**FEDERATION OF TEXAS PSYCHIATRY'S PRIORITIES FOR THE 2019 TEXAS LEGISLATURE**

The Federation of Texas Psychiatry continues to work for what’s best for Psychiatry and their patients with this year’s primary focus on... Patient safety and protections from unqualified health care providers as it would only impede the delivery of high-quality care which all medical providers strive to achieve.

**Collaborative care**. Increasing funding for graduate medical education (GME)—not just build more medical schools—to train our next generation of physicians.

The Federation of Texas Psychiatry also endorses the Texas Medical Association, the Texas Osteopathic Medical Association Legislative Priorities for the 2019 Texas Legislature and the American Psychiatric Association’s Position Statement as follows:

**TEXAS MEDICAL ASSOCIATION’S PRIORITIES FOR THE 2019 TEXAS LEGISLATURE**

**We Need to Protect Texas Patients From Unqualified Health Providers**

The practice of medicine is reserved for those who have completed medical school and have appropriate and proper licensing. Other health providers have important skills that complement physicians’ in caring for our patients, but lowering the standards for medical training and physician oversight is unhealthy and dangerous.

**We Need to Keep Texas Medical School Graduates in Texas Residency Programs**

It’s no secret that doctors tend to stay in the states where they receive their formalized medical residency training. As such, Texas needs to invest appropriately in graduate medical education (GME)—not just build more medical schools—to train our next generation of physicians.

Otherwise, we are using Texas taxpayer funding to train doctors for other states.

**AMERICAN PSYCHIATRIC ASSOCIATION OFFICIAL POSITION STATEMENT ON SAFE PRESCRIBING**

Approved by the Board of Trustees, July 2018. Approved by the Assembly, November 2018

“Policy documents are approved by the APA Assembly and Board of Trustees... These are... position statements that define APA official policy on specific subjects...” — APA Operations Manual

**APA POSITION:**

1) The treatment with medication of patients with mental illness requires a foundation of medical education, training, supervision, and care of patients with a broad range and severity of medical problems.

2) The safety of patients and the public must be the primary consideration of each state’s licensing agencies and legislature.

**FEDERATION OF TEXAS PSYCHIATRY CAPITOL DAY 2019**

**MARCH 5, 2019 • Register Online**

https://www.texmed.org/FirstTuesdays

Additional Program Information to Follow
Gabrielle was a thriving college student who was no stranger to psychiatric hospital where it took about a week before they were able to demand her release, against medical advice; they watched her about 3 days at home with the help of her fiancé; she was awake non stop, repeating phrases, agitated. She was admitted to Emergency Room and presents with confusion, agitation, staring at items and people. She was not feeling well and was acting strangely. My husband and I drove into town to pick her up. We were informed, that our daughter had been intubated. We arrived to the hospital bed so many nights ago. I no longer remember her departure, or wish for her return as I once longed for, because in her place stands the woman I am today. Now, a 21 year old with double hip replacements who suffered from an undiagnosed brain disorder, I can honestly say I have never known humility this up close and personal before. All joking aside, since this ordeal, I have found that what I thought I was still lacking in myself has been replaced by an incredible sense of patience, understanding, and gratitude. The most insignificant events are given weight, their meaning that not all that was lost of my former self may ever be restored. The girl I was before, unshakably confident, free-spirited, and without caution, stayed behind in that hospital bed so many nights ago. I no longer remember her departure, or wish for her return as I once longed for, because in her place stands the woman I am today. Now, a 21 year old with double hip replacements who suffered from an undiagnosed brain disorder, I can honestly say I have never known humility this up close and personal before. All joking aside, since this ordeal, I have found that what I thought I was still lacking in myself has been replaced by an incredible sense of patience, understanding, and gratitude. The most insignificant events are given weight, their meaning...
Medical Reflections

continued from page 2

Dear Joe,

Powerful story—thanks very much for sharing. Some colleagues and I have recently reviewed the phenotype of this condition and described it in a piece coming out soon in the Journal of Neuropsychiatry and Clinical Neurosciences. It might be of interest. Increased awareness of this condition is improving our recognition of it. In my opinion, the key observations come from this history—the relatively acute onset of catatonia and delirium should prompt a workup for encephalitis. I continue to admire your dedication to this young woman and her family.

Wishing you a happy holiday season.

Medical Reflections

Justin Coffey, MD, TSSP Member and CME Program Speaker, Houston

Next Step... 86th Legislature

continued from page 1

been filed that would require every campus to have at least one counselor and kits to health services at schools. Another will control bleeding, as well as expand mental health services.

The L egislature w ill be a top priority for the Federation, and the expansion and delivery of mental health services will be among the hottest issues facing the House of M edicine in 2019.

Issues Facing Psychiatry: Psychological Prescribing: Already this session, Sen. Jose Rodriguez has filed S.B. 268, authorizing prescribing by psychologists. Currently, five states (Idaho, Iowa, New Mexico, Illinois, Louisiana) have psychological prescribing. Defeating this legislation will be a top priority for the Federation, and we will be joining with organized medicine in that effort.

APRIN independent practice: No bill has been filed to date, but this is expected to be among the hottest issues facing the House of Medicine in 2019.

Child & Adolescent Psychiatry Project (CPAP): Sen. Jane Nelson has filed S.B. 63, creating the Texas Mental Health Care Consortium. The legislation will coordinate the expansion and delivery of mental health care services by using the infrastructure and expertise of the health-related institutions of higher education and community mental health providers. Under the proposed bill, psychiatry hubs at Texas medical schools will provide consultations and specialized care coordination to pediatric primary care providers using telemedicine.

ER Hold: The Federation continues to work with the emergency room physicians and the Texas Hospital Association to safely secure patients who are determined to be a danger to themselves or others. Legislation on this important issue was vetoed in 2015, but we are searching for new approaches involving technology, additional funding, and an improved understanding of legal parameters between physicians, facilities, law enforcement and the judicial system. As always, it is our pleasure to represent the interest of psychiatric physicians in Texas and their patients before lawmakers and regulators in Austin.

Donna Vanderpool, MBA, JD Vice President, Risk Management

Robust risk management is just one component of our comprehensive professional liability program.

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FEBRUARY/MARCH 2019

Texas Psychiatrist

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diagnoses above, and read about it, mostly in UpToDate—a wonderful source. I began to feel over time that it was a good fit for her clinical syndrome. The most well-known type of autoimmune encephalitis is associated with the anti-NMDA receptor, but there are 8 or more antibodies described. Most of them are not commercially available or not easily available and not all types of autoimmune encephalitis have an antibody associated with them. In Gabrielle’s case, I was not aware of this diagnosis at all at the time she had a spinal tap so an anti-NMDA antibody test was not sent off from the CSF sample. I did send a serum anti-NMDA receptor test off but it returned negative. I did not think it wise to repeat her spinal tap to send off another test. Still, I felt that autoimmune encephalitis fit her case presentation well. After she woke up on the high dose steroids she remained in delirium alternating with long periods of deep sleep/hypersomnia, some-times lasting for several days, with only brief periods of lucidity. Her EEG showed global encephalopathy with intermittent seizure activity. She required trials of several different seizure meds over a few weeks before she seemed to wake from her delirium, her seizures and frequent post-ictal states. Her behavior was far more bizarre than any patient with Lupus CNS disease that I have seen. She had periods of catatonia, as well as frequent imitation of my motions and mirroring of my actions and echolalia. She slept through her 21st birthday celebration, surrounded by her friends and family and me in her hospital, hardly waking up for more than a few seconds before going back into a profound sleep. At one point during her hospital stay she developed severe bradycardia and had to be moved urgently to telemetry. Of interest, autonomic instability and bradycardia are well-described in autoimmune encephalitis. At another point, she bit a nursing assistant on the arm as she was being helped to the bathroom, totally unprovoked. The nursing assistant still asks about her, and bears no ill will. I gave her IV Cytoxan and IV Rituxan during these weeks in the hospital, and then added Cellcept/Mycophenolate as steroid sparing agents, as these were recommended by the authors as being effective in the treatment of autoimmune encephalitis in the past. I feared if I just merely tapered her steroids over time, even slowly, that she had a high risk of relapse, and I knew that she would likely die or become vegetative if she did relapse. Over several weeks in the hospital and then in a neuro-rehab hospital she gradually woke up and her premorbid personal- ity returned. She remained on 2 different seizure meds, the prednisone and the Cellcept during this time and indeed over the next 2 years. She currently is off all these meds over 3 1/2 years out from her initial illness. For the first several months after she got home her cognition and memory were very impaired and it was not clear if she would ever be able to live independently, but thankfully she contin- ued to improve and eventually went back to finish her final year at Trinity University. She has not relapsed at all and appears normal cognitively and emotionally. One unfortunate toxicity is that she began to note that she could not abduct her hips, though she does not recall significant pain. X-rays showed Avascular Necrosis of her hips, which were end-stage with total collapse of the femoral heads – undoubtedly due to the high doses of steroids required to save her brain. I am pleased she has done very well after bilateral hip arthroplasties and now has normal range of motion and no pain at all. Recently, she got married, and I hope for only quiet happiness in her life from now on.
H ello! Happy New Year! Greetings from North Houston/Conroe, Texas. I hope that your recent Christmas, Hanukkah, and other holidays, and New Year festivities were enjoyable, safe, and rejuvenating! Hopefully you were able to spend a lot of time with family, friends, loved ones, and perhaps you travelled somewhere interesting? Ideally, you had plenty of “down time” to enjoy a nice cup of hot cocoa, the warmth of a fireplace, the company of others, or some long overdue “me time” to unwind and decompress.

How are you doing on your New Year’s resolutions? If you don’t have any handy, and you are looking for low hanging fruit, here are a few! We are counting on all TSPP membership (and future members) to renew their TSPP membership and actively participate in the TSPP (a particularly admirable New Year’s resolution).

Here are some upcoming opportunities to kick off the year:

1. The Federation of Texas Psychiatry’s Capitol Day will be held in conjunction with Texas Medical Association’s First Tuesday at our State Capitol, on Friday March 5, 2019. Aside from being a great time of the year to travel to Austin, our 86th state legislature is in full session. This is a critical time for TSPP to generate and motivate as many members as possible to attend. We are all encountering a growing number of critical issues that face us as psychiatric physicians in our practice of psychiatry – efforts for psychology prescribing, advanced practice nurses (APN) seeking independent practices with no physician oversight/prescriptive delegative authority agreements and the like, emergency room/department (ER) holds of individuals with mental illnesses, to name a few.

2. Please also make plans to attend our April TSPP/TAP Spring Meeting to be held April 26-28, 2019 at the Westin Austin at the Domain Hotel (see page 5). We will feature another cutting edge CME program (full of “real world” clinical, legal, and regulatory issues of major importance), various committee meetings, and numerous other activities and opportunities for members, medical student and psychiatry resident trainees. And it is in Austin, the live music capital of the world!

3. Get more involved in TSPP Committees. If you are new to TSPP, please feel free to attend as many committee meetings as you like. You don’t have to be a committee member. Once you find a committee that resonates with you, feel free to approach the committee chair and ask to be added as a member. And very importantly, you can serve on more than one committee!

We continue to experience a national shortage of psychiatrists in the US, and in the great state of Texas. Many rural counties in Texas don’t have a physician, much less a psychiatric physician. Now is the time for all psychiatrists (residents in training, early career, mid-career, academic, VA, correctional, state hospital, mental health centers, private practice, managed care, administrative, semi-retired, retired, you get the point... hopefully in Texas to get much more involved. We continue to face daunting obstacles and roadblocks to quality mental health care in Texas. We continue to experience shortages of crisis or stabilization beds, impatient community and state psychiatric hospital beds and other step-down level of care, challenges in continuity of care for our patients, lack of parity for mental health care when compared to “medical” illnesses to name a few. We continue to experience numerous “hassle factors” such as time filling out forms or entering non-clinical “bureaucratic” information into computers, long wait times on hold trying to get pre-approval for psychotropic medications or treatment services for our patients. These are time consuming, drain our energy, and have other adverse impacts on our day to day work and personal/family life versus work balance. I am proud to report that these are all areas that TSPP continues to actively work to address these problems, but we need your help. At this time we cannot sit on the sideline and watch, we need to be engaged, and in the game. Who but TSPP will advocate for our profession and our patients?

Special thanks to Eric Woomer and Courtney Williamson for their efforts to prepare and gear up TSPP and our membership for our current legislative session and the road ahead. With much gratitude and appreciation to TSPP Executive Director Debbie Giarratano, and her former staffer, Emily Busots (we wish Emily all the best on her recent departure from TSPP), and to new Administrative Assistant, Victoria Gonzales in our TSPP Central Office for their tireless efforts and hard work. As I write this column, I am amazed how fiscally responsible Debbie Giarratano is. She is urging me to send in my newsletter article sooner (rather than later) because US postage rates are going up and she wanted to save funds for TSPP and put your dues dollars to better use on your behalf.

In closing, we need your new/continuing membership, active participation, attendance at meetings and special events (such as First Tuesday at the Capitol on March 5th!) and involvement in TSPP for the overall good of our patients and our noble profession. Please remember to take care of yourself and get ready to get more involved and belong in TSPP.

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**YOUR TSPP MEMBERSHIP DUES**

**COURTESY REMINDERS: LATE FEES ASSESSED FEBRUARY 1**

**SUBJECT TO TERMINATION OF TSPP AND APA MEMBERSHIP**

**MARCH 31 IF NOT PAID**

<table>
<thead>
<tr>
<th>Dues Year</th>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>2019</td>
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<td>$0.00</td>
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<td></td>
<td>APA Membership Dues</td>
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**Refund from APA:** In addition, due to an error in their system, APA mistakenly billed some Texas members for their TSPP dues on the APA dues invoice. If you remitted payment to APA for your Texas Society of Psychiatric Physicians’ membership dues, please contact APA for an immediate refund of your TSPP District Branch dues as it may not be automatically refunded.

**Conferences and Events:**

- **TSPP Membership Dues Continue to Be Billed Separate from APA:** As a reminder, the Texas Society of Psychiatric Physicians bills separately from APA for your TSPP membership dues and your TSPP membership dues payment is remitted to TSPP. APA dues payments are remitted to APA. Recently however APA revised their dues invoices and online membership records which has created some confusion for members about whether or not they have an outstanding balance for their TSPP membership dues. The APA membership dues invoice (see below) and their online APA membership record shows $0.00 for TSPP (Texas Psych (46) and that is because APA doesn’t bill for TSPP membership dues, it does not mean that you don’t have a balance due for TSPP membership dues. Only TSPP can provide you with information about your TSPP membership dues balance and/or payment so if you have any questions about whether or not your TSPP membership dues have been paid, please don’t hesitate to contact our office at tsppofc@aol.com or 512-478-0605 so we can further assist you.

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**Methods to Remit Payment:**

- Electronically – Email tsppofc@aol.com and request a QuickBooks Online email link to click and pay
- Email – Scan and email your TSPP dues invoice with payment
- Mail – Mail to TSPP 400 West 15th Street, Suite 4675, Austin, TX 78701 or you may telephone 512-478-0605 or mail, email or fax your payment
- Telephone – Call and remit payment by phone 512-478-0605

**Thank you for your membership! We are proud to represent you!**

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**CONGRATULATIONS TO THE FOLLOWING TSPP MEMBERS WHOSE NOMINATIONS WERE APPROVED BY THE APA BOARD OF TRUSTEES FOR DISTINGUISHED LIFE FELLOW, DISTINGUISHED FELLOW AND FELLOW STATUS IN 2019**

**DISTINGUISHED LIFE FELLOW:**

- Michael Arambula, MD, Pharm.D
- San Antonio

**DISTINGUISHED FELLOWS:**

- Chad Lemoine, MD
- Houston
- Sheila Loboprabhu, MD
- Houston

**FELLOWS:**

- Rasheed Busari, MD
- Richmond
- Irina Gromov, MD
- Dallas
- Umar Lafit, MD
- Cross Roads
- Melissa Martinez, MD
- San Antonio
Texas Society of Psychiatric Physicians & Texas Academy of Psychiatry
Spring Committee Meetings and Continuing Medical Education Program:
“Treating the Seriously Mentally Ill”
April 26-28, 2019 • Westin Austin at the Domain Hotel, Austin, Texas

HOTEL RESERVATIONS
TSPP has negotiated a small block of rooms with a discounted room rate of $180 for reservations placed BEFORE APRIL 4. To take advantage of this rate, visit the Federation of Texas Psychiatry’s website at www.txpsych.org and click on the URL link included in the announcement/information for the TSPP/TAP meeting: https://book.payskey.com/event/8971942downon3/3061956/home

• Booking a room within the TSPP room block is an important step in support TSPP and TAP and helps to keep the overall meeting registration fee and costs as low as possible. Booking outside of the TSPP block, or anywhere in the Domain, could expose TSPP to monetary charges for attrition. Plus, staying in the hotel keeps you connected with all the activities and networking opportunities during the event. Please help us help you by booking your room at the hotel hosting the meeting and within the TSPP room block.

EXHIBITS
Complimentary refreshments and snacks will be provided in Primrose Foyer of the Westin Austin at the Domain Hotel for registered attendees. Exhibits will be open throughout the day Saturday to provide you with information designed to enhance your practice and improve the optimal delivery of medical care to your patients. In addition there will be ‘job fair’ exhibitors who have employment opportunities for Psychiatrists in the State of Texas.

PROGRAM SCHEDULE
FRIDAY, APRIL 26
4:00 pm - 10:00 pm Temporary Registration Desk ............................................ Bluebonnet Foyer
6:00 pm - 7:30 pm Chapter Leadership Forum ..................................................... Bluebonnet
6:00 pm - 7:30 pm TSPC Executive Committee Meeting ......................................... WoF Room
7:30 pm - 9:00 pm Federation Delegate Assembly Meeting ...................................... Bluebonnet

SUNDAY, APRIL 28
8:00 am - 11:00 am Registration ................................................................. Primrose Foyer
9:00 am - 11:00 am Executive Council Meeting .............................................. Lantana
Continental Breakfast and Installation of Officers for 2019-20

MEETING LOCATION / INFORMATION
Located in the heart of The Domain, within one of Austin’s premier destinations, the AAA 4-Diamond Award Winning Westin Austin at the Domain Hotel is centrally located amongst 1.3 million square feet of outstanding shopping choices including Neiman Marcus, Tiffany & Company, Louis Vuitton, Nordstroms, Dillard’s and numerous dining options such as Flemings, Jaspers, Kona Grill, Cru Wine and many others. Or, plan to remain in the hotel and enjoy fine dining in a relaxed atmosphere celebrating premium meat and seafood, great wine, and fresh produce and relax in the warm retreat of the lobby offering live music on most weekday afternoons.

FEBRUARY/MARCH 2019 TEXAS PSYCHIATRIST
CME PROGRAM GOAL / TARGET AUDIENCE
This live activity has been designed in a lecture format with case examples followed by an interaction of people with progressive neurocognitive disorders versus mild cognitive impairment in the aging population. Despite more than two decades of advances in diagnostic criteria and technology, symptoms of Alzheimer’s disease and Related Dementia too often go unrecognized or are misattributed, causing delays in appropriate diagnoses and care that are both harmful and costly. First Practice Guidelines for Clinical Evaluation of Alzheimer’s Disease and Other Dementias for Primary and Specialty Care (Alzheimer’s Association International Conference 2018; Neurology Advisor, July 23, 2018). The presentation will address the systematic guidelines for the evaluation of cognitive behavioral syndromes in the aging population. Up to 30% of patients with treatment-resistant schizophrenia treated with clozapine have residual positive symptoms. Psychiatrists are looking for treatment strategies to improve treatment outcome in this chronically mentally ill patient population. The presentation will address how to access medication adherence and probability of persistent Schizophrenia and adjust treatment approach. Contributing factors influencing relapse in chronic schizophrenia include non-adherence to medication, difficulty identifying and missed follow up appointments, among others. The presentation will address these and other common contributing factors to relapse in psychosis and possible strategies to improve outcomes. (The Welcome Basket Revisited: Testing the Feasibility of a Brief Peer Support Intervention in Facilitate Transition from Hospital to Community, Psychiatric Rehabilitation Journal, 2016, Vol. 39, No. 4, 335-342) Suicide and suicidal behavior are major public health problems. The suicide rate in the US has steadily increased over the past 2 decades. There are few empirically supported brief intervention strategies to address the problem in various clinical settings. Safety planning intervention training for patients with suicidal ideation has been shown to lead to a reduction in suicidal behavior and to increased treatment engagement among suicidal patients. (Comparison of the Safety Planning Intervention With Follow up vs Usual Care of Suicidal Patients Treated in the Emergency Department. JAMA Psychiatry. 2018;75(9):894-900. doi:10.1001/jamapsychiatry.2018.1776)

OBJECTIVES
The learning objectives for this activity have been designed to address clinician competence and are listed under each O B JECTIVES: The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of the activity, participants should be able to:
• State the current criteria for determining decision-making capacity.
• Describe the current laws impacting mental health treatment in those with limited capacity to make informed treatment decisions due to mental illness. The presentation will address ethical issues in the evaluation of capacity to make treatment decisions in patients with severe mental disorders and ways to involve patients in shared decision making to the fullest extent possible. This topic directly impacts the clinical practices of psychiatrists. The social context in which the evaluation and treatment are being provided will be addressed during the presentation. (The MacArthur Competency Assessment Tools for assessing decision-making capacity in schizophrenia: A meta-analysis, http://dx.doi.org/10.1016/j.schres.2016.11.020): Shared treatment decision-making and empowerment-related outcomes in psychotic: systematic review and meta-analysis, The British Journal of Psychiatry (2016) 209, 23–28. doi: 10.1192/bjp.bp.114.158931; Medical Decision-Making for Adults Who Lack Decision-Making Capacity and a Surrogate: State of the Science American Journal of Hospice & Palliative Medicine 2018, Vol. 35(9) 1227-1234)

Eligible learners include: Psychiatrists, Psychiatric Nurse Practitioners, Psychologists, CNS/ARNPs, APRN-PC, Psychiatric Social Workers, and all other health care providers and staff who treat patients with mental illness. The program is designed to help professionals improve their knowledge and skills in the areas of mental health in all clinical settings. The information provided will help professionals maintain and improve their competence and improve their knowledge about the complex contributing factors in this population and introduce additional resources and new strategies to improve outcomes so that they may develop strategies to apply the knowledge, skills and judgement of the information presented in their educational activity into their practice.

IDENTIFIED PRACTICE GAPS / NEEDS ASSESSMENT:
TSPP identified educational needs and professional practice gaps from members expressed needs and in medical literature and incorporated it into the CME activity to address the relevant educational needs concerning competence that underlie the professional practice gaps of the participants. The program will explore the systematic evaluation of people with progressive neurocognitive disorders versus mild cognitive impairment in the aging population. Despite more than two decades of advances in diagnostic criteria and technology, symptoms of Alzheimer’s disease and Related Dementia too often go unrecognized or are misattributed, causing delays in appropriate diagnoses and care that are both harmful and costly. First Practice Guidelines for Clinical Evaluation of Alzheimer’s Disease and Other Dementias for Primary and Specialty Care (Alzheimer’s Association International Conference 2018; Neurology Advisor, July 23, 2018). The presentation will address the systematic guidelines for the evaluation of cognitive behavioral syndromes in the aging population. Up to 30% of patients with treatment-resistant schizophrenia treated with clozapine have residual positive symptoms. Psychiatrists are looking for treatment strategies to improve treatment outcome in this chronically mentally ill patient population. The presentation will address how to access medication adherence and probability of persistent Schizophrenia and adjust treatment approach. Contributing factors influencing relapse in chronic schizophrenia include non-adherence to medication, difficulty identifying and missed follow up appointments, among others. The presentation will address these and other common contributing factors to relapse in psychosis and possible strategies to improve outcomes. (The Welcome Basket Revisited: Testing the Feasibility of a Brief Peer Support Intervention in Facilitate Transition from Hospital to Community, Psychiatric Rehabilitation Journal, 2016, Vol. 39, No. 4, 335-342) Suicide and suicidal behavior are major public health problems. The suicide rate in the US has steadily increased over the past 2 decades. There are few empirically supported brief intervention strategies to address the problem in various clinical settings. Safety planning intervention training for patients with suicidal ideation has been shown to lead to a reduction in suicidal behavior and to increased treatment engagement among suicidal patients. (Comparison of the Safety Planning Intervention With Follow up vs Usual Care of Suicidal Patients Treated in the Emergency Department. JAMA Psychiatry. 2018;75(9):894-900. doi:10.1001/jamapsychiatry.2018.1776)

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• Describe and explain the key elements of a safety plan for patients with suicidal ideation.
• Develop a written, individualized safety plan for their patients with suicidal ideation in an office visit or in the ED setting.
• Implement procedures in their clinical practice to use a safety planning intervention with their patients with suicidal ideation.

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SCENES FROM THE 2018 TSPP ANNUAL CONVENTION

TSPP Officers and Resident Fellow Members at RFM Section Meeting – Congratulations on an Excellent Meeting and Great Turnout! Texas RFM Members Rock!!

TSPP RFM SECTION

AND HERE’S WHAT THE RFM ATTENDEES HAD TO SAY:

“As a resident member of TSPP, I’ve learned so much about organized medicine. The Resident Fellows allowing residents and fellows from across the state to discuss current issues, collaborate between programs, and find a voice in our profession. It has also offered great networking opportunities, and I’ve been able to meet many wonderful future psychiatrists whom I keep in touch with outside of meetings. We have a social outing during each meeting which also builds these connections. Residents also have the ability to sit on other committees to lend our voice to the leaders in our profession. Personally, I sit on the Academic Committee, and had the privilege of presenting a project from my program at meeting. Assisting resident and fellow participation in organized medicine. I’m really enjoyed my time in TSPP and look forward to membership after graduation.” — Rachel E Zottl, M.D., M.D., M.D., PGY-3 resident at University of Texas Southwestern Medical Center (UTSW)

“For TSPP 2018 was an amazing meeting! Being able to interact with fellow members, share experiences, and insights from around the state was definitely a remarkable experience. Also, the lecture series allowed us to partake in the expert’s views on issues that impact our current practice and learning environment as well as becoming aware of the trends that our field is following. Being active in organizations that represent our profession is crucial to being an encouraging opportunity to witness the responsibility we carry as psychiatrists and voice concerns as well as goals that pertain to current and future trainees.” — Ramon Aroagas, M.D., PGY-3 resident at University of Texas El Paso & new Chair-Elect for 2019-2020 academic year

“As a resident, it’s hard to find the time to meet colleagues from different cities and programs. The TSPP Annual Convention provides a unique opportunity for all of us to gather, share stories, and collaborate. It inspired me to see so many residents travel from all over the State to talk about the present state and future of psychiatry. There was a representation from nearly every psychiatry program in Texas! We learned so much from each other and made new friends. It’s nice to come back as many times as I can and encourage other residents and fellows to do the same.” — Lynh Pham, D.O., PGY-2 resident at John Peter Smith Hospital

“The RFM section was able to work with the executive committee to create the organization’s Dr. Debra Atkisson Resident-Fellow Travel Scholarship Fund. This will help give the next generation of psychiatrists an opportunity to be even more involved in organized medicine.” — Karen Duong, D.O., PGY-2 resident University of Texas Southwestern Medical Center (UTSW)

Federation of Texas Psychiatric Physicians and Texas Academy of Psychiatry

Spring Meeting & Continuing Medical Education Program
April 27, 2019, Austin, Texas

Registration

REGISTRATION FEE

FEBRUARY / MARCH 2019

TSPP Officers, Training Directors and RFM Representatives

Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry

Spring Meeting & Continuing Medical Education Program
April 27, 2019, Austin, Texas

Registration

REGISTRATION FEE

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REGISTRATION FEE
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The TEXAS PSYCHIATRIST is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

EDITORIAL BOARD
Federation Executive Committee

MANAGING EDITOR
Debbie Giaratano
Federation of Texas Psychiatry
401 West 15th Street, Suite 675
Austin, Texas 78701
(512) 478-0605/(512) 478-5223 (FAX)
TspPsychiatry@aol.com (E-mail)
http://www.txpsych.org (website)

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CALENDAR OF MEETINGS

MARCH
5
Federation of Texas Psychiatry (TSPP, TAP & TSCAP) and Texas Medical Association First Tuesdays at the Capitol - CAPITOL DAY 2019
Texas Medical Association, Austin, Texas
Register Online: txmed.org/FirstTuesdays and then notify TSPP/TAP/TSCAP that you’re attending by emailing tsppsoc@aol.com
BFM Members are Eligible for Automobile Mileage and Parking Travel Reimbursement if 3+ BFM Members Travel Together and Submit the Names in Advance

APRIL
26-28
Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry Spring Meeting and CME Program
“Treating the Seriously Mentally Ill”
Westin Austin at the Domain Hotel, Austin, Texas
Registration: Mailed and Posted Online at www.txpsych.org
Hotel Reservations: $189 on or before April 4
Reserve online at www.txpsych.org or https://book.passkey.com/event/49719142/owner/3061945/home

MAY
17-18
Texas Medical Association TExMED Section on Psychiatry
Hilton Anatole Hotel, Dallas, Texas
Registration: https://www.txmed.org/TExMed/

18-22
APA Annual Meeting
San Francisco, California

JULY
19-21
Texas Society of Child and Adolescent Psychiatry Annual Meeting and Scientific Program – “A Generation in Distress: Depression and Suicidality in the Teenage Years”
Westin Riverwalk Hotel, San Antonio, Texas
Registration: Coming Soon
Hotel Reservations: $177 City Side / $207 River Side on or before June 18
1-888-627-8396

OCTOBER
14-19
American Academy of Child and Adolescent Psychiatry Annual Meeting
Hyatt Regency Chicago, Chicago, IL

NOVEMBER
8-10
Texas Society of Psychiatric Physicians 63rd Annual Meeting and Scientific Program
Moody Gardens Hotel, Galveston, Texas
Registration: Coming Soon
Hotel Reservations: $142 on or before October
888-388-8484

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JOB BANK

Whether you are looking for career opportunities or you are recruiting to fill a position in your organization, you will want to check out the Federation’s JOB BANK on its website at www.txpsych.org. The Federation’s JOB BANK could be just what you have been looking for.