New Mexico Falls

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The Texas Psychological Association has set the goal of acquiring the privilege of prescribing psychotropic medications for psychologists during the coming 2003 Legislative Session. The course is open to any psychologist who has engaged in the provision of health services in psychology for at least two of the last five years. Eligible degrees listed on the course application form include the Ph.D., Psy.D., and Ed.D. The course is planned to consist of 405 hours of instruction on 54 weekends over a two-year period, and will be taught via distance education at sites in College Station, Dallas, Houston and San Antonio. Tuition for the course is $6,500.

Twenty-one participants started in the first class, which began in early April, 2002. Discussions with the course organizers revealed that the course program and content had not been finalized as of mid-April. Instructors were still being sought for many of the later modules, and the organizers have approached faculty members of the TAMU College of Veterinary Medicine and basic sciences faculty of the TAMU Health Science Center to teach components of the course.

Texas Society of Psychiatric Physicians

NEWSLETTER

APRIL / MAY 2002

New Mexico Falls

Martha Leatherman, MD, Chair, Government Affairs Committee

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Joseph Castiglioni, MD, PhD

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Farewell...

A year is a moment in time, but even a moment has many events, and this year has certainly been event filled. My main theme as President of TSPP for 2001-02 was to improve the public sector funding of treatment for the mentally ill. This is now embodied in our on-target slogan, 26th by 06. We will bring state funding for treatment of mental illness by 2006 to the per capita rank that we have for income among the 50 states. This has positioned the long term commitment of TSPP on this issue so that we can clearly articulate the justification of this goal to legislators, and work collaboratively with our alliance partners to move the state toward that commitment. This will be no easy task, as we knew when we started. We live in a state, which, though prosperous and growing, has woefully inadequate, and inequitable revenue sources. Democrats as well as Republicans have been afraid of stating that new revenues based on corporate and individual incomes, not just property taxes, will be needed. Texas ranks last in amount of state funds raised as a proportion of state product. One consequence is that Texas has an incredibly high rate of uninsured, and that more care of the mentally ill now takes place in penal settings than in public mental health settings.

We effectively carried our message to legislators about the threat to public health if psychologists advanced their scheme to obtain prescriptive authority. Indeed, the leadership on this by Martha Leatherman and John Bush made Texas the leading example among all states on how to effectively organize an educational campaign on a medical issue. However, the Texas Psychological Association will return to force in the next legislative session, in part consequent to the sole state, our neighbor, New Mexico, passing prescriptive authority. Indeed, the leadership on this by Martha Leatherman and John Bush made Texas the leading example among all states on how to effectively organize an educational campaign on a medical issue. However, the Texas Psychological Association will return to force in the next legislative session, in part consequent to the sole state, our neighbor, New Mexico, passing prescriptive authority. Whereas we have had a strong input on public sector funding, psychologist prescribing efforts, and APA relationships, we have done less about privately funded mental health care access. The deplorable coverage that passes for psychiatric insurance has made every city in Texas inadequately served with inpatient beds. This is a crisis. George Santos wrote eloquently about it in this newsletter a few months back. Managed care companies have squeezed psychiatric coverage more than almost any other component of medical care. We need to be equally pro-active in educating the public and legislators on the consequences of this shambles, and the means to correct it. Equivalent efforts need to come also from our advocacy partners on this issue.

We are now engaged in an effort to contact all psychiatrists in the state who are not members of TSPP and encourage their joining. You probably know a few in your community. Help us to help them, by encouraging their becoming members. TSPP will be the stronger for their participation. I chose the term Farewell to entitle this editorial. I did not wish to emphasize the goodies, but to wish that each of you fare well in the year ahead, and that we all work for TSPP to help us to fare well, as it does so as an organization. Thank you for your confidence in electing me to serve as your President.

J H. Whittington, MD

Congratulations...

The American College of Mental Health Administration has awarded the Saul Feldman Lifetime Achievement Award to H. G. Whittington, MD, at its annual meeting in Santa Fe, New Mexico.

Dr. Whittington, of Houston, Texas, is a psychiatrist who over a long and varied career has provided leadership and administration to public, private, and voluntary behavioral health agencies and programs.
The Executive Council met in Dallas on April 21, 2002 and approved the following actions:

- At the request of the Budget Committee, the budget for fiscal year 2002-2003 was approved.
- Upon recommendation of the Budget Committee, the Council approved dues waivers for three members.
- The Council approved a recommendation of the Budget Committee that a 5% late fee will be assessed for current year dues that are not paid by July 1 of each year.
- Upon the recommendation of the Executive Committee, bonuses were approved for the Executive Director and Assistant Director.
- The Executive Council approved an amendment to Chapter Two. Membership Categories, Section XIII of the Bylaws. Bylaws amendments are considered by the membership at the Annual Business Meeting.
- Upon the recommendation of the Constitution and Bylaws Committee, the Council approved changes in the Constitution to comply with APA Bylaws. The changes in the Constitution will be submitted to the membership by mail ballot.
- The Council approved a recommendation of the Forensic Psychiatry Committee for TSPP to host an educational conference on the Insanity Defense. Invited speakers for the conference to be conducted in Austin will include nationally recognized authorities in the general area of psychiatry and law, qualified either by academic publication or by trial experience. The content of the conference will be balanced in terms of the various insanity defense formulations. A permanent chairman and committee will be appointed to develop the content of the conference.
- Upon recommendation of the Forensic Psychiatry and Government Affairs committees, the Council approved a request that a task force be appointed to develop policy on the Texas Insanity Defense to guide legislative deliberations expected in 2003. Members of the task force will include members from the following committees: Forensic Psychiatry, Government Affairs, and Public Mental Health Services. The task force is to report its recommendations at the TSPP Summer Leadership Retreat.
- The Council approved a recommendation of the Government Affairs Committee to send informational alerts to members about the changes in the HIPPA privacy rules.
- The Council approved a recommendation of the Long Range Planning Committee to ask the APA President-Elect and Speaker-Elect to inform TSPP about appointments they make to committees and components that involve Texas members.
- The Council approved a request of the Long Range Planning Committee that TSPP invite each TSPP member appointed to serve on APA committees/components to serve as members of corresponding TSPP committees.
- Upon the request of the Long Range Planning Committee, the Council approved a recomandation that TSPP establish a coordinating committee, which will most annually, to facilitate TSPP/APA issues. The committee will be composed of TSPP committee chairs, APA committee/component members, Assembly Representatives, and members of the Long Range Planning Committee.
- Upon the recommendation of the Membership Committee, the Council approved membership applications for 17 new members.
- The Council approved a recommendation of the Membership Committee to charge the TSPP Assembly Representatives to pursue dues reductions or other membership incentive programs with the APA.
- Upon the recommendation of the Nominating Committee, the Executive Council approved the following TSPP Awards for presentation at the 2002 TSPP Annual Convention: Distinguished Service Award - Alex K. Munson, MD, Georgetown/Lubbock; and, Robert L. Zapalac, MD, Austin, Psychiatric Excellence Award - Edward F. Farber, MD, Fort Worth, Margy K. Restrepo, MD, Houston; and, Madhulika Trivedi, MD, Dallas, Special Service Award - The Honorable Mike Moncrief.
- The Executive Council approved a recommendation of the Professional Practices Committee to adopt Guidelines for Office-Based Outpatient Withdrawal Techniques for Alcohol, Anxiolytic/Sedative/Hypnotic Drugs, and Opiates developed by the Task Force on Addictive Disorders. The Guidelines were approved with amendments.
- The Council approved a recommendation of the Long Range Planning Committee to ask the TSPP Public Health Services Committee to review the Managed Care Committee.
- Upon recommendation of the Executive Council, the Council approved a recommendation of the Managed Care Committee to merge the function of the UR Complaint Service into the Managed Care Committee.

Your Committees at Work...

Long Range Planning Committee: The committee discussed ways to improve the interface between APA and TSPP, suggesting that APA leadership inform TSPP of Texas psychiatrists appointed to APA committees and components; assign each TSPP member appointed to an APA committee or component to a corresponding TSPP committee; and conducting annually a meeting involving TSPP members appointed to APA committees and components with TSPP leadership. The committee also discussed the impact of these changes in the APA ethics process.

Managed Care Committee: The committee discussed a proposed task force which could reexamine the criteria of the APA ethics process for a psychiatric treatment. The committee supported the idea of revising possible changes in the APA ethics process.

Continuing Medical Education Committee: The committee reviewed the proposed educational material information about the continuing medical education activities. The committee also discussed the proposal of the Continuing Medical Education Committee to develop a comprehensive database of continuing medical education activities.

Early Career Psychiatry Committee: The committee discussed ways to involve more early career psychiatrists at the Annual Meeting and a program for ECPs. Also discussed were ideas for the website and a mentoring program. Membership and practice issues were also discussed.

Ethics Committee: The committee discussed the ethics process and the format of ethics hearings.

Forensic Psychiatry Committee: The committee discussed the status of the legislative task force on trial competency and the insanity defense. The committee approved a proposal for TSPP to host a conference on the insanity defense. The committee also discussed the proposal of the TSPP Section on Psychiatry and the program for the TSPP Scientific Program which will be conducted in Houston. The committee also began planning for the 2002 membership needs assessment.

Government Affairs Committee: A presentation by TMA outlined TMA legislative priorities. Spokespersons for the Nurse Practitioners and Physician's Assistants addressed the committee. Spokespersons for the Nurse Practitioners and Physician's Assistants addressed the committee. Spokespersons for the Nurse Practitioners and Physician's Assistants addressed the committee.

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Office-Based Outpatient Withdrawal Techniques: A Guide

Alcohol

Inpatient hospital treatment provides the best and safest treatment for withdrawal from alcohol. However, in selected cases as indicated by these Guidelines and with the express consent of the patient, office-based outpatient withdrawal can be recommended. Detoxification is only the introduction to addiction treatment and a treatment plan for continuing rehabilitation should be implemented. The psychiatrist practicing in an office-based setting can expect to encounter patients with alcoholism. According to The National Comorbidity Study 14% of adults develop alcohol dependence over the course of a lifetime. There are several reasons why a patient may prefer office-based outpatient detoxification and refuse inpatient or partial hospitalization:

- Has no insurance or has used up precious benefits
- Fear of stigma if hospitalized or enrolled in a formal treatment program
- Does not want to lose time from work or wants to minimize time away from work
- Prefers or needs to stay with family

The appropriateness, safety, and effectiveness of this procedure will depend on several variables. First, those variables which favor office-based outpatient detoxification:

- Cooperative patient
- Lives with or can be monitored by a responsible adult
- No acute medical conditions that in and of themselves would require hospitalization.
- No coexisting psychiatric disorders (Axis I or II) which in and of themselves would require hospitalization.

Variables which weigh against office-based outpatient detoxification:

- A history of being noncompliant with medication schedule
- Lives alone and has no social network available for assessment
- Has medical problems (e.g. infections, pain-symptoms) or unstable chronic medical problem (e.g. hypertension, diabetes mellitus)
- Has a co-occurring psychiatric disorder that may compromise judgment or that requires close monitoring
- Past pattern of life threatening complications of alcohol withdrawal (for example: repeated seizures; emerging delirium tremens; hyperthermia; hepatic failure; esophageal varices)
- Likelihood of additional withdrawal syndromes due to other substance dependencies.
- Physical and laboratory tests must be available and used as indicated.

I. The decision to proceed with office-based outpatient detoxification is a judgment the psychiatrist must make. Knowledge of the patient, consideration of the variables listed above, and ability to monitor the course of treatment will influence the decision. Please keep in mind, detoxification is only the introduction to addiction treatment and a treatment plan for continuing rehabilitation should be implemented. Office-based withdrawal treatment should only occur after a current physical examination and laboratory assessment has been performed.

Initiation of Detoxification – Look For:

<table>
<thead>
<tr>
<th>Physical Exam:</th>
<th>Liver disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections</td>
<td>Pancreatitis</td>
</tr>
<tr>
<td>Gastro-intestinal bleeding</td>
<td>Nervous system impairment (e.g., signs of head injury, stroke, subdural hematoma)</td>
</tr>
</tbody>
</table>

Laboratory:

- Complete blood count
- Liver Enzymes
- Urine drug screen

Blood alcohol level

Electrolytes including potassium, calcium, magnesium, phosphate

<table>
<thead>
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II. Educate patient and family member or other supportive persons regarding alcohol withdrawal symptoms and time course (see chart below).

- Need for hospitalization if symptoms of delirium tremens (DTs) occur (disorientation, confusion, persistent hallucinations)
- Possibility of seizures
- Lay framework need for further rehabilitation treatment following detoxification

### Table 1. Symptoms of Alcohol Withdrawal (AW)*

<table>
<thead>
<tr>
<th>Time of Appearance</th>
<th>Symptoms (severe AW)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start 6-8 hours</td>
<td>Nausea, Insomnia, Vomiting, Decreased Appetite, Tachycardia</td>
</tr>
<tr>
<td>Next 1-2 Days</td>
<td>Anxiety, Headache, Irritability, Agitation, Sensitivity to light and sound; Concentration &amp; orientation problems</td>
</tr>
<tr>
<td>2-4 Days</td>
<td>Delirium Tremens (DTs): Increase agitation, tachycardia and disorientation; Large increases in BP, pulse, and breathing rate</td>
</tr>
<tr>
<td></td>
<td>Autonomic instability: Hypertension, Persistent visual and auditory hallucinations</td>
</tr>
</tbody>
</table>

** From Anton and Myrick, 2000

*** Emergence of severe AW indicates hospitalization rather than outpatient detoxification

**** Seizures may not warrant hospitalization but Neurology consultation is indicated

Any relapse with alcohol or other illicit substances during this process is an indication for inpatient care.

### Advantages

- Advise against driving or operating dangerous equipment; assess safety of patient's work situation
- Physical supervision of the withdrawal regimen should be available at all times; Patient should be seen as needed in office; Access to physician must be available
- Daily monitoring of symptoms by responsible adult (pulse, temperature, blood pressure); Blood pressure monitoring possible through pharmacy and supermarket which have blood pressure machines; Blood pressure monitoring equipment can be purchased inexpensively or visits to primary care office for determination of vital signs
- If pulse, temperature or diastolic blood pressure exceed 100 report results to a physician.

### Other Potentially Useful Medications:

- Neurotin – for anxiety or sleep disturbance
- Phenobarbital (15 to 50 mg, qn, for nausea or vomiting
- Over the counter (e.g. Kaopectate) or prescribed (Lomotil) anti-diarrheals.

### References:
Available from the Texas Society of Psychiatric Physicians
**Anxiety/Sedative/Hypnotic Drugs**

Nearly 2% of adults develop a dependence on anxiolytic, sedative, or hypnotic drugs. Benzodiazepine (BZD) dependence is the most common, but barbiturates and musculoskeletal relaxants need to be considered as well.

The same guidelines, as with alcohol, apply in determining whether office-based outpatient detoxification is appropriate. Also, obtain a physical exam and laboratory studies, and educate the patient and significant others as to the symptoms and course of withdrawal.

Physiological dependence on BZDs can be expected if BZDs are used for more than six months. Short-acting BZDs will have an earlier onset of withdrawal symptoms, longer-acting BZDs will have a later onset. Table 1 lists discontinuance or withdrawal symptoms.

### Table 1. BZD Withdrawal

#### Discontinuance Symptoms:

**Timing:**
- Appear within 24 hours for short-acting BZDs. Within 2-3 days for intermediate-acting BZDs and up to one week for long-acting BZDs.
- Maximum intensity is from three days to two weeks.

**Very Frequent:**
- Anxiety
- Irritability
- Agitation
- Restlessness
- Inomnia
- Muscle Tension

**Common But Less Frequent:**
- Nausea
- Blurred vision
- Dizziness
- Lethargy
- Aria

**Uncommon:**
- Psychosis
- Persistent Timidity
- Seizures
- Hallucinations

**Withdrawal Techniques**
- These techniques are best suited for the chronic BZD user, that is the patient who has been on a relatively stable dose continuously for six months or more. These techniques are examples of care that must be individualized to the patient's needs.
- The patient who has been on a continuous but very variable dose (e.g., 150-20 mg of alprazolam on Sunday but 2-4 mg on Monday and perhaps 6 mg on Tuesday, 2 mg on Thursday, etc.) may be withdrawn using lower doses (preferably at least one-half) of those doses described below.
- Sporadic or interunexit of anxiolytic/sedative/hypnotics may not require a withdrawal regimen.

Withdrawal from the muscle relaxant Soma is necessary because meprobamate is a metabolite of Soma.

Diazepam (Valium) Substitution
- Determine the equivalent dosage of diazepam from Table 2.
- The longeracting Chlonazepam (Klonopin) may be used instead of diazepam. (5 mg of diazepam = 1 mg of Chlonazepam).

### Table 2. Drug Being Discontinued/Dose Equivalency of 10 mg of Diazepam (mg’s):

<table>
<thead>
<tr>
<th>Barbiturates</th>
<th>Other sedative-hypnotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anamethal - 100</td>
<td>Chlordiazepoxide - 50</td>
</tr>
<tr>
<td>Pentobarbital - 50</td>
<td>Meprobamate - 200</td>
</tr>
</tbody>
</table>

**Benzodiazepines**
- Short-acting (half-life less than three hours)
- Alprazolam (Xanax) - 1
- Oxazepam (Serax) - 1
- Diazepam (Valium) - 1
- Flurazepam (Daltame) - 1

Divide the daily dose by 5. For example, the diazepam equivalent for a patient taking 10 Floracet (10 x 5 mg) per day is 100 mg of Valium (10 mg diazepam is equivalent for withdrawal purposes to 50 mg of butalbital). Divide daily dose by five: 100 mg of Valium divided by five is 20 mg (the dose which is decreased each week).

To further illustrate the diazepam equivalent for a patient taking 6 mg Ativan (lorazepam) per day is 60 mg. 60 mg divided by 5 is 12 mg (the dose which is decreased each week).

The daily dose of diazepam is divided into three doses per day (last dose at hs). For example, when 60 mg of diazepam is the determined equivalent, the weekly dose will be decreased by 12 mg per week. The dose of withdrawal can start with a daily dose of 48 mg. This is 12 mg/day less than the 60 mg/day calculated to be the pre-taper level. Therefore, the first week of dizesam incorporates the first weekly decrease (12 mg in this example).

### Table 3. Predictors of Increased Severity of Opiate Withdrawal

#### Drug Variables

- **High Dose**
  - Longer Duration of Treatment
  - Shorter Half-life
  - More Rapid Taper

#### Clinical Variables

- Higher pre-taper anxiety and depression
- Personality Disorders
- History of Alcohol and Drug Abuse
- Panic Disorders

**References:** Available from the Texas Society of Psychiatric Physicians
APA Warren Williams Award
Paul Wick, MD, APA Representative

Area 5 Council of APA will present the APA Warren Williams Award to Byron L. Howard, M.D. of Dallas and Jack W. Ronner III, M.D. of Greenville, South Carolina at the APA Assembly May 17-19, 2002, in Philadelphia.

The Assembly Warren Williams Speaker’s boards were established in 1986 and are administered by the APA Area Councils to recognize outstanding recent or current contributions in the field of psychiatry. The Awards were named in honor of Warren Williams, MD, as past speaker of the Assembly. Dr. Howard is being honored for his outstanding leadership as a psychiatrist in organized medicine having served in the Texas Medical Association as Board member, Chairman, President of the Board of Trustees as the Area 5 Trustee. He is currently serving on the APA Board of Trustees as the Area 5 Trustee. He is current President of the American College of Psychiatrists and previous president of the North Carolina Psychiatric Association, Southern Psychiatric Association, Southern Psychiatric Association and the National Association of Psychiatric Hospital Systems.

Letters...

Dear Dr. Santos:

It was with great interest that I read your article entitled “A Crisis of Capacity” in the February/March issue of the TSPP Newsletter.

In the article you stated that El Paso has suffered a 76.3% decline in available psychiatric beds between the years of 1996 to 2000. I thought I’d update you on the situation here. In the past, a lot more beds were available. We have had to reduce our beds because of financial constraints. In 1999, due to financial constraints, the entire third floor of EPPC was closed down. We lost about 30 beds.

The El Paso Psychiatric Center is the public psychiatric hospital built a few years ago for the El Paso area. It was originally opened in 1995 (I think) as an 80 + bed facility. I wish to point out that this did not result in a net gain in beds for the community, but rather a net loss, because with the opening of EPPC came the closing of the State Psychiatric Center which had many more beds. In 1999, due to financial constraints, the entire third floor of EPPC was shut down with a resultant decrease to 52 operating beds. Most recently, due to a nursing shortage, the hospital’s Crisis Stabilization Unit located in the emergency area had to be shut down.

The situation in the community is just as bad. There is only one other facility set up to handle psychiatric patients: NCMH. This is a private non-profit facility that is barely managing to hang on by its fingernails. They have about 18 active beds and have at times closed to admissions with fewer than 18 patients because of their inability to staff the unit appropriately. A major source of their admissions is overflow from EPPC when our beds are filled.

In sum, we have a total of 70 psychiatric inpatient beds in El Paso for a population of 700,000 or one bed per 10,000 people. Some of the local psychiatrists admit their patients to medical units in the general hospitals, put them on one-to-one coverage and treat them there. This is less than ideal solution, but it is workable since lengths of stay have got so ridiculously brief.

I generally dislike complaining without having proposed a solution to offer, but in the face of the apathy of the psychiatrist community in this city, I’m not sure what can be done. We have a tiny local branch that seldom has meetings. Most of the local psychiatrists fail to show up when it does. We seldom do anything in a coordinated manner. As a result, we have little clout.

In sum, I think the situation in El Paso is even worse than you described it in your article. I don’t foresee getting any better in the near future.

Frank L. Giordano, MD
Associate Professor of Psychiatry
Director of Psychiatric Residency Training
Texas Tech University Health Sciences Center
El Paso

New Mexico Falls

continued from page 1

Education credits for each course. According to the Monitor on Psychology (March 2002), task forces have been formed by state psychological societies to develop training programs as preparation for prescribing legislation successes. It was reported in Monitor on Psychology that “more than 100 psychologists have been trained to prescribe” in Texas. The article also reported that “more than 100 psychologists have been trained to prescribe” in Texas. The article also reported that “more than 100 psychologists have been trained to prescribe” in Texas. The article also reported that “more than 100 psychologists have been trained to prescribe” in Texas.

In Texas Psychologist (Spring 2002), Dee Yates, PhD said “the question was once, should psychologists prescribe? The question now is when? The momentum is here. The time is now!” Redistricting of legislative districts will also add to the burden of defeating the prescribing legislation in Texas in 2003. As a result of redistricting, a large turnover of legislators is expected, some estimate a 40%-60% turnover. With the loss of members who served in the Legislature in 2001, the institutional memory about this and other issues of importance to psychiatrists and patients will be lost.

To counter this legislative threat to patient safety and quality care for persons with mental illnesses, TSPP has once again implemented its Political Action Task Force. Political Action Coordinators have been appointed in each of TSPPs 15 Chapters. The primary objective of TSPPs Political Action Task Force is to encourage members to educate their legislators about the issues and form relationships during the current election cycle, which will conclude with the General Election in November, 2002. If TSPP members want to become involved with legislators and political issues when the Legislature convenes in January, 2003, it will be too late. Once the Legislative Session begins, relationships and issue education must have already been accomplished. To help measure the success of the TSPP Political Action Task Force, TSPP will again send to all members in December a Key Contact Form, which will provide a means for members to report on their relationship-building during the election cycle.

The time to act is NOW! Contact your Chapter’s Political Action Coordinator or TSPP and get involved. Your help is needed and vital to preserving and protecting quality medical care for persons with psychiatric illnesses in Texas.

Chapter Political Action Coordinators

Austin Chapter ......................................................... Emilio Becker, MD
Bexar County Chapter ................................. Linda Rhodes, MD
Brazos Valley Chapter ............................ Joseph Gastigliano, MD
Corpus Christi Chapter ................................. Raul Captaine, MD
East Texas Chapter ................................. Joseph Arisco, MD
El Paso Chapter ................................. Gerardo Gregory, MD
Galveston Jeffersonian Chapter .................. Grace Jameson, MD
Heart of Texas Chapter ............................... Suresh Durgam, MD
Houston Chapter ............................. George Santos, MD
East Texas Chapter ................................. Katherine McGrigor, MD
Lone Star Chapter ................................. Clay Sawyer, MD
North Texas Chapter ................................. Bill Lynch, MD
Nicole Cooper, MD

Paul Wick, MD
Wayne Goff, MD

North Texas Chapter ................................. Paul Wick, MD

Red River Chapter .............................. Joseph Black, MD
South Texas Chapter ................................. Jose Iqao, MD
Tarrant Chapter .............................. Edward Furber, MD
Victoria Chapter ........................ George Constable, MD
West Texas Chapter . .................................................. Judy Parker, MD
Shirley Marls, MD
Ralph Hodges, MD

FROM TSPP NEWSLETTER  APRIL / MAY 2002

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Register Now

TSPP Leadership Retreat

Take a break and bring your family to TSPP’s Summer Leadership Retreat on August 3-4, 2002 at the 200-acre award-winning Hyatt Regency Hill Country Resort in San Antonio. The Leadership Retreat’s program on Saturday will once again involve TSPP’s advocacy partners in the Mental Illness Awareness Coalition (Mental Health Association in Texas, NAMI Texas, Texas Depression and Manic-Depressive Association, and Texas Mental Health Consumers). In preparation for the 2003 Texas Legislative Session, the Saturday program will feature an interactive legislative training program facilitated by Joe Gagen; briefing from each coalition partner on legislative priorities, and a luncheon program highlighted by a presentation by a member of the Texas Legislature. After enjoying an afternoon of relaxation and fun with family and friends, join your colleagues at an evening training program facilitated by Joe Gagen; program will feature an interactive legislative golf course, rated among the best in the US; and, the Windflower Hill Country Spa offering a full spectrum of massage and skin care treatments. The Retreat is minutes from SeaWorld and Six Flags Fiesta Texas.

The Leadership Retreat’s program on August 3-4, 2002 at the 200-acre award winning Hyatt Regency Hill Country Resort, San Antonio, Texas. The TSPP Leadership Program, Sunday, August 4, 9:30 am - 12 Noon

**SCHEDULE**

**Saturday, August 3**

- 9:00 am - Registration
- 9:30 am - Legislative Workshop led by Joe Gagen
- 12:00 pm - Luncheon Program
- 2:00 pm - Fun Time with Family and Friends
- 6:30 pm - 7:30 pm - TSPP Reception

**Sunday, August 4**

- 9:30 am - 12:00 noon - TSPP Organizational Planning

**SCIENTIFIC PROGRAM SCHEDULE**

**Saturday, November 16, 2002**

- **8:45-9:00 am** - **Scientific Program Welcome**
- **9:00-10:00 am** - **Psychiatric Drug Development and the Human Genome Project: What is the Connection and the Implications?**
  - Sheldon B. Pfohl, M.D.
  - Psychiatric Research Institute
  - Wichita, Kansas
- **10:15-11:15 am** - **Annual Business Luncheon**
- **11:00-11:15 am** - **Refreshment Break**
- **11:15am-12:15pm** - **Treatments for Alzheimer’s Disease**
  - A. John Rush, M.D.
  - Psychiatric Research Institute
  - Wichita, Kansas
- **12:15 pm-2:00 pm** - **Annual Business Luncheon**
- **2:00-3:00 pm** - **Annual Business Luncheon**
- **3:00-5:00 pm** - **Annual Business Luncheon**
- **5:00-6:00 pm** - **Annual Business Luncheon**
- **6:30 pm-7:30 pm** - **Annual Awards Banquet Reception**
- **7:00 pm** - **Annual Awards Banquet**

**Sunday, November 17, 2002**

- **8:00 am** - **Annual Business Luncheon**
- **8:00-9:00 am** - **Annual Business Luncheon**
- **9:00-10:00 am** - **Annual Business Luncheon**
- **10:15-11:15 am** - **Annual Business Luncheon**
- **11:00 pm-12:00 pm** - **Annual Business Luncheon**

**METHOD OF PAYMENT**

- Check (payable to Texas Society of Psychiatric Physicians)
- Visa
- MasterCard

**CANCELLATION POLICY**

In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by July 24, 2002, less a 25% handling charge. No refunds will be given after July 24, 2002.

**REGISTRATION DEADLINE JULY 24, 2002**

**TO REGISTER**

Please complete the registration form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 675, Austin, Texas 78701 by October 26 to receive the discounted registration fee. Registration forms and payments by credit card may be FAXED to TSPP at 512-478-5235.

**CANCELLATION POLICY**

In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 26, 2002, less a 25% handling charge. No refunds will be given after October 26, 2002.

If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-6665.

**MENTAL ILLNESS AWARENESS COALITION LEADERSHIP RETREAT**

**August 3-4, 2002 • Hyatt Regency Hill Country Resort, San Antonio, Texas**

**CONFERENCE REGISTRATION**

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Please register below for each event you will be attending.

- Coalition Legislative Program and Luncheon, August 3, 9:30 am-2:00 pm
- Legislative Communications Training led by Joe Gagen
- Coalition Legislative Priorities and Legislative Presentation by a State Legislator

- Coalition Reception, August 3, 6:30 pm - 7:30 pm
- Luncheon Presentation by a State Legislator

- TSPP Leadership Program, Sunday, August 4, 9:30 am - 12 Noon
- TSPP Reception

**METHOD OF PAYMENT**

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**REGISTRATION DEADLINE JULY 24, 2002**

**Return to: TSPP • 401 West 15th Street, Suite 675, Austin, TX 78701 (512) 478-6665 FAX (512) 478-5235 E-Mail: TSPPinfo@aol.com**
MITs Do Make a Difference
Jacqueline C. McGregor, MD, Chair, MIT Section

Looking back over the past almost five years, I am both happy and sad that my tenure as a member-in-training (MIT) is coming to a close. I became a member of TSPP like most residents by filling out an application for membership to the APA. At the time I was not entirely clear what dual membership status meant. Soon I started to receive newsletters and mailings from TSPP. I kept getting confused about what the initials stood for. What could a resident have to contribute anyway? At first I used all of the same reasons that most residents have for not participating in organized psychiatry. I did not understand what organized psychiatry was in the first place; I was too busy; I could not afford the travel expenses; I was worried about going to meetings where I would not know anyone; I did not think that a resident could make a difference.

My introduction to TSPP came when a group of residents from my adult training program wanted to arrange a field trip during the 1999 Legislative Session. We called John Bush and asked for his assistance. He didn’t just help us; he and Debbie Sundberg did all of the work. Essentially, all we had to do was show up. Mr. Bush personally gave us an orientation on the important issues that show up. Mr. Bush and Debbie Sundberg made a point of checking in with residents. As a resident representative I was included in the Executive Council meetings and quickly became engaged in the workings and issues of TSPP. Some of these included maintaining ECT as a treatment option, gaining funding for new generation antipsychotics, establishing mental health parity, maintaining patient privacy, and preventing psychologist prescribing.

I feel fortunate to have had this opportunity to be a TSPP member-in-training. Before I started working on this piece, I had not considered the significance of the words “member-in-training.” It certainly never seemed like a second-class membership. I have worked on committees, participated at leadership retreats, and voted at Executive Council meetings. I have made acquaintances with residents and psychiatrists across the state; some I now count as friends and mentors. This time has been good preparation for general membership. Being involved as an MIT has given me an important perspective that I will carry with me. Looking forward, I know that my association with TSPP is just beginning.

MIT Calendar of Meetings

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<tr>
<th>Date</th>
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<tr>
<td>MAY 18-23</td>
<td>APA Annual Convention Philadelphia, PA</td>
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<tr>
<td>AUGUST 3-4</td>
<td>TSPP Summer Leadership Retreat Heatley’s City Resort, San Antonio, Texas</td>
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<tr>
<td>NOVEMBER 15-17</td>
<td>TSPP Annual Convention and Scientific Program “New Frontiers in Psychiatry” Worthington Hotel, Fort Worth, Texas</td>
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Scientific Program Contributors

- Platinum ($6,000+) Eli Lilly and Company Forest Laboratories, Inc. Glaxo SmithKline
- Gold ($3,000+) Abbott Laboratories Pfizer, Inc.
- Silver ($1,500+) Ortho McNeil
- Bronze ($1,000+) Johnson & Johnson

The TSPP Newsletter is published six times a year for its membership in February, April, June, August, October, and December. Members are encouraged to submit articles for possible publication. Deadline for submitting copy to the TSPP Executive Office is the first day of the publication month.

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.

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http://www.txpsych.org (Website)