“It is the magician's bargain: give up our soul, get power in return. But once our souls, that is, ourselves, have been given up, the power thus conferred will not belong to us. We shall in fact be the slaves and puppets of that to which we have given our souls.”

C.S. Lewis, The Abolition of Man

I firmly believe that this is the root of our enmity. This is the source of that vague misma that we so often sense. I know we can change our course. To that end, I ask you to join with us so that we can see each other as the unified face of the medical spe-
cialty of psychiatry. When I asked in the last column, “How Can We Help You?” I deliber-
ately chose “can” rather than the more grammatically correct “may” to emphasize that we cannot help you nearly as well if you don’t join us. Remember, there is no cast of thousands running TSPP. Officers are volunteers. APA, TMA, and AMA repre-
sentatives and delegates are not paid. We share an administrative staff of two (albeit two superheroes!) with other members of the Federation of Texas Psychiatry. We are TSPP. We can help you best if you help us.

Finally, I firmly believe that we cannot give our best care to patients if we do not care for ourselves and each other as profes-
sionals. I think one way to do this is to have fun, and believe me, I’m working on that! Another way is to provide more opportu-
nity to network during meetings. Once again, TSPP has been in the vanguard in responding to one of the real casualties of our loss of professional identity, and that is fellowship and networking. The Strategic Planning Committee recognized that we tend to be isolated in practice, and that one common factor that brings us together is the shared experience of working with our physician colleagues to improve our patients’ care and our profession. The Strategic Planning Committee also recog-
nized that we work better and do more when we have an opportunity to enjoy our colleagues. There is a new committee struc-
ture that allows a lively interaction among the committees. Hopefully, this will be less formal, more energized, more productive, and more fun! Please join us. Let’s reclaim the soul of medicine.

Martha E. Leatherman, MD

The Texas Legislature convenes again in January 2009. During the 2007 Legislative Session, our 140 legislators filed 6,198 bills during the 140-day legisla-
tive session. Of these bills, the Federation of Texas Psychiatry identified 317 bills that affected the practice of psychiatry in Texas. We can expect the same level of activity during the 2009 Legislative Session.

To complement the goals of the Federation’s Political Action Task Force (see page 7), the Federation, along with its coalition partners (Depression and Bipolar Support Alliance, Mental Health America, NAMI Texas, and the Texas Mental Health Consumers) will co-host Capitol Day on March 4, 2009. Members of TSPP TSCAP and the Academy will be invited to come to Austin on March 4 and participate in various advocacy activities with members of our coalition partners throughout the day at the Capitol. Capitol Day, started in 1995, affords psychiatrists and advocates to join forces at the Capitol in promoting quality psychiatric care among members of the Texas Legislature.

More information about Capitol Day will be forthcoming. But for now, write March 4 into your schedule and plan to have a very rewarding and fun experience in Austin. The Federation is especially hopeful that each Residency Training Program will send a delegation of its residents to participate in Capitol Day.

Residents attending Capitol Day in 2005
Medical Administration
Stuart Crane, MD, President, Texas Academy of Psychiatry

ew of us woke up one fine morning in a medical school wishing to serve in administration. Yet a majority of the TSSP and Academy members I have spoken with interface with executives, establish organizational policy and procedure, or help to lead clinical staff. Organizations and systems of care can either relish the participation of physicians in administration or include them merely to have the “Medical Director” smile and sign documents once a month. Why does the health of a healthcare system depend on active use of physicians in administration? Or are we just an expensive encumbrance best ignored?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?

Let us ponder what behaviors can awaken the organization to the integral role and importance of their psychiatrist administrator. I will argue the paramount activity is that THE MEDICAL DIRECTOR STILL SEES PATIENTS. How can administrators or fellow physicians have confidence in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity? And don’t insult your staff and your professional colleagues by leaving them to believe you have clinical authority with no clinical experience in your clinical authority with no clinical activity?
The Texas Society of Child and Adolescent Psychiatry's 2008 Annual Conference and Scientific Program was held at the Westin La Cantera Resort in San Antonio July 18–20. The conference was very successful with over 112 attendees at the Scientific Program, the largest group attending this yearly meeting. In addition to child and adolescent psychiatrists, the meeting attracted pediatrics and child neurologists, continuing the collaborative efforts of the society. The program, “Evaluation and Treatment of Disorders of Early Development,” began with an outstanding presentation from Dr. James Hudziak, Professor of Psychiatry, Medicine, and Pediatrics at the University of Vermont College of Medicine, bringing genetic and environmental influences on development. Dr. Hudziak addressed environmental and genetic factors that lead both to psychopathology and to wellness. Much of his focus was on the role of the family/caretaking system of the child and consideration of interventions that keep the role of development, environment and genetics in mind. This was followed by a discussion of clinically based assessment tools for autism by Dr. Louise O’Donnell from the University of Texas Health Science Center at San Antonio (UTHSCSA). Dr. Alice Mao, Baylor College of Medicine, brought a personal touch to her presentation on helping parents of children with autism development treatment strategies and access resources. Dr. Mao showed a documentary she helped produce that features a multiply impaired 4 year old child. The program closed with a lively panel discussion covering the legal and ethical aspects of medication use in young children. The expert panel included input from Dr. Graham Emile, Dr. Emilie Aswell Becker with the Texas Department of State Health Services, and Debrah Hise, JD, MSW of Brown McCarrol, LLP in Austin, who among her other roles is a Senior Attorney for Advocacy Incorporated. In addition to the scientific program, conference attendees enjoyed the opportunity to network and socialize at the meeting receptions. The very successful meeting, including the impressive roster of speakers, reflected the many hours of “sweat equity” Past President Benigno Fernández, MD put in to make this program happen. Dr. Steve Pliiska, a TSCAP Past President, also significantly contributed to the program planning, including stepping up to recruit Dr. Hudziak at the eleventh hour when a previously planned speaker unfortunately had to bow out due to illness.

TSCAP Annual Conference Held in San Antonio
R. Andrew Harper, MD, President, Texas Society of Child and Adolescent Psychiatry

Several members voiced concerns about the status of care for foster children in the state. Dr. Fernández reported that he has been in contact with the medical director of Superior Health and that input from Texas psychiatrists and other mental health care providers is welcomed. He encouraged TSCAP members to contact Superior Health with any issues that arise.

Looking Ahead
2008-2009 promises to be an eventful year for TSCAP. The Texas Legislature’s next session is coming up in January 2009. TSCAP, through our membership with the Federation of Texas Psychiatry, has an active presence in the state legislative process. With important elections coming up in November, it is imperative that each of us get up to date on issues significant to our patients and our profession in order to support candidates who will represent us well. The Federation website has information posted on these upcoming races.

Don’t forget to sign up for the TSPP annual meeting at the San Antonio Westin La Cantera in November. Many topics will be of interest to child and adolescent psychiatrists including information about suicidality and antidepressants. Also, don’t forget to save the date for the 2009 TSCAP Annual Meeting, July 24-26, 2009, at the Omni Hotel in Fort Worth Texas – details will be forthcoming and I hope to see all of you there.
TSPP’s 52nd Annual Convention will be held at the Westin La Cantera Resort, 16641 La Cantera Parkway, San Antonio, Texas, 210/558-6500. A special TSPP discounted room rate of $159 is available to TSPP program registrants before October 21, 2008 or upon sell-out whichever occurs first. Make your reservation today by calling 1-800-228-3000. Nestled atop one of the highest points in all of San Antonio, The Westin La Cantera Resort offers breathtaking views of downtown and the beautiful Texas Hill Country. Built on the site of an abandoned limestone rock quarry – la cantera in Spanish – the resort’s intimate setting seems like it’s a world away. The hilltop retreat combines the best of golf and die best of luxury. With six pools, health club and spa services, a newly renovated 7600 square foot Westin Workout powered by Reebok fitness center, tennis courts, unique dining options, a kids club, three hot tubs and offers something for everyone. Not to mention, the adjacent 1.3 million square foot shopping destination, The Shops at La Cantera and Six Flags Fiesta Texas Theme Park!

THURSDAY GOLF OUTING
Polish up on your golf game! For those convention attendees (and golf enthusiasts) arriving early, discounted green fees have been arranged at the La Cantera championship golf course. If you are interested in playing, please be sure to check the Golf section of the TSPP registration form.

Saturday evening’s festivities begin with a complimentary wine & cheese reception before the banquet honoring the 2008 TSPP Award Recipients for their outstanding contributions to Psychiatry. The banquet will be followed by an evening of entertainment! Register early to reserve a table for your organization and/or friends! Black Tie optional. This year’s honorees include:

**Distinguished Service Award**
Joseph L. Black, MD

**Distinguished Service Award**
Gary L. Etter, MD

**Psychiatric Excellence Award**
Glen O. Gabbard, MD

**Psychiatric Excellence Award**
George D. Santos, MD

**PROGRAM AT A GLANCE**

**Thursday, November 20**
12:00 pm Golf Outing at La Cantera Resort Golf Course
7:30 pm Federation Delegate Assembly Reception & Meeting

**Friday, November 21**
7:30 am - 7:00 am Registration
7:30 am - 9:00 am Foundation Board of Directors Breakfast Meeting
8:00 am - 10:00 am COUNCIL ON ORGANIZATION
Constitution & Bylaws Committee
Ethics Committee
Foundation Committee
Finance Committee
Strategic Planning Committee
COUNCIL ON SERVICE
Academic Psychiatry Committee
Children & Adolescents Committee
Forensic Psychiatry Committee
Public Mental Health Services Committee
Socioeconomics Committee
10:00 am - 12:00 pm COUNCIL ON EDUCATION
CME Committee
MIT Section
Professional Practices Committee
Hospital Practices Subcommittee
12:00 pm - 1:30 pm Membership Luncheon
12:00 pm - 5:30 pm Exhibit Set-Up
3:30 pm - 5:00 pm COUNCIL ON ADVOCACY
Government Affairs Committee
5:00 pm - 6:30 pm Executive Council Meeting
6:30 pm - 8:30 pm Welcome Reception with Exhibitors

**Saturday, November 22**
7:00 am - 7:45 am Complimentary Continental Breakfast for Meeting Registrants
7:00 am - 7:00 pm Registration
7:00 am - 6:00 pm Exhibits
8:00 am - 5:35 pm SCIENTIFIC PROGRAM
10:15 am - 10:30 am Refreshment Break w/Exhibitors / Door Prize Drawings
12:30 pm - 2:00 pm Membership Luncheon TSPP & Texas Foundation Annual Business Meeting
12:30 pm - 2:00 pm Membership Luncheon TSPP & Texas Foundation Annual Business Meeting
4:15 pm - 4:35 pm Refreshment Break w/Exhibitors
6:30 pm - 7:00 pm Awards Banquet Reception
7:00 pm - 10:00 pm Awards Banquet & Evening of Entertainment

**Sunday, November 23**
7:30 am - 1:00 pm Registration
8:15 am - 12:30 pm SCIENTIFIC PROGRAM

**AWARDS RECEPTION / BANQUET AND EVENING OF ENTERTAINMENT**

Saturday evening’s festivities begin with a complimentary wine & cheese reception before the banquet honoring the 2008 TSPP Award Recipients for their outstanding contributions to Psychiatry. The banquet will be followed by an evening of entertainment! Register early to reserve a table for your organization and/or friends! Black Tie optional. This year’s honorees include:

**Distinguished Service Award**
Joseph L. Black, MD

**Distinguished Service Award**
Gary L. Etter, MD

**Psychiatric Excellence Award**
Glen O. Gabbard, MD

**Psychiatric Excellence Award**
George D. Santos, MD

**TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS**

**Annual Convention & Scientific Program**

“Improving Psychiatric Care and Enhancing Patient Outcomes”

November 2023, 2008 • Westin La Cantera Resort • San Antonio, Texas
SCIENTIFIC PROGRAM

“Improving Psychiatric Care and Enhancing Patient Outcomes”

Saturday, November 22
8:00 am - 8:15 am
Welcome and Introductions

8:15 am - 10:15 am
Current Issues in the Evaluation & Treatment of Dementia
Kevin F. Gray, M.D.
Objectives: At the conclusion of the program, attendees will be able to describe and explain the current essential components of the assessment and treatment of patients with dementia.


10:15 am - 10:30 am
Refreshment Break w/ Exhibitors

10:30 am - 12:30 pm
Suicide Assessment and Clinical Interviewing
Shawn C. Shea, M.D.
Objectives: At the conclusion of the program, attendees will be able to describe key factors in the evaluation of suicidal thoughts and the prevention of suicide.

Simon GE, Savarina S. Suicide attempts among patients starting depression treatment with medication or psychotherapy. Am J Psychiatry 2007; 164:1829-34.

12:30 pm - 2:00 pm
Membership Luncheon TSPP & Texas Foundation Annual Business Meeting

2:15 pm - 4:15 pm
Assessment & Management of the Potentially Violent Patient in Treatment
Avrim Fishkind, M.D.
Objectives: At the conclusion of the program, attendees will be able to describe the essential elements of the evaluation and management of potentially violent patients.


4:15 pm - 4:35 pm
Refreshment Break w/ Exhibitors

4:35 pm - 5:35 pm
Resident Paper Competition Winning Paper
To be announced

Sunday, November 23
8:15 am - 8:30 am
Welcome and Introductions

8:30 am - 9:30 am
Metabolic Syndrome and Treating Psychiatric Patients Today
Jeffrey M. Zigman, M.D.
Objectives: At the conclusion of the program, attendees will be able to discuss the appropriate treatment planning and informed consent for patients with the metabolic syndrome and those that may be at risk of developing it related to treatment.


9:30 am - 10:10 am
Update on Antidepressants: Focus on New Findings of Practical Significance to Clinicians Which Influence Patient Care
Pedrin L. Delgado, M.D.

10:30 am - 12:30 pm
Antidepressant Controversies: Legal & Ethical Issues, Suicidality & Birth Defects
Christopher B. Ticknor, M.D. and Charlotte A. Brauchle, Ph.D.
Objectives: At the conclusion of the program, attendees will be able to describe the clinical decision making process and use of informed consent in prescribing antidepressants.


ACCREDITATION

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of eleven (11) AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The presentation entitled “Antidepressant Controversies: Legal & Ethical Issues, Suicidality & Birth Defects” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

TARGET AUDIENCE / PROGRAM OBJECTIVES

This CME Program is designed in a classroom style format, with didactic lectures supplemented with audiovisual presentations and direct discussion. The program is designed to provide its’ primary target audience of Psychiatrists, as well as other specialties of medicine with clinically-relevant information regarding ethics, new developments in treatment and new directions in research to enhance the physicians’ knowledge and improve the delivery of quality medical care to patients in their practice.

ABOUT THE SPEAKERS

Charlotte A. Brauchle, Ph.D.
Counseling psychologist, psychotherapist and Adjunct Professor of Law at Saint Mary’s University School of Law, San Antonio, TX

Pedro L. Delgado, M.D.
Professor and Diekmann Distinguished Chair, Department of Psychiatry, Associate Dean for Faculty Development and Professionalism, School of Medicine, The University of Texas Health Science Center at San Antonio

Avrim Fishkind, M.D.
President of the American Association for Emergency Psychiatry, Medical Director of the Crisis Residential Unit at the Comprehensive Psychiatric Emergency Program of Harris County and Chief Medical Officer of JSA Health, Houston, TX

Kevin E. Gray, M.D.
Director, Geriatric Neuropsychiatry Clinic, Dallas Veterans Affairs Medical Center; Associate Professor of Psychiatry and Neurology UT Southwestern Medical School, Dallas, TX

Shawn Christopher Shea, M.D.
Director, Training Institute for Suicide Assessment and Clinical Interviewing; Adjunct Assistant Professor of Psychiatry, Dartmouth School of Medicine, Hanover, NH

Christopher B. Ticknor, M.D.
Associate Clinical Professor of Psychiatry, The University of Texas Health Science Center, San Antonio; Private Practice Psychiatry, San Antonio; Part II Oral Examiner for the American Board of Psychiatry and Neurology; Team Psychiatrist, The NBA San Antonio Spurs

Jeffrey M. Zigman, M.D.
Assistant Professor, Division of Hypothalamic Research and Metabolism, Department of Internal Medicine, UT Southwestern Medical Center, Dallas, TX

EDUCATIONAL GRANTS

TSPP expresses appreciation to the following organizations for providing unrestricted educational grants in support of the independent scientific educational program

“Improving Psychiatric Care and Enhancing Patient Outcomes”

AstraZeneca
Eli Lilly and Company
Forest Pharmaceuticals
TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

Annual Convention & Scientific Program

“Improving Psychiatric Care and Enhancing Patient Outcomes”

November 20-23, 2008 • Westin La Cantera Resort • San Antonio, Texas

Sponsors

TSPP expresses appreciation to the following Sponsors of the TSPP 52nd Annual Convention!

PLATINUM

Texas Foundation for Psychiatric Education and Research

Visit San Antonio

You could spend 365 days in San Antonio and still not experience everything this city has to offer. From world-class museums and theaters to family-friendly destinations, you’ll find plenty to entertain you in San Antonio during your stay. For additional information on any of the following, visit www.visitsantonio.com

The Top Ten List

Consider these high points as you plan your trip, ranging from The Alamo, the 300-year-old Mission, the city’s major theme parks to the River Walk lined with restaurants, patios, galleries and shops. The city is filled with culturally significant arts, history, culture, museums and architecture.

Golf and Sports

Play a round of golf at one of the area’s forty courses, including LaCantera, one of the world’s top 20 golf courses (Conde Nast Travel).

Families and Children

The city’s major theme parks, Six Flags Fiesta Texas (adjacent to the Westin LaCantera with shuttle service available) and SeaWorld San Antonio top the list but dozens of other adventures include the San Antonio Zoo, one of the nation’s largest. At the Children’s Museum, hands-on exhibits encourage creative play. Ripley’s Haunted Adventure or Tomb Rider 3D feature special effects, animatronics and live actors. Ripley’s Haunted Adventure or Tomb Rider 3D feature special effects, animatronics and live actors. Adventure or Tomb Rider 3D feature special effects, animatronics and live actors. Adventure or Tomb Rider 3D feature special effects, animatronics and live actors.

Families and Children

The city’s major theme parks, Six Flags Fiesta Texas (adjacent to the Westin LaCantera with shuttle service available) and SeaWorld San Antonio top the list but dozens of other adventures include the San Antonio Zoo, one of the nation’s largest. At the Children’s Museum, hands-on exhibits encourage creative play. Ripley’s Haunted Adventure or Tomb Rider 3D feature special effects, animatronics and live actors.

Free Fun

Don’t miss the Alamo, Texas’ #1 visitor attraction. Stroll the secluded parts of the River Walk or wander through the Spanish missions. Soak in live music, from polka to R&B, daily at Main Plaza. Tuesdays at the San Antonio Museum of Art are free. Take R&B, daily at Main Plaza. Tuesdays at the San Antonio Museum of Art are free.

The city’s major theme parks, Six Flags Fiesta Texas (adjacent to the Westin LaCantera with shuttle service available) and SeaWorld San Antonio top the list but dozens of other adventures include the San Antonio Zoo, one of the nation’s largest. At the Children’s Museum, hands-on exhibits encourage creative play. Ripley’s Haunted Adventure or Tomb Rider 3D feature special effects, animatronics and live actors.

The city’s major theme parks, Six Flags Fiesta Texas (adjacent to the Westin LaCantera with shuttle service available) and SeaWorld San Antonio top the list but dozens of other adventures include the San Antonio Zoo, one of the nation’s largest. At the Children’s Museum, hands-on exhibits encourage creative play. Ripley’s Haunted Adventure or Tomb Rider 3D feature special effects, animatronics and live actors.

Families and Children

The city’s major theme parks, Six Flags Fiesta Texas (adjacent to the Westin LaCantera with shuttle service available) and SeaWorld San Antonio top the list but dozens of other adventures include the San Antonio Zoo, one of the nation’s largest. At the Children’s Museum, hands-on exhibits encourage creative play. Ripley’s Haunted Adventure or Tomb Rider 3D feature special effects, animatronics and live actors.
A Call to Action: Political Advocacy Task Force – 2008
First New Mexico. Then Louisiana. Will Texas be Next?
John R. Bush, Executive Director, Federation of Texas Psychiatry

S

ince the mid-1980’s, a minority element of organized psychology has vigorously worked to gain prescriptive privileges through legislative means. In Brent Politi’s article entitled “Fool’s Gold: Psychologists Using Disingenuous Reasoning to Mislead Legislators into Granting Psychologists Prescriptive Authority,” published in the American Journal of Law and Medicine (Vol. 29 No 4 2003), the author states, “Psychologists seeking prescriptive authority appear blinded by their own self-interest associated with prescribing medication, willing to distort and totally disregard a multitude of opposing facts, placing patients at harm. More disturbing about this debate is the unwillingness on the part of the psychologists seeking prescriptive authority to acknowledge a safety issue even exists.”

The author concludes: “While the lack of available psychopharmaceutical treatment is a serious concern for all healthcare professionals, patient safety must remain paramount. Increased availability of harmful, substandard treatment is not the solution. The crux of the problem on the centers what constitutes satisfactory education and training in granting prescriptive authority. Lowesting this standard to allow psychologists to prescribe poses too great a risk to patient safety.”

Despite opposition to psychologists prescribing privileges presented by psychiatry and other physicians, by psychologists including the Committee Against Medicating Psychology, and by patient advocacy organizations including NAMI and the Depression and Bipolar Support Alliance, the New Mexico Legislature in March 2002 and Louisiana Legislature in June made history by passing bills granting psychologists prescribing privileges. These legislative successes serve to bolster the strength of advocates who are working on the Texas political arena. Our organizing minority is a political majority.”

The results achieved by psychologists in our neighboring states emboldens their resolve to achieve the same result in Texas. We cannot allow our neighbors to make the same arguments. Every Texas psychiatrist can offer numer-

ous facts, scientific evidence and practical experience to discredit the ill-conceived initiative to allow psychologists to pre-
scribe medications to patients. But, is this enough? Didn’t psychologists in New Mexico and Louisiana make the same arguments?

One must realize that the debate is being waged, not in the medical arena, but in the political arena. In the political arena, RELATIONSHIPS often trump the best of arguments.

Every Texas psychiatrist must recognize that the battle is already underway. The battle began in Texas in 2001 when psychologists first introduced their prescribing bill. If Texas psychiatrists and coalition partners wait until January 2009 to enter the battle, when the psychologists may make their fourth attempt to pass their bill, the chances for psychopharmacological success could be lost. We cannot afford to wait. Every psychiatrist must begin today, and continue through the General Election in November, to proactively form RELATIONSHIPS with legislators.

Commenting on their legislative victory in New Mexico, a leader of that state psychological organization, Mario Marquez, PhD, said: “To me, the bottom line is we developed relationships with legislators. We educated them about psychology and we made friends with them in some cases.”

The psychologists in New Mexico, and perhaps Louisiana, clearly understood the importance of engaging in battle in the political arena and forming relationships with their legislators. They followed the advice of Paul Lazarsfeld: “In politics, familiarity doesn’t breed contempt. It breeds votes.”

To launch our initiative in the political arena, the Federation is announcing its Political Advocacy Task Force to coordinate crucial grassroots political activities, recognizing the wisdom of former Speaker Tip O’Neill’s advice: “All Politics is Local.” The purpose of all political activities will be to encourage psychiatrists to form relationships with their legislators – one on one. A goal of the Political Advocacy Task Force is for every member of the Texas Legislature to know by name a psychiatrist in his/her District.

How can you participate? Activities may include:

- contacting a legislator or candidate and meeting with them in their District Offices;
- discussing issues with the staff of the legislator or candidate;
- inviting legislators and candidates to speak at Chapter meetings or other meetings of psychologists;
- volunteering to help in elections from putting up yard signs to distributing literature, and financially supporting candi-

dates. Your volunteers will never be forgotten by the legislator/candidate. In addition to participation in these grassro-
toots activities, there are other measures you can undertake to help and participate:

1. If you are interested in participating in the Federation’s grassroots activities, please contact the Federation Office.
2. If you already have a relationship with a legislator, please let the Federation Office know.
3. If you know of psychologists in your community who oppose prescribing privileges, ask for their help and let the Federation know how to contact them.
4. If you are not already involved with our allies, the mental health advocacy organizations, please become involved and help inform them about the requirements needed to safely and effectively prescribe medications.

In December, the Federation will mail to every psychiatrist a “Key Contact Form” which will ask each psychiatrist to identify legislators they know. This information will become vital during the Legislative Session when votes are being taken.

A listing of 2008 candidates for the Texas Legislature, go to the Federation’s website, www.txpsy.org, select the tab “Public Policy,” and then click on “Texas Senate Races 2008” and “Texas House Races 2008.”

“Those who do not do politics will be done in by politics.” – French proverb

12 reasons, just to mention a few...
1. All politics is local. – Tip O’Neill
2. Just because you do not take an interest in politics doesn’t mean politics won’t take an interest in you. – Pericles
3. One of the penalties for refusing to partici-
pate in politics is that you end up being governed by your inferiors. – Plato
4. Those who do not do politics will be done in by politics. – French Proverb
5. All politics are based on the indifference of the majority – James Rehn
6. I believe there’s something out there watching over us. Unfortunately, it’s the government. – Woody Allen
7. If I seem to take part in politics, it is only because politics encroaches on our life today like the coil of a snake from which one cannot get out, no matter how much one tries. I wish therefore to wrestle with the snake. – Mahatma Gandhi
8. In politics, simplicity isn’t a handicap. – Napoleon
9. No man’s life, liberty or property are safe when the legislature is in session. – Judge Gideon J. Tucker
10. In politics, familiarity doesn’t breed contempt. It breeds votes. – Paul Lazarsfeld
11. In politics, an organized minority is a political majority. – Jesse Jackson
12. On the New Mexico victory by psycholo-
gists] To me, the bottom line is we de vel-oped relationships with legislators. We educated them about psychology and we made friends with them in some cases.

– Martin Marquez, PhD, New Mexico Psychological Association

Medical Malpractice Insurance
Are you paying too much?
The Federation of Texas Psychiatry in cooperation with Cunningham Group is offering Texas psychiatrists free premium indications. Prices have come down during the past year — one insurer dropped its rates 48 percent. Let Cunningham Group shop for you and reduce your premium.

Go to the Cunningham website (www.cg-ins.com) and complete the Medical Malpractice Premium Indication Short Form to receive your premium indication.

Cunningham Group Professional Liability Insurance Services Phone 512-356-5346 • Fax 512-356-7121

Why should I be active in the political process?

1. All politics is local. – Tip O’Neill
2. Just because you do not take an interest in politics doesn’t mean politics won’t take an interest in you. – Pericles
3. One of the penalties for refusing to partici-
pate in politics is that you end up being governed by your inferiors. – Plato
4. Those who do not do politics will be done in by politics. – French Prover-
b
5. All politics are based on the indifference of the majority – James Rehn
6. I believe there’s something out there watching over us. Unfortunately, it’s the government. – Woody Allen
7. If I seem to take part in politics, it is only because politics encroaches on our life today like the coil of a snake from which one cannot get out, no matter how much one tries. I wish therefore to wrestle with the snake. – Mahatma Gandhi
8. In politics, simplicity isn’t a handicap. – Napoleon
9. No man’s life, liberty or property are safe when the legislature is in session. – Judge Gideon J. Tucker
10. In politics, familiarity doesn’t breed contempt. It breeds votes. – Paul Lazarsfeld
11. In politics, an organized minority is a political majority. – Jesse Jackson
12. On the New Mexico victory by psycholo-
gists] To me, the bottom line is we de vel-oped relationships with legislators. We educated them about psychology and we made friends with them in some cases.

– Martin Marquez, PhD, New Mexico Psychological Association

Policy,” and then click on “Texas Senate Races 2008” and “Texas House Races 2008.”

You don’t know who your legislature is? Just go to the Federation’s website, www.txpsy.org, select the tab “Public Policy,” and click on “Locate Your Legislature.” And then, simply enter your address.

Please become involved now in the Federation’s political advocacy activities in preparation for the 2009 Texas Legislative Session, keeping in mind the old French proverb: “Those who do not do politics will be done in by politics.” With your active par-
ticipation in the political process, Texas will not succumb to accepting substandard and potentially lethal levels of medical care for the citizens of our State who seek treatment for psychiatric illnesses, as has been the case in two adjoining states. -}
one of the benefits of being the Chairman of the Federation of Texas Psychiatry is that every two months I am allowed to "share" my thoughts and observations with my colleagues, not only those practicing in Texas, but across the country as well. I believe this is a privilege; one I do not take lightly. My original topic for this issue of the newsletter was preempted by circumstances, which will become clear as you read on.

First Do No Harm. We all speak these words in some form or fashion as we embark on our career as physicians. As we recite these sacred words, we are filled with the implication of their meaning for our profession and we bravely go into the world to carry out this precious trust.

I have always considered myself a patient-centered practitioner and have been blessed to work with some fantastic patients; but recently I found myself on the other end of the equation dealing with my father who has been ill for some time.

My father was far too ill to really comprehend all that was happening or being said to him but he got the message when he was bluntly told, "You will have to drink thickened liquids for the rest of your life or you will die," and "We can not fix anything that is wrong with you. The best we can do is treat your symptoms."

Is it any wonder he lost his will to fight on, taking his medications and following the doctor's orders, with the prospect of merely existing versus being able to live? As I struggled to deal with my own feelings as a daughter, I kept drifting back to myself as a doctor thinking of how many times I had witnessed others or had myself substituted my judgment for a patient in what was thought to be the patient's "best interest."

But how do we measure the quality of life for another person? When do we need to allow someone the freedom to decide to "let go" and support him or her in that position?

I have always said I do not have special patients because I treat all my patients "special." But in light of my recent experience, I have had to re-evaluate how I actually put that saying into practice. If I were to ask those individuals what their perceptions were of the input they had into their treatment safely. Unfortunately, the journey to his final destination was fraught with detours. Ultimately, the doctors caring for my father "heard" his heart and began to measure the quality of his life with his yardstick and for that I am grateful. I have learned a valuable lesson, or should I say re-learned, in the end, it needs to be all about the patient.

In loving memory of my father, Henry David Parsons, Jr., born 18 November 1922, died 30 July 2008, whose love and encouragement helped me to believe.

##

See Registration Form on Page 6 for Special Registration Fees

### CALENDAR OF MEETINGS

**SEPTEMBER 2008**

5-6 Texas Medical Association Fall Conference  
Hyatt Regency Hotel  
Austen, Texas

**OCTOBER 2008**

6-8 University of Texas Southwestern Medical Center  
11th Annual International Network for Philosophy & Mental Health International Conference  
Ritz-Carlton, Dallas, For Program and Registration Information: www.utssouthwestern.edu/psychiatryandfreedom or (214) 648-4960

**NOVEMBER 2008**

21-23 Texas Society of Psychiatric Physicians  
2008 Annual Convention and Scientific Program  
"Improving Psychiatric Care and Enhancing Patient Outcomes"  
Westin La Cantera Resort  
San Antonio, Texas

**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.

---

The **TEXAS PSYCHIATRIST** is published 6 times a year in February, April, June, August, October and December. 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 EDITORS  
John R. Bush  
Debbie Sandberg  
Federation of Texas Psychiatry  
480 West 15th Street, Suite 675  
Austen, Texas 78701  
(512) 478-9660/(512) 478-5223 (FAX)  
TxsPsychiatry@aol.com (E-mail)  
http://www.txpsych.org (website)