

NETLETTER

WWW.APNCA.ORG

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Message from the President



Welcome to the August edition of your APNA California Chapter NetLetter. Focusing this publication around education, teaching, and learning, our editor, Cathy Herbert, has provided a valuable opportunity for members across California to contribute stories and reports that will hopefully inspire each of us to reflect upon our own professional practice. As you read stories from colleagues and inspiring interviews, I hope it will cause you to consider WHO? has inspired you; WHAT? have you learned recently to continue growing professionally; WHEN? will you write your own story or interview a colleague; WHY? would you wait when there is so much to tell; and HOW? are you involved in not only personal professional growth but as a mentor, teacher, and colleague contributing to practice in your community.

Cathy is like many of us, talented and motivated to make a difference in the lives she touches as a psychiatric nurse. As a relatively new psychiatric nurse she attended the APNA National Conference in San Antonio last October. Who would have thought she would go home from the California Chapter Annual Meeting as the NetLetter Editor? Like her, we each have much to gain from APNA membership, and sometimes the gain comes through becoming increasingly involved. What will happen if you join the conference in Indianapolis?

The California Chapter of APNA complements the valuable resources availed through national membership by provides the opportunity for local and statewide activities. While Journal of American Psychiatric Nursing provides a vehicle for sharing studies and significant findings in psychiatric nursing practice, the NetLetter takes a more personal

...cont on page 2

and anecdotal approach. In addition, local Chapter Meetings provide an opportunity to collaborate. If there are not meetings in your community, you may want to consider volunteering as an area representative or volunteer to assist your local area representative. The Chapter provides CEU guidelines and credit (see www.apnaca.org for forms) and will even fund refreshments to support your local gatherings. Board members in your area and/or I am available if your local cohort would like to request our attendance at your meeting.

Beyond volunteering as an area representative or coordinating local meetings, there are also opportunities to serve on the California Chapter Board or on a committee which suits your knowledge, skills, and abilities. This month there will be a call for nominations to serve as President-elect or Member-at-Large in the California Chapter. Please consider nominating yourself or a willing volunteer. Please take a good look at proposed bylaw revisions and contribute to the organization by voting.

Please enjoy these wonderful stories from across our golden state. It is my hope that Cathy will be busy editing many a story from every corner of California in the weeks and months ahead, as each one of us has a story to tell and the NetLetter is our collective listening ear. . As eager as I am to read this August edition, Hopefully, as you read them you will be prompted to write about your own practice or share an interview with an esteemed colleague, mentor, or leader. This is YOUR NetLetter.



Interview with Laura Garrison, BSN, RN

Laura is a relatively new graduate from Sac State. She currently works in Placer County Adult Systems of Care with the seriously mentally ill.



What made you decide to go into psychiatric nursing?

It was more or less accidental. I liked psychiatric nursing but I got a part time job at a methadone clinic, then this job opened up full-time so I applied. Psych nursing differs from med-surg because you get to interact more with patients and work with them, and not do as many procedures to them. That interactive aspect is appealing.

Who Inspired you in psychiatric nursing?

During my rotation at Sutter Psychiatric Center my teacher Candy Furlong was easy to talk to and supportive, and I thought perhaps this was right for me.

What do you like most about psychiatric nursing and what is most difficult about it?

I think I like the interaction with patients over the long haul, seeing progress they make and developing longer term relationships with them. It is challenging to deal with patients who don't continue with their care, a system that is sometimes under-resourced, or patients who are not committed to their own recovery.

What are your future goals?

I would like to go back to school. I am still working and using this time to learn about myself as a nurse and a psych nurse. I think I would be interested in health administration or becoming a NP.

What is your philosophy of nursing?

Holistic care, taking care of the whole gamut of patient needs.

-Interview by Marla McCall



Manny Alvano, MHA, RN-BC Clinical Nurse and Staff Educator at UCLA

Manny Alvano has been a registered nurse for 25 years. He began his career in mental health as a behavior specialist at the age of 21 working with adolescents. He earned his ADN and BS from Chapman University in Orange, CA. He later earned his MHA from Webster University at the Irvine Campus. He is an ANCC certified Psychiatric Mental Health Nurse. He has worked as a clinical nurse and has held leadership positions including Nursing Director, Performance Improvement Director, Hospital Risk Manager, Mobile Psychiatric Emergency Team Director, and Staff Development Coordinator. He is currently a clinical nurse and staff educator at Resnick Neuropsychiatric Hospital at UCLA where he serves as co-chair of the Nursing Education Committee. He is passionate about ensuring nursing education and development that is relevant, evidenced based and meaningful for the nursing staff. He is currently pursuing his MSN as a Clinical Nurse Leader (CNL) at the University of San Francisco. The CNL is the newest nursing role in the last 35 years to meet the demands of complexity in healthcare. "The CNL assumes accountability for patient-care outcomes through the assimilation and application of evidence-based information to design, implement, and evaluate patient-care processes and models of care delivery." (AACN, 2013) He is a firm believer that the future of the nursing profession is dependent upon "creative leaders who have a healthy self-understanding and emotional intelligence coupled with knowledge of complexity science." (Davidson, Ray, & Turkel, 2011) He is a dynamic speaker utilizing experiential material, clinical scenarios, and humor in his presentations. Manny integrates Recovery Principles and Relationship-Based Care in his clinical practice, teaching, and mentoring. He is a valued member of the UCLA Health System.

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-submitted by Tony Wilson

Ann Wilkinson Corner



ANNA TRAN—winner of the 2014 Ann Wilkinson Psychotherapist Award

ACADEMIC BACKGROUND: In 1998 I graduated from San Francisco State University with a Bachelors of Science in Nursing, (BSN), and became licensed Registered Nurse. In 2011, I graduated from University of California, San Francisco (UCSF) with a Master's of Science in Nursing, and a Psychiatric Mental Health Nurse Practitioner degree. I wrote my Comprehensive Exam Paper on a difficult topic of "Suicide Assessment & Postvention Management for Providers". My literature review and paper was later used by San Mateo County Medical Center and UCSF-Psychiatric Residency Program for training psychiatric residents. I was Board Certified by the ANCC in 2012.

PSYCHOTHERAPY: Since 2012 I have been involved in intensive psychotherapy training in T.E.A.M. Therapy.

TEAM stands for Testing, Empathy, Agenda Setting, and Methods. My training has been with David Burns, MD and Matthew May, MD from Stanford University. TEAM therapy is an advanced model of Cognitive Behavioral Therapy (CBT) that goes beyond traditional CBT. TEAM is most effective for clients who are suffering from anxiety, mood problems such as depression, bipolar, or schizoaffective disorders, PTSD, addictions, and relationship problems. The gem in TEAM is learning how to do effective agenda setting, using a method called Paradoxical Agenda Setting. TEAM therapy also has over 50 tools to use with the client to help them achieve change and improvement in mood. I have been a regular participant in the weekly TEAM training seminars with Matthew May, MD since 2012 where I work with other TEAM therapists, as we do case presentations and practice our tools of the trade. I was certified as a level 2 therapist in TEAM Therapy in 2013 by the Feeling Good Institute founded by David Burns, MD and colleagues. I'm currently preparing to take my oral exam for the level 3 certification. After I obtain level 3, I can start a small TEAM training group for new therapists, to help them learn, practice, and grow their therapy skills, and share case presentations. I also maintain ongoing training in other psychotherapy models such as Gottman Therapy, Dialectical Behavior Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT), Motivational Interviewing (MI), and Psychopharmacology.

Ann Wilkinson Corner

Anna Tran continued from page 4

CLINICAL EXPERIENCE: In 1998, I began my career working in psychiatry, and ever since I've been working with clients that suffer from complex co-occurring problems of medical-psychiatric, and substance problems. My clinical work has been with adults, adolescent, and families. I'm bilingual in Vietnamese and often was assigned as the clinician for Vietnamese and Chinese clients. I worked at San Francisco General Hospital-EPS and inpatient, San Mateo inpatient and outpatient clinics, and El Camino Hospital, BH inpatient and ED as a psychiatric liaison. Since 2013, I have been in private practice.

In 2010-2012, I worked in the outpatient clinics as a Psychiatric Nurse Practitioner. I performing comprehensive psychiatric evaluations and assessments, initiate treatment for CBT and medication management, in San Mateo Mental Health Recovery clinics (North County, and East Palo Alto). I work with individuals as well as facilitate psychotherapy groups, with focus on utilizing CBT and DBT tools, Meditations & Physical Wellness interventions. I also I had the pleasure of precepting nursing students who also have helped me learn and grow.

In addition to working in my private practice, two days per week I work for Psynergy, Inc. At Psynergy (Morgan Hill), I see adults with chronic and persistent problems with Schizophrenia, Schizoaffective disorder, Bipolar disorders, Dual diagnosis, and many with medical comorbidity. I'm responsible for assessment, evaluation, and prescribing psychiatric medications. I prescribe medications, order and review lab studies, provide weekly empathy training to the staff, provide individual therapy support, and appropriate referrals. I have a case load of 45-60 clients.

SUMMARY OF MY CURRENT PRIVATE PRACTICE

I opened my private practice in 2013. I have offices in Menlo Park and San Jose. I see adult clients and my clinical areas of specialty include mood and anxiety disorders, addiction and habits, relationship problems, different forms of insomnia, and Asian-American transcultural issues. I see a small number of clients with cognitive disorders (Schizophrenia spectrum disorders). My approach to caring for clients is motivated by compassionate, altruism, respect, and trust. I use TEAM/CBT Therapy that is designed to help clients achieve rapid change in short-term. This model is client-centered and highly interactive, and requires client's full participation and commitment to achieving their recovery. My goal with medication is to use the lowest possible dose to produce effective results. For most patients, including those suffering from depression and anxiety, I have found that TEAM model and MBCT is highly effective without medication. I collaborate clinically with Matthew May, MD which includes on-going training in TEAM model.

Anna Tran continued from page 5

I'm currently in private practice three days per week. My practice is predominantly a psychotherapy practice, which I use many of the therapy models mentioned. My practice is almost one year old and actively growing and developing. I would like to share that my journey in opening my practice was challenging, and I believe other PMHNP who are in private practice can relate to these obstacles. I can honestly now say, I understand well those challenges, and am happy to pass on my experience to other Psychiatric NP colleagues who may be interested in private practice. The potential for growth in practice is infinite and reward can be great. Starting my practice has taught me patience, humility, hard work and dedication, and not to be discouraged in the early phase of practice. It takes time for the community to learn about a PMHNP in private practice, the psychotherapy and psychopharmacology services they can offer, and that they provide similar mental health services of psychiatrists. I also tend to spend more time with my clients, providing wellness education, holistic care, and phone follow up. I inform all my clients that I work collaboratively with Mathew May, MD, and this information is on my website, psychology today, and wherever my name appears for my practice.

IN MY PRACTICE: I bring into my practice an eclectic use of TEAM Therapy, Mindfulness-Based Cognitive Therapy, Dialectic Behavioral Therapy tools, Motivational Interviewing, Gottman Therapy, and sometimes medication when it is appropriate for the client. The clients I enjoy most working with are those who are highly motivated to achieve their recovery, and will commit to a collaborative therapy style of learning and growing. My most successful clients are those that do the bulk of the work. I do require my clients to consistently do their psychotherapy homework readings in between sessions, and practice the tools they learn in the sessions related to their current problem. I measure their progress and review their work materials at the start of each session. It is also very common that the clients come to treatment with some ambivalence, and sometimes unrealistic expectations. The danger is when the client has too much expectation that the therapist will solve all their problems without them having to work on changing themselves. I spend at least the first 10 minutes of every session providing empathy, allowing client to vent, and give support before going into agenda setting. And I return to thought and feeling empathy frequently during the session. I use a method called "paradoxical agenda setting", which works to understand the clients' subconscious resistance to change and achieving recovery. Almost every client has powerful reasons not to get better and change, despite their suffering. And many clients will fight with the therapist to do what it takes to get better because it's too hard and uncomfortable. I spend a great of time working with the client to melt away outcome resistance, and overcoming process resistance before we start using the methods to help them defeat their negative thoughts. I let them know that we cannot change the facts of the universe, but I can help them to feel better and achieve recovery if they agree to work hard collaboratively with me. The client learns relapse prevention tools while working on the current problem.

Anna Tran continued from page 6

I spend 1.5 to 2 hours doing initial evaluations; collaborate with family and/or other providers, and work hard to establish accurate diagnoses. I strongly believe in developing an individualized treatment approach for each of my clients. The clinical structure of TEAM Therapy utilizes Testing (T), Empathy (E-thought and feeling empathy to build rapport and trust w the client), Agenda setting (A-assessing and working with Pt's subconscious resistance and motivation), Method (CBT tools/methods/techniques and beyond). The clients fill out a measurement tool called, Brief Mood Survey at the start of each session, and at the end of that session. The clients also complete a therapist survey at the end of every session, and give me their honest feedback to help me be a better therapist for them. I frequently use a tool called Daily Mood Log (DML) which identifies the client's core and troubling emotions, rate the intensity, and record their negative thoughts associated with those feelings. I use many scales and forms and over 50 different methods from TEAM to help clients with their unique problems. A few common methods I use are: Empathy, Agenda Setting/ Paradoxical A.S., Identifying Thought Distortions, Feared Fantasy, Externalization of Resistance, Externalization of Voices, Cost and Benefit Analysis, Cognitive and Compassionate methods, Hidden Emotions, Mindfulness methods, Exposure methods, Survey, Truth Base, Logic, Semantic, Interpersonal methods, Humor, Visual Imaging, and several Role-Play methods.

HOW I USE MY AWARD: I used the award money to pay for a workshop given by David Burns, MD, July, 2014. David Burns provides an "Advanced Application in Cognitive Therapy-A Four Day Intensive Training", every summer. This workshop provides an overview, and highly effective tools in T.E.A.M. Therapy. The acronym TEAM stands for: Testing, Empathy, Agenda Setting, and Methods (CBT tools). This workshop is usually filled with mental health clinicians from all walks of life, throughout the U.S. and Canada, and gets sold out early. Attending this workshop is one of the most valuable ongoing training that helps me to further develop my psychotherapy skills, and improve my implementation of state of the art CBT tools in my practice. I am grateful and humbled to receive the Ann Wilkinson Nurse Psychotherapist award for 2014. It is also a privilege to be a part of the APNA organization of professionals.

Written by:

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State-wide Resources for Mental Health Education and Resources

CalMHSA-California Mental Health Services Authority
www.calmhsa.org

The mission of CalMHSA is to provide member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in:

- Development and implementation of common strategies and programs
- Fiscal integrity, protections, and management of collective risk
- Accountability at state, regional, and local levels

California Coalition for Mental Health
www.californiamentalhealth.org

The California Coalition for Mental Health is made up of 30 organizations with a membership of 115,000 mental health professionals, citizen advocates, clients and their family members across the state. As an advocacy alliance our common goal is to “restore California to a position of leadership as an initiator of state of the art treatment and rehabilitation of people who have mental illness.”

CIBHS-California Institute for Behavioral Health Solutions
www.cimh.org

The California Institute for Behavioral Health Solutions (CIBHS) was established in 1993 to promote excellence in mental health services through training, technical assistance, research and policy development. Local mental health directors founded CIBHS to work collaboratively with all mental health system stakeholders. The commitment to collaboration has led the board to expand board membership to include consumers, family members, and other interested persons representing the public interest.

NAMI-California

www.namicalifornia.org

NAMI California is a grass roots organization of families and individuals whose lives have been affected by serious mental illness. We advocate for lives of quality and respect, without discrimination and stigma, for all our constituents. We provide leadership in advocacy, legislation, policy development, education and support throughout California. Every journey begins with that first step. Thousands of concerned citizens in more than 60 communities across the nation will join NAMI's Campaign for the Mind of America and walk together to raise money and awareness about our country's need for a world-class treatment and recovery system for people with mental illness. Please see NAMI California's website for information on NAMI Arts fundraisers

NAMI Walks California

Walksite	City	Date
NAMIWalks Kern County	Bakersfield	October 18, 2014
NAMIWalks Los Angeles County	Los Angeles	October 11, 2014
NAMIWalks Orange County	Irvine	September 27, 2014
NAMIWalks Riverside County	Hemet	October 25, 2014
NAMIWalks Fresno	Fresno	Coming Soon 2015
NAMIWalks Northern California	Sacramento	May 2, 2015
NAMIWalks San Diego County	San Diego	Coming Soon 2015
NAMIWalks Bay Area	San Francisco	Coming Soon 2015
NAMIWalks Ventura County	Ventura Beach	Coming Soon 2015



EVENTS



APNA CALIFORNIA EVENTS: Next APNA-CA board meeting Aug 28-Members Welcome

August 28, 2014 | 7pm Pacific

Dial: 1-800-974-2164

Pass code: 81638345

***6 to Mute**

#6 to Unmute

No speaker phones please.

Trouble while on the line? Press *0 while on the conference call line for an Operator.

Problems and you haven't joined the call? Dial 800-974-2166 and choose Option 1 for the Operator.

CALL FOR NOMINATIONS: California Chapter Board of Directors

It's that time of year – getting ready for the APNA Annual Conference in October in Indianapolis and electing officers to our chapter Board of Directors.

Please take a moment to think about offering your input and skills to our chapter leadership, and nominate yourself.

Who do you know to be a leader in our profession? Consider nominating them.

Nomination form on-line: <http://bit.ly/1opjuuC>

Nominations close on

Sunday, August 24th at Midnight

August 26, 2014

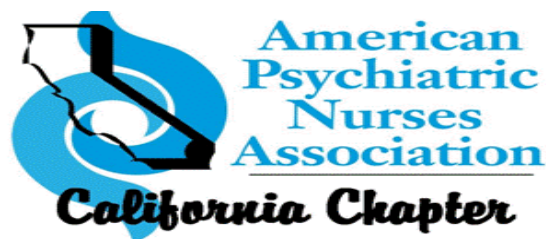
"Vicarious Secondary Trauma"

6:30pm - Zoul Auditorium

St. Joseph Hospital Orange, 1100 W. Stewart, Orange, CA 92868

Presenter: Deb Silveria, PhD, Director, Olive Crest Treatment Centers

Please RSVP, if you are coming, to Jeannine Loucks at Jloucks27@earthlink.net or 714-335-3831.



A Note from A Recent New Grad

I graduated nursing school in December of 2012. Before graduating, our school asked some of its alumni to visit our classroom to talk to us about job hunting and give us advice for interviews. The alumni who visited gave us depressing stories about the bleak job market that was saturated with new nurses who were not getting hired due to lack of experience. They told us stories about month-long application and interview processes that ended without a job. They also told us stories about their classmates who were lucky enough to get hired but ended up leaving because they felt overwhelmed and did not feel they received the support they needed as new nurses on the floor.

In July of 2013 I was one of the lucky new grad nurses who did get offered a job in a new grad program. I was hired on the adult psych unit (4E) at Resnick Neuropsychiatric Hospital at UCLA Medical Center. This was both an exciting and nerve-wracking time for me. Coming from a small beach town outside of Santa Cruz it would be a big change moving to a big city where I had no relatives or friends close by. I wondered would I enjoy LA or not like it? Would I like psychiatric nursing? Would I survive my new grad program and as a nurse or would I have to find a different career? Would I fit in at UCLA? Do the nurses really “eat their young”? There are so many questions that run through someone’s head when starting a new job, a new career and a new life.

My first two weeks at UCLA were classroom orientation, CPR, and assault training classes. I started working on the floor the first week of August. This was when I was introduced to my preceptor, Elizabeth Brillo. Elizabeth was warm and welcoming from the moment I stepped on the unit, as was the rest of the staff. They seemed happy to meet me and happy I was there. She explained everything she was doing and told me the thinking behind it. She kept reminding me that it was ok to feel overwhelmed, its expected, and that “it would all come together like chemistry” soon. This made me feel at ease, eager to learn and hopeful that I would be able to survive as a new nurse.

Elizabeth was a great teacher because she would always encourage questions and ask what I felt I needed to work on. She would also not only give me an answer but would show me how to find the answer myself for the next time. She would tell me “I’m teaching you to fish.” She was always supportive and such a fun, inspirational nurse to work with. Her interpersonal relationships with staff, patients, and families were so wonderful to see and she showed me how important these relationships are in our profession.



Photo: Members of 4E Unit Practice Council



Left Photo: Elizabeth, our co-worker Sherry and I

When I started orientation, our nurse educator told us “everyone makes mistakes, you will make a mistake at some point but its how you learn from it.” Of course, during my time as a new grad I did make mistakes but could always go to my preceptor, my manager, my nurse educator or any of the staff for help and to discuss how to learn from any mistakes made. We also now have a wonderful CNS on our unit who encourages questions and is a strong, approachable support to the staff.

I got through my first year as a nurse and

though it was challenging I learned a lot and feel so lucky to work on 4E. Every person there has contributed to my experience as a new nurse, from housekeeping to my nursing colleagues, care partners and secretaries to physicians and administration. I feel thankful to have such a caring, supportive and fun work environment in which I can grow as a nursing professional. I hope that by sharing my experience it will help both new nurses and more experienced nurses see how our work environments can contribute to our learning experiences and our professional practice as nurses. I also hope to hear more stories from nurses throughout the state in future issues of the APNA-CA net letter and invite others to share their experiences.

-written by Cathy Herbert



Right Photo: 4E Nursing Manager, Susan, and at APNA San Antonio Conference 2014



www.apna.org/AnnualConference

California Chapter Meeting will be held Thurs Oct. 23 or Fri Oct. 24-info TBA

Registration Methods

ONLINE (credit card only):

<http://www.apna.org/custom/conferencedirect/sso.cfm>

Register for the conference, reserve your housing, and receive a confirmation the same day!

You'll be prompted to log in using your APNA username and password. If you don't remember your APNA account information, call us toll free at 855-863-2762. If you don't have an APNA account, you'll be prompted to create one.

Be sure to select the individual sessions you'd like to attend while at the conference. Session rooms have limited seating, so pre-registering is a must! We recommend that you check out the Conference Program before you begin.

If you want to make changes to your agenda, you can always log back in to your registration using your confirmation # -- it will be listed in your confirmation email.

For technical questions while registering online, contact ConferenceDirect via phone at 888-408-8191 or via email at APNA@conferencedirect.com. Support is available Monday through Friday, 8:30am - 5:30pm Eastern.

FAX (credit card only)

Download the offline registration and housing forms. Fax the completed forms to APNA Registration c/o ConferenceDirect at 704-927-1439.

MAIL (check only)

Download the offline registration and housing forms. Mail the completed forms to APNA Registration c/o ConferenceDirect, 5600 Seventy Seven Center Dr. Suite 240, Charlotte, NC 28217. Please make checks payable to APNA.

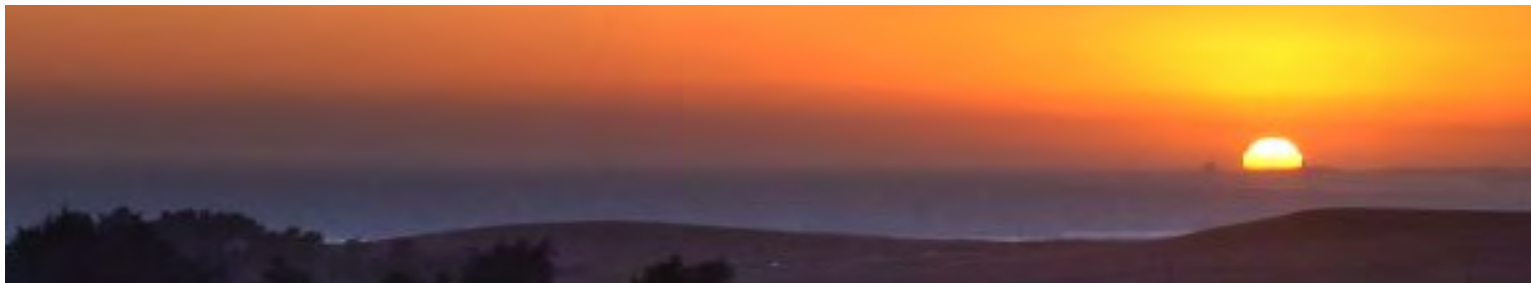
The California Chapter Netletter is chock full of interesting information regarding the activities of the Chapter---from the State Conference, to the National Conference. It is where we can celebrate the accomplishments of psychiatric nurses as they provide services to the mental health consumers of California.

Share news, stories and photos with colleagues

-send contributions to-

Cathy Herbert
Netletter Editor
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Next edition of the Netletter is planned to come out November 15. Please send stories and photos from the National Conference, relevant news from around the state and stories related to professional development.



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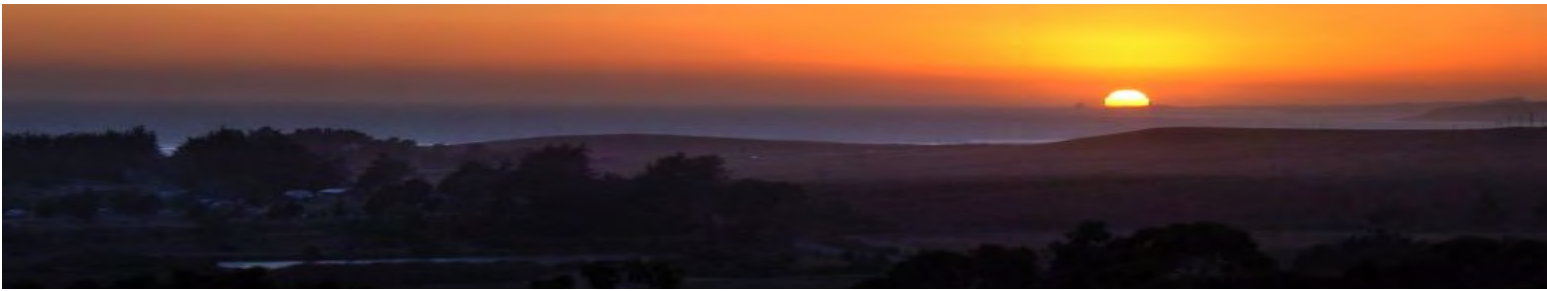
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