



Virginia Chapter Newsletter April, 2018

APNA Virginia Chapter Board

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Jane James, PMHCNS-BC, PMHNP-BC

Lora Peppard, PhD, DNP, PMHNP-BC

Michelle Tsai, DNP, PMHNP-BC

Johna Jenkins, NP

President's Message

Happy 2018 to everyone! We are already busy planning for our new year.
You spoke and we listened....

First and foremost, we plan for new officers to be elected later this year and installed at the **APNA Virginia Chapter Conference in August, 2018**.

We are planning to invite other APNA members from Washington DC, Maryland and West Virginia to join us at the conference and also to send them emails from us about upcoming events.

Communication is key! Lynda Miller will be coordinating the APNA Virginia Chapter Newsletter to engage with our nearly 400 chapter members.

Member survey results are in: Last November, you responded to our member survey and told us you wanted to be more active in calls and regional meetings. Starting March 2, 2018, you are invited to participate in our monthly phone meeting. This call takes place on the first Friday of each month from 4:00pm-5:00pm. To call in, dial **1-800-974-2164** and enter passcode **8835173**. Mark your calendar for the next Virginia Chapter business call. .

You also suggested that our chapter conference include topics such as substance use, psychotherapy, and pharmacotherapy topics. Susan Jacobson, Lora Peppard, and Marian Newton are planning this year's conference to focus on these issues and more and we believe we have incorporated your ideas!!!

Save the Date for August 10, 2018!

We are excited to move forward with you and appreciate all of you from all over the great Commonwealth of Virginia!

Please join our calls as we need your excellent ideas and help with programs, and to plan regional activities an idea from October, 2017 member survey!!!
You all make Virginia APNA strong and vibrant!!

APNA Virginia Chapter Fall Workshop: August 10, 2018 at George Mason University

Nursing's Role in a Collective Impact

Approach to Management of Mental Health and Substance Use in Virginia,

We will weave Collective Impact Model throughout the day as we look at key mental health issues through this lens.

Linda Beeber, President of APNA is our keynote speaker. Linda Beeber's vision is highlighted in recent issues of JAPNA. Norm Oliver MD, Deputy Commissioner of Population Health, Virginia Department of Health will challenge us to view health care responses through the lens of collective impact. Virginia Chapter's own Nina Beeman will engage us to meet the needs of our patients affected by trauma and adverse childhood events. Statewide approaches to suicide prevention, as well as the nurses' response to opiates, benzodiazepines and stimulants are on the program.

Collective Impact Model is a different approach to meeting the health care needs of populations. The Virginia Department of Health and the Department of Behavioral Health and Developmental Services have embraced this model to address medical and social determinants of health. The Stanford Social Impact Review highlights components of Collective Impact Model.

https://ssir.org/images/articles/2011_WI_Feature_Kania.pdf

Connections for Hope Partnership of Cornerstones in Herndon area spells it out: The Connections for Hope Partnership is a collective impact initiative that brings together high performing nonprofits, county services, community service providers, and resident/community leadership, co-located in Herndon and integrating services to address multiple, complex barriers of low-income and vulnerable residents. Partners in this effort serve families and individuals, youth and adults who are facing eviction, homelessness, hunger, poor health or who have other human service needs in areas of housing, health, education, financial literacy, job development and food security. Because of this strong partnership of organizations, we can be more creative and strategic in the ways we serve the unmet needs of our community, building a model that is client-focused, community based, financially and programmatically solid, prevention-oriented, scalable and transformative.

Retrieved 3/21/2018

<https://www.cornerstonesva.org/services/community-resource-centers/connections-for-hope/>

**APNA 16th Annual Clinical Psychopharmacology
Institute**

June 7-10, 2018

Hyatt Regency Baltimore on the Inner Harbor

Baltimore, Maryland

[Register Now!](#)



APNA 32nd Annual Conference

October 24-27, 2018

Greater Columbus Convention Center

Columbus, Ohio

[Save the Date Flyer](#)

In Legislative News....

HP 793

As most of us are aware, VCNP introduced a bill, HB 793, that was presented by Delegate Roxanne Robinson that would lower restrictions for nurse practitioners in the state of Virginia. Initially, the bill was presented with a Transition to Practice after 1040 hours of collaborative practice with an MD or NP. However, while in House sub-committee, the Medical Society of Virginia advocated that NPs should work a minimum of 10,000 hours or 5 years in collaborative agreement before transitioning to full independent practice.

There was a great push to reduce those hours and eliminate language that was not consistent with the goals of HB 793 for Virginia NPs. Ultimately, there was a substitute bill that was presented and passed House sub-committee, still containing the 5 years as years, not 10,000 hours. This went on to pass the full House Committee and both Senate subcommittee and full committee.

We were excited to find out that Governor Northam signed the bill without further amendments. More than 50 percent of Nurse Practitioners in Virginia will benefit from the bill since they have already met the five-year Transition to Practice requirement. The next step will be to establish rules and regulations that will begin in the month of May.

For more information on the Independent Practice roll out, stay posted to the VCNP Facebook page. If you have questions, you can contact your local VCNP representatives or contact VCNP at (434)977-3716, to find out your local Government Relations contact information.

Lynda C. Miller, MSN, FNP-C, PMHNP-BC

Virginia Chapter APNA Treasurer
Northern Shenandoah Valley VCNP, Government Relations Chair

APNA Workforce Solutions Reflections:

APNA sponsored a behavioral health workforce summit on Wednesday February 21 in Falls Church, VA. Many psychiatric nursing leaders and others were in attendance. There were presentations from Kathleen Delaney from Rush University, Kris McLoughlin, and Michael Rice. Speakers discussed the workforce shortage of psychiatric nurses and nurse practitioners as well as challenges associated with increasing numbers of qualified professionals in the psychiatric nursing field. The Virginia Healthcare Foundation sponsored a lunch for the PMHNP program directors in Virginia to discuss PMHNP workforce development in our state. Representatives from UVA, VCU, GMU, Shenandoah University, ODU, and Jefferson College were in attendance. Future plans for VHF include collecting data on Virginia's PMHNP programs and assisting with possible academic collaborations between the programs.

Lyons Hardy, CNS, NP
APNA Virginia Chapter, Member at Large

Recovery to Practice

Participate in a **free** training to become facilitators of the program. If your chapter is interested in participating, simply reply to recovery@apna.org by **Friday, April 27th** to indicate your interest.

What's Involved

Any chapter members are welcome to participate in the training. It requires a time commitment of three 2-hour sessions plus prep time for each session. *All three sessions are required* in order to gain trainer certification. Training is done via GoToMeeting and will be held on the following dates:

July 11, 2018, 1:30pm to 3:30pm ET

July 25, 2018, 1:30pm to 3:30pm ET

August 1, 2018, 1:30pm to 3:30pm ET

APNA is waiving the fees for the program tools and online facilitator training as a service to your chapter. Training will occur provided there is adequate chapter interest.

Why Participate

- Recovery is mandated by SAMHSA for all mental health practice.
- Your chapter facilitators can offer this standardized program to your members as a conference or CE event.
 - *Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery-Oriented Practice* is a facilitated full day curriculum that offers 8.5 continuing nursing education contact hours.
- After your chapter facilitators are trained, APNA will provide you with 6 months' rental of the curriculum (rental fees waived!) so that you can easily deliver this curriculum to your members.
- The RTP program is a wonderful networking and chapter outreach opportunity centered around an educational activity.

An informational call will be scheduled with further details and to answer questions.

Thank you for working with us to promote accessible recovery-oriented training!

Patricia Black, PhD, RN | Associate Executive Director

recovery@apna.org | 571-533-1922

Therapy Corner

Compassion-focused therapy (CFT) aims to help promote mental and emotional healing by encouraging people in treatment to be compassionate toward themselves and other people. Developed by Paul Gilbert, CFT incorporates theories from other schools of psychology, such as: CBT, developmental psychology, evolutionary psychology, social psychology, neuroscience and Buddhist philosophy. CFT is grounded in basic emotion regulation systems: 1) Threat and self-protection; 2) Drive and excitement; and 3) Contentment and social safeness. The goal of therapy is to bring these three systems into balance.

Techniques and Exercises in CFT

The primary therapeutic technique of CFT is compassionate mind training (CMT). CMT refers to the strategies typically used to help individuals experience compassion and foster different aspects of compassion for the self and others. CMT aims to develop compassionate motivation, sympathy, sensitivity, and distress tolerance through the use of specific training and guided exercises designed to help individuals further develop non-judging and non-condemning attributes. This might be through Appreciation exercises, Mindfulness, or Compassion-focused imagery exercises, to name a few.

Issues Treated with CFT

CFT can be helpful to people who find it challenging to understand, feel, or express compassion. In addition, this type of therapy can also be effective at helping people manage distressing thoughts, behaviors, and feelings of any kind but may be particularly helpful when dealing with feelings associated with self-attack. Other feelings can be addressed with CFT, which include: Anxiety, Shame, self-criticism, Depression, Disordered eating, Anger, Self-injury, and Psychosis.

Limitations of CFT

Not all people are comfortable with the concept of being soothed or cared for in this manner. Some people may feel they are not worthy of being treated compassionately. Some persons may even find it challenging to understand compassion itself. There may be issues with performing mindfulness and compassionate imagery, as there may be difficulty entering the state of mindfulness, and failure may lead to self-criticism. Other people may be unable to focus on or even sense compassionate imagery. The use of images of known people or events may also bring to mind unwanted associations and negative past experiences. Treatment may be less effective with those who are experiencing intense anger or rage.

Some helpful links to understanding CFT:

<https://positivepsychologyprogram.com/compassion-focused-therapy-training-exercises-worksheets/>
<https://www.goodtherapy.org/learn-about-therapy/types/compassion-focused-therapy>
<http://www.compassionfocusedtherapy.com/>
<https://pdfs.semanticscholar.org/248c/1d2a5428df57a4650e442746cebd60ff5a57.pdf>
<https://www.psychologytoday.com/blog/practice-compassion/201407/cft-focusing-compassion-in-next-generation-cbt-0>

(excerpts from Good Therapy)

Lynda C. Miller, MSN, FNP-C, PMHNP-BC

Virginia Chapter APNA Treasurer

Member Highlight

After graduating my Psychiatric Mental Health DNP program at George Mason University, I started a one-year residency in July, 2017 at the Boston Veterans Administration. When I started, I had no idea what to expect. I was surprised to find that there were only 3 other NP residents, although we work with Harvard and Boston College psychiatric residents. This has been a broad and challenging residency, and a great transition to nurse practitioner.

Each week is divided into 3 rotation days, 1 outpatient clinic day, and 1 didactic day. The Boston VA has several hospitals in the Boston area, which affords us the opportunity to see patients in multiple clinical settings. Rotations during the year are through Inpatient Psych, Detox Unit, Urgent Care (psych), Psychiatric Consult Liaison, and Neurology at 3 VA hospitals. I have my own outpatient clinic one day each week with 3 supervision times each week for that clinic. Other days I work at my rotation. I complete my work independently but have frequent supervisory meetings with the attending psychiatrists. This has allowed me to grow in confidence while challenging me to continue to learn as a provider so that my patients receive the best possible care.

One day each week, we have classes with Harvard South Shore for half the day. Some of the topics include Research Methods, Psychopharmacology, CBT, Neurology, and Child & Adolescent lectures with psychiatrists from Mclean Hospital. Twice monthly we have Grand Rounds with invited speakers. We are required to complete a research project during the year as well.

Nurse Practitioner Residencies are a topic of disagreement in the nursing community. Some say that a residency is unnecessary for nurses turned nurse practitioners while others see the value of a residency. For me, it's been an invaluable experience of continued learning and clinical experience in a supportive and challenging atmosphere. I look forward to completing the program in a few months, and I want to encourage others to consider an NP residency program for their own transition to nurse practitioner.

Cammie Burgess

Special Interest Corner..

If there is something of interest, a person that needs to be highlighted, a great program that needs to be advertised-- do not hesitate to contact your board to get it in the next newsletter.

Thanks, Lynda C. Miller

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