Psychology Prescribing: A Lesson in Advocacy

Martha Leatherman, MD, Federation Vice Chairman for Public Policy and TSPP Chairman, Government Affairs Committee

The evolution of psychiatric legislative advocacy over the past ten years has been fascinating and informative. When I first became involved with organized Texas psychiatry, each legislative session was marked by harrowing battles during which we fought to preserve the rights of Texans to receive ECT when necessary. At the time, we were forced to advocate from a defensive position, few psychiatrists were involved, and we worked around the clock before legislative committees testifying while the Citizens Commission on Human Rights spread slanderous misinformation about us to the public and to the legislators. Timeless work by John Bush, Debbie Sundberg, and wonderful TSPP presidents have allowed us to enjoy the past 10 legislative sessions without anti-ECT bills.

Although, we have, for the present, neutralized the threat to ECT, psychiatrists nationwide have been beleaguered by a certain faction of well-funded, well-organized psychologists who are doggedly seeking to assume the privilege of practicing medicine without earning a medical degree. Louisiana and New Mexico have fallen against the onslaught of these misguided psychologists, increasing the threat of an eventual psychologist victory in Texas. The psychologists filed their prescribing bill in Texas during the 2001 and 2003 Legislative Sessions. On both occasions, we prevailed in defeating them. Recent victories by psychologists in New Mexico and Louisiana, however, energized the Texas Psychological Association in its quest to achieve prescribing privileges from the Texas Legislature in 2005. We have worked hard over the past two years to prepare for our expected onslaught in the 2005 Legislative Session. However, on March 11, the final day to file bills for the current session, a psychologist prescribing bill failed to emerge. Although their bill was not filed, we will continue to be vigilant to ensure that their legislative initiative does not appear as an amendment to a bill that has been filed. The Session is not over. But for the effective efforts of organized psychiatry in Texas, psychologists would have already won prescribing privileges by legislative fiat.

There are a few reasons I think we have prevailed and I think the study of our legislative efforts over the last ten years on these two major fronts is instructive and will help us in the inevitable battles to come. Here are the lessons I have learned:

Lesson One: Build Relationships

During the height of the campaign by the Church of Scientology to isolate us and paint us as monsters, we understandably were dispirited and a little frightened. After all, if legislatures could restrict lifesaving treatments based on a propaganda of hate, how could we possibly prevail using logic and science? What chance did our patients, many of whom live on the fringes of society, have to advocate for themselves? How could we fight the battle against Scientology slander while we and our patients were crippled by the pervasive stigma surrounding the mentally ill and those of us who care for them? After much reflection, I believe that the relationships built as a result of the campaign and to the legislators. Tireless work by John Bush and Debbie Sundberg, I know they won't like me to say this, but we psychiatrists were suffering from substantial “issues with self-esteem.” Our very character as a profession, and by extension, as individual human beings was under attack. It was difficult for us physicians to heal ourselves when we were so dispirited. John and Debbie saw the good in us and helped us to rise above our hurt and fear. They relentlessly defended and encouraged us and helped strengthen us for the fight. We discovered that we really had gone into medicine “to help people,” and with dawning gratitude and hope, we began to recognize that those people—our patients—knew it. The development of our ongoing Advocacy Coalition in these ECT years has proved invaluable as we have struggled with other threats: funding cuts, drug formularies, and renegade psychologists. That was our first lesson: build relationships.

Lesson Two: Build Relationships

Although the various TSPP presidents have focused on a number of different issues during their terms, all have had to deal with legislative realities. This legislative continuity has led our leaders to create programs which have strengthened our ability to effectively influence the legislature. The Political Action Task Force program developed in 1998 has served as a vehicle for Texas psychiatry to work with local legislators. The relationships built as a result of the Political Action Task Force program, executed at the grassroots level through TSPPs 18 Chapters, were key in defeating the psychology prescribing bills introduced in 2001 and 2003. I believe that those relationships have prevented a psychology prescribing bill from even being filed (thus far) this year. The psychiatric leadership in Hawaii credited their recent victory, in part, to their hosting of an annual legislative reception. Our ongoing work in building a Key Legislative Contacts Database has facilitated liaisons with legislators that are not restricted to the legislative session, but which operate year round. I believe that it is because of these contacts, nurtured outside of the legislative arena in Austin that we have not yet had to endure a tense floor vote on a psychology prescribing bill such as the one Hawaii narrowly won by a 12-12 tie.

Lesson Three: Build Relationships

Five years ago, TSPP forged a new relationship with our extraordinary lobbyist, Steve Bresnen. The major factor in our choosing Steve to represent our interests was his clear commitment to ethical representation for his clients. He works with groups in whom he believes and his faith in us has enabled us to forge a true bond with him that transcends that of employer/employee. During internal struggles as well as struggles with the APA, Steve Bresnen has been patient, and has continued to fight for our interests even when we were distracted. He supported us during hard times with sage advice and unflagging confidence in our causes. Steve has worked heroically to learn our issues and has developed a real understanding of the complexity of psychiatric practice as well as mental illness. In contrast, the psychologists have depended on short-term alliances with expensive lobbyists. The money they have thrown at the efforts at prescribing have failed while our honest and ongoing relationships have continued to work for us. In discussions with legislators, not one of them ever fails to speak highly of Steve. They know they can trust him, and we are proud to say he represents us.

Lesson Four: Build Relationships

Over the past few years, we have been extremely fortunate in developing an ongoing relationship with Joel Roberts, a nation¬ally renowned media consultant. On the personal side, we have seen him through the difficult rehabilitation following a bicycle accident and were able to congratulate him on his recent marriage. Joel has committed to an ongoing campaign to help dispel the stigma surrounding mental illness, the mentally ill, and those of us who care for them. He has worked with us in media training as well as helping us hone our message for legis¬lative purposes. He has offered to be avail¬able, on call, to any one of us who has a media opportunity and would like preparatory help. Perhaps most valuable, he has also worked with our partners in the Mental Illness Awareness Coalition established by TSPP in 1995 (NAMI Texas, Depression and Bipolar Support Alliance, Mental Health Association, Texas Mental Health Consumers, and the Texas Medical Association). That work, which we were able to facilitate, provided our coalition partners a level of sophistication in their media and legislative relationships that will serve them well in years to come. The fact that we made that possible further strengthens our relationships with members of the Coalition.

Lesson Five: Build Relationships

As part of our ongoing Capitol Day events, conducted at the beginning of each Legislative Session since 1995, we have reached out to include psychiatric residents in our legislative efforts. Residents have been able to join other TSPP members, Coalition partners, and Joel Roberts in the media training and legislative visits. During that process, these trainees were given the opportunity to work closely with Joel and to accompany senior TSPP members as we went door-to-door educating legislators. I’m thrilled to report that these trainees quickly became proficient enough that they needed no supervision in their legislative work. Ultimately, they taught us a number of things about effective advocacy because of their fresh view of the process. Their empowerment in Austin has infused our efforts with renewed vigor and we have been so grateful for the relationships we have developed with these impressive young physicians.

Lesson Six: Build Relationships

Texas organized psychiatry has always striven to forge a strong and effective relationship with the Texas Medical Association and with our colleagues in other medical specialty
It Takes A Physician....

J. Clay Sawyer, MD, President, Texas Society of Psychiatric Physicians

“We are not here to curse the darkness, but to light the candle that can guide us through that darkness to a safe and sane future.” – John F. Kennedy

In my most recent column, I reviewed the major events of this past year which have impacted the Texas Society of Psychiatric Physicians. These events included legislative issues, organizational issues, the Federation of Texas Psychiatry, the Texas Academy of Psychiatry, and the APA Board of Trustees, to name but a few. In this, my last column as TSPP President, I want to reflect a bit on the meaning of these events and developments.

The legislative battles continue, and TSPP continues to be at the forefront in all areas where our expertise is needed and required. Whether the issues involved concern foster child care, scope of practice issues, public health care, mental health parity, or the rewriting of the Texas Medical Practice Act (especially with regard to physicians gaining due process before the Texas State Board of Medical Examiners), TSPP has been present, TSPP has been heard, and TSPP has been effective. I am especially proud of the fact that psychologists in Texas were unable to even have a prescribing bill filed, despite making this issue their number one priority for this session (and publicizing that goal, raising money specifically to achieve it, hiring a powerful lobbyist to advance it, and involving the resources of their national organizations). The reason for this outcome? The effectiveness of TSPP’s legislative advocacy program.

As Speaker of the House of Representatives of the United States, Congressman Tip O’Neill declared that all politics is local. Legislative processes and results in Texas, in Louisiana, in New Mexico, and elsewhere all continue to prove the wisdom of his observation. We have a strong organization in TSPP; built and sustained by its members. This strength hasn’t just happened—the efforts of many (members, administrators, and lobbyists alike) have been, and continue to be, required to enable us to achieve the effectiveness we now enjoy. The constant work and planning necessary and the continued development of legislative relationships are not tasks which can be undertaken as a reaction to new events, nor can these tasks be undertaken only during a legislative session (every two years for 140 days in Texas). These approaches would be futile—too little and too late.

Success in legislative advocacy requires year-round effort, constant watch, keen observation and anticipation, strong alliances, and timely proactive choices, not ineffective reactive efforts. We now have even stronger alliances with other medical organizations (such as the Texas Academy of Psychiatry and the Texas Society of Child and Adolescent Psychiatry) thanks to the new coalition organization which is the Federation of Texas Psychiatry (and which is also planning to invite to organizational membership the Texas Medical Association). The voice of Texas psychiatry has been expanded by 7% just in the few months since the Federation came into existence. I have been told that the expanded voice made TSPP legislative advocacy much more effective during this legislative session than it had been in the case in recent years. The results speak for themselves. As Victor Hugo said, “Nothing is stronger than an idea whose time has come.”

From our experience alone, not to mention the experiences of others, it would seem that the concept of having strong, effective district branches would be obvious and well-established. However, even now, efforts are being advanced by some within the APA to de-emphasize the importance of district branches. The feeling seems to be that the APA itself can handle any legislative challenges which might arise anywhere in the country. The lack of effective cohesive efforts in New Mexico and in Louisiana should serve to prove otherwise, and to serve as a wake-up call. In general, after-the-fact personal and written contacts by national organizations directed toward state and local governing bodies are typically not well received (the term “carpetbaggers” has been heard in reference to such efforts in Louisiana). Well-intentioned efforts on the part of APA cannot replace the effectiveness of well-prepared, strong district branches. District branches themselves must be willing to take this responsibility seriously and to do the work required, rather than leaving it for someone else. Fortunately, most district branches do accept this duty not only for the psychiatrists they directly represent but also for the patients for whom they also advocate. Thomas Hobbes was absolutely correct when he said, “There are very few so foolish that they had not rather govern themselves than be governed by others.”

The current conflict between the APA Board of Trustees and TSPP no longer appears to be limited to the surface issues of the existence of a Federation and of an Academy. The very nature of the relationship between the APA and its district branches now seems to have also become an issue—perhaps this has been the real issue all along. If TSPP were to choose to ignore our fiduciary responsibilities (which would also serve to ignore the Texas laws for non-profit organizations under which we are organized) and allow any other organization to assume our governance duties, our membership duties, our financial duties, and our alliance-building duties, then the days of strong district branches would be over. We would be ignoring Mr. O’Neill’s observation of the truth of the political process, and more New Mexico and Louisiana would result.

We both welcome and admire the APA’s renewed effectiveness at advocating at the national level, just as we do the district branches which effectively advocate at various local levels. There is no reason that these two advantageous approaches cannot continue to coexist. I do not know how the overall conflict will be resolved, but I do not feel that TSPP being excommunicated by the APA Board of Trustees is any answer. However, that possibility continues to exist and we will be prepared for it should it occur. TSPP has continued to be strong because it has never forgotten that its strength is because of its members. Regardless of the eventual outcome, TSPP will continue to be strong and will continue to be the pre-eminent voice of psychiatry in Texas. Our ideas are working and are benefiting TSPP (which also benefits APA), and our effectiveness and legislative advocacy has been enhanced. Our basic approach to legislative advocacy, that of our members building and maintaining individual legislative relationships, has been proven. It is my hope that our efforts will always serve to “light the candle” as stated so eloquently by President Kennedy, and that we will never be satisfied with simply “cursing the darkness.”

TSPP will be well-served by Gary Eeter, M.D. at the helm as President for 2005-2006, and by Les Secrest, M.D., following as President in 2006-2007. Both are highly experienced in organized medicine, both understand completely the concepts and the consequences of the current conflict, and both are highly committed to keeping TSPP strong, effective, membership-driven, membership-based, membership-oriented, and dedicated to the proposition that all psychiatrists have a right to be heard. I thank you for allowing me to serve as TSPP President for 2004-2005, and for taking to heart so well my chosen theme for this past year—the truism that it takes a physician to be a psychiatrist. I also thank John Bush and Debbie Sundberg for all of their help and their hard work. Regardless of any employment circumstances, John and Debbie are completely dedicated to TSPP, and we are most fortunate to have them working in our behalf.

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organizations. The relationship we enjoy with the House of Medicine has been helpful to us in many legislative battles, and conversely, we have contributed to successful legislative outcomes for other branches of medicine. These informal relationships were formalized this year with the establishment of the Patients’ First Coalition, organized to work on scope of practice issues impacting each medical specialty. The Patients’ First Coalition, representing over 41,000 Texas physicians, includes the Texas Association of Obstetrics/Gynecology, the Texas College of Emergency Physicians, the Texas Ophthalmological Association, the Texas Osteopathic Medical Association, the Texas Pediatric Society, the Texas Society of Anesthesiologists, the Texas Society of Plastic Surgeons, the Texas Medical Association and the Federation of Texas Psychiatry. Not only are we colleagues in other specialties, but we also see patients for whom they also advocate. The relationship with organized medicine is vital to our success.

Lesson Seven: Build Relationships

One of the more subtle lessons I’ve learned from these past years is that the art of organizational compromise and agreement is essential to success. Perhaps part of the reason the psychologists have failed to gain prescribing privileges legislatively is that the psychologists themselves are divided on the issue. In fact, a determined and articulate psychologist joined us at Capitol Day and provided insight into the issue. We proved that we are grateful for the opportunity to work with psychology in taking care of patients, but are not willing to compromise patient safety in order to appease the strident group who aims to practice medicine without a license. It is probably clear to the legislature that psychology can’t agree on its own agenda and, of course, that hurts their cause.

Lesson Eight: Build Relationships

At the risk of being effusive, out of the ashes of the realization that our vision of how best to represent Texas psychiatrists has sprung what promises to be an important organizational model—the Federation of Texas Psychiatry. Under the aegis of the Federation, TSPP, the Academy of Texas Psychiatry and the Texas Society of Child and Adolescent Psychiatry have united to present one strong voice for our profession here in Texas. The Federation has allowed us to reconnect with the child and adolescent psychiatrists and offer them representation. We have welcomed psychiatrists not previously involved in organized psychiatry into the growing voice of our profession here in Texas. In short, the Federation of Texas Psychiatry is rapidly forging relationships that are the fulcrum of our own profession. With increasing numbers, we will be more effective legislatively, a benefit to our profession and to our patients.
How to Harm a Patient

R. Sanford Kiser, MD, President, Board of Trustees, Texas Academy of Psychiatry

I am writing this article to relay new insights from reading the psychology prescribing bills from New Mexico and Louisiana. I found it difficult to read these statutes and the process by which they were enacted into law. I have never liked horror movies, and as a result I found the bills quite unsettling. They appeared to generate a ghastly blueprint for harming patients.

In the following, I will briefly describe a few of the recurring patterns that I found to be particularly unnerving.

Hide Danger Behind Ill-Defined Labels and Slogans

By fiat the Louisiana law created an entity known as a “medical psychologist.” What is a “medical” psychologist? Is it in any way similar to a “psychological dermatologist”?

The Louisiana law is vague regarding the definition of a “medical psychologist” other than using the words “medical” and “psychologist” to say that it is a psychologist who has taken enough courses to prescribe psychoactive medications. “Enough courses” unfortunately is also not clearly defined.

Questions:

1. Do these laws, in any way, remind you of the majority of the medical community did-fly the bills under the radar so quickly that if you do not have a good Stephen King book to read and you have a desperate need to slack your thirst for horror, I suggest that you have copies of these two statutes available.

As a preview of coming attractions in your readings, I think you will especially be scared out of your wits by reading sections about: • Turning a Felony into a Misdemeanor • Get ‘em While They’re Young • Get ‘em When They’re Old • Improving Access to Care While Really Improving Access to Bad Care • Techniques to Obscure the Definition of Competence

You will find an all-time classic in a particularly bizarre section about: • Techniques for Psychologists to Boss Around Nurses

TSCAP Welcomes New Partnership

Cynthia W. Santos, MD, President, Texas Society of Child and Adolescent Psychiatry

The Texas Society of Child and Adolescent Psychiatry has become the newest member of the Federation of Texas Psychiatry. We are pleased that we were invited to become members, and believe this partnership will better help us advocate for the mental health needs of children and adolescents.

Other important areas of advocacy include restorition of CHIP funding and maximizing eligibility for Medicaid. We will also support needed reforms of the state’s child protective services. We look forward to working with other member organizations of the Federation in advocating for these important issues.

On a national level, The Child Healthcare Crisis Relief Act is the top legislative priority of the American Academy of Child and Adolescent Psychiatry. This legislation creates incentives to encourage recruitment into all children’s mental health professions, and specifically for child and adolescent psychiatry. This would include restoration of graduate medical education funding for child psychiatry training programs and create a loan forgiveness program for use by child and adolescent psychiatry trainees. All AAPACN members are encouraged to contact their House representatives and Senators to request co-sponsorship of this bill.

At the upcoming annual meeting of TSCAP, Dr. Steven Pлиска and Sylvia Muniz, MD. This vulnerable population needs strong advocacy in order to make sure they receive timely and appropriate psychiatric treatment.

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On another note, we are eagerly anticipating another outstanding summer meeting. This year, the TSCAP will meet July 22-24 at the Lakeway Inn Conference Resort on Lake Travis, just outside of Austin. As always, our meetings are meant to be family-friendly and provide some time for relaxation and fun in addition to exceptional CME talks. Our keynote speaker will be Dr. Jay Giedd, a nationally prominent researcher on adolescent brain development. The program title will be “The Adolescent Brain: Developmental, Psychotherapeutic and Pharmacologic Issues.” The theme of the conference will focus on the adolescent brain: specifically, how current knowledge of adolescent brain development can improve our understanding of some adolescent psychopathology and better inform our psychotherapeutic and pharmacologic treatments. Results from an ongoing brain imaging project detailing dynamic changes in adolescent brain anatomy will be presented, and the impact of various forces on brain development will be discussed. Imaging normal cortical development may help our understanding of some neurodevelopmental disorders such as childhood-onset schizophrenia or autism. Dr. Steven Pлишка will provide an update of recent FDA warnings, specifically recent concerns about sudden death in patients treated with Adderall. Cognitive-behavioral techniques from the recent Treatment of Adolescent Depression Study will be presented by Beth Kennard, PhD and Jessica Jones, emphasizing its usefulness in treating adolescent depression. In addition to presentation of research data, there will be a case discussion with the opportunity for a wide-ranging discussion of current clinical issues among the participants. Finally, George Padral, MD, JD, will discuss ethical issues among psychiatrists and the procedures used for handling ethics complaints.

We look forward to continuing to seek ways to improve our organization and make it even more beneficial to our members. We believe our new relationship with the Federation of Texas Psychiatry will be a positive one that leads to enhancements in both organizations.
The Board of Directors of the Texas Federation for Psychiatric Education and Research met in Dallas on April 16, 2005 and received a report that Annual Campaign 2004 was supported by 93 contributions totaling $14,250. To date, the Foundation has awarded 78 grants amounting to $100,884, distributed as follows: Public Education and Advocacy - 59%; Professional Education - 34%; and Research - 7%. The Board approved grants for fiscal year 2005-2006 for the following: Mental Illness Awareness Week; Texas Depression and Bipolar Support Alliance; TSPP Annual Convention; and Michael Nye Exhibit at the Houston Center for Photography.

The following members were elected as Officers for fiscal year 2005-2006: Chairman - Edward Reilly, MD (Houston); Vice Chairman - Linda Rhodes, MD (San Antonio); Treasurer - Arthur Farley, MD (Austin); and Secretary - Miriam Feaster (Friendswood). Charles Bowden, MD (San Antonio) was elected to the Honorary Board for a term of May 2006-April 2009.

The Foundation Nominating Committee will present the following slate of Elected Directors to Foundation members at the Annual Membership Meeting in Austin in November 2005. Their terms will be May 2006-April 2009.

1. Re-appoint Shirley Marks, MD (McKinney)
2. Appoint Clay Sawyer, MD (Waco) to replace Charles Bowden, MD (San Antonio)
3. Re-appoint Mohan Mirhali, MD (Houston)
4. Re-appoint Conaway McDonald, MD (Dallas)
5. Re-appoint Hal Haralson (Austin)
6. Appoint Ed Race, MD (Dallas) to replace Stella Mullins (Austin)

FOUNDATION ASSOCIATES - 2004
Bush, John R.
Cinaro Foundation (Marcy J. Hunt)
Jameson, MD, Grace K.
Kushbalaran Foundation (Ashok Kushbalaran, MD)
Reilly, Edward & Mary Lou
Rhodes, MD, Linda J.
Stubblefield, Mrs. Robert L.
Tropp, MD, Larry E.

FOUNDATION ADVOCATES - 2004
Badol, MD, T. Grady
Bekker, MD, Emile
Bennett, MD, Robert D.
Bittner, David and Beatrice
Cavanaugh, MD, Regina
Briones, David and Beatrice
Bennett, MD, Robert D.

FEDERATION CONTINUES TO GROW

The Delegates Assembly of the Federation of Texas Psychiatric Education and Research in Dallas on April 17, 2005. The Federation is an organization of psychiatric organizations, which serves as a coalition to unite and strengthen the voice of psychiatry in Texas. The Federation has three voting member organizations (the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry, and the Texas Society of Child and Adolescent Psychiatry). Each voting member organization sends representatives to serve on the Delegates Assembly, the governing body of the organization. The Texas Foundation for Psychiatric Education and Research is a non-voting member of the Federation.

Since its inception on July 1, 2004 as a Texas non-profit corporation, the Federation now represents organizations with a combined membership enrollment of 1,669, an increase of 7% in united representation of psychiatry since July. The Delegates Assembly identified a number of other organizations in Texas which are eligible for membership, some of whom are already considering membership.

A major focus of the Federation is advocacy for psychiatry and patients with the Texas Legislature and with various State regulatory agencies. The Federation’s united voice has already been effective in the current legislative session with significant achievements regarding the psychology prescribing issue and the reform of the foster care system in Texas. The Federation is currently tracking 213 bills in the Texas Legislature which could effect the practice of psychiatry and the delivery of psychiatric care to patients.

At their meeting on April 17, the Delegates Assembly authorized the distribution of ballot to the Assembly requesting consideration of an amendment to its Bylaws resulting from negotiations between TSPP and the APA Board of Trustees regarding the restructuration of organized psychiatry in Texas.

Current representatives to the Delegates Assembly include: Texas Academy of Psychiatry (Sanford Kiser, MD, Stuart Crane, MD and Thomas Martin, III, MD); Texas Society of Child and Adolescent Psychiatry (Ralph Hodges, MD, Patrick Holden, MD, Steven Pliszka, MD, Valerie Robinson, MD, and Cynthia Santos, MD); and Texas Society of Psychiatric Physicians (David Axelrad, MD, Conaway McDonald, MD, Gary Ettre, MD, Martha Leathermann, MD, Richard Noel, MD, Priscilla Ray, MD, Clay Sawyer, MD and Leslie Secrest, MD).

Grace Jameson, MD Honored

Grace K. Jameson, MD (San Antonio) being awarded by wellwishers during a reception conducted in her honor at the Yacht Club in Galveston recognizing her lifetime of years in the practice in medicine and psychiatry. Presentations recognizing Dr. Jameson’s distinguished career were made by the Mayor’s Office, John Bush, Executive Director of the Texas Foundation for Psychiatric Education and Research, Robert Hitchfield, MD, Chairman of the UTMB Department of Psychiatry, and William Bondurant, MD, Dr. Jameson’s partner of many years.
Call for Nominations

The 2006 Texas Society of Psychiatric Physicians’ Annual Convention and Scientific Program will be held November 3-5, 2006 at the Westin Galleria Hotel in Dallas, Texas. TSPP members interested in being considered for appointment as the 2006 Scientific Program Chair should submit a brief resume outlining qualifications and knowledge of the CME process by June 1, 2005.

As the Scientific Program Chair you will be appointed to the CME Committee and, in consultation with the CME Committee, identify topics of interest expressed by the membership, write the program’s objectives, develop the content, and select appropriate speakers for the program. You will be responsible for promoting the meeting to the membership by articles in the Texas Psychiatrist and notices to Chapters.

In addition, as Scientific Program Chair you will be nominated as TSPP Vice President and be appointed to the TSPP Executive Committee. As a member of the TSPP Executive Committee you will be responsible for participation in Executive Committee meetings and telephone conference calls required to conduct business between Executive Council meetings.

On-site at the Scientific Program, you will preside over 1 poster session or abstract for presentation by residents at TSPP’s meetings.

In addition, you will preside over the TSPP Annual Business Meeting and be one of the three people who will vote on the motion for the slate of CME Committee nominees for the following year.

The TSPP Executive Council reserves the right to appoint one or more qualified persons to fill any vacancies that may arise in the Scientific Program Chair position.

The deadline for receipt of nominations is June 1, 2005. The Executive Council will make the appointment by June 15, 2005.

Deadline for Submission of Applications: August 1, 2005

Send your resume to:
Texas Society of Psychiatric Physicians
401 West 15th Street, Suite 675
Austin, Texas 78701
or, fax it to 512/478-5223 or send it by email to TSPPedia@aol.com.

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applicability of the death penalty to a capital offense committed by a person with mental retardation.

HB 419 (2/3/05 referred to House Criminal Justice)
SB 65 (1/31/05 referred to Senate Criminal Justice)
SB 85 (Ellis) relating to the applicability of the death penalty to a capital offense committed by a person with mental retardation.
(3/31/05 referred to Senate Criminal Justice)
SB 231 (Ellis) relating to the applicability of the death penalty to a capital offense committed by a person with mental retardation.
(2/3/05 referred to Senate Criminal Justice)

Courts:

SB 348 (Wentworth) relating to the availability of judges and magistrates for proceedings related to chemically dependent persons.
(3/31/05 passed Senate; 4/4/05 referred to House Judiciary)
HB 2518 (Coleman) relating to the requirements of a mental health court program.
(4/7/04 passed Senate; 4/7/05 received in the House)

CHILDREN AND ADOLESCENTS

Protective Services:

SB 6 (Nelson) relating to protective services.
(3/3/05 passed Senate; 4/5/05 substitute voted favorably from House Human Services)
HB 6 (Huppy) relating to protective services.
(4/7/04 action pending in Senate Human Services)
SB 339 (Naishat) relating to the administration of psychotropic medication to foster children.
(2/21/05 pending in House Human Services)
HB 478 (Goodman) relating to the operation of child protective services and foster care system.
(2/25/05 pending in House Human Services)
HB 798 (Uresti) relating to the creation of an online medical passport for foster children.
(2/14/05 referred to pending in House Government Reform)
HB 800 (Uresti) relating to protective services.
(2/25/05 pending in House Human Services)
SB 750 (Van de Putte) relating to the operation of the child protective services and foster care systems.
(3/10/05 referred to Senate Health and Human Services)

Insurance Benefits:

HB 368 (Farabee)/SB 215 (Van de Putte) relating to health benefit plan coverage for certain mental disorders in children
HB 368 (2/21/05 hearing in House Insurance)
SB 215 (3/21/05 pending in Senate State Affairs)
HB 556 (Naishat) relating to eligibility for and administration of the child health plan program.
(2/7/05 referred to House Human Services)
SB 1188 (Nelson) relating to medical assistance and children’s health insurance programs.
(4/12/05 meeting set for Senate Health and Human Services)
HB 725 (Pena)/SB 68 (Shapleigh) relating to restoring services under the Medicaid and children’s health insurance programs.
HB 725 (2/9/05 referred to House Appropriations)
SB 69 (3/11/05 referred to Senate Finance)
HB 2606 (Guillen) relating to expanding mental health services provided under the medical assistance and children’s health insurance programs.
(3/18/05 referred to House Public Health)
HB 2738 (Guillen) relating to eligibility for and administration of the child health plan program.
(3/16/05 referred to House Public Health)
SB 5436 (Coleman) relating to the restoration and expansion of the medical assistance, children’s health insurance and other health insurance programs.
(3/3/05 referred to Senate Appropriations)

Services:

HB 224 (Corr) relating to the treatment of certain persons younger than 18 years of age admitted for voluntary inpatient mental health services and discharge from that treatment for those persons.
(4/4/05 passed the House; 4/6/05 referred to Senate Health and Human Services)
HB 241 (Goodwin) and HB 242 relating to professional liability insurance for certain retired physicians acting as volunteer health care providers.
HB 241 (2/1/05 referred to House Insurance)
HB 242 (2/1/05 referred to House Insurance)
HB 688 (Rose) relating to the use of certain factors in determining premiums charged to professional liability insurance for physicians and health care providers.
(4/11/05 meeting set for House Insurance)
HB 1532 (Rose)/SB 249 (West) relating to rates for professional liability insurance for physicians and health care providers.
HB 1532 (4/11/05 meeting set in House Insurance)
SB 249 (2/25/05 referred to Senate State Affairs)
SB 1665 (Hopson) relating to a study of the effectiveness of rate regulation for medical malpractice insurance.
(3/2/05 referred to House Insurance)

Insurance Benefits:

HB 1669 (Rose) relating to health benefit plan coverage for the diagnosis and treatment of eating disorders.
(3/2/05 referred to House Insurance)
HB 1784 (Coleman)/SB 1414 (Shapleigh) relating to health benefit coverage for certain physical injuries that are self inflicted by a minor.
HB 1785 (3/11/05 referred to House Insurance)
SB 1781 (3/30/05 referred to Senate State Affairs)
HB 1786 (Coleman)/SB 1781 (Van de Putte) relating to health benefit coverage for certain physical injuries that are self inflicted by a minor.
HB 1786 (3/11/05 referred to House Insurance)
SB 1786 (3/30/05 referred to Senate State Affairs)
HB 1941 (Nixon) relating to group health benefit plan coverage for certain mental disorders.
(4/14/05 subcommittee meeting set for House Insurance)
SB 341 (Coleman)/SB 826 (Van de Putte) relating to mental health services for women with postpartum depression.
HB 341 (1/22/05 referred to House Insurance)
SB 826 (4/25/05 pending in Senate Health and Human Services)
SB 208 (Lucio) relating to health benefit plan coverage for an enrollee with certain mental disorders, including autism or another pervasive developmental disorder.
(2/3/05 referred to Senate State Affairs)

Systems of Care:

SB 1756 (Zaffirini) relating to the managed care system known as integrated care management.
(3/18/05 referred to Senate Finance)
SB 872 (Nelson) relating to a study regarding the impact of niche hospitals on other general hospitals and to certain disclosure requirements regarding niche hospitals.
(4/11/05 placed on Senate Intent Calendar)

Insurance Practices:

SB 49 (Nelson) relating to the electronic submission of certain health care transactions.
(3/1/05 referred to Senate State Affairs)
HB 7 (Solomons)/SB 400 (Nelson) relating to common failure of the Worker’s Compensation Commission.
(4/11/05 passed as amended and substituted and the House; 4/6/05 referred to Senate State Affairs)
SB 400 (2/15/05 referred to Senate Government Organization)
SB 46 (Nelson) relating to a universal benefits issuance and identification card for health and hospital service plans.
(4/11/05 referred to Senate State Affairs)
SB 50 (Nelson) relating to contracts between health care providers and certain benefit plans.
(3/31/05 substitute passed the Senate; 4/4/05 referred to House Insurance)

Taxes:

HB 3 (Refler) relating to property tax relief and protection of taxpayers, taxes and fees, and other matters relating to the financing of public schools.
(3/15/05 passed as substituted and amended in the House; 3/22/05 referred to Senate Finance)

SUBSTANCE USE

HB 658 (Naishat) relating to the medical use of marijuana.
(4/5/05 pending in House Criminal Jurisprudence)
HB 1805 (Campbell) relating to the provision of alcohol and substance abuse programs by school districts.
(3/11/05 referred to House Public Health)
SB 348 (Wentworth) relating to the availability of judges and magistrates for proceedings related to chemically dependent persons.
(3/31/05 passed the House; 4/22/05 on Senate Local Calendar)

OTHER

HB 1944 (Solomons)/SB 419 (Nelson) relating to the continuation and functions of the State Board of Medical Examiners.
HB 1944 (4/13/05 meeting set for House Public Health)
SB 419 (referred to Senate Government Organization)
SB 424 (Carona) relating to the deadline for passing the examination for a license to practice medicine in this state.
(4/7/05 passed Senate; 4/7/05 received in the House)
SB 1719 (Van de Putte) relating to the administration of medication.
(3/30/05 referred to Senate Health and Human Services)
SB 1517 (Deuell) relating to qualifications of physicians who perform certain utilization review duties for a health benefit plan.
(3/22/05 referred to Senate State Affairs)
A Duty and Responsibility to Participate
Brian S. Earthman, MD, PGY-4, UTHSCSA

A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health. Psychiatrists are encouraged to serve society by advising and consulting with the executive, legislative, and judiciary branches of the government.

The first statement above is from the American Medical Association’s Principles of Medical Ethics. The second statement is from the American Psychiatric Association’s annotations specific to psychiatry. Recently, I had the opportunity to live with some of them. I immediately realized how to meet with elected officials and then to go speak with some of them. I immediately signed up and on January 25th I and several of my fellow residents headed up to Austin.

The two day event was structured with the first day being training on communication and current legislative issues in Texas facing psychiatrists and our patients. My initial thought was that as a psychiatrist I really didn’t need that training in communication after the many hours I have spent in residency on this topic. It was not long before I realized that the hours spent learning and doing psychodynamic therapy did not prepare me for the way I needed to communicate with legislators. At one point I was told that I should plan on having only five minutes (if legislators were not busy) to discuss why psychologists prescribing medications was a patient safety nightmare and that waiting for a judge to consent for a foster child to take psychiatric medication was not a good idea. Certainly not enough time to clarify any transference/countertransference issues.

The morning was filled with instruction on who is important to speak with and how to get in to see them. I was humbled to hear a highly respected and talented lobbyist tell me that because of his family’s personal experience with the devastation of mental illness he was going to work tirelessly with TSPS to protect our patients. Then a former national radio talk show host told me that his life’s goal is to educate psychiatrists on how to interact meaningfully with the media to erase the cultural stigma attached to mental illness and the medical treatment of it. Finally, consumer groups such as NAMI, DBSA, TMHIC and MHAT told their stories about how the broken system of delivery of mental health treatment in Texas has compounded their own struggles with mental illness. Day one was enough to convince any physician that the care of our patients certainly extends beyond the halls of our hospitals and the walls of our offices.

After returning to San Antonio to fulfill my overnight on-call duties, I returned for day two. TSPS organized the group into 3-4 person teams, assigned us 4-5 legislators to speak with, dressed us up in our white coats and gave us a map of the Capitol. I arrived at the Capitol full of enthusiasm and certainty that I was going to help set things straight and that by the end of the day the Texas Legislature would be at the pinnacle of understanding about mental illness and would subsequently open the coffers of our State Treasury to fund its treatment. Well, maybe I wasn’t that optimistic but my confidence factor was flying high. Things changed a little bit when I walked through the front doors of the massive pink granite building and then descended to bottom halls of “the extension” into a dizzying array of men and women in business suits flying back and forth and members from multiple other groups that had their own agendas to advance. I imagine it is very similar to the experience a patient’s family member might have if they took a wrong turn in the hospital and ended up in the trauma bays of the emergency room after a motor vehicle crash. My confidence was now tempered with an equal amount of anxiety. In the first office we visited we were politely seated and the Senator’s legislative aide came to hear our concerns. I launched into a 4-5 minute explanation of why medical school is necessary to prescribe medications, why foster children should not have psychiatric care limited, and why psychiatric patients arrested for trespassing do not need to be in jail. After finishing I realized that I felt strangely similar to how I felt during my mock orals from the year before, somewhat small and tentative. The aide asked some questions and said he would contact us if he needed any more information on the issues. We thanked him for his time and went on to visit number two.

Before the end of the day I had made 6-7 visits including a stop by my local representative’s office and had taken wrong turns at least twice as many times. By the last visit I felt like an attending leading morning rounds on the wards, confident and in charge. We returned to the TMA building and John Bush thanked us for coming and reinforced how important our participation is to their efforts in the legislative session. On my drive home I reflected on how simple the process of participation was after I worked through my anxiety. It reminded me of how different I felt on my first night shift alone in the psychiatry emergency room and my last night there. Since the Capitol Day experience I have had the opportunity to return to Austin and work with the TSPS legislative affairs team 4 times. Each time has been productive and eye-opening. My window into mental illness is as a clinician and I have learned to focus on how patients see mental illness. I am growing ever more aware that there are multiple windows including policy makers, insurance companies, hospital administrators, law enforcement, educators and so on. Each group has their own view and will fight for their own agendas. I know I will continue advocate for my patients in the arenas of city and state politics.

I now view part of my responsibility as a professional as actively participating in the writing, execution, and Upholding of the laws governing the practice of psychiatry and the delivery of mental health care in our society. I hope all psychiatry residents are afforded and take advantage of the opportunity to develop their identity as a political advocate for mental illness, just as we develop our identities as a therapist, an expert on psychotropic medication, and mental health team leader. I will finish with a quote that will forever remind me of my duties to participate.

“If one of the penalties of refusing to participate in politics is that you end up being governed by your inferiors”—Plato

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The TMA Section on Psychiatry program arranged by Joan R. Hebelet, MD and Karen D. Wagner, MD of the Texas Society of Psychiatry Physicians is targeted to physicians and residents practicing in the area of psychiatry or who specialize in the treatment of pediatric patients. Upon completion of the program, participants should be able to: 1) identify symptoms and treatment for childhood bipolar disorder; 2) identify symptomology and discuss evidence for treatment of childhood obsessive compulsive disorder; 3) discuss controversies related to treatment of childhood depression; 4) identify multicultural issues that affect treatment of childhood psychiatric disorders; and 5) discuss ethical issues related to psychiatric treatment of children in foster care.

- “Challenges in Diagnosing Childhood Bipolar Disorder”
- “Treatment of Bipolar Disorder in Children and Adolescents”
- “Childhood Obsessive-Compulsive Disorder”
- “Multicultural Issues in the Treatment of Children”
- “Ethical Issues in the Treatment of Children in Foster Care”

Joan R. Hebelet, MD, Galveston

### TMA Section on Psychiatry

Gaylord Texan Resort and Convention Center
Grapevine, Texas • May 13, 2005

#### FEDERATION OF TEXAS PSYCHIATRY

The Federation was established on July 1, 2004 with the following purposes:

A. to promote the common professional interests of psychiatrists by encouraging their participation as members of state professional psychiatric associations, including the Texas Society of Psychiatrists Physicians and the Texas Academy of Psychiatry, and state professional subspecialty psychiatric associations including organizations for Child and Adolescent Psychiatry, Addiction Psychiatry, Geriatric Psychiatry and Forensic Psychiatry;

B. to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;

C. to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;

D. to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public and,

E. to promote the best interests of patients and those actually or potentially making use of mental health services.

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

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