Psychiatry is an area of medicine which attracts compassionate, altruistic people. We want to help others who are struggling and assist them in functioning at their best. Trained in medicine, psychotherapy, family and group dynamics we are equipped to understand both the individual who is psychiatrically ill and the environmental forces upon him. That being said, psychiatrists wish to be just as judicious with their time and resources both in their practice setting and in their personal lives. Any expenditure of time and resources has to be measured as to whether it is a good investment. The question to be asked is “What’s in it for me?”

Participation in organized Psychiatry in Texas provides many benefits and can occur through different forums. The Federation of Texas Psychiatry offers membership through TSPP (the Texas Society of Psychiatric Physicians) as well as the Texas Academy of Psychiatry. Through these organizations psychiatrists can receive a number of benefits which makes participation worthwhile. Let’s take a look at these benefits: continuing medical education, advocacy for psychiatric practice in our state, and fellowship with other psychiatrists.

The breadth of information related to mental health is astonishing over the last twenty-five years. Our understanding of the brain has grown leaps and bounds but we realize just how much we still do not know. Continuing medical education is essential for us to keep abreast of the knowledge that is being disseminated and TSPP provides us with that excellent medical education. This November in Galveston we have the opportunity to avail ourselves to presentations which will enlighten us about a variety of topics. For the 56th annual meeting at the newly-refurbished Moody Gardens in Galveston, a number of interesting topics will be presented. From a review of internal medicine for the psychiatrist, substance abuse treatment, comprehensive multi-disciplinary treatment for PTSD, social media and it’s effects to healthcare legislation, we will walk away feeling well-informed. Our understanding of multiple forces upon our practice of psychiatry will be strengthened. We will also earn 11 hours of the required 12 hours of Category I CME including hours which meet our ethics requirements. Indeed, this meeting is a great value for your time and money.

Advocacy for the practice of psychiatric medicine in Texas is vitally important for our patients who often cannot advocate for themselves. Our ability to help our patients hinges on OUR participation in the process which includes both public education and legislative education. Many of our fellow psychiatrists volunteer their time to speak in forums to help the public understand the importance of mental health treatment. I remember such a forum in Fort Worth where Drs. Joe Burkett, Gary Ettor, Carol Nati, Alan Podwalz, and Scott Winter gave up their Saturday to provide a panel discussion about mental health in Fort Worth. And I know psychiatrists all over the state speak to agencies and provide medical information to improve understanding about mental health. The legislature is another arena where we need to provide education. Misunderstanding of mental illness and treatment occurs everywhere and the legislature is no exception. We psychiatrists have been fortunate to have well-informed articulate spokesmen such as Drs. George Santos and Les Secrest represent us before the legislature. Eric Woomer, our lobbyist, does a fabulous job tracking mental health bills in Texas and quickly notifies TSPP to plan strategies to stop potentially harmful legislation. All of these efforts work together to make the practice of psychiatry benefit our patients by allowing us to use the information we have to treat patients without prohibitive restrictions. Our patients win here and so do we. The efforts of our members help us - another reason to support organized psychiatry in Texas.

Another item that is “in it for me.” Psychiatrists are people who give a lot of themselves but have the same needs as other people. All of us need interaction with people with whom we resonate and who stimulate us to make us think. Psychiatry is a field in which a practitioner can become isolated from other doctors. Organized psychiatry offers a place for every psychiatrist. Dr. Leatherman talked in her last column about missing friends by not attending meetings. I think about the many perspectives I have heard from colleagues at TSPP committee meetings over the years. These comments have encouraged me to think and have benefited my practice of medicine. Making connections with other psychiatrists brings us the benefit of being able to consult with peers about our practice setting. Some psychiatrists have learned about new job opportunities by attending these meetings. Other psychiatrists have had the opportunity of being mentored through processes such as applying for fellowship in APA and being walked through this process by Dr. Patrick Holden. Networking with peers both for new perspectives and job opportunities is another benefit from belonging to TSPP.

So what’s in it for me? Continuing education, advocacy, networking, seeing old friends and making new ones is in it for all of us. All you have to do to get something back from organized psychiatry is to come and participate. I hope to see you in November in Galveston. 

Why Should I Be Active in the Political Process?

State elections are coming in November followed by the Legislative Session in January. During the 140 day Legislative session, the 181 members of the Texas Legislature will file over 6,000 bills. Generally, about 300 of these bills could affect your practice and your patients. As a reference to 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 participate 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 Reston; 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 encircles us 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, familiarity doesn’t breed contempt. It breeds votes. – Paul Lazarsfeld; 9. In politics, an organized minority is a political majority. – Jesse Jackson; 10. On the New Mexico victory by psychologists to gain prescription privileges) 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 – Mario Marquez, PhD, New Mexico Psychological Association

What’s In It For Me?

Debra Akisson, MD, President, Texas Society of Psychiatric Physicians

Debra Akisson, MD
Washington vs Austin — Who Wins?

Richard L. Noel, MD, Chairman, Federation of Texas Psychiatry

The Supreme Court’s June Ruling on the ACA (aka “Obamacare”) and our Governor’s response is contributing to an ongoing battle—and patients and doctors are likely to be the casualties. The Supreme Court has ruled that ACA can continue, although with some exceptions. One important exception is that states are allowed to opt out of the Medicaid Expansion. While states reasonably worry about how they will pay for their part of this expansion, Washington (ie all of us in the USA) is suppose to pay for the first three years of this expansion. This theoretically should be a good thing, except that with fewer than 31% of Texas Doctors accepting Medicaid, the expansion is ephemeral in its practicality; the expansion in the population who qualifies for Medicaid benefits does not help much if there are not the doctors to take care of these patients. For those of us who work in hospitals, accepting Medicaid is a must—at least if you take care of children, as a large portion of children’s admission to an average suburban psychiatric hospital are on Medicaid. However, if a doctor is to keep his/her clinic open, he/she must limit the number of Medicaid patients the clinic can treat.

It appears to be easy for our political leaders to proudly trumpet their achievements and say no to more “Federal Government Intrusion.” Of course, that battle was lost over forty-five years ago; unless a hospital takes no Medicare/Medicaid, the hospital is of course already subject to CMS rulings (and more importantly, the interpretation of these rulings by local inspectors). A major problem for states refusal to participate in the Medicaid Expansion is that this leaves many more uninsured patients receiving treatment at our hospitals; with EM.TA still in place, a hospital, of course, can’t refuse to treat them. The payment of “Disproportionate Share” Funds to hospitals has helped, in a very small way, to mitigate this loss. However, the ACA assumes that the Medicaid (and general insurance) expansion will take place; thus, under the ACA, federal government payment of those “Dispro” funds will diminish drastically. This will place even more financial pressure on our hospitals and public health systems.

This is not to say that there is an easy solution. However, our government leaders need to know about the consequences of their actions. Funding of healthcare can be somewhat analogous to the basic law of conservation of matter: Austin might “save money” by not expanding Medicaid, but my local property taxes might go up to fund the hospital district; my personal income goes down by having to treat even more unfunded patients at the hospital; hospitals are more likely to fail—leaving an access problem for everyone, including those who pay for their own care (either through private insurance or ‘cash’). Even for the majority of psychiatrists who conduct a strictly outpatient practice have a stake in keeping our hospitals (whether public or private) viable. In the meantime, our Federal Income Tax dollars go to support all the other states who have expanded their Medicaid programs.

In the coming year, as the ACA continues to be implemented (or not) and our Legislature convenes in January, it is ever more important to work with our organized medical societies (ie the Federation of Texas Psychiatry and the Texas Medical Association) to help our elected leaders craft responsible answers to these vexing problems.

Dues policy for members who achieve “Life Status” will change in 2013.

Texas Foundation for Psychiatric Education and Research

401 West 15th Street, Suite 675, Austin, Texas 78701

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TSSP to Implement New Dues Policies for 2013

This Fall, TSSP will begin implementing some new dues policies to help members and to help maintain the financial viability of the organization. Beginning with dues for 2013, members may choose to make a “Lump Sum Payment” covering a three year period. For instance, General Members whose annual dues are $395 could submit a Lump Sum Payment of $1,185 which pays dues for three years. This will protect the member from any possible dues increases during the Lump Sum three year period and could possibly offer some members tax benefits.

Dues statements for 2013 will include an opportunity for members to be recognized as members of the “Extra Mile Club.” Members who pay $50 above their regular dues rate will be recognized as “Supporting Member.” A “Sustaining Member” will be members who contribute $100 above their dues rate. Members of the “Extra Mile Club” will be recognized in the Texas Psychiatrist newsletter and at the TSSP Annual Business meeting.

The dues policy for members who achieve “Life Status” will change in 2013.

When a TSSP member earns the status of “Life” (ie Life Member, Life Fellow, Distinguished Life Fellow etc), the member’s dues will be reduced 33% for the first five years of “Life” status. After five years, the “Life” member’s dues will be reduced 60% from the regular dues rate until the member informs TSSP that he/she has retired from practice, after which, the “Life” member’s dues will be reduced to $50 annually.

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It’s a Marathon, Not a Sprint

Martha Leatherman, MD
President, Texas Academy of Psychiatry

I look at all the problems facing medicine in general and psychiatry in particular, and I am tempted to just go in my office, see patients and let someone else deal with it. Funding problems, access problems, regulatory problems, loss of professional standing, non-physician prescribing, the list goes on and on. Then I realize—we can’t be engaged in a sprint. We are running a marathon. When I was a young physician then, I thought that sprinting was the thing. Wow! It’s exciting, there’s adrenaline, it’s short, and then there’s this great victory lap. Now I’m older and realize that ultimately, what we do is much more akin to a marathon. Here are some similarities.

1. A marathon is all about endurance. As a non-athletic, dumpy woman in my 40s, I decided to run a marathon. I thought it was probably a crazy idea, but so was medical school. Everyone said that the marathon is all in the head, and I didn’t understand that at all. I mean— you have to have the drive to do it. It took me about two years total to train and complete the marathon, and when I had successfully completed it, I realized all those people were right. I was a different person because a marathon is really about putting one foot in front of the other, over and over and over again, and the only way to do that is to develop a new level of perseverance. Day after day, week after week, mile after mile—when it’s cold, when it’s hot, when you’re sick, when you’re tired, and when you don’t have time. It’s forcing yourself to keep putting one foot in front of the other.

Similarly, our work in the legislative arena is not about a single stroke of brilliant testimony on the floor of the Texas Senate that mesmerizes everyone and convinces them of the rightness of our cause. No—it’s slowly, painstakingly trickling through upcoming bills looking for things that will threaten our patients, it’s volunteering at campaign offices, it’s building relationships with legislators and staffers that will allow dialogue if there’s an important bill coming up. It’s one metaphorical foot in front of the other.

2. A marathon is something to which you must commit yourself. In order to complete my marathons, I had to sit down with my calendar and with my family and make a commitment to spending a designated amount of time training, resting, and preparing. Anyone who does marathons will tell you that you must schedule your training time since life always interferes with your best intentions. You have to know that no matter what, you have your training scheduled because missing one long run on the way to the big day is bad, but missing two or three can mean the difference between completing the race and getting picked up by the dreaded bus with all the other stragglers.

If we want to make a difference in the way psychiatric patients receive care in this world, we will need to make a commitment. The commitment can be on any number of levels. For example, you can commit to financially supporting certain candidates. You can commit to coming to meetings of organized psychiatry and serving on a committee. You can commit to developing a relationship with your legislator or working on his/her campaign. But you won’t do it if you only have a vague hope. You have to make the commitment.

3. You need help to run a marathon. Well, maybe there are some special people who don’t, but most of us need some sort of community. I was part of an online discussion group and had a running club I met up with on those hot, hot mornings at 5:00 am, because if I hadn’t been accountable to them, I would have stayed in bed. I needed my family support. I remember one 27-mile run that I had to finish before 8:00 am, which meant that I had to start the run on the treadmill—in our bedroom, by our bed, where my post-call husband was sleeping—at 3:30 am. My children didn’t complain about riding in the car with me after I had run 15 miles in the heat, and my family would drive to bring me water in the middle of long runs.

The Texas Academy of Psychiatry provides community that is essential in working with the tough legislative issues we have faced, and will continue to face. In cooperation with the Federation of Texas Psychiatry, which includes the Texas Society of Psychiatric Physicians and the Texas Medical Association, our voice is amplified, and our work is easier.

I hope you will join us, because the race really does need to be run, and if this old lady can do it, you can’t.
Leadership Changes at HHSC
Gov. Rick Perry has appointed former state Sen. Kyle Janek, MD to head the Texas Health and Human Services Commission (HHSC). He also named veteran state employee Chris Traylor the agency’s deputy commissioner. Both appointments are effective in September.

Sen. Janek, a Republican, represented a suburban area around Houston in the Texas House from 1995 to 2003 and in the state Senate from 2003 until 2008. Since leaving the Legislature, he has also worked as a lobbyist representing medical malpractice insurance interests and the American Cancer Society. He is an anesthesiologist and director of anesthesia services at Lakeway Regional Medical Center.

Mr. Traylor served as commissioner of the Texas Department of Aging and Disability Services since 2010. Both men are well known to the Federal and we look forward to having a very positive relationship with them.

DFPS – Monitoring Psychotropic Medications in Foster Care Population
The Department of Family & Protective Services (DFPS) is in the process of updating the Psychotropic Medication Utilization Parameters for Foster Children. These parameters are best practice guidelines for use of psychotropic medication for young Texans, which were first released in February 2005, and updated in January 2007 and December 2010.

The Parameters include general principles for optimal practice, reference material, and a listing of commonly used psychotropic medications with dosage ranges and indications for use in children. STAR Health conducts ongoing oversight of the psychotropic medication regimens of children to ensure the medication practices are in compliance with the Parameters.

The process is producing very positive benefits. A 2012 study of interstate trends in psychotropic use among Medicaid-enrolled children in foster care between 2004 and 2007 showed that antipsychotic prescribing was escalating in 45 states, and declining in only two, including Texas. The same study looked at polypharmacy and found 18 states on the increase and 19 declining, with Texas among the declining states. The numbers for Texas: 36% decrease in 60 days’ of psychotropic meds, 68% decrease of class polypharmacy, and 70% decrease of 5 or more meds polypharmacy.

Affordable Care Act Implementation
A higher portion of Texans lack coverage than residents of any other state. A Texas Medicaid expansion would generate $100 billion in federal money for the state over a decade and furnish coverage to an estimated 2 million Texans. Nonetheless, Gov. Rick Perry says he will block measures expanding health insurance to millions in his state, because doing so “would be like adding a thousand people to the Titanic.”

Meanwhile, the same day, WellPoint Inc. disclosed an agreement to buy Texas’ biggest Medicaid managed care company, Amerigroup, for $43.5 billion. WellPoint seems to be betting that once the headlines die down, every hospital in Texas will look at the Governor to encourage the state to accept the infusion of money from the health care system into one based on quality outcomes instead of paying set fees for medical services.

Contra to the posture adopted by Gov. Perry, Comm. Suehs in his testimony also referenced the possibility of “tweaking” the transformational waiver or even consider a separate waiver to create an avenue for expansion to expand the Medicaid population to cover childless adults earning up to about a third more than the federal poverty level. Comm. Suehs also mentioned the possibility of using money from the transformational waiver to provide some level of premium subsidy.

It was a bloody night for incumbents and “establishment” candidates in the Texas primary runoffs. Insurgent candidates won so many races that the word “upset” is perhaps unfairly applied.

Nominee Update
It was a bloody night for incumbents and “establishment” candidates in the Texas primary runoffs. Insurgent candidates won so many races that the word “upset” is perhaps unfairly applied. It may be too soon to call 2012 a seismic shift in Texas politics, but it has the potential to be another significant year, with potentially far-reaching consequences, particularly on matters of state budget and public school finance.

In the night’s bell cow race for United States Senate, former State Solicitor General Ted Cruz defeated sitting Lt. Governor David Dewhurst in the GOP primary to replace the outgoing Kay Bailey Hutchison, by a 56%-44% margin. Cruz will square off in November against former State Rep. Paul Sadler, himself a 63-37% winner in the Democratic primary against retired educator Grady Yarbrough.

In the state Senate, longtime San Antonio GOP Senator Jeff Wentworth was trounced 66%-34% by Donna Campbell, a physician residing in New Braunfels. The Texas House of Representatives saw several incumbents fall in their primaries. Rep. Chuck Hupson, a Democrat turned Republican and chair of the House General Investigating & Ethics Committee, was defeated in his re-election effort 51-49% by Travis Claydy in House District 11. Sid Miller, Chair of the Homeland Security & Public Safety Committee and author of the controversial “pre-abortion sonogram” bill last session lost to J.D. Sheffield 55-45% in the Republican primary for House District 59.

In the Houston area, Dr. Greg Bonnen, a surgeon and brother to sitting State Rep. Dennis Bonnen defeated Ryan Sitton 58-42% in the Republican primary for House District 24.

Watch for additional analysis in the near future, including perspectives on Lt. Gov. Dewhurst’s prospects for leading the Texas Senate for the next two years, the impact of the Dewhurst loss on Gov. Rick Perry’s chances for successful re-election in 2014, and what the Primary’s results could mean for the 83rd Legislature in 2013.
MEETING LOCATION

ALL MEMBERS AND NON-MEMBERS ARE INVITED TO JOIN US! TSPP’s 56th Annual Convention and Scientific Program will be held at the Moody Gardens Resort and Spa, Seven Hope Blvd., Galveston, TX, 1-800-582-4673. Surrounded by 242 acres of breathtaking gardens and majestic pyramids, Moody Gardens Hotel, Spa and Convention Center is Galveston Island’s premier meeting destination. Moody Gardens features:
• Full Service Spa and Fitness Center, complete with indoor lap pool.
• Aquarium Pyramid – Oceans of the world are represented in a 1.5 million gallon aquarium teeming with creatures from penguins to stingrags, sharks and more.
• IMAX 3D Theater – Be a part of the action at the IMAX 3D Theater featuring amazing 3D and 2D films on a giant six-story screen.
• IMAX Ridefilm Theater – Strap yourself in and dive, twist and turn as you seat mirrors every movement on a giant wrap-around screen with six-channel surround sound.
• AND special activities for you during Convention time! Festival of Lights – One of the Gulf Coast’s largest holiday lighting events at Moody Gardens!

SPECIAL REGISTRATION FEES FOR TSPP & TSCAP MITs

Special ‘FREE’ Incentive Offer for TSPP and TSCAP Members in Training. Once again, TSPP is pleased to offer the waiver/refund of the CME Scientific Program registration fee IF the member’s Training Director registers for the Scientific Program. So all Members-in-Training encourage your Training Director to register and then send in your registration form, with the name of your Training Director noted, and then plan on attending the Scientific Program FREE! (Offer extended to TSPP and TSCAP Members-in-Training Residents and Fellows who are members of TSPP and/or TSCAP.

MIT POSTER SESSION

In order to familiarize Texas psychiatrists with the research efforts and achievements of their colleagues, the TSPP Continuing Medical Education Committee is soliciting scientific posters. The posters need not be especially made for this meeting. Posters presented at the APA or at other scientific meetings within the last year would be appropriate. TSPP’s goal is to support collaborative interaction among the Texas researchers and also to familiarize the general membership about new advances made in the state. The deadline for poster applications is October 20, 2012. Please contact tsppofc@aol.com for a copy of the Poster Application Form.

SPECIAL EVENTS

THURSDAY GOLF OUTING — Polish up on your golf game in an exciting location! For those convention attendees, guests and golf enthusiasts arriving early, TSPP members are arranging a tee time for a group play. If you are interested in playing, please be sure to check the Golf Section box on the TSPP Registration Form.

TITUS HARRIS SOCIETY — All members of the Titus Harris Society are invited to a special reception to be held in conjunction with the TSPP Welcome Reception, Friday, 6:30-8:00 pm at the Moody Gardens Hotel. In addition TSPP extends a special invitation to the Titus Harris Society members to extend their weekend stay and attend the CME Program and other social activities. Titus Harris Society members will be identified by special ribbons on their convention name badges.

SATURDAY, NOVEMBER 10

7:45 am - 8:15 am Complimentary Continental Breakfast for Meeting Registrants
7:30 am - 8:30 pm Registration Open
7:30 am - 5:00 pm Exhibits Open AND Poster Session
8:00 am - 6:00 pm Scientific Program
10:30 am - 11:00 pm Refreshment Break with Exhibitors AND Poster Session Door Prize Drawings
1:00 pm - 2:30 pm Annual Business Meeting Lunch
4:00 pm - 4:20 pm Refreshment Break with Exhibitors AND Poster Session Door Prize Drawings
6:00 pm - 7:00 pm TSCAP Executive Committee Meeting
6:30 pm - 7:00 pm Reception for Awards Banquet Attendees
7:00 pm Awards Banquet

SUNDAY, NOVEMBER 11

8:00 am - 1:25 am Scientific Program
10:30 am - 1:00 pm Refreshment Break

MEETING REGISTRATION

Fill out the Registration Form on page 7 or visit the website www.tspppsych.org for TSPP/TAP/TSCAP’s Special Discounted Meeting Registration Fees for this year’s convention. The earlier you register, the greater the savings!

AUGUST/SEPTEMBER 2012

TExAS PSYCHIATRIST
SATURDAY, NOVEMBER 10, 2012
7 HOURS CATEGORY 1 CREDIT
8:00 - 8:30 am Welcome and Introductions
8:30 - 10:30 am Substance Use Disorders –
Current Concepts in Research and Treatment
Edgar Nace, MD, DFAPA
Office-Based Treatment Approaches for Substance Abuse
Thomas R. Kosten, MD, DFAPA
Cutting-Edge Research in Substance Abuse: Pharmacogenetics for Alcohol & Cocaine and Vaccines for Addictions
Byron H. Adinoff, MD
Neuroimaging Techniques
10:30 - 11:00 am Refreshment Break w/ Exhibitors and Poster Session
11:00 - 1:00 pm Evidence Based Treatment of PTSD in Combat Veterans
Matthew Jeffreys, MD, State of the Art Evidence Based Treatment, PE, CPT, Meds, Etc.
Alan L. Peterson, PhD, ABPP; Kevin S. Beasley, LCSW
Lunch / Business Meeting
2:30 - 4:00 pm Update in Internal Medicine for Psychiatrists:
The Current Medical Literature
Monique V. Vohman, MD, MPH
4:00 - 4:30 pm Healthcare Legislation, DSM V, ICD-10 and Public Mental Health
Health Funding: What Does the Future Hold for Psychiatry?
Leslie L. Secretan, MD, DFAPA
Richard L. Noel, MD, DFAPA
Connolly L. McDonough, MD, DFAPA
Emilie A. Becker, MD, DFAPA
Closing Remarks
5:00 pm - 6:00 pm
SUNDAY, NOVEMBER 11, 2012
4 HOURS CATEGORY 1 CREDIT
8:30 am - 9:00 am Welcome and Introductions
9:00 am - 11:00 am Social Media: Effects on Patients, Physicians and the Practice of Medicine
Keith Whitworth, MAMFC, MARE, PhD
11:00 am -11:15 am Refreshment Break
11:15 am -1:15 pm Competence for What? Ethical Assessment of Decision-Making Capacity*
William H. Reid, MD, MPH, DFAPA, FACP, FRCP
1:15 - 2:15 pm Closing Remarks

SCIENTIFIC PROGRAM GOAL/TARGET AUDIENCE/LEARNING OBJECTIVES

This live activity has been designed in a format consisting of case study presentations, lectures and direct discussion to provide its’ primary target audience of Psychiatrists, as well as other specialties of medicine, with the most up-to-date, evidence-based data that can be translated into clinical practice.

Information and data will address, new developments in treatment and new directions in research to address the professional practice gaps of the learners and advance the physician’s competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.

The learning objectives for this activity have been addressed to clinician clinician. Upon conclusion of this presentation participants should be able to achieve the following objectives and have increased competence in:

• the assessment and treatment of substance use disorders in adults and adolescents.
• the assessment and treatment of PTSD in combat veterans
• the assessment and treatment of patients with comorbid general medical and psychiatric disorders
• the use of social media to understand and communicate with patients and colleagues in professional and ethical ways
• the assessment and understanding of patients’ roles and capacities in making decisions, including the components of various consent processes and patients’ accurately conveying information about these symptoms and risk (such as suicide risk)
• understanding the effects of legislative and regulatory changes on the practice of psychiatry and patient care.

NEEDS ASSESSMENT

TSPP has incorporated into this CME activity the relevant educational needs concerning competency that underlie the professional practice gaps of our participants.

FACULTY AND STAFF DISCLOSURE POLICY

The Texas Society of Psychiatrists: Physicians will disclose to participants the existence of any relevant financial relationships between faculty members, TSPP staff and members, who planned, authored, contributed to, and reviewed the content of this activity, and any commercial interest discussed in this educational activity. Disclosure will occur prior to the presentations either through oral communication to the audience by the moderator or chair, or written communication in the syllabus or handout material.

ACCREDITATION

The Texas Society of Psychiatric Physicians designates this Live Activity for a maximum of 11.5 Category 1 CME credits for Texas. Physicians should claim only the 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 “ETHICS: Competence for What? Ethical Assessment of Decision-Making Capacity” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

SCIENTIFIC PROGRAM SCHEDULE

“Embracing the Future in Psychiatric Practice”

ABOUT THE SPEAKERS

Bryon H. Adinoff, MD
Professor and Distinguished Professorship of Alcohol and Drug Abuse Research
Department of Psychiatry
Chief of the Division on Addictions
UT Southwestern Medical Center
Staff Psychiatrist at the VA North Texas Health Care System
Dallas, Texas
Published over 100 Articles and Chapters on the Biology and Treatment of Addictions
Research funded by National Institute on Alcohol Abuse and Alcoholism (NIAAA),
the National Institute of Drug Abuse (NIDA) and the Department of Veterans Affairs

Kevin S. Beasley, LCSW
Licensed Clinical Social Worker at the Veteran Affairs Posttraumatic Stress Disorder Clinical Team
Department of Veterans Affairs
San Antonio, Texas
Formerly with the Department of Defense specializing in
Mental Health Services Division

Emilie A. Becker, MD, DFAPA
Medical Director, Clinical Behavioral Health
Medical Director, Clinical Behavioral Health Services Division
Department of State Health Services
San Antonio, Texas

Matthew Jeffreys, MD
Medical Director
Post Traumatic Stress Disorders Clinical Team
for the South Texas Veterans Healthcare System and
Associate Professor in the Department of Psychiatry
University of Texas Health Science Center
San Antonio, Texas

Thomas R. Kosten, MD, DFAPA
Professor, Departments of Psychiatry and Neurosciences
Baylor College of Medicine
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