American Psychiatric Nurses ASSOCIATION

APNA News

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

The official membership newsletter of the American Psychiatric Nurses Association

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Inside this issue

Message from the **EDITOR**

Report from the WPV Task Force

The Task Force on WPV was initiated in May of 2007 after APNA conducted a survey on Psychiatric RN's to collect information on staffing and safety issues that are paramount for nurses. With this information, the APNA Board of Directors commissioned a Task Force on Work Place Violence to explore these issues. Very generously and excitedly 150 members responded to our call for volunteers. Of those, 20 members were selected to serve on the steering committee and all others were asked to either review literature or edit at the end of the process.


Michele Valentino

The Steering Committee and Task Force chairs met via conference calls monthly to decide on the organization of the paper, the tool which would be used for the review of the literature (designed by Colleen Love), the time required to review the literature, the types of articles to be reviewed, and the healthcare settings to explore. Some of these health care settings included inpatient, forensic and state hospitals, outpatient, home health care, ED's, school settings (including elementary through college & university settings).

Members were asked to review the literature and share their synopsis with the rest of the committee. Steering Committee members and others followed by writing certain sections of the document based on their area of expertise. The first draft document had over 100 pages and a huge reference list.

3 position papers were proposed:

1. WPV in psychiatric settings.
2. WPV in other settings, specifically ED and Home Health care.
3. Violence in Schools (Elementary through college & university settings).

It was decided that horizontal violence would be woven into each section since it is indeed an important segment of each.

Work Place Violence is a very real problem for psychiatric RN's, APN's and all nurses in the healthcare arena. Ann Kelly, co-chair, who has

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The Campaign for Mental Health Reform

We were recently thrilled to announce that APNA was asked to join the Campaign for Mental Health Reform. According to their press release, "The Campaign for Mental Health Reform is a collaborative effort of 18 national mental health organizations." The campaign is working to help shape federal policy by providing a unified voice so that mental health is seen as integral to health, recovery is possible and service systems are coordinated so that access to quality care is available.

Access. Efficiency. Quality. Sustainability.

The campaign believes that no one should be denied healthcare services because of prior conditions, disability or lack of funds. The following is a list of Campaign beliefs:

- All Americans should have insurance coverage that provides access to quality healthcare services they can afford.
- Health insurance plans should accept all applicants and be prohibited from charging different prices based on pre-existing conditions.
- The healthcare system should be coordinated, effective, efficient and focused on maximizing independent functioning and community integration.
- Individuals of all ages with special health care needs require an ongoing routine source for their health care in their community that coordinates with families and specialty, ancillary and related services.
- Quality and value should be hallmarks of the system as a result of reform efforts.
- A quality coordinated health care system should use state-of-the-art health information technology, using privacy-protected, consumer-centered electronic medical records.
- Costs must be contained while also ensuring that Americans, throughout their lifetimes, get accurate healthcare information that promotes learning, self-monitoring and accountability.
- Public programs such as Medicaid, Medicare, and SCHIP must be preserved and strengthened to ensure critical access to health care and related services for individuals with chronic illnesses, including individuals with mental illnesses.

The Campaign believes strongly in the integration of mental health and overall healthcare. Accordingly, just as mental health is integral to overall health, mental health reform must be integral to healthcare

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APNA Welcomes the New Members of the 2008-2009 Board of Directors and Nominating Committee

President-Elect
Mary D. Moller, DNP, ARNP, PMHCNS-BC, CPRP

Treasurer
Richard Pessagno, MSN, PMHNP/CNS-BC

Board Members-at-Large
Ruth "Topsy" Staten, PhD, ARNP-CS
Gail Stern, MSN, PMHCNS-BC

Nominating Committee
Lora Humphrey Beebe, PhD, PMHNP, BC
Kathy Fritsche, BSN, RN
Georganne "GiGi" Kuberski, RN, MSN

APNA would like to congratulate and thank all those involved in this year's elections, including members who voted, ran for office and worked on the Nominating Committee.

APNA News is published bi-monthly by the American Psychiatric Nurses Association. You can contact APNA by mail at 1555 Wilson Blvd., Suite 530, Arlington, VA 22209, phone at (866) 243-2443, fax at (703) 243-3390, e-mail at mwolf@apna.org or visit APNA's website at www.apna.org. APNA members are invited to submit material for publication. Please submit articles or information to Mahnaaz Wolf, Marketing and Membership Manager, APNA, at mwolf@apna.org.

Member
PROFILE

Julie Carbray, PhD, PMHCNS-BC

RECIPIENT OF THE 2008 APNA BEST PRACTICES IN THE TREATMENT OF SCHIZOPHRENIA AND BIPOLAR DISORDER IN AN OUTPATIENT PROGRAM

Julie A. Carbray, PhD, PMHCNS- BC was honored with the Best Practice in the treatment of Schizophrenia and Bipolar Disorder in an Outpatient Program for her work on a specialized outpatient program for children and adolescents affected by Pediatric Bipolar Disorder (PBD) at the University of Illinois at Chicago (UIC), and specifically for their RAINBOW therapy.

As Administrative Director of the Pediatric Mood Disorder Clinic at UIC, Dr. Carbray oversees the clinical program and has been instrumental in developing therapy for families, facilitating the parents RAINBOW group component, coordinating research efforts on its efficacy and training nurses and mental health providers in this specialized treatment. Families travel from across the nation to learn about and receive the therapy from this psychiatric nurse. She has presented to and trained nurses in RAINBOW therapy across the United States and consulted with providers nationally about developing similar outpatient programs for children with PBD. Last October, she was asked to consult with a child psychiatry service in Halmstad Sweden that has piloted this therapy in their outpatient child psychiatry service.

Dr. Carbray graduated from Purdue University, in West Lafayette, Indiana in 1987 with a BS in Nursing and minor in Psychology received an MS in Nursing (1988) and PhD in Nursing (1993) from Rush University in Chicago, Illinois in child and adolescent psychiatric nursing.

Please join us in congratulating Julie Carbray. She will be presenting at the Best Practices Presentation on Thursday October 16, 2008 at 12:45pm - 2:15 pm.

Below is a peek at the work she is being recognized for:

Philosophy of the Treatment Program

RAINBOW therapy uses the vulnerability-stress model which posits that psychosocial stressors interact with the individual's genetic and biological predisposition in eliciting episodes of illness. RAINBOW is driven by consideration of three sets of factors: (a) an understanding of the affective circuitry of the brain and its putative dysfunction in PBD, (b) the unique psychopathological characteristics of PBD, and (c) environmental stressors in the family and school associated with PBD. Second, RAINBOW therapy combines principles of cognitive behavior therapy (CBT)with interpersonal psychotherapeutic techniques (IPT) to address the intense interpersonal demands associated with early onset PBD. Third, RAINBOW places emphasis on providing direct assistance to parents in addressing their frustrations, and employs specific techniques to alleviate symptoms and associated functional impairments characteristic of PBD.

Best Practice for Schizophrenia Inpatient Program Best Practice Award

Maureen Lewis, MS, APRN-PMH is the Clinical Nurse Specialist for the inpatient unit Meyer 5 at The Johns Hopkins Hospital which includes the Schizophrenia service. She is new to this role, joining the team last month. Her role includes staff orientation, education, and assistance with program development and outcome measurement.

The Schizophrenia program of The Johns Hopkins Hospital was developed to provide integrated, quality care to a vulnerable patient population. A major feature of the program is the unique combination of an inpatient and day hospital program. This model allows for a seamless progression of care as the patient's condition improves. Their 7 bed inpatient schizophrenia service is a part of a 22 bed acute psychiatric unit. The day hospital, housed on the same unit, has 8-10 slots and can provide domiciliary care for up to 4 patients.

Philosophy of Program

The philosophy of care emphasizes a systematic, comprehensive approach to the diagnosis and treatment of schizophrenia and related disorders. They treat each patient as a unique individual, with his or her own strengths and vulnerabilities. The critical role of family and care-givers in the life of each patient is recognized, and the potential contribution of personality traits, medical illnesses and social network to the manifestation and treatment of schizophrenia and related disorders. The Hopkins' philosophy recognizes the importance of patients' life experiences and the resulting influence on the way in which they view their illness.

Board of Directors Meeting to Work on Strategic Plan

The APNA Board of Directors will be meeting in January 2009 to work on a new Strategic Plan. This plan will shape the direction that the organization takes over the next few years and will help APNA to develop goals and objectives that future Board Members and member volunteers will work to meet.

As the board starts planning for this meeting, you have an opportunity to bring important issues to the boards' attention. If you have something that you would like the board to consider for the future of APNA, please send your information and rationale to Nicholas Croce Jr., MS, Executive Director, at ncroce@apna.org.

Catherine Osborn MSN, BC

Legislative Chairperson, American Psychiatric Nurses Association, California Chapter

Have you ever wished you could take a stand, and let others know how important an issue is for you? On September 3, 2008, my colleague, Marlene Moodie MSN, APRN, PMHCNS-BC, and I took advantage of an opportunity to show our support and to take a stand. It started with a notice to all employees at Scripps Mercy Hospital in San Diego and Chula Vista, issuing an alert on September 2 of a news conference scheduled for the next day and inviting all employees to attend. The hospital's Chief Executive, Tom Gammiere, FACHE, and other community health care supporters would be speaking on the effects of California's budget impasse. Californians have been without a budget since the end of June and have been threatened with a 10% cut in health care funding. Many publicly funded programs are on the brink of collapse while Scripps Mercy Hospital is owed over $4.4 million in Medi-Cal payments. Statewide, more than $950 million is owed to health care providers because of the delayed budget and is growing daily.

I knew I would find a way to be present so I could show my support. Then, as I was driving home, it hit me that it was an incredible opportunity not only for me but for the benefit of all the American Psychiatric Nurses Association California Chapter members With less than 18 hours before the news conference, I sent an e-mail to the APNA CA Chapter board members stating that if I had their permission and could get approval from the hospital, I'd like to hold up a sign that said "American Psychiatric Nurses Association California Chapter urge legislators to STOP health care funding cuts." I was concerned that with the short notice the board members might not get the e-mail in time so I also called the Chapter President, Kathy Johnson, and APNA Board Member at Large, Marlene Moodie MSN, APRN, PMHCNS-BC. After careful thought Kathy gave a "thumbs up" to move forward with the project.

I prepared a brief statement in case I was interviewed by the media and then sent a mock up of the sign to a local printing service. I had a class to present in the morning so I was unable to get to the print shop until an hour before the conference was scheduled to start. I still hadn't been able to contact the hospital's media person for an approval to display our sign. I arrived just as Mr. Gammiere started speaking and quickly received a whispered approval for the signs. I found Marlene, and we held our signs proudly throughout the news conference. Though we were not photographed or interviewed by reporters, the signs were seen by all. Afterward, we were approached by many of the attendees who commented how great it was that we and our organization, via our signs, were there in support.

APNA Announces e-Newsletter: *Psychiatric Nursing Voice*

APNA is proud to announce a new bi-weekly e-newsletter. *Psychiatric Nursing Voice* will bring information about policy, regulation, legislation and the latest from APNA to your email inbox every other week. Now you'll get news from APNA 30 times a year.

As with *APNA News*, *Psychiatric Nursing Voice* will be archived on www.apna.org. Just log in to your member account and click on the newsletter link.

Did you miss an issue? Contact mwolf@apna.org.

Book
REVIEW

Psychotherapy for the Advance Practice Psychiatric Nurse

Susan Jacobson and Linda Manglass

Psychotherapy for the Advance Practice Psychiatric Nurse, by Kathleen Wheeler. Publisher: Mosby, Elsevier, 2008. ISBN 978-0-323-04522-3.

Dr. Wheeler's book is for all levels of advance practice psychiatric nursing. Students and faculty in academic settings, beginning practitioners and experienced psychotherapists will find it useful educationally, clinically and as a resource. It includes material from practical case examples to complete presentations of neurophysiology of psychotherapy. It supports, from a practice based perspective, the "National Competencies for Psychiatric Mental Health Nurse Practitioners" and the Scope and Standards for Practice of Psychiatric Nursing. In a thorough, comprehensive, research based manner, this text clarifies and refines the role and practice of the nurse psychotherapist.

Trauma is a focus of this text. Dr. Wheeler explains how psychotherapy facilitates brain healing by mediating the reintegration and connection of neural networks that have become dysregulated due to trauma. Two chapters expand on trauma: Stabilization for Trauma and Dissociation, and Processing Trauma.

Additional nursing leaders contribute chapters to this text: Pamela Bjorklund (Assessment and Diagnosis), Sharon E. Morgillo Freeman (Cognitive Behavioral Therapy), Patricia Barry(Interpersonal Psychotherapy), Lisabeth Johnson (Psychopharmacology and Psychotherapy), Kathleen Dulaney (Psychotherapy with ChilDr.en), and Georgia Stevens and Merrie J. Kass (Psychotherapy with Older Adults).

This is a pioneering presentation of psychiatric nursing literature in today's world. It will be used and referred to over and over until it is dog-eared and tattered, as the reviewers' texts have become.

Message from the
EDITOR

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spent an enormous amount of time on this document is presenting at the First International Conference on Workplace Violence in Amsterdam the week of October 20, representing APNA on an international level. Kudos to Ann from APNA. Soon you will be able to view these final position papers on the APNA website. An email blast will be sent out when the papers are posted. Please download and read these informative documents when they are available.

The APNA Board of Directors wishes to thank all members who served on the Steering Committee as well as all those on the Expert Content Panel for your participation, great generosity of time and talent, and great volunteerism for issues important to APNA.

The WPV Task Force will end and any unfinished or continuing work or goals of the Task Force will be folded into the newly founded APNA

Institute of Safe Environments. Members of the Steering Committee and Content Expert Panel who have continued interest in this area are encouraged to volunteer to serve on this institute. Please send a letter of intent and CV or resume to Nicholas Croce Jr., MS, Executive Director of APNA at ncroce@apna.org.

Lastly, even though this has been an incredible amount of work and time for all involved, it is my hope that this will spur interest in future research in this important area of safety and that individual nurses, nurse managers, and organizations will come to an increased level of awareness due to these position papers. We hope all members will share them with your colleagues, and places of employment. The intent is to raise the awareness of all nurses and organizations regarding Workplace Violence in Health Care settings.

Sincerely,

Michele Valentino

Michele Valentino, MSN, CNS, NP
Secretary

If APNA does not have a current email address for you, please either call in to the headquarters office at (866) 243-2443 or fax your information to (703) 243-3390.

The Campaign for Mental Health Reform

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reform. To ensure that issues particular to mental health and substance use disorders are not overlooked in a healthcare reform initiative, the Campaign offers the following principles:

- Healthcare reform must promote mental healthcare as integral to overall health. As integration of primary care and mental healthcare becomes the norm, continued attention must be paid to addressing the unique needs of individuals with mental health conditions or substance-use disorders.
- Healthcare reform must ensure that coverage of and access to treatment and rehabilitation for mental and substance use disorders in the public and private sectors are not more limited than for other health conditions (whether through restrictive limits on the frequency or duration of treatment, cost-sharing requirements, access to providers and specialists, range of covered services, or reimbursement practices).
- Any health expansion must ensure that individuals with mental and substance use disorders have access to the full array of services necessary for recovery from these conditions and are not subject to arbitrary limits on days, visits, and other conditions of coverage.
- Consumers and families should be meaningfully and significantly involved in all aspects of healthcare reform planning, implementation and evaluation
- Healthcare reform must promote effective mental health check-ups and early intervention for mental health and substance use disorders across the lifespan, recognizing that half of all lifetime cases of mental illness begin by age 14.
- Models of care encouraging primary and preventive care, including medical home models and wellness programs, must be responsive to and inclusive of the needs of individuals with mental illness and substance use disorders, including direct access to care by mental health professionals.
- Chronic care management programs must include mental illness and substance use disorders among the conditions they cover. Intensive outreach, limited or no co-payments, and enhanced services are important components of chronic care management that will be particularly helpful for individuals with mental illnesses and substance use disorders.
- Healthcare reform should include a focus on quality of mental health and substance abuse care and create incentives for implementation of evidence-based and promising practices.
- Healthcare reform must also include workforce training initiatives to effectively meet the mental health and substance use treatment needs of an increasingly ethnically diverse population.
- Individuals should have choices on their health and mental health care that foster recovery and wellness through individualized community-based services and supports.
- Any denials of coverage must be transparent and subject to a meaningful independent review process that enables individuals to effectively challenge a denial.
- Efforts to improve our healthcare system through comparative effectiveness research should ensure that consumers who may require very individualized care (such as individuals with a mental illness) are fully engaged in setting the research agenda and that the needs and concerns of these consumers are afforded special consideration and accommodation in the use of comparative effectiveness research for decision-making regarding coverage.

APNA is the first nursing organization asked to join the Campaign. Look for alerts, calls to action and more information in your inbox and on www.apna.org.

APNA Statewide Conference in Ohio

MARGARET HALTER, PRESIDENT, OHIO CHAPTER

Nearly 120 attendees to Ohio APNA's statewide conference had the privilege of hearing Mary Moller speak at The University of Akron on September 12. Despite the jetlag that most of us would exhibit after flying through three time zones across the nation from Washington, Mary demonstrated her trademark blend of expertise, compassion, and an entertainer's ability to energize a crowd. The day-long presentation/discussion was entitled: "Psychiatric recovery: It's more than just taking meds!" The morning session focused on neurobiological aspects of recovery, and the afternoon session centered on psychosocial issues of recovery and was supplemented by her recent qualitative research on post-psychotic adjustment.

Beyond the stellar performance of the speaker, the conference was a memorable one in several ways. First, nurses were not the only audience targeted. Since mental health recovery is a vital topic for other mental health care disciplines, we decided to open the registration to others. A partnership with a community health agency facilitated the obtainment of CEs for social workers and counselors.

Mary Moller addressing Ohio Chapter Members

Second, we invited consumers. Who has more motivation and interest to hear about recovery than those most intimately affected? Fred Frese, a nationally known psychologist and consumer advocate, supported our wish to include consumers. He contacted several consumer groups and got them on board.

Finally, we didn't spend a dime on postage and didn't lick or stick a single stamp! All the advertising was done through APNA's email blast and email to other health care agencies and contacts. We targeted Ohio and neighboring states.

In the end the attendance included six people who identified themselves as consumers (there may have been more), ten social workers and counselors, one physician, registered nurses, licensed practical nurses, aides, and nursing students. Attendees traveled from all over Ohio and even from four surrounding states — Pennsylvania, Michigan, Indiana, and West Virginia.

We hope to build on this success for future statewide conferences. Our goal for next year is to continue to increase our reach to nonmembers.

Council **UPDATE**

Councils — Shifting Focus with an eye on the Future

Are you a member of a council? Have you been wanting to get involved but have little time to spare? Volunteering for one of the APNA councils is a fulfilling and convenient commitment. And we're making it easier for you to volunteer.

The councils are reforming to become advisors to the Board of Directors. As you know, there are so many changes happening in healthcare, psychiatric nursing and certification that combing through all the information and taking the right course of action can be overwhelming. As experts in their fields, council members will be asked to look over documents, policies, etc and make recommendations to the Board as to how to respond and how to move forward with things that come across the APNA desk.

Councils are naturally broken up into groups of experts. These experts will comment on initiatives, help write papers and do necessary research for the good of the organization and the profession. These councils are open to anyone who wants to participate and you can choose your level of participation — if you want to be more active, join the steering committee of the council or if your time is precious, join the group of up to 100 people that make up the council. This way your voice is heard and you have the satisfaction of helping your colleagues.

For more information or to volunteer, please email mwolf@apna.org.

Recipients of 2008 APNA Awards and Best Practice Awards

APNA would like to congratulate the recipients of the 2008 APNA Awards and the Best Practice Awards.

APNA Awards

- **Distinguished Service Award** - Edna Hamera
- **Psychiatric Nurse of the Year** - Kevin Huckshorn
- **Award for Innovation-Individual** - June Esser
- **Award for Innovation-Chapter** - Pennsylvania
- **Award for Excellence in Practice** - APRN-PMH - Kathleen Wheeler and Susan O'Toole
- **Award for Excellence in Research** - Nancy Hanrahan and Jane Horowitz
- **Award for Excellence in Leadership - Generalist** - Margaret Edwards
- **Award for Excellence in Leadership - Advanced** - Nancy Dillon
- **Award for Excellence in Education** - Susan Adams and Genevieve Chandler
- **Award for Media** - Kathleen Wheeler

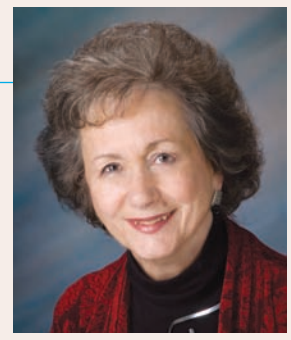
Recipients will be honored during the Annual Awards Dinner on Friday October 17, 2008 at 7pm in Minneapolis, MN.

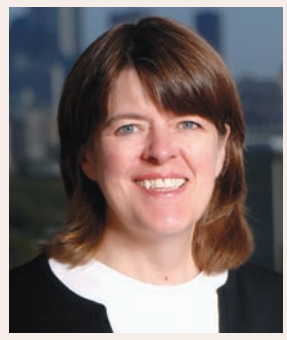
2008 Best Practices Awards in the Treatment of Schizophrenia and Bipolar Disorder

- **Best Treatment of Schizophrenia and Bipolar Disorder in an Inpatient Program** – Maureen Lewis
- **Best Treatment of Schizophrenia and Bipolar Disorder in an Outpatient Program** – Julie Carbray
- **Best Treatment of Schizophrenia and Bipolar Disorder in a Community-Based Program** – Daryl Sharp

The awards will be presented at the APNA 22nd Annual Conference in Minneapolis, Minnesota on Thursday, October 16, 2008 at 12:45-2:15 pm with reception to follow.

Message from the PRESIDENT


Jeanne Clement


Mary Johnson

Stephen Covey, noted author and "guru" for personal effectiveness, in his book *7 Habits of Highly Effective People*, suggests that one should "begin with the end in mind". In that tenant, Covey comes close to a main construct of solution focused therapy that asks the person to imagine what life would be like without the issues that brought him or her to treatment and to engage in activities that will lead the person toward that image. So, it seems that both sage advisors and skilled clinicians urge people to bring into focus a picture of an ending—a sort of "how you will know when you've gotten there" scenario that will signal that effective behavior has occurred and it is time to transition—to something.

Before I go any further down this path, I need to make a confession. I do not do transitions (a euphemistic term for an end followed-hopefully by a beginning) well. My husband is quick to point out that I am usually the last person at every gathering. When I teach seminars I plan the final class session as a - meet at my house and bring food – event. Transitions do seem to be easier when there are specific activities involved and events that clearly indicate that the end that was sought at the beginning has arrived.

I find myself in a transition, an ending of sorts, moving from President to Immediate Past-President. Although there are all kinds of markers (e.g. the Minneapolis annual meeting, the election of a new President-elect and board members) that tell me that I've "gotten there", it is the more personal markers conceived of by Covey and cognitively based solution focused clinicians that occupy my thoughts, some of which I would like to share with you.

I did begin with an end in mind—one that took form for me about a year and a half ago when Nick Croce and I attended the American Society of Association Executives leadership training in Washington DC. As we sat exchanging ideas about APNA and all of the exciting things that were and would be happening, and what the Board could do that would best position the organization as a leader in the mental health field, Nick asked me a question I had not previously though of, and one that Covey would have loved. "What do you want your legacy to be?" My response, somewhat hesitant at first as I worked it through-- ("legacy? —I haven't even begun yet—oh the anxiety of thinking of the ending). Part of the answer that came out was rooted in the philosophy I described in my first message to you as President that emphasized a firm commitment to increasing the visibility and influence of APNA and psychiatric nursing wherever psychiatric nurses were found at local, state and national levels. A second part of my response to Nick evolved from another long held belief that to influence psychiatric nursing nurses needed to take their place at the tables (halls, airport waiting rooms, breakfasts, receptions and other mundane places) in which policy is created.

In short, I wanted my legacy to be that psychiatric nursing as represented by APNA would have increased presence and influence within the discipline of nursing and as well as within key stakeholder groups who shared APNA's goals and values. (Now the original response may not have been stated quite as the preceding sentence—but close—and just as grandiose.) Fortunately I quickly recognized that I was one cog in the wheel of a dynamic, member inspired group with a wealth of talent and a commitment to the values expressed in the strategic plan. A few of the members were close at hand on the Board. Thousands of others were one click of the mouse away—and have responded in unprecedented numbers to calls to put their talents and commitment to use –and we have grown and we have increased influence through membership in the College of Nurse Practitioners, and collaboration with the Smoking Cessation Leadership Center (SCLC) and the College of Neuro-Psycho-Pharmacologists, to name just a few.

However, the "end" that has great personal significance to me in terms of both actions taken and lessons learned is our recent inclusion in the Campaign for Mental Health Reform. I learned about the Campaign over an informal breakfast at the American College of Mental Health Administrators Summit in Santa Fe New Mexico in 2006 when Bill Emmet, the CEO sat next to me. He was talking about the coalition of 17 mental health organizations who formed the Campaign and whose main purpose was to influence the alignment of federal policy to match the goals articulated in the New Freedom Commission Report, the Institute of Medicine study and the Report of the Surgeon General all of which emphasized that there in NO HEALTH WITHOUT MENTAL HEALTH. The beliefs of the Campaign closely align with those of APNA. For example:

The Campaign believes that among other things: *

- All Americans should have insurance coverage that provides access to quality healthcare services they can afford.
- The healthcare system should be coordinated, effective, efficient, and focused on maximizing independent functioning and community integration.

And that:

- Healthcare reform must promote mental healthcare as integral to overall health. An integration of primary care and mental healthcare becomes the norm; continued attention must be paid to addressing the unique needs of individuals with mental health conditions or substance-use disorders.
- Any health expansion must ensure that individuals with mental and substance use disorders have access to the full array of services necessary for recovery from these conditions and are not subject to arbitrary limits on days, visits and other conditions of coverage.
- Healthcare reform must also include workforce training initiatives to effectively meet the mental health and substance use treatment needs of and increasingly ethnically diverse population.
- Individuals should have choices on their health and mental health care that foster recovery and wellness through individualized community-based services and supports.

None of the 17 organizations that made up the Campaign included nursing. The lack of a nursing organization in the Campaign was not purposeful. Psychiatric nursing simply had not been part of the conversation when the group was formed. But, there I was, eating breakfast when this wonderful opportunity to provide education about psychiatric nurses, who they were, where they worked, what they did, plopped in my lap-before my second cup of coffee. And so began a dialogue, a building of relationships, and the pleasure of seeing how learning about who psychiatric nurses are and their work opened eyes, and minds to the importance and strengths they would bring to the policy table. As the process went forward and the organizations in the Campaign were approached about APNA becoming the 18th member I learned just how positively psychiatric nursing was seen by these groups. I particularly want to emphasize the openness of Bill Emmet to learning about psychiatric nurses and nursing and the wonderful support of Dave Shern, the CEO of Mental Health America. I also learned the importance of active and sustained education about our profession and it's contributions to mental health in the country. We know who we are and what we contribute, however, others may not either know or understand. It is our responsibility to educate them.

This past July the Board of the Campaign announce that they had become a coalition of 18 with the addition of the American Psychiatric Nurses Association! They also became a concrete example that I had accomplished the "end" I had envisioned at the beginning.

In this last message to you, I wish I could mention everyone with whom I have spoken, who have contributed his or her time and talent to APNA this past year. I have been blessed with a most magnificent Board of Directors—they never hesitate to question, suggest, disagree, or to listen actively. I have also been blessed by a dedicated and hard working staff whose support has made sure the activities of Board and Membership were successful and easy (at least for us) and for an Executive Director with the stamina, patience (mostly) and knowledge of organizational development has laid a solid platform for the accomplishment of envisioned "ends" as the new Board both continues and begins again.

* Please visit the web site below and learn more about the Campaign. Nick Croce has been representing APNA at briefings at the Capital and at Campaign Board meetings. Also for the entire statement about the Campaign for Mental Health Reform please visit the web site at www.apna.org.

Jeanne Clement, EdD, APRN, BC, FAAN
President

Mary Johnson
President-Elect

DID YOU SEE?

APNA and psychiatric nurses are featured in Volume 3, Issue 9 of American Nurses Today.

Update Your Profile Online

Need to change your address, update your work information or add some credentials behind your name? Log onto the Members Only section of **www.apna.org** and update your profile. This is a great way to have other nurses with the same background get in touch with you. If you need help, call us at 866.243.2443.

Nurse in Washington Internship™

SCHOLARSHIP APPLICATION CRITERIA/PROCEDURE

The Nursing Organizations Alliance™ is offering two scholarships for the Nurse in Washington Internship™ (NIWI™) program. The scholarships provide assistance to nurses to help offset the costs associated with attending NIWI™.

Eligibility Requirements

- Current member of APNA or another Alliance member organization
- Within the applicant's nursing organization, have experience in legislative activities at the state or national level in policy issues OR with minimal experience clearly articulate how the NIWI™ experience will allow you to advance the goals of nursing practice.

Funding

At least two Alliance Scholarships will be awarded. One full scholarship will cover travel expenses, lodging expenses, and registration fees for the conference.

The second partial scholarship covers NIWI™ registration fees only. Recipient will be responsible for all other expenses related to attending NIWI™.

Others will be awarded if funding is available.

Application Process

The application must include two copies of the following:

1. Completed scholarship application form.
2. Completed NIWI™ registration form.
3. Two letters of recommendation. One must be from someone representing your specific nursing organization (i.e.: President, Chapter President, Committee Chair, etc.)
4. Proof of membership in your nursing organization.

All documentation must be sent as a complete packet to the address shown below by October 13, 2008.

Awarding of Scholarships

The Scholarship Review Team will review applications, and the award will be granted on the basis of the following:

- Overall clarity and succinctness of the application (10%)
- Clarity and quality of goal statement (50%)
- Previous related activity/involvement or vision for future involvement (15%)
- Relevance of prior professional activities (15%)
- First time attendee (10%)

Requirements

Scholarship Recipients will be required to write a report for The Alliance describing how they plan to use and/or have used their experience at NIWI. Reports will be due within 60 days of the meeting. Reports will be posted to The Alliance website.

For application, go to www.apna.org.

APNA Welcomes Its

NEW MEMBERS

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

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Masashi Kawano
Athena McClelland

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Janet Randa

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Cornelia Beck
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A Day in the Life of a Psychiatric Nurse

MICHELE VALENTINO

I had an incredibly moving experience today that I would like to share. I know you too have profound experiences daily as well and perhaps there is a need to document these when they occur to further the understanding of mental health care and what it really entails, which is hopefully making a difference in the lives of many! As many of you know, I am a CNS at a VA outpatient clinic in Canton, OH.

I received a call from a primary care physician at the VA who said she needed help with a patient in crisis. I sensed urgency and did not know if I would be faced with an aggressive patient or a tearful one. Usually, I would respond myself, but I asked the triage RN to go to the primary care office with me.

A 65 year old man who had come to the VA for his second visit was very tearful. He had a cane but was so emotional he almost fell when trying to rise from the chair, so we invited him to come to our mental health office in a wheelchair. Mr. X had been a Marine, was in the Navy, and had done 3 tours in Vietnam as special forces. He spoke for the first time in his life about the atrocities he witnessed, the deaths of persons right next to him from sniper bullets through their brains. His traumas and losses were endless. While he was exploring a tunnel the door was accidently closed and locked and he spent over 18 hours in that confined space until he was rescued. He developed intense claustrophobia after his episode in the tunnel but this was one of the least of his traumas! He had found incredible ways to cope with his fears through 30+ years of trying to work, knowing nothing about PTSD symptoms, supporting his family, trying to work and "be normal" during those years.

Mr. X had intense migraines and had neurological workup's and an MRI (for which he had to be heavily sedated due to his claustrophobia). Incredibly, he had been able to work for the past 30 years but had lost numerous jobs because of moodiness, irritability, etc. In his last post-op, he had worked as a supervisor at a foundry managing about 13 people. He lost that job when had been injured at work. He was now on SSD.

About 6 months prior to coming to the VA, Mr. X began experiencing intense symptoms of flashbacks with psychosis. He would become anxious prior to taking any trips, vacations, etc. He attributes that to being sent out immediately on a mission without warning to somewhere in Vietnam. He was the only person to return from Vietnam alive from his group. He had tremendous survival guilt! His flashbacks were intense with voices telling him, "Why didn't you do this or that?"

He went to the beach in August for a vacation and was wandering around with no knowledge of where he was, consequently he was hospitalized. "They shot me up with valium and called a psychiatrist from Canton and he suggested Risperdal". Mr. X then saw that psychiatrist about 5-6 times as an outpatient.

In September, he again began walking around aimlessly and having flashbacks. He finally called his wife who transported him to a local hospital where he spent a week as an inpatient. Since then he has been having nightmares, "I think I am back there in Vietnam. The voices call out to me, and I see the horror of people being killed right next to me." He described many horrible traumas and lastly said, "No movie could ever depict the horrors I have seen; they could not come close, no matter how graphic they were, … war never ends with the end of the war…..it lives on forever." His words penetrated my soul.

Another of his most horrible experiences was arriving in California at the airport with his medals on his dress blues carrying his duffle bag and getting off the plane. Someone at the airport (a very bearded, aimless, poorly dressed man) spat on him and said "you're a Baby killer". After all this veteran had endured, this was his entrance and return to America!

I am compelled to share this veteran's story in brief. This is one day in the life of a psych CNS in the VA.

I spent about 1 ½ hours with this veteran. I made some changes in his medications which I hope are helpful. He met with the SW, who was a Marine in Vietnam who volunteered for medical retrievals in combat. He has an extra advantage of experience in relating to these veterans. The veteran was able to get to lab, pharmacy, release of information, and finish his primary care appt. all in one day and felt considerably calmer when leaving knowing he had follow-up appointments within one week with mental health.

I was very moved by this experience as well as with another client who had been sexually abused by her father until the age of 8. She then testified in court against her father who had also abused other girls and received a sentence of 27 years in prison. He will be released this Dec. She is the mother of a two year old and two month old, and has ongoing depression with suicidal thoughts since age 7, and is going through a divorce. She is in desperate need of both antidepressants and on-going therapy.

These are real stories and I know each of you also experience similar situations daily. These are unbelievable experiences in the total breadth of life. We do make a difference!!! And a wonderful difference at that!

My message to the Vietnam veteran was, "Thank goodness you came to the VA today to receive the services we specialize in!" and "We can help you."

My message to the second veteran with two children, etc. was to emphasis her strengths as a person for surviving her sexual abuse as a child, and for forgiving her father (as she knew it was not healthy for her to harbor that anger for years). She demonstrates extreme strength as a person and survivor. She is now focused on her children and their well-being. She is motivated to continue her education and be employed to be able to raise her children. My first reaction is "What strength in people!"

Some days I wonder about the value I learn from patients. I am retiring from the VA on Jan. 31st. I have an urgent need to spend time with my children and grandchildren (there are now 6, and the oldest is just 3 years old.).

I will miss my work at the VA which has been dear to my heart since May 2000. I am a veteran – was a Navy Nurse during Vietnam. I say I am retiring from the VA but not from nursing and certainly not from by beloved professional involvement — especially APNA. I will never retire from my involvement with professional nurse's organizations, with APNA especially dear to me.

So, as I close one chapter of my life soon (my wonderful memories of days at the VA) and focus on contributing to my grandchildren's lives for a few years, I have many wonderful memories from the VA, especially the great mental health team and primary care team in Canton, OH.

My hope is that all veterans get the care they deserve!

APNF
NEWS

APNF Fundraising Breakfast

On Saturday October 18, 2008 at the Annual Conference in Minneapolis, Minnesota, the American Psychiatric Nursing Foundation will be hosting a special fundraising breakfast. Attendees are invited to attend for a tax-deductible ticket price of $35. This includes breakfast and a exciting presentation by Dr. Grayce Sills and Linda Beeber.

Below is a copy of the abstract that they will present. APNF is funded through donations and pledges from members and supporting organizations. The donations received make it possible for APNF to continue to offer important grants to psychiatric nurses who are committed to doing research that supports psychiatric nursing. It is through your generosity that these nurses are able to perform and complete their research. If you would like to make a donation, please contact APNF at (866) 243-2443.

Coming Into Our Own: A Research Agenda for Psychiatric Mental Health Nursing

In 1980, Dr. Grayce Sills envisioned that psychiatric mental health nursing science would someday address questions that were at the heart and soul of psychiatric nursing practice. Dr. Sills will begin this presentation with her vision, followed by five psychiatric mental health nurse-researchers. Each will present her program of research, illustrating the elements that make it uniquely relevant to psychiatric mental health nursing practice. Together, Dr. Sills, the presenters and the participants will identify current issues in our practice and develop a research agenda that imagines our future science and practice. In order of presentation: Dr. Grayce M. Sills: *"A Psychiatric Nursing Research Agenda"*; Dr. Cheryl L. Woods-Giscombé, PhD, RN, *"Superwoman Schema, Stress, and Emotional Suppression: A Culturally Relevant Model of Mental Health Disparities in African American Women"*; Dr. Ursula A. Kelly, *"Group Intervention for PTSD Symptoms in Immigrant Latina Women Exposed to Intimate Partner Violence"*; Ms. Brandy M. Mechling, *"Altered Parental Relationships and the Female Adolescents Who Cut Themselves"*; Ms. Jamie Rogers-Cook, *"Maternal-Infant and Child Mental Health: Promoting Healthier Relationships among Mothers with Substance Addictions and their Children"*; and Dr. Linda S. Beeber, *"Low-Income Mothers: Reducing Depressive Symptoms and Improving the Mental Health of their Infants and Toddlers."*

At the conclusion of the presentation, the participants will have an opportunity to:

1. Understand the roots of psychiatric-mental health nursing practice that shape current practice,
2. Interact with psychiatric nurse researchers who are studying practice-relevant questions,
3. Participate in a exercise to draw researchable questions from participants' own practice contexts.

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