



APNA, CALIFORNIA CHAPTER ONLINE NETLETTER

President's Message

by Kathy Johnson PMHNP BC
President, APNA California Chapter

I hope that you enjoyed the summer and had found some downtime for rest and recuperation. I know I sit here wondering where the time has gone. I would like to take this opportunity to alert you to some recent and some upcoming activities of our chapter.

It has been a busy spring and summer for APNA California Chapter! In May we held a very successful state Chapter Conference in Monterey. "The Biopsychosocial Impact of Trauma" attracted record attendance and was overwhelmingly well received. Now, in September, we are fast at work, planning for next year's conference, which will be held in Los Angeles. Conferences are a tremendous amount of work, best planned by an army of volunteers. If you can help in the planning, please contact Conference Chair Cheryl Puntill: ochel@ucla.edu

Legislative Chair Cathy Osborn has worked diligently to attract new members to the Legislative Committee. The group has been tracking legislative issues that have implications for psychiatric nursing practice and for the care of our patients. The Committee has begun to alert you to important upcoming mental health legislation, via listserve announcements. See Cathy's legislative update in this Netletter.

The APNA national election is over, and we now are awaiting the results of our Chapter's ballot for new Chapter officers. This year we are voting for a new President Elect, Secretary and Member-at-Large. We also ask you to consider a change to the Bylaws, allowing us to move to electronic voting. These are important issues, and we hope you will take the time to vote. We are excited by the idea of bringing new faces with fresh ideas onto the Board. You must return your Chapter ballot by September 16.

On Saturday August 23 at San Mateo County Hospital, we held the first of a series of statewide "Safety Roundtables." Fifteen nurses joined in a discussion led by Marlene Nadler-Moodie, an internationally recognized expert on unit safety. Topics ranged from preventing seclusion and restraint to horizontal workplace violence. The Safety Roundtables will continue as open forums for front-line nurses to discuss issues pertaining to their practice. We are finalizing plans for our next meeting to be held in Fresno. For further information, please consult our website: www.calapna.org

On these late summer days, we are again confronted with hurricane-watches in the Gulf Coast. We hope that the impact of these storms will be minimal. However, this gives us an opportunity to highlight Board Member Suzane Wilbur's review in this Netletter of our recommended channels for CA state nurses to respond to national emergencies. This is a priority for our national organization and our Chapter---to be certain that psychiatric nurses are regarded and called upon as first responders wherever and whenever there is an emergency. You already may be a registered responder through your worksite. For others, there are alternative routes for psychiatric nurses to become involved in times of local, state or national need. It's up to us to let emergency service organizations know what psychiatric nurses can do, and to get ourselves trained and prepared to respond.

Finally, this has been a year of eliciting input. We've talked to psychiatric nurses throughout the state, hoping to make our Chapter's activities more relevant to your practice. Our goal is to make APNA CA an organization for all psychiatric nurses, staff level and advanced practice alike. We hope that as you have ideas, suggestions or concerns that you will not hesitate to come forward. Contact me at kathy@ebold.com

This will be my last Netletter message as your President. As we head out to Minneapolis for the National Conference in October, I want to greet Ann Bispo who will take over the gavel to become Chapter President. Ann is planning a very active and exciting year. We wish her luck as she assumes the presidency.

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APNA, California Chapter NetLetter



Report on the 2008 APNA California State Conference

The Biopsychosocial Impact of Trauma: Nursing Interventions in Treatment of Survivors

Held on Saturday, May 10, 2008 in Monterey, CA

Thanks to three outstanding speakers, a beautiful location, delicious food, and 89 attendees, our 2008 APNA California State Conference was a great success! With a difficult topic, our speakers, all faculty, at University of California, were engaging, educational and inspiring.

The conference opened with a key note address by Mary Ann Nihart, MA, APRN, CS, BC, which provided an overview, “Trauma in Our World”. Traumatic experiences can come in many forms, as Mary Ann identified, including natural disasters, such as recent floods across the country, and the fires we are now experiencing throughout California. Sandra Weiss, PhD, DNSc, FAAN followed with an in-depth and informative presentation on “Effects of Trauma on Brain Development and Neurological Function: Implications for Assessment and Treatment of Traumatized Children and Adolescents.” Sandra’s talk provided a foundation of understanding that was helpful for those specializing in working with children and adolescents, as well as for those working with adults. This was further enhanced by Mary Ann Nihart’s talk “Understanding the Neurobiology and Psychopharmacologic Treatments of PTSD, which included both psychopharmacological and other treatment approaches for PTSD. Beth Phoenix, RN, PhD introduced psychoeducational approaches to add to the treatment of survivors of trauma in her talk, “Psycho-education for Survivors of Trauma”, which also included various resources for trauma psycho-education. In conclusion, Beth provided an interactive session on for attendees on how to better cope with potential secondary/vicarious trauma experienced by nurses working with survivors.

Thank you to all who helped to put on the conference, as well as to those who attended and actively participated! We look forward to next year’s conference, which will be held in Los Angeles.

Legislative Update

by Catherine Osborn, RN, MSN, BC



ELECTION NEWS

What an exciting time to observe and be a part of history as we follow the election of 2008! Democrat or Republican, the candidates from both parties have given us much to talk about...youngest candidate, oldest candidate, black candidate, woman candidate. For the sake of clarity none of the candidates are first contenders for president in their age, gender or race.

Who are those firsts? In 1872 Victoria Woodhull was the first woman candidate for president, in 1984 Geraldine Ferraro was the first woman to run for vice president on a major party ticket, in 2008 Hillary Clinton was the first woman to win a primary contest after she won in New Hampshire (infoplease.com, 2008).

Frederick Douglass was the first African American nominee for US Vice President in 1872, in 1972 Shirley Chisholm was the first African American to campaign for the US Presidency, in 1984 Jesse Jackson was the first African American to win a US Presidential Primary Caucus, and in 2008 Barrack Obama became the first African-American presidential primary candidate to win the Iowa caucus. Politicians view Iowa's caucus as an important first step in gathering delegate support and a place for candidates to reveal their political platform. If Obama were elected he would become the first African American US President (Wikipedia, 2008).

Though in the 2008 election, McCain (71) is credited with being the oldest Presidential candidate, there were actually two older contenders Mike Gravel (77) and Ron Paul (72). However, if McCain were to be elected he would be the oldest elected president surpassing Ronald Reagan's record of 69 years of age when he took office. John F. Kennedy (43) still holds the record for the youngest president elected to office. So neither of the 2008 candidates, Obama (47) or McCain (71) would challenge the records (Southerland, 2008).

Legislative Update

by Catherine Osborn, RN, MSN, BC



WHY YOU ARE REPEATEDLY ASKED TO CONTACT LAWMAKERS:

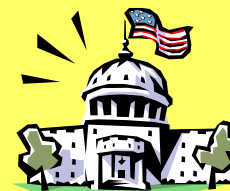
Ever wondered why you keep seeing requests to call or write lawmakers at different times on the same legislation? A bill must go through multiple steps before becoming law. At various steps in the process the text of the bill may change and as a consequence support for or against the bill may change. When legislators know the position of their constituents it can influence their stance on a bill.

Briefly these steps include:

- A. Introduction:** An idea is put into legislative format and introduced into one of the chambers of Congress. To identify the bill it is assigned a number, which will begin with (HR) House of Representatives or (S) Senate, depending on where the legislation originates. The name of the bill's author follows the number.
- B. Referral to Committee.** Here you may be asked to contact legislators to let them know your position as the bill is debated, and again if the text of the bill is changed, and again when they vote.
- C. Floor action:** The bill is returned to the chamber floor where it originated, and the Committee gives its report. It is debated, with those in favor or opposed to the legislation given opportunities to comment. After changes are made to the bill the originating chamber votes and if the bill is accepted it is passed on to the next chamber where the process is repeated. (You may be asked to contact legislators repeatedly as changes are made to language or content.)
- D. Conference Committee:** Once the bill has made it through both chambers of Congress, Committee members from both chambers meet to work out any differences. Once they reach a compromise the bill is returned to both chambers and put to a vote. It must pass both chambers to go forward. (You are likely to be asked to contact your Representatives and Senators, as well as Committee Chairs, yet again at this step.)
- E. The President:** The President can veto the legislation and return it to Congress, or the President can approve the legislation.
- F. A bill becomes a law:** Once the President approves the legislation or if Congress can over-ride a veto with a 2/3 vote from those present in both chambers of Congress the legislation becomes law.

Legislative Update

by Catherine Osborn, RN, MSN, BC



LEGISLATIVE TRACKING

CALIFORNIA:

Mental Health Services Act It is very exciting to see the Prop 63 funds flowing. A website with bi-monthly updates is available for all to review. See: http://www.dmh.ca.gov/Prop_63/MHSA/Publications/docs/ProgressReports/MHSA_Progress_July2008.pdf

Beth Phoenix, UCSF Professor and legislative committee member, provides the following information update on MHSA and educational opportunities. The Department of Mental Health has sent out an RFP for schools w/ PsychiatricMental HealthNursePractitioner programs that would grant stipends of \$18,500/yr. for students who commit to working in county-funded mental health programs after graduation. Funding awards will be announced by 9/10/08. Beth is also on the state MHSA Education & Training Advisory Committee, and would like to hear about new advanced practice nursing programs opening up. Please contact Beth at beth.phoenix@nursing.ucsf.edu.

SB 130: Senator Chesbro Use of Seclusion and Behavioral Restraints
Legislative Committee member Mary Ann Nihart, has been invited to serve on the Stakeholders' task force to write regulations implementing SB 130 in adult residential facilities. She joins members from the Department of Mental Health, Department of Developmental Disabilities, Department of Social Services, and Protection and Advocacy in a group that will meet monthly during this process of writing and review. This group is led by policy analysts for the Adult Division for Community Care Licensing. Mary Ann in is the only nurse on the task force. An extremely telling position, where else are nurses absent and desperately needed?

S. 558: Sen. Pete Domenici [R-NM] Mental Health Parity Act of 2007

This is a Senate bill, similar in content to the House of Representatives, Paul Wellstone legislation, seeking mental health parity. It is important to watch both bills as they may eventually merge or one or the other may take a leading role.

COMMITTEE MEMBERSHIP:

The Legislative committee made a grand appeal for additional members at our annual conference in Monterey, and was rewarded with a lot of new faces, and bright minds. Please join me in thanking our group old and new. If you think you might be interested in working on our Legislative Committee or have feedback or questions, please contact Committee Chair Cathy Osborn at Cathyozok@aol.com

References:

Infoplease.com (2008). Famous first by American women. Retrieved April 6, 2008 from <http://www.infoplease.com/spot/womensfirsts1.html>

Wikipedia (2008). List of African American first. Retrieved March 22, 2008 from http://en.wikipedia.org/wiki/List_of_African-American_firsts

Southerland, T. (2008). Age may be issue in Presidential general election with two of oldest candidates. Retrieved April 6, 2008 from <http://seniorjournal.com/NEWS/Politics/2008/8-02-25-AgeMayBeIssue.htm>

“*Preventing Violence in the Workplace*”



by
Diane Hickman MSN, APRN, BC, CNS

Patient and staff safety is always of utmost concern in a hospital setting, but none more so than on an inpatient psychiatric unit. Even one event of an assault by a patient is one too many. During my three year period of working as a staff nurse at the San Diego VA Medical Center, inpatient psychiatric intensive care unit, one such unfortunate event occurred. The assault spawned a performance improvement project by Jennifer Heintz, RN, BSN and her team of psychiatric-mental health nurses. The project included a thorough analysis of the event, review of the literature regarding assaults involving hospitalized people in psychiatric units, and strategies to prevent future acts of violence.

Ultimately an assault risk assessment tool was developed and implemented, to be used during the nursing admission processes of all patients being admitted to this unit. The level of assault risk is determined by calculating factors including psychiatric diagnosis, symptoms related to recidivism, symptoms apparent during admission such as psychotic paranoia, alcohol intoxication, and history of violence. Associated with the assault risk assessment tool is an assault risk care plan that is included with the other interdisciplinary care plans for patients who are determined to be a significant assault risk during the period of hospitalization.

In addition to a formalized plan of care for high risk patients, the performance improvement project provided education for the nurses and a generalized increase in the level of awareness regarding potential for violence within this inpatient psychiatric intensive care unit. An overall outcome of the project resulted in a culture that embraces a higher degree of safety awareness and therefore an improved environment of safety for all concerned. Jennifer Heintz continues to utilize her specialized expertise throughout the VA San Diego Medical Center whenever she is called upon to do so.

Preventing Violence in the Workplace

by Ann Kelly RN MSN

I teach psychiatric nursing at a university in San Diego and work part time at the Veteran Affairs San Diego Healthcare System. I have observed the following activities at the VA this calendar year:

- the Nursing Research Council facilitates a journal club. The focus this year is on horizontal violence. A term used to describe violence among members of a workplace who have no authority over one another. Most commonly this is interpersonal verbal aggression;
- the leadership on the psychiatric unit continues a physician-nurse communication meeting weekly, the purpose of the meeting is to do early problem solving and to enhance communication globally; and
- the Nursing Education Council is doing a presentation on working with difficult people and conflict resolution.

I applaud these actions. One of the best ways to create and strengthen healthy work environments is to name issues and to enhance nurses' tools for managing conflict.



****APNA applauds the work of the psychiatric nurses at the Veterans Affairs San Diego Healthcare System. Well Done!**

PSYCHIATRIC MENTAL HEALTH DISASTER RESPONSE NURSING

A Call for Action

by Suzane Wilbur MS, APRN, BC Board Member at Large



As this is being written, the American Red Cross (ARC) is mobilizing volunteers to provide disaster mental health services in the Eastern States that are threatened by hurricanes. It is important for us as psychiatric mental health nurses to familiarize ourselves with the requirements for local activities and national deployment by the ARC and the trainings that are available.

To learn more about the ARC, and to join as a volunteer, follow these simple steps:

1. Go to the Red Cross website – www.redcross.org
 - a. On the Home page, you will find many links to information about the Red Cross and the services it provides.
2. In the center of the page near the top, enter your current zip code to find the chapter nearest you. You will find:
 - a. The address, phone number, fax number, and an e-mail address of a contact person.
 - b. There will also be a link to your local chapter's website.
3. Call the number or e-mail the contact person in order to express your interest in volunteering. Many of the things you need to do to become a volunteer are available online.

Once you have joined your local chapter, you can inquire about a training called “Foundations of Disaster Mental Health,” offered by the ARC to its Disaster Mental Health volunteers. The Red Cross requires that we have this training before participating in Red Cross DMH activities.. Upcoming FDMH courses will be held around the State and specifically in Santa Rosa (October 25), Santa Clara (no date set as yet), and Santa Cruz (no date set as yet). Remember, if you are a registered volunteer, you will receive information and you will have first priority for these courses. Those who are not Red Cross volunteers will be able to take the class only if there is available space. I will have flyers with details as they become available. Please contact me at swilbur55@aol.com or 310-809-1563.

If you need help with information about the necessary paperwork, local versus national assignment opportunities, disaster mental health work and other classes, please contact me and I will find a contact person to help you. There is another training called “In the Eye of the Storm: Essentials of Disaster Mental Health,” taught by Diane Myers, RN, MSN, CTS. Although this course is not required by the Red Cross, I found it to be very helpful. For information, go to the California Disaster Mental Health Coalition (CDMHC) website www.cdmhc.org.

Finally, stay connected to the APNA CA Chapter by attending meetings in your area, organized by your Area Rep., and by checking our website www.calapna.org.

Letters to the Editor...



Our new column, “Letters to the Editor” will feature responses from nurses like you. We want to share your stories and perspectives with other Netletter readers.

A question will be posted in every Netletter asking readers to submit their responses to the editor by e-mailing loraliew@sbcglobal.net.

Reponses should not be longer than 50-100 words.

Several of you will have your responses published, and all responses will have the author’s name entered into a drawing.

For the next issue we are looking for responses to the following question:

*“ Have you ever mentored a new nurse?”
Share your tips and success stories*

All responses will have their name entered into a drawing to receive a \$25 Borders Books gift card.



A decorative banner with a white ribbon-like border on a maroon background. On the left, there is a stylized map of California with the word 'CALIFORNIA' written across it in a yellow, blocky font. To the right of the map, the text 'California Area Rep Update' is written in a red, cursive font.

California Area Rep Update

Please join me in welcoming Jeannine Loucks-Orange County and Suzane Wilbur-Palm Dessert/Palm Springs as our newest APNA CA Area Reps.

Jeannine, an ANCC Certified Psychiatric Mental Health Nurse is a Clinical Coordinator for the 36 bed inpatient behavioral health unit at St. Joseph Hospital in Orange County. You may recognize Jeannine's name, as she wrote about her experience responding to the San Diego fires of 2007 in the APNA CA NetLetter, January 2008 edition.

Suzane is ANCC Certified as a Psychiatric Mental Health Clinical Nurse Specialist, and is now retired from the Los Angeles Department of Mental Health, where she served in program management and development. Suzanne continues to work part time for the DMH as a developer and coordinator of the Psychiatric Mental Health Nurse Practitioner Development Program.

Welcome to this important role
within our Chapter!



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