN
Sarah Bryant, BSN, RN, PHN-BC
Theresa Calderone, EdD, MEd, MSN, RN-BC
Alicja Cebulak, PMHNP
Emily Cervantes, BSN, RN
Teresa Chancellor, RN
Lorraine Chiappetta, RN, MSN, CNE
Lynda Creighton-Wong, APRN, RN, PMHNP-BC,
PMHCNS-BC
Tracy Davies, DNP, APRN, AGNP, PMHNP-BC
Leslie Evers, RN, MSN, CS, LMFT, PMHCNS
George Gilchrist, MSN, MHRN
Christopher Gossett, RN
Sharon Haight-Carter, PMHNP-BC
Stephanie Hancock, DNP, RN
Ria Harris, RN
Erica Hinds-Campbell, APRN, MSN, RN
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Haley Meier, BSN, RN
Rena Milhoan, RN, MSN
Barbara Morgan, PhD, PMHNP-BC
Libby Nichols, MSN, RN, PMH-BC
Tammi Packer, BSN, RN-BC
Kathleen Patusky, PhD
Sharvette Philmon, MSN, RN, NEA-BC, CNE
Amie Riddle
Tracee Ridley-Pryor, DNP, APRN, PMHNP-BC
Luanne Sadowsky, ARNP, BC
Olivia Schaefer, RN, BSN
Edna Smith, FNP-BC, PMHNP-BC, APRNRx, DNP
Lexus Soristo, BSN, RN
Jacinda Stanton, RN
Sylvia Stevens, APRN, MS, BC
Pamela Stover, DNP, ARNP, PMHNP-BC
Susan Sullivan, Psychiatric NP
Mary Sullivan, APRN
Sheelagh Tallman, RN, MS
Gloria Wilson, NP
Lisa Woodworth, APRN

Staffing Inpatient Units Task Force

Celeste M. Johnson, DNP, APRN, PMH CNS – *Chair*

Steering Committee

Avni Cirpili, DNP, RN

Kathleen Delaney, PhD, PMH-NP, RN

Kristen Kichefski, MSN, MBA, RN-BC

Suzie Marriott, MS, BSN, RN-BC

Janette O'Connor, MS, BS, BSN, RN-BC

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

Charge: Review and update of the 2011 APNA position statement [Staffing Inpatient Psychiatric Units](#).

Direction given to create task force during February 2020 board meeting.

Celeste Johnson appointed as chair in April 2020.

Steering Committee members appointed in August 2020.

Monthly calls began on September 9, 2020 and are scheduled through the end of the year. Anticipated timeline for work on the position statement is approximately 6 months.

Tobacco Treatment Nursing Competencies Task Force

Current Activities:

- APNA Task Force on establishing nursing tobacco competencies has completed:
- APNA Position Statement on treating tobacco use and dependence (TUD) has been updated, approved by the BOD, and will be posted soon
- Nursing competencies for treating TUD have been developed, internally and externally reviewed & revised, submitted to the APNA BOD for action, Competencies approved during September BOD meeting.
- A Briefing Paper requesting APNA BOD support curriculum development and educational activities for Nursing Competencies for Treating TUD was written and submitted; awaiting BOD action

Carol Essenmacher, DNP, C-TTS - *Chair*

Task Force Members

Relindis Akwanga, RN, BSN, MSN student

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

Julia Houfek, PhD, APRN-CNS, BC

Linda Mays, DNP, PMHNP-BC

Leigh Powers, DNP, MSN, MS, APRN, PMHNP-BC

Lynette Smith, PhD, PMHNP-BC, FNP-BC

Marchell Spielmann, ARNP, FNP, PMHNP

Bridgette Vest, DNP, RN, PMHNP, GNP

Barbara Warren, PhD, RN, APRN-CNS, PMH-BC, FNAP, FAAN

COMMITTEE

Integrated Care and Interprofessional Practice Position Paper Committee

Current Activities:

- We had bi-monthly meetings to identify key points for inclusion in paper.
- We had deep discussions about each key point
- Planning to utilize our meeting in October to finalize outline
- Continued efforts to finalize paper in November-December 2020

If your council could advise the board on one thing that APNA should accomplish relative to your council's area of expertise, what would it be?

Integrated care and interprofessional practice is a major component of psychiatric nurses' practice.

Co-Chairs

Sara Jones, PhD, APRN, PMHNP-BC, FAANP

Eugenia Millender, PhD, RN, PMHNP-BC, CDE

Committee Members

Donna Rolin, PhD, APRN, PMHCNS-BC, PMHNP-BC

Joyce Shea, DNSc, APRN, PMHCNS-BC

Gail Stern, RN, MSN, PMHCNS-BC

WORKGROUP

Stress Screening & Resources for Nurses Workgroup

APNA partnered with the American Nurses Foundation, American Nurses Association, Emergency Nurses Association, and the American Association of Critical-Care Nurses to help support the wellbeing needs of frontline nurses. One of APNA's projects with this group was to develop an interactive online experience for nurses that can be embedded on an organization website to self-assess ones stress levels by using an evidence-based tool followed by identifying and hosting online resources that align with the assessment an(Nurses who complete the assessment will be directed to resources targeted to their results.)

APNA identified and invited 17 people of varying geographic and practice locations, as well as expertise, to join the workgroup.

- Reviewed the Perceived Stress Scale for use as the self-assessment tool.
- Suggested vetted resources and indicated appropriateness for categories of high, moderate, and low stress.
 - Low – 38 resources shared
 - Moderate -17 resources shared
 - High – 12 resources shared
 - Total – 67 resources shared
- Thorough evaluation process for resources through comments on Member Bridge, utilization of resource evaluation tool based on the APA mobile app evaluation framework, and a ranking of the top 10 resources in each category via an online form.
- Further categorized the resources, considering time commitment, accessibility, personal preferences, etc: Peer Support, Guided Relaxation, Exercise, Apps, Workbooks, Self-Care Toolkit, Webinars, Quick Activities, Information & Tips, Immediate Help
- Provided expert feedback on the contextual language used both in the tool itself, and on the resource webpages, with a goal of speaking to nurses in an appropriate and sensitive way.
- Resource now live at www.apna.org/wellbeinginitiative and on ANA website.

Christine M. Tebaldi, MS, PMHNP-BC – *Chair*

Workgroup Members

Kimberly Barnes-Ayers, BSN, RN-BC, MEd
Rosalind DeLisser, APRN, FNP-BC, PMHNP-BC
Dallas Ducar, MSN, RN, CNL, NREMT-B
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