Identify known pharmacologic treatments of aggression associated with DMDD

Disruptive Mood Dysregulation Disorder

Identify pharmacological treatment of target symptoms of DMDD

Identify and discuss best practices for Transgender youth/teens and hormone therapy (when/why/how to refer)

Break

Describe mental health urgent care model in private practice setting.

Increase knowledge of current research on DMDD

Identify different interventions and evidence based treatments in delivering care to college students.

Discuss the delivery of care in the urgent care model, its advantages and disadvantages, and identify specific issues that psychiatrists may face.

Identify aggression in DMDD

Discuss the Child Psychiatry Access Network (CPAN) and how pediatric healthcare providers can access it.

University / Student Health Psychiatric Services

Discuss the goals and components of Texas Child Health Access Through Telemedicine (TCHATT).

Identify and improve the clinical competency in understanding ethical issues involving transgender patients.

Identify differences and similarities between Bipolar DO, ADHD and DMDD

Discuss confidentiality issues pertaining to the interface between the university and the college student.

Describe the goals of the Texas Child Mental Health Care Consortium (TCHMCC).

ETHICS: Transgender and Gender Dysphoria

Walter J. Meyer, III, MD

Objectives: The learning objectives for this activity has been designed to address clinician competence.

Upon conclusion of the activity participants should be able to:

- Identify =
- Clinical and behavioral issues in transgender youth patients
- Identify differences and similarities between Bipolar DO, ADHD and DMDD
- Identify pharmacological treatment of target symptoms of DMDD

10:30 am-11:30 am How to Treat Children with DMDD – Medications and Psychotherapy – Resident Case Presentation and Faculty Discussant

Sonia Popatia, MD (Resident) and Dana B. Bradley, MD (Faculty Discussant)

The learning objectives for this activity has been designed to address clinician competence.

Upon conclusion of the activity the participants should be able to:

- Accurately diagnose DMDD in Children and Adolescents
- Identify known pharmacologic treatments of aggression- associated with DMDD
- Diagnose Comorbid Disorders with DMDD

11:30 am-11:40 am Break

11:40 am 12:40 pm Mental Health Urgent Care Panel

Phillip Rafiianz, MD, MBA and Melissa Deuter, MD

Objectives: The learning objectives for this activity has been designed to address clinician competence.

Upon conclusion of the activity participants should be able to:

- Discuss mental health urgent care model and private practice setting
- Discuss the delivery of care in the urgent care model, its advantages and disadvantages, and identify specific issues that psychiatrists may face.

12:40 pm-12:50 pm Break

12:50 pm-1:50 pm ETHICS: Transgender and Gender Dysphoria

Walter J. Meyer, III, MD

Objectives: The learning objectives for this activity has been designed to address clinician competence.

Upon conclusion of the activity participants should be able to:

- Identify and improve the clinical competency in understanding ethical issues involving transgender patients
- Identify and discuss best practices for Transgender youth teams and hormone therapy (when/why/how to refer)
- Discuss how Transgender Health issues are being addressed in mental health settings

1:50 pm - 2:00 pm Break

2:00 pm-3:00 pm PANEL: Texas Child Mental Health Care Consortium and Preliminary Data/ Engagement

Sarah Winklefield, MD, Melissa DelPaggio, MD, Nikung Th-Vien Tran, MD

Objectives: The learning objective for this activity has been designed to address clinician competence.

Upon conclusion of the activity the participants should be able to:

- Discuss the goals of the Texas Child Mental Health Care Consortium (TCHMCC)
- Discuss the Child Psychiatry Access Network (CPAN) and how pediatric healthcare providers can access it
- Discuss the goals and components of Texas Child Health Access Through Telemedicine (TCHATT)

3:00 pm-4:00 pm University / Student Health Psychiatric Services

Melissa Eshelman, MD

Objectives: The learning objective for this activity has been designed to address clinician competence.

Upon conclusion of the activity the participants should be able to:

- Understand special diagnostic challenges of college student mental health treatment and limits of treatment: number of visits, availability of psychiatrists, psychologists, masters-level mental health practitioners
- Identify different interventions and evidence based treatments in delivering care to college students
- Discuss confidentiality issues pertaining to the interface between the university and the college student

4:00 pm-4:20 pm Closing Remarks

Virtual CME

Mood Dysregulation and Evolving Modalities in the Delivery of Psychiatric Care

To Register: Complete the Registration Form on page 2 or Register online at http://www.txpsych.org
REGISTRATION FORM

When your registration payment has been processed, about one week prior to the meeting, you will receive an email invite at the email address provided on your registration form with a link to join the meeting, the unique Meeting ID # and information for joining the meeting on Saturday, July 18.

It is IMPORTANT that the email address you list on the Registration Form is the email you will use to participate on the Zoom Meeting. Zoom will not recognize and allow you to log into the meeting. If you do not already have Zoom loaded on your device with the email address you provide on your Registration Form, you will not be able to access the program. Please refer to the Zoom Guide attachment for instructions to access the meeting.

The program will begin promptly at 9:00 am so please log on about 5-10 minutes prior to 9:00 am. Thank you for registering!

REGISTRATION FEE SCHEDULE

- TSCAP / TSPP / Academy Member: $110
- Non-Member Physician: $140
- Allied Health Professional: $90
- Trainee Member / Medical Student Member: $10
- Non-Member Trainee / Medical Student: $20

MEETING SYLLABUS ORDER
- Online Meeting Syllabus: Free
- Color Printed Copy: $155
- Black & White Copy: $125

TOTAL REGISTRATION

PAYMENT INFORMATION

Check in the Amount of $ Make Checks Payable to Texas Society of Child and Adolescent Psychiatry

Please Charge $ To My: □ VISA □ MasterCard □ American Express

Credit Card #: Expiration Date:

3 or 4 Digit Security Code on Back of Card on Right of Signature Panel

Name of Cardholder (as it appears on card)

Cancellation Policy: No REFUNDS given after July 1
Helping During Stressful Times

JUNE/JULY 2020
TEXAS PSYCHIATRIST
3

Navigating the COVID Landscape

J. Clay Sawyer, M.D., Chair, Texas Federation of Psychiatry

This issue of our Federation newsletter finds us continuing to address a dangerous and rapidly-evolving pandemic. Physicians, hospitals, and allied health professionals the world over are feeling overwhelmed, under-equipped, and anxious not only about the future but also about the present. With neither vaccines nor proven medications available, supportive measures for patients who are already ill and preventive measures for “flattening the curve” remain the order of the day. The fact that no definitive answers yet exist, and that this situation is likely to continue for an as-yet undetermined length of time, constitute a new reality in our daily lives. However, dealing with reality is what we as physicians, and especially we as psychiatrists, are trained to help people do.

Dealing with reality involves gathering, and understanding, as much information as possible about the problem (after, of course, recognizing that a problem exists).

The time to point fingers or to accustom fault with regard to the causes of this pandemic and the responses to it need to be left for a later time—the reality is that the problem is here and that we must deal with it as best we can now.

We must follow CDC and NIH guidelines in dealing with this new reality. We must accept this premise for ourselves and we must also educate both our patients and our political entities about the wisdom of relying on good science and of the necessity for doing so. Any attempt to return to “normalcy” before our best scientific guidelines indicate that it is at least relatively safe to try could very well result in a reawakening of the spread of this virus and a worsening of our current situation. I don’t know of anyone who would consciously like to see the appearance of this scenario.

We must continue to accept the choices necessary to fight the further spread of COVID-19. We have sequestered ourselves, we have learned to don masks and gloves when out in public places, we have learned to shop online for groceries, and we have learned to use Zoom and other technologies in order to safely keep in touch with each other. We have learned to accept the cancellations and the postponements of meetings, of concerts, of movies, of school events (including classroom time itself), and of many other events. We must continue to do these things in order to enhance our survival.

But, we must also remain optimistic about the future. Hope for the future will help all of us to find the answers that we will need to move on beyond this pandemic once adequate tests, effective vaccines, and other therapies become available and are used.

It is my hope that we will soon have the tools needed to return to normalcy. We will see the appearance of this scenario.

However, we can be comforted in the knowledge that we have been down, scared, threatened, and anxious but we did not fall. Each sentinel event changed us. We drew strength from each other, gathered in the room with them, and facing an emerging of more hope in our patients. Personal growth and change in our patients has rarely been a painless endeavor.

The same can be said when families were in some form of disarray due to external stress and interpersonal conflicts and they sought professional assistance. As trained psychiatrists, we can never fully appreciate what a family in crisis has been going through. We rely on their self-report to help us better understand their individual and collective experiences. We don’t have a magic wand. We don’t have a magic pill. We can’t simply tell our patients what the solution to their problem is. Instead, our training teaches us that during the course of thoughtful and genuine communications with our patients, that sufficient information will rise to the top so that together, we can arrive at a suitable remedy for their discomfort. Of course, we all know that very little if anything will ever be heard during a loud, emotionally charged verbal exchange filled with accusations. People stop listening when it is too heated and too loud.

Stress cuts across all slices of life and yet, at the same time we’ve learned that it’s shape and form and feel differs from one person to the next. We can’t begin to know how stress affects each and every patient that we will see, but we can listen to them and better understand their pain; and together, we can better manage it. Our training has taught us to set aside our personal views before we listen to our patient in order to facilitate a peculiar, uplifting clinical phenomenon which usually occurs during therapy: our patients have the answers to their dilemmas, and amongst personal growth and change, they leave the session with confidence and hope for a better tomorrow. More now than ever, as a world struggling with life in the time of a pandemic and as a nation struggling with issues of division, our patients and our citizens need us to listen to them.

APA and AACP have developed many helpful resources that are available to us and our patients that address stress and trauma and serve as helpful resources in our present time of need. The Federation of Texas Psychiatry website also has resources to assist all psychiatrists as we work to do what we do best, listen and serve our patients.

Hope Is Not Canceled

By Timothy W. Wolff, MD, President, Texas Society of Psychiatry Physicians

Earlier this spring, I was strolling along in my neighborhood, contemplating life in the times of COVID 19, and saw a sign in a neighbor’s yard that noted “Hope is not canceled.” That right, hope is not canceled. In fact, hope is one of the most important virtues that we still have. And, I hope by the time this article is in print, that the pandemic angst has melted further and our confidence about the future has been properly bolstered.

As the new president of the Texas Society of Psychiatric Physicians (TSPP), I am honored to be able to take the helm of an organization that has weathered plenty of adversity since its inception in the 1950’s. My gratitude is quite high for my many predecessors including Melissa Jablanski who has just passed the gavel to me. I am also grateful to Debbie Giarratano, our Executive Director who has done so much, for so long, for this organization.

The TSPP continues with purpose. The spring meeting had excellent virtual attendance with a fabulous CME program – a great credit to the leadership, CME committee, and speakers. TSPP membership itself remains very important. Psychiatry and our patients need you to continue to belong, consider joining, or considering rejoining the TSPP and other professional organizations. We need your participation, your voice, and – yes – your money too. If you have any questions about value, I wish to assure your concern. The TSPP is about advocacy for patients, promoting psychiatry’s role in developing, building, alliances, distributing pertinent news, educating, and promoting your personal development and comradeship with interesting, fun meetings (even when they are virtual)!

If you have some issues with positions, I say better to be the loyal opposition from within than an opposing voice from without. If you are silent, you are unlikely to be heard. We come to recognize that change usually evolves from a state of internal dissonance. People can be carefully disentangled and heard. We come to recognize that change is often a result of an as-yet undetermined length of time, that this situation is likely to continue for an as-yet undetermined length of time, constitute a new reality in our daily lives.

The time to point fingers or to accustom fault with regard to the causes of this pandemic and the responses to it need to be left for a later time—the reality is that the problem is here and that we must deal with it as best we can now.

We must follow CDC and NIH guidelines in dealing with this new reality. We must accept this premise for ourselves and we must also educate both our patients and our political entities about the wisdom of relying on good science and of the necessity for doing so. Any attempt to return to “normalcy” before our best scientific guidelines indicate that it is at least relatively safe to try could very well result in a reawakening of the spread of this virus and a worsening of even the current situation. I don’t know of anyone who would consciously like to see the appearance of this scenario. We must continue to accept the choices necessary to fight the further spread of COVID-19. We have sequestered ourselves, we have learned to don masks and gloves when out in public places, we have learned to shop online for groceries, and we have learned to use Zoom and other technologies in order to safely keep in touch with each other. We have learned to accept the cancellations and the postponements of meetings, of concerts, of movies, of school events (including classroom time itself), and of many other events. We must continue to do these things in order to enhance our survival.

But, we must also remain optimistic about the future. Hope for the future will help all of us to find the answers that we will need to move on beyond this pandemic once adequate tests, effective vaccines, and other therapies become available and are used.

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However, we can be comforted in the knowledge that we have been down, scared, threatened, and anxious but we did not fall. Each sentinel event changed us. We drew strength from each other, gathered in the room with them, and facing an
Committee Preferences 2020-21

COUNCIL ON ADVOCACY
GOVERNMENT AFFAIRS: To monitor present and proposed legislation and regulation at all government levels that could affect services to psychiatric patients; to attempt to ensure such legislation is in conformity with the principles of scientific care; to propose needed legislation or regulation, in liaison with other interested groups when appropriate, that would benefit psychiatric patients and the psychiatric profession in its efforts to treat patients effectively; and, to monitor court developments affecting patients and members.

COUNCIL ON EDUCATION
CONTINUING MEDICAL EDUCATION: To develop the Scientific Program for the Texas Society of Psychiatrists’ Annual Meeting in accordance with the Essentials as outlined in the Texas Medical Association’s CME Guidelines, after receiving approval both from the Executive Council and the Finance Committee for particular plans; and, to assist the President-Elect in the development of the Scientific Program for the Texas Medical Association Section on Psychiatry.

PROFESSIONAL PRACTICE MANAGEMENT: To review the practice guidelines and functions of psychiatrists in public mental health services administered for the practice of psychiatry.

CHILDREN & ADOLESCENTS: To monitor developments in the field of child and adolescent psychiatry, in both the private and public sectors, and to inform the membership of issues and policies affecting the care and treatment of children and adolescents.

PUBLIC MENTAL HEALTH SERVICES: To review the effectiveness of the organization of clinical services, and the funding for public mental health services administered and/or provided by State and local public agencies; and, to assess the authority, rules, and functions of psychiatrists in public mental health services.

FORENSIC PSYCHIATRY: To review the legal aspects of civil, criminal, correctional and legislative issues that affect patients and the practice of psychiatry.

COUNCIL ON FELLOWSHIP
CHAPTER LEADERSHIP FORUM: To provide a forum for Chapter leaders to meet and discuss issues of mutual interest regarding Chapter operations.

COUNCIL ON LEADERSHIP
CONSTITUTION & BYLAWS: To prepare, as necessary, changes in the Constitution and Bylaws as mandated, either by vote within the Society or changes in APA structure which affect the District Branch structure as well; to review the Constitution and Bylaws and submit recommendations for possible improvement of the current document.

ETHICS: To undertake the confidential investigation of complaints of unethical behavior or practices against Texas Society of Psychiatric Physicians’ members in accordance with APA procedures approved by the Assembly and the Board of Trustees.

DISTINGUISHED FELLOWSHIP: To coordinate all nominations for advancement of Distinguished Fellowship in the American Psychiatric Association and make recommendations to the Executive Council regarding Fellowship recommendations.

FINANCE: To prepare an annual operating budget, taking into account previous years’ income and expenses, and requests from individual committees and other components; to review requests from members regarding dues adjustments and recommend appropriate actions to the Executive Council; to oversee and advise on investment strategies for reserve funds; to present financial statements; to make recommendations to the Executive Council and the membership as to the financial needs of the Society; and to develop strategies to recruit and retain members.

NOMINATING: To recommend a slate of officers to the membership at the annual meeting as per Chapter VI, Section VI of the TSPF Bylaws; to screen nominations for the Distinguished Service Award, the Special Service Award, and the Psychiatric Excellence Award and other awards approved by the Executive Council, and to make recommendations in regard to these matters to the Executive Council.

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JUSTRYN POORE, RD
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Committee Preferences 2020-21

COUNCILS & COMMITTEES 2020-21
Current Member
Reappointment
With to Replace
Reappoint New Appointment
COUNCIL ON ADVOCACY
Government Affairs
COUNCIL ON EDUCATION
Continuing Medical Education
Resident-Fellow Member Section
Professional Practice Management
COUNCIL ON SERVICE
Academic Psychiatry
Children & Adolescents
Forensic Psychiatry
Public Mental Health Services
COUNCIL ON FELLOWSHIP
Chapter Leadership Forum (1)
COUNCIL ON LEADERSHIP
Constitution & Bylaws (2)
Ethics (2)
Distinguished Fellowship (2)
Finance
Nominating (1)

(1) Chapter Officers and Representatives (2) Appointed by Chapter (3) Past Presidents

COMMITTEE CHARGES 2020-21

To prepare,

To improve the delivery of care to patients and

affecting members in any practice setting

Association Section on Psychiatry.

Scientific Program for the Texas Medical

President-Elect in the development of the

for particular plans; and, to assist the

Council and the Finance Committee

receiving approval both from the Executive

Annual Meeting in accordance with the

To develop the Scientific Program for the

COUNCIL ON EDUCATION

FORENSIC PSYCHIATRY:

PUBLIC MENTAL HEALTH SERVICES:

CHILDREN & ADOLESCENTS:

RESIDENT -FELLOW MEMBER SEC

COUNCIL ON SERVICE

ACADEMIC PSYCHIATRY:

To provide a

forum for psychiatrists employed by aca

demic centers to network and to share

information of mutual interest and concern

about their academic settings.

CHILDREN & ADOLESCENTS: To moni

tor developments in the field of child and

adolescent psychiatry, in both the private

and public sectors, and to inform the mem

bership of issues and policies affecting the

care and treatment of children and adoles

cents.

PUBLIC MENTAL HEALTH SERVICES:

To review the effectiveness of the organiza

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public mental health services administered

and/or provided by State and local public

agencies; and, to assess the authority, rules,

and functions of psychiatrists in public mental

health services.

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To review the effectiveness of the organiza

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public mental health services administered

and/or provided by State and local public

agencies; and, to assess the authority, rules,

and functions of psychiatrists in public mental health services.

FORENSIC PSYCHIATRY: To review the
Organized Psychiatry in Texas Description of Organizations

FEDERATION OF TEXAS PSYCHIATRY (Federation)
A Texas non-profit corporation incorporated on July 1, 2004. It is an organization whose purpose is to unite and serve all Texas psychiatric organizations and to encourage membership in TSPP the Academy and other psychiatric organizations. The Federation offers association management services to member organizations, such as TSPP; the Academy, TSCAP and the Foundation, administrated by the Federation’s two employees. The Federation is independently governed by a Delegate Assembly composed of representatives of its member organizations. Currently, member organizations of the Federation include the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry, the Texas Foundation for Psychiatric Education and Research, the Texas Society of Child and Adolescent Psychiatry, the Texas Osteopathic Medical Association and the Texas Medical Association. The Federation's member organizations represent over 55,000 physicians in Texas.

TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH (Foundation)
Texas non-profit corporation incorporated on December 10, 1991. The Foundation was organized exclusively for charitable, educational and research purposes and is recognized by the Internal Revenue Service as a 501 (c)(3) organization. The Foundation is independently governed by a Board of Directors and has approximately 1450 members. The Foundation receives its management services from the Federation.

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS (TSPP)
A Texas non-profit corporation established in May 1956 and incorporated on March 18, 1963. It is a professional membership organization for physicians who practice psychiatry in the State of Texas. TSPP is a District Branch of the American Psychiatric Association, a national professional membership organization. TSPP is independently governed by an Executive Council composed of members of the organization. TSPP has approximately 1450 members and receives its association management services from the Federation. TSPP is recognized by the Internal Revenue Service as a 501 (c)(6) organization.

 TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY (TSCAP)
 A Texas non-profit corporation established in October 1966 and incorporated in 1967. It is a professional membership organization for physicians who practice psychiatry in the State of Texas and who are dedicated to the care and treatment of mental illnesses in children and adolescents. TSCAP is a Regional Council of the American Academy of Child and Adolescent Psychiatry, a national professional membership organization. TSCAP is independently governed by an Executive Committee elected by members of the organization. TSCAP has approximately 560 members and receives its association management services from the Federation. TSCAP is recognized by the Internal Revenue Service as a 501 (c)(6) organization.

Not a Member of Your State Medical Specialty Professional Society? 
JOIN YOUR COLLEAGUES TODAY!
For membership in the Texas Society of Psychiatry Physicians and American Psychiatric Association Visit www.psych.org to download a dual membership application or Contact: www.tsp foc@aadl.com
For membership in the Texas Society of Child and Adolescent Psychiatry and American Academy of Child and Adolescent Psychiatry Visit www.aacap.org to download a dual membership application or contact: www.tscapof@aad.com

Summer Recruitment Drive
Advocates for Patients and Quality Psychiatric Care
Help Strengthen the Voice of Psychiatry in Texas!

Texas Academy of Psychiatry
The Texas Academy of Psychiatry was established in 2004 to provide psychiatrists with a choice of membership in organized psychiatry without a requirement of a dual membership in a national organization.

The purposes and objectives of the Academy are:
A. to promote the common professional interests of its members;
B. to improve the treatment, rehabilitation, and care of the mentally ill, the mentally retarded, and the emotionally disturbed;
C. to advance the standards of all psychiatric services and facilities;
D. to promote research, professional education in psychiatry and allied fields, and the prevention of psychiatric disabilities;
E. to foster the cooperation of all who are concerned with the medical, psychological, social and legal aspects of mental health and illness;
F. to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public;
G. to promote the best interests of patients and those actually or potentially making use of mental health services;
H. to coordinate and work in concert with other state professional psychiatric associations on joint public and professional education projects and public policy advocacy; and,
I. to advocate for its members.

Membership is available to physicians with a current medical license without restrictions and who have a residency training certificate from an approved residency program. Classes of membership include: Member-in-Training, General Member, Fellow (8 years of membership and/or recognized by APA as a Fellow or Distinguished Fellow), Retired Member, and Associate Member (a member in good standing with TSPP). All classes of members shall have voting privileges.

TEXAS ACADEMY OF PSYCHIATRY
401 West 15th Street, Suite 675, Austin, Texas 78701
Tel: 512/478-0600; Fax: 512/478-5223; Email: TAPsy@texaspsychiatry.org

MEMBERSHIP APPLICATION
I am applying for membership in the Texas Academy of Psychiatry (Academy), as follows:
☐ Member-in-Training: I am a physician in a psychiatric residency training program approved by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association. Annual Dues: $50 first year, $50.00 thereafter.
☐ General Membership: I am a physician who has completed acceptable psychiatry training (as approved by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education or the American Osteopathic Association) and I have a valid license to practice medicine or I have an academic, research or governmental position that does not require licensure. Annual Dues: $250 first year, $395.00 thereafter.
☐ Fellow: I am a physician who has received the designation of Fellow or Distinguished Fellow from the American Psychiatric Association (APA). Year , Annual Dues: $250 first year, $395.00 thereafter.
☐ Retired: I am a physician who has fully retired from the practice of medicine. Year , Annual Dues: $95 first year, $150.00 thereafter.
☐ Associate Membership: I am a physician who is currently a member in good standing with the Texas Society of Psychiatric Physicians (TSPP), a District Branch of the American Psychiatric Association and/or the Texas Society of Child and Adolescent Psychiatry (TSCAP) a Regional Council of the American Academy of Child and Adolescent Psychiatry. Annual Dues: $25.00.

1. CONTACT INFORMATION

Last Name First Name Middle Initial Suffix 
City State Zip 
Telephone ( ) Fax 
Email 

2. DEMOGRAPHIC DATA The following categories are for statistical purposes only.

Birthdate / / Gender ☐ Female ☐ Male 

3. LICENSURE AND TRAINING

Are you licensed to practice medicine in Texas by the Texas Medical Board? ☐ Yes ☐ No Other: 

☐ I completed a residency training program in Psychiatry on

Signature Date 

Please return this application along with your dues payment to: TAP, 401 West 15th Street, Suite 675, Austin, TX 78701
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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 Giarratano

Federation of Texas Psychiatry
401 West 15th Street, Suite 672
Austin, Texas 78701
(512) 478-0605/(512) 478-5223 (FAX)
TxPsychiatry@aol.com (E-mail)
http://www.txpsych.org (website)

CALENDAR OF MEETINGS

Due to the ongoing COVID-19 pandemic, to protect the health and safety of our members and guests attending our meetings, TSPP / TSCAP / TAP have decided to hold all remaining 2020 meetings virtually, and will not meet in person.

JULY
18 Texas Society of Child and Adolescent Psychiatry
VIRTUAL Annual CME Program
For Registration and Program Information
Visit www.txpsych.org

OCTOBER
19-24 American Academy of Child and Adolescent Psychiatry
67th Annual Meeting
San Diego, CA
At this time, AACAP is still planning to hold the 67th Annual Meeting in San Diego. Member and staff leaders continue to monitor developments on COVID-19 to make adjustments or contingencies, as needed. Any changes to the meeting will be posted on www.aacap.org and will be communicated to members and other stakeholders.

NOVEMBER
TBD Texas Society of Psychiatric Physicians
VIRTUAL Annual Meeting & CME Program

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.