The Texas Legislature convened on January 11 for the 140-day 79th Texas Legislative Session. Already, the Federation of Texas Psychiatry, on behalf of the Texas Academy of Psychiatry Physicians and the Texas Academy of Psychiatry, is tracking 62 bills that could impact psychiatric care or the practice of psychiatry.

Anticipating legislative initiatives by allied health professionals to expand their scopes of practice, the Federation joined nine other physician organizations in forming the PatientsFIRST Coalition. The Coalition will oppose all efforts to expand any medical scope of practice. Coalition members, representing over 41,000 Texas physicians, includes the Texas Association of Obstetricians/Gynecologists, the Texas College of Emergency Physicians, the Texas Ophthalmological Association, the Texas Osteopathic Medical Association, the Texas Orthopaedic 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. (For more on the PatientsFIRST Coalition, see page 5).

On January 25-26, the Texas Society of Psychiatric Physicians sponsored Capitol Day for the Texas Mental Illness Awareness Coalition which included extensive communications training provided by Joel Roberts and visits with legislators and staff at the Capitol. The Coalition includes NAMI Texas, Texas Depression and Bipolar Support Alliance, Mental Health Association in Texas, Texas Mental Health Consumers, and TSPP (for more, see page 8).

Reforming the State’s child protective services will be a major legislative priority this Session. Considerable Federation resources have been expended since August to help shape the outcome of this needed reform. The Federation’s lobbyist, Steve Bresnen, has led this effort by working closely with the Governor’s Office, the Comptroller’s Office, legislators and several agencies including the Health and Human Services Commission and the Department of State Health Services to define issues and possible remedies. To and the Department of State Health Services legislature and several agencies including the Federation’s lobbyist, Steve Bresnen, has

This outstanding and impressive group of residents participated in TSPP’s Capitol Day on January 25-26. These residents joined by other TSPP members and partners in the Texas Mental Illness Awareness Coalition provided valuable input to legislators about psychiatric illness and care. For more on Capitol Day, see page 8.

The PatientsFIRST Coalition, on behalf of the Texas Academy of Psychiatry Physicians, the Texas Academy of Psychiatry, the Texas Society of Child and Adolescent Psychiatry, the Texas Pediatric Society, the Texas Academy of Family Physicians, the Texas Medical Association, NAMI Texas, the Depression and Bipolar Support Alliance, the Mental Health Association in Texas, the Mental Health Association of Tarrant County, the Mental Health Association of Harris County, and the Mental Health Association of Greater Dallas. After a lot of hard work, these principles are beginning to appear as legislative language in bills that will be eventually passed. Senators Jane Nelson and Kyle Janek and others have been especially receptive to the Federation’s input on the foster care issue.

On February 8, Alex Kudisch, MD (McAllen) and George Santos, MD (Houston) were invited to provide testimony to the Senate Health and Human Services Committee on SB 6. Their testimony on behalf of the Federation was well received and there is optimism at this time that the foster care reform bill will improve the medical care for all children in the foster care system in Texas without placing barriers to psychiatric care.
It Takes A Physician....

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

“Whatever is rightly done, however humble, is noble.”

Sir Henry Royce

It is hard to believe that February has arrived — harder still to believe that my year as President of TSPP is nearly at an end. The time has arrived to begin updating the Academy. Expanding psychiatry’s voice is the right thing to do, and it is working.

Chapter Visits: I promised TSPP that I would visit all eighteen of our Chapters and all of our residency training programs during my three-year commitment as President-elect, as President, and as immediate Past President. I have now visited seven of our Chapters and I have been welcomed most graciously at them all. It is vital that TSPP officers be available to all of our members and know the needs and the problems in each area of the state. Communication must not just be a one-way street—an effective dialog must be attained for any organization to truly be membership-driven. Being membership-driven is the right thing to do.

I have always been proud to be a member of TSPP for that very reason, and I am deeply proud to be able to serve as President of what has been the finest membership-driven psychiatric organization in the country. I will eventually make it around the state, but please understand that I have been distracted for much of my term by the next situation.

The APA Board of Trustees: I took office in April of 2004. Allow me to revisit a pertinent portion of my first column, which was written shortly thereafter.

The Executive Council, which directly represents all psychiatrists in Texas (public, private, and academic), voted at its April 4 meeting to form a separate corporation to implement and to administer this new program. Certain APA officials expressed reservations about our original program. However, our April 4 meeting was also attended by Marcia Goins, M.D., APA President, and by Jack Bonner, M.D., Area V Trustee. Both physicians stated that we have now found common ground with APA with this new concept and that we should have no further difficulties from those who disagreed with our earlier efforts. Given the above, the arrival of “the letters” from the APA Board last October continues to baffle. Despite this, TSPP has negotiated in good faith with the Board’s representatives and has presented volumes of facts in an attempt to help the Board to understand that they have nothing to fear from either the Federation or the APA. TSPP has expended great effort, with advice from legal and business consultants, to ensure that no bylaws have been violated, that TSPP continues to be the strong and preeminent voice in Texas psychiatry, that TSPP’s representatives and administrators have no conflicts of interest with other organizations, and that TSPP continues to provide programs and benefits which add value to TSPP and APA membership. TSPP has always shared these concerns and the facts show that the existence of these new organizations does not place any of these issues at risk. In fact, TSPP has not lost its identity and has increased its growth and its voice for Texas Psychiatry. TSPP works hard to grow the membership of APA and TSPP. TSPP supports the APA dual membership policy, which we strictly enforce. TSPP has been a loyal District Branch of the APA for many decades, and we expect this relationship to continue. TSPP wants both organizations to be successful. Negotiations with APA continue.

In summary, this year has been a bit different than what I originally anticipated. Still, we have undertaken new paths toward several different and significant goals, all of which stem from these basic facts: that we are physicians above all, that it takes a physician to be a psychiatrist, and that all physicians have the right to be heard. Humble ideas, perhaps, but noble in their own way.

Auschwitz in Texas

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

In January 2005 the world marked the 60th anniversary of the liberation of Auschwitz, the infamous Nazi concentration camp of World War II. Over a million people, mostly Jews, were killed there. Other victims included political prisoners, Russian prisoners of war, Protestant and fundamentalists, Poles, or persons considered “deviant,” “unnecessary,” or “inconvenient.” Those that survived had been starved, beaten, abused, and demeaned to a subhuman level.

We who contemplate the atrocity at Auschwitz and the other Nazi death camps. We like to tell ourselves that Auschwitz was a historical aberration, a deviant event that will never happen again. We like to say that it happened a long time ago and in a place far away. We convince ourselves that Auschwitz was perpetrated by a megacriminal madman, the likes of which the world will never see again.

But the simple fact is that these inhuman acts to other human beings occurred — not in some crude, unsophisticated primitive backwater — but in the heart and soul of Europe, in the best that human civilization had to offer in the arts, literature, theology, and science.

How could this be? How could this be?

The answer is that dark beasts were lurking within the shadows of the culture. The beasts have names: Apathy and Indifference.

What were the common people thinking and saying at that time in order not to allow these beasts to run wild? The answer is straightforward. They were turning a deaf ear and a blind eye to events around them. They held firm to the notion of their good life and shut out any evidence that would threaten that illusion or their position in it.

In Texas today, we are similarly proud of our culture and our contribution to the advance of civilization. Could we be similarly larily dead, blind, and dumb to an Auschwitz in our midst?

Ludicrous! Mental illness is a living hell that can put even Auschwitz into the pale background.

How many of our fellow Texans are trapped in the confines of mental illness without adequate access to care? Without the knowledge that their misery is treatable? Without even knowing that their agony is an illness?

If you believe that an analogy between mental illness and internment at Auschwitz is far-fetched, consider the numbers of the mentally ill incarcerated in jails and prisons due to lack of treatment facilities or proper triage methods. (Remember the dark beasts from the shadows, Apathy and Indifference.)

If you maintain that the horrors at Auschwitz are far beyond those of mental illness in Texas, remember recent events of mentally ill parents drowning their children, stoning them to death, and dismembering their bodies.

The dark beasts are with us, but they do not have to control us. The Texas Legislature is now in session, and we, as Texas psychiatrists, have the power to speak out to our legislators about these issues. At this point in time, we have the opportunity to break the choke hold of Apathy and Indifference upon the human condition in Texas.
TSSP Committee/Council Meetings and CME Dinner Program
April 16-17, 2005 • Westin Galleria Hotel • Dallas, Texas

SUNDAY, APRIL 17
7:00 AM - 8:30 AM Federated Delegate Assembly Breakfast Mtg, Denton (2nd Floor)
9:00 AM - 12:00 PM Executive Council, Johnson I (2nd Floor)
Executive Council Business and Installation of Officers for 2005-2006

Mental Health Care and Depression in the 21st Century
Norepinephrine in the Brain Neurobiology and Therapeutics for the 21st Century

ACCREDITATION
The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of two (2) Category I credits toward the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

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

SCIENTIFIC PROGRAM TARGET AUDIENCE AND PROGRAM OBJECTIVES
This continuing medical education activity will be presented in a lecture with discussion format. It is designed to provide psychiatrists and other physicians with clinically relevant information in new developments in mental health care and depression in the 21st century. At the conclusion of this program, participants should be able to:
- Understand the paradigmic neuroendocrine and neural networks – dopamine, norepinephrine, acetylcholine, histamine, and serotonin, their role as “fine tuns” of other systems (e.g., glutamate and GABA) and the behavioral and physiological consequences of such interactions.
- Recognize the noradnerenic properties of common psychiatric medications.
- Incorporate this knowledge into daily practice.

ABOUT THE SPEAKER
Michael Alan Schwartz, M.D.
Recently relocated to Austin, Texas, Dr. Schwartz is an Adjunct Professor of Philosophy and an Adjunct Professor of Psychiatry at the University of Louisville.
His appointment as Clinical Professor and Vice Chair for Psychiatric Education at the University of Louisville has been pending. His long-standing interest in the practical applications of the understanding and treatment of psychiatric disorders. Married to Joan Clayton Schwartz, Ph.D. Dr. Schwartz is a graduate of Princeton University and the Cornell University School of Medicine. His residency training was in psychiatry at New York Hospital-Cornell Medical Center. Subsequently, he was at NIMH, Cornell Medical School, New York Medical College, and Case Western Reserve University. He served as psychiatric residency training director and Vice Chair for Psychiatric Education for many years at university programs in New York and Ohio. He is a founding President of the Association for the Advancement of Philosophy and Psychiatry. Dr. Schwartz is author of numerous journal articles, chapters, monographs and books. In 1988, he received the Dr. Margit Egerit Prize at the University of Zurich in Switzerland for “contributing to a more human world in which human beings with their mental needs stand in the center.” In June 2000, Dr. Schwartz was designated as “an Exemplary Psychiatrist” by the National Alliance for the Mentally Ill.

TSSP Acknowledges with Appreciation an Unrestricted Educational Grant in support of this CME Accredited Independent Scientific Education Program by GlaxoSmithKline

CME Dinner Program Registration Form

TSSP CME PROGRAM • Saturday, April 16 • 6:30 pm - 8:30 pm • Westin Galleria Hotel • Dallas, Texas

TSSP Committee/Council Meetings and CME Dinner Program
April 16-17, 2005 • Westin Galleria Hotel • Dallas, Texas

SAVE THE DATE and make plans to join members of the Texas Society of Psychiatric Physicians, Texas Academy of Psychiatry and Texas Foundation for Psychiatric Education and Research at the April 16-17, 2005 meetings at the beautiful Westin Galleria Hotel, Dallas.

Highlights of the weekend’s activities include meetings of all of the TSSP committees, including two new special interest committees on Academic Psychiatry and Institutional Psychiatry; a special risk management luncheon; a two-hour Continuing Medical Education Program; Executive Council business and installation of TSSP’s new officers for 2005-06.

Be sure to make your hotel room reservation early to receive the special discounted rate of $129.00 at the Westin Galleria hotel. We look forward to seeing you at the meetings!

MEETING LOCATION
The TSSP Texas Academy of Psychiatry and the Texas Foundation for Psychiatric Research and Education meetings will be held April 16-17 at the beautiful Westin Galleria Dallas Hotel, 13140 Dallas Parkway, Dallas. A special discounted rate for program attendees has been arranged at the rate of $129.00 single or double if registrations are placed before March 25. All guests may make reservations online at www.starwoodmeeting.com/book/tsppecmtgs or 1-999-627-8536 or 1-800 WESTIN-1 and identify yourself as attending “Texas Society of Psychiatric Physicians – Committee and Executive Council Meetings.” The Westin is connected to the prestigious Galleria Shopping Complex and is easily accessible to I-75 (Central Expressway) and 635 (LBJ Freeway). The hotel is approximately 10 minutes to Love Field Airport and 20 minutes to Dallas/Fort Worth International Airport. Valet parking or free self-parking is available to attendees.

DISCOUNTED REGISTRATION FEES
Attendees who register BEFORE April 1 will receive the special discounted meeting registration rates. After April 1 and on-site registration will be at a higher registration rate.

Additional program information and registration is available on the TSSP website www.tspsp.org or contact TSSP, 401 West 15th Street, Suite #675, Austin, TX 78701, ph: 512/478-6005 or fax 512/478-5223.

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by April 7, 2005, less a $25 handling charge. NO REFUNDS will be given after April 7.

TSSP NMST CME Dinner Program
April 16-17, 2005 • Westin Galleria Hotel • Dallas, Texas

Mental Health Care and Depression in the 21st Century
Norepinephrine in the Brain Neurobiology and Therapeutics for the 21st Century

DAILY SCHEDULE
SUNDAY, APRIL 16
7:00 AM - 7:00 PM Registration, Johnson I (2nd Floor)
7:00 AM - 8:35 AM Federation Foundation Breakfast Mtg, Johnson I (2nd Floor)
8:30 AM - 4:10 PM Committee Hospitality, Johnson 2 (2nd Floor)
9:00 AM - 10:30 AM Sponsorships & Light Meals/Entrees For Committee Members
10:30 AM - 12:00 PM Fellowship, Denton (2nd Floor)
12:00 PM - 1:15 PM Lunch Program/Risk Management Tips

SATURDAY, APRIL 16
7:00 AM - 7:00 PM Registration, Johnson I (2nd Floor)
7:00 AM - 8:35 AM Foundation Foundation of Directors Breakfast Mtg, Johnson I (2nd Floor)
8:30 AM - 4:10 PM Committee Hospitality, Johnson 2 (2nd Floor)
9:00 AM - 10:30 AM Sponsorships & Light Meals/Entrees For Committee Members
10:30 AM - 12:00 PM Fellowship, Denton (2nd Floor)
12:00 PM - 1:15 PM Lunch Program/Risk Management Tips
would be a high-risk experiment and

**Psychology Prescribing**

For the third consecutive Legislative Session, the Texas Psychological Association will file a bill asking the Legislature to grant psychologists prescribing privileges. Similar psychology prescribing bills have already been filed this year in other 6 states. When the bill is eventually filed in the Texas Legislature, the Federation will send details about the bill to members of TSPP and the Academy. Until then, please consider using the following talking points in your communications to legislators when the bill is filed.

**ALLOWING PSYCHOLOGISTS TO PRESCRIBE MEDICATIONS WOULD BE DANGEROUS AND WOULD BE A PRESCRIPTION FOR DISASTER!**

Texas should reject psychology’s attempts to gain prescribing privileges by the Texas Legislature because psychologists do not have the medical background necessary to safely prescribe medications for patients. Texas physicians, many psychologists and mental health patient advocacy groups oppose the legislation. Allowing psychologists to practice medicine without a medical degree would be a high-risk experiment and would be a PRESCRIPTION FOR DISASTER.

**THE CENTRAL ISSUE IS THE QUALITY CARE AND SAFETY OF PATIENTS.**

- Legislation to give psychologists prescribing authority would be a high-risk experi-
- ment in which one of the state’s most vul-
- nerable populations — persons with mental illnesses — would be subjected to
- substandard health care by a group of inadequately trained providers who want to
- be physicians without the requisite medical training and education.

**THERE IS NO DEMONSTRATED HEALTH CARE NEED TO GRANT PSYCHOLOGISTS PRESCRIBING AUTHORITY.**

- In a statewide survey taken in February 2000, the vast majority of Texans (72%) opposed legislatively granting prescribing privileges to psychologists, even if this measure would expand access to care.
- Psychologists have failed to demonstrate an actual health care need to justify their being granted prescribing authority. There is no evidence of consumer demand for prescribing psychologists. In Texas, physicians and psychiatrists for the number psychologists, including in rural areas. There are even more psychiatrists than psychologists licensed as
- Health Service Providers, a designation which permits a psychologist to practice in a clinical setting. In Texas, the practice locations of psychiatrists and psychologists are similar, except that psychiatrists are located in 15 more counties.
- Rather than by giving psychologists prescribing authority, the health care needs of underserved populations (e.g., rural communities) are better served by improving the mental health training of primary care providers (e.g., family physicians) who have better and broader health training and are more widely distributed than psychologists.

- Granting psychologists prescribing authority will increase health care costs with no apparent benefit to society. More providers prescribing medications means more prescriptions being written, added cost to the State and to the con-
- sumer. Prescribing psychologists would not be able to safely treat psychiatric patients with multiple mental illnesses, which constitute over 50% of the patient population. Patients with multiple medical conditions would have to be referred to a physician, increasing the cost of care and disrupting the continuity of care. Also, granting psychologists prescribing authority would entail increases in, for example, state regulatory costs and lia-
- bility insurance rates. Ultimately, these costs are borne by all taxpayers.
- Texans are concerned about medical errors. Certainly, giving prescribing authority to non-physicians, such as psy-
- chologists, would add to this concern.

**MEDICATIONS FOR THE TREATMENT OF MENTAL ILLNESSES ARE AMONG THE MOST POTENTIALLY DANGEROUS DRUGS FOR PATIENTS, REQUIRING THE UTMOST CARE AND TRAINING IN THEIR USE.**

- If not appropriately prescribed and mon-
- itored, these medications — also known as psychotropics — could have poten-
- tially disabling and life-threatening side effects. For example, many anti-depres-
- sants can cause stroke, coma, seizures and terrors. Other possible significant problems with psychotropic medications are: convulsions, epilepsy, blood dis-
- eases, irregular heartbeat, and severe high or low blood pressure. Psychotropic medications often are particularly vul-
- nerable to drug abuse. An estimated 50% of persons whose mental illnesses require psychotropic medications also have other serious medical conditions requiring additional medications. This interaction of different medications, which can magnify or nullify the effects of certain drugs or even result in a deadly combination, presents an extremely complex challenge to the most knowledgeable and skilled physi-
- cians. Unlike physicians, psychologists simply do not have the broad-based medical education and clinical experi-
- ence that is needed to safely and appro-
- priately integrate treatments for mental illnesses and other medical conditions.

**PSYCHOLOGISTS LACK THE EDUCATION AND TRAINING TO PRESCRIBE SAFELY.**

- A physician’s medical degree is clinically-focused, emphasizing the critically important physical sciences (e.g., biol-
- ogy, chemistry, anatomy, physiology, pharmacology, neuroscience) and earned in the context of hands-on evaluation and treatment of ill persons under the super-
- vision of experienced physicians.

Following medical school, medical residents specialize in psychiatry com-
- plete at least four additional years of medical training, which occurs in a hos-
- pital and other clinical settings. A psychi-
- atric physician resident, for example, will manage the care of about 2,000 patients with a range of emotional and other physical disorders. Management of care includes performing physical examina-
- tions, ordering and evaluating medical tests, making medical diagnoses, pre-
- scribing medication and other treat-
- ments and monitoring the effects of such treatment.

- In contrast, a psychologist’s Ph.D. is an academic degree with course work in the social and behavioral sciences. They are primarily trained to do psychotherapy and psychological testing. Psychologists can obtain their degree by taking only one or two courses in the biological bases of behavior. Their training typically occurs in a non-medical setting in which they do not observe or participate in the treatment of patients with medical ill-
- ness other than mental disorders. This limited training does not adequately pre-
- pare psychologists to detect and treat concomitant non-mental illnesses or to understand and deal with the interac-
- tions of psychotropics with other med-
- ications prescribed to help other body systems.

- As part of their legislative strategy, psy-
- chology associations have arranged for correspondence courses and in some instances, institutions of higher educa-
- tion, to offer “pharmacology” courses for psychologists to demonstrate to legisla-
- tors that psychologists are ready to pre-
- scribe medications, presuming that the legislature will pass their prescribing bill. The Texas Psychological Association has convinced Texas M&M University College of Education to provide such a course. According to the TPA literature about the course, it will “allow psycholo-
- gists to expand diagnostic and referral options; educate patients for improved compliance; and, enhance consultation skills.” The promotional literature says “this special type of training is based on a psychological model rather than a med-
- ical model.” The course is offered on the weekends to participants via video con-
- ference. TPA is actively recruiting faculty for the course from the Texas M&M College of Veterinary Medicine. While the psychology association privately toasts its members that this course will prepare psychologists to prescribe medications pending legislative approval of their pre-
- scribing initiative, the administration of Texas M&M University disagrees.
Alarmed by proposals to lower the standards of medical care, Texas physicians have united to form PatientsFIRST. Medical and osteopathic physicians created PatientsFIRST to protect patient safety and ensure that Texas patients receive the best medical care. Allowing non-physicians to practice medicine lowers the standard of medical care and places patients at risk. Allied health professionals, including optometrists, podiatrists, psychologists, nurses, nurse anesthetists, midwives and chiropractors, seek to expand the respective scopes of practice, without regard for the risk to Texas patients. Any expansion of the medical scope of practice will place undue risks on the families of Texas. The allied health professionals will ask legislators to unnecessarily put the safety of their constituents and family members at risk. Texas physicians have always made patients’ health and safety their top priority, and have worked to deliver the highest quality of care for all patients. Physicians have and will continue to demand that medicine be practiced by the most qualified and competent physicians. The allied health professionals will ask legislators to lower the standards of medical care that their constituents and family members receive in Texas.

The attack on patients’ safety in Texas will take many forms. Here are just a few inde-ensible positions the allied health professionals will ask legislators to vote for, against the health and safety of their constituents:
- optometrists who want to perform surgery on the eye and eliminate any medical input in the treatment of eye disease;
- psychologists who want to prescribe psychotropic medicine;
- chiropractors who want to be “primary care physicians.”
- psychiatrists who want to operate on the leg, as defined by their trade association;
- nurses who want to independently prac-tice medicine;
- midwives who want to prescribe and administer dangerous drugs.

The allied health professionals call them-selves “doctors,” but that does not make them “physicians.” Their approach is polit-ically ambitious, but dangerous to legisla-tors’ constituents and family members; none of the allied health professionals went to medical school to be a Physician.

Through the PatientsFIRST coalition, physicians will vehemently oppose all efforts to expand any medical scope of practice. The legislature must protect patients by restricting allied health professionals to services that are within the scope of their education and training. The pri-mary consideration for all involved in regu-lating the scope of medical practice is and should be the health and safety of the patient. Only physicians are qualified to practice medicine and to exercise indepen-dent medical judgment, plain and simple! Don’t create shortcuts—it’s not about competition, it’s about competence! Don’t jeopardize patient safety by subsituting legislation for medical education! Don’t LOWER the standard of medical care our Texas patients deserve!

Distributed to the members of the Texas Legislature by the PatientsFIRST Coalition. PatientsFIRST is comprised of ten physician organizations repre-senting over 41,000 Texas physicians, including the Texas Academy of Ophthalmology, the Texas College of Emergency Physicians, the Texas Ophthalmological Association, the Texas Osteopathic Medical Association, the Texas Ophthalmic Association, the Pediatric Society, the Texas Society of Anesthesiology, the Texas Society of Plastic Surgeons, the Federation of Texas Psychiatry and the Texas Medical Association.

PatientsFIRST Coalition A Coalition for the Protection of Texas Patients! A Message to Legislators

Psychology Prescribing continued from page 4

• According to the Texas Occupations Code which is the physicians’ licensure act, the “practice of psychology” is limited to: 1) using projective techniques, neuropsychological testing, counseling, career counseling, psychotherapy, hypnosis, or biofeedback; and, 2) evaluating and treating mental or emotional disorders and disabilities by psychological (techniques and procedures. They are not permitted to “practice medicine.”

PSYCHOLOGISTS DO NOT HAVE THE MEDICAL MODEL TRAINING OF NON-PHYSICIAN PROVIDERS WHO HAVE LIMITED PRESCRIBING AUTHORITY.

• Psychologists argue that just as other non-physician health providers (e.g., nurses, physicians’ assistants, optometrists) prescribe, psychologists can easily and readily prescribe medica-tion. This argument fails because these other providers have substantial training in the medical model, which psycholo-gists do not. Would you feel comfortable sending your child or family member to a health care provider for prescription medications who had been trained using the “psychological” model rather than the “medical model”? In most states, nurses and physicians’ assistants are authorized to dispense limited types of medications (e.g., birth control pills; antibiotics; topical skin medications) only under physician supervision.


• At a cost of more than $6 million, the PDP resulted in 10 prescribing psycholo-gists in the military health service. The Congressional “watchdog” agency, the General Accounting Office, strongly criti-cized the PDP as “not adequately justi-fied because the military health system has not demonstrated need for them” [the prescribing psychologists], the cost is substantial, and the benefits uncertain.
• Reflecting their limited training, these psychologists needed to rely on supervi-sion and backup of physicians to ensure they weren’t missing underlying serious medical problems in the PDP. Also, for patient safety reasons, these psycholo-gists were not permitted to treat certain categories of patients (e.g., children; elderly patients).
• The training requirements in the PDP were downsized from over 1,400 hours to 700+ hours when 50% of the initial class failed. The discontinued and termi-nated PDP’s training requirements are significantly more stringent than the 360-hour of instruction (unsupervised weekend courses) sought by psycholo-gists who are supporting prescription authority from state legislatures.

PRESCRIBING IS STRONGLY OPPOSED BY INFLUENTIAL ELEMENTS WITHIN THE PROFESSION OF PSYCHOLOGY.

• Many psychologists, including practi-tioners and academicians, vigorously oppose prescribing authority for psy-chologists. Most psychologists oppose prescribing privileges because it would adversely redefine the practice of psy-chology. Further, according to a report of The American Association of Applied and Preventive Psychology (AAAPP), this prescribing movement “seemingly derives from precipitous gullish concerns” of practitioners (clinical psychologists),”
• The clinical affiliate of the American Psychological Society, the AAAPP passed a resolution in 1995 to oppose prescription privileges for psychologists and continues to lead the opposition within psychology. Commenting on the resolution, the AAAPP presiding officer, “We are proud of the work we [psychologists] do. We will continue to work with physicians when medication is needed. We don’t want to see psychologists become just ‘junior doctors.’”

PSYCHOLOGISTS PRESCRIBING IS ALSO OPPOSED BY INFLUENTIAL MENTAL HEALTH ADVOCACY ORGANIZATIONS.

• National Alliance for the Mentally Ill (NAMI) does not currently endorse pro- posals before state legislatures to expand prescribing privileges to psychologists. NAMI acknowledges that serious short-ages exist in the mental health profes-sional workforce, particularly in public mental health systems and in rural and medically underserved regions of the country. However, there is no current evi-dence that expanding prescribing privi-leges to psychologists will address these shortages. (January 16, 2002)
• The National Depressive and Manic-Depressive Association (National DMDA), the nation’s largest patient-directed, ill-ness-specific advocacy organization, believes it is in the patient’s best interest to restrict psychotropic medication pre-scription to medical doctors. The experi-ence, broad knowledge base, standards of care, and expertise make medical doctors

Congratualtions...
The Texas Society of Psychiatric Physicians congratulates the following members for achieving the following membership recognitions.

Distinguished Life Fellows
Frederick Brown, MD
Lida Lacy Edmundson, MD
Joel S Feiner, MD
Robert M A Hirschfeld, MD
Theodore Pearlman, MD
Franklin C Redmond, MD
Margo K. Ressler, MD
Mary L Scharold, MD
John R Stafford, MD
Stuart W Tveremow, MD

Distinguished Fellows
Emalie Atwell Becker, MD
Christopher Thomas, MD
Madhubak Trivedi, MD

Fellows
Ronald Gath, MD
Jose Gutierrez, MD
Allan Thomas Hanetta, MD, PhD
Elvira Pascua-Lim, MD

Krishnaiah Bayasam, MD
Pedro Ruggero, MD
Edward Tobey, MD

50 Year Distinguished Life Fellows & Members
Donald L. Thomasson, MD
Ramon M Rubin, MD
Louis H Silverman, MD
Paul A Grandy, MD
Irving L Humphrey, MD
Jason Dennis Barron, MD
Claudio Cepeda, MD
Estrella DeForster, MD

The Federation, TSSP and the Academy wish to congratulate Les Secrest, MD for his recent installation as President of the Dallas County Medical Society.

The only professionals National DMDA believes should be sanctioned to pre-scribe psychotropic medications. (August 2002) Following the passage of this posi-tion statement, the organization changed its name to the Depression and Bipolar Support Alliance.

PSYCHOLOGY PRESCRIBING IS NOT GOOD MEDICINE AND POSES A THREAT TO PATIENT SAFETY.
Guidelines for Election to APA Distinguished Fellowship

A ll nominations for the honor of Distinguished Fellowship are reviewed by the APA Membership Committee, which then submits its recommendations to the Board of Trustees for final approval. Nominations for Distinguished Fellowship are primarily the responsibility of the District Branches. The procedure is as follows:

1. The APA Membership Department annually sends to each District Branch a list of its members who have been APA General Members or Fellows for a combination of at least eight years. The branch should check the list carefully for years of General Membership or Fellowship.

2. The District Branch nominates from the list and asks only those members meeting the following requirements to complete the Distinguished Fellowship application:
   a) Not less than eight years as a General Member or Fellow of APA.
   b) Primary identification must be psychiatry for those in combined fields (e.g., psychiatry and pediatrics).
   c) The District Branch should not resubmit the names of members who were nominated but not approved the preceding year. The purpose of this requirement is to allow for time for members being resubmitted to improve their qualifications in areas where previously they did not show adequate strength. While a waiver of the two-year requirement is possible, there must be compelling reasons adequately documented by the branch.
   d) The General Member or Fellow should not be an outstanding psychiatrist who has made and continues to make significant contributions in at least five of the areas listed below. Excellence, not mere competence, is the hallmark of a Distinguished Fellow.

(1) Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or equivalent certifying board. If certified by another board, details of the certification standards and process should be submitted so the Committee might evaluate the equivalence of that certification.

(2) Involvement in the work of the District Branch or other components of the APA. Since Distinguished Fellowship is an APA honor, the Committee feels very strongly that participation in this category is extremely important. Length and quality of service, as documented by the supporting letters, are taken into consideration. No credit is given for membership alone in the APA and its district branches and chapters. Elected offices, appointments as chairs or members of national or district branch/chapter components, and special projects earn credit. Presentations at APA meetings are usually considered under teaching activities.

(3) Involvement in other medical and professional organizations. Activities in such organizations as the AMA, state/city medical societies, and professional organizations are included under this category. Again, no credit is given for membership alone. Length and quality of service as documented by supporting letters, or the horror of service, determine credit given.

(4) Participation in non-compensated mental health and medical activities of social significance. Activities demonstrating the psychologist's social responsibility and humanitarian concerns, such as work with disaster victims, mental health patient advocacy groups (AMA or with ADA or other social service organizations) are included in this category. Letters from individuals (medical or non-medical) directly involved, specifically documented the type, quality, and length of involvement, are extremely important.

(5) Participation in community activities unrelated to income-producing activities. The Committee looks for outstanding contributions to the political, religious, charitable, artistic or ethnic life of the community. E.g., contributions unrelated to income-producing activities. Mere membership in, or financial donation to, a community service organization earns no credit. Supporting letters detailing contributions from persons directly involved with these activities are very important in documenting this category.

(6) Clinical contributions. Letters attesting to and detailing exemplary skill, knowledge, diagnostic ability and therapeutic expertise are necessary. In addition to the nominations and other administrative work settings, the Committee takes special note of work in public service hospitals and in private practice. Letters giving the specifics, as well as the extent and quality of the nominee's achievements in this area are needed.

(7) Teaching contributions. To be included under this category is acceptable. In university settings, advancement in academic rank is taken into consideration, as is the extent and quality of teaching activities in other settings. There should be letters from faculty members, heads of departments or others familiar with the nominee's teaching. Teaching in non-institutional, non-professional settings should be supported by letters from individuals directly involved. As indicated above, presentations at scientific meetings should be included under this category.

(8) Scientific and scholarly publications. Books (other than privately published), book chapters and articles in refereed journals earn credit in this category. No credit is given for unpublished research. Both number and quality of publications are considered in evaluating this category.

3. In order that the Membership Committee may arrive at the correct decision, detailed comments must address the quality of nominee's accomplishments in the categories in the paragraph d(2). At least three of the letters must be from Distinguished Fellows of the APA; however, letters from other individuals (other members or non-psychiatrists) are strongly encouraged. Letters that amplify and delineate the extent and quality of each activity reported on the nomination form are crucial to the Committee in its evaluation of the nominee. Each person asked to comment on a nominee should have a copy of these guidelines. All letters must be typewritten or computer-generated.

4. Nominations must be typed on the approved form supplied by the APA. Space on the nomination form must be used first, and attached addenda only if necessary. If nominee completes the form using the electronic template, please refer to “How to Use the Template” document that can be obtained from either the District Branch or the APA. Nominations will be returned if completed incorrectly. These forms can be completed by either the District Branch or the nominee. However, all nominations must be typed as detailed on the nomination form. The District Branch and nomination packets must be submitted by a District Branch.

5. Curriculum vitae in lieu of, or supplement to, completed nomination forms are not acceptable.

6. Distinguished Fellows will be expected to maintain the dignity of their profession and the practice of medicine including all relevant ethical guidelines.

7. The District Branch Distinguished Fellowship Chairperson shall forward nominations to the APA Membership Committee by the 1st of July.
**Opening Remarks/Welcome**

**Refreshment Break**

"Ethics"

Antipsychotic Dosing - Individualizing Medication Treatment"

P 12:20 pm - 2:00 pm Annual Business Meeting Luncheon

2:00 pm - 4:00 pm "Ethics"

Larry Freidenberg, Pharm.D., FCP, BCPS, Executive Vice President and Chief Scientific Officer, California Clinical Trials (CCT), Los Angeles, California

10:30 am - 10:50 am Refreshment Break

10:50 am - 12:20 pm "Mind-Body Perspectives on the Development and Treatment of Depression"

Charles L. Raizin, MD, Assistant Professor, Director, Behavioral Immunology Clinic, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia

12:20 pm - 2:00 pm Annual Business Meeting Luncheon

2:00 pm - 4:00 pm "Ethics"

Laurence McCullough, PhD, Professor of Medicine and Medical Ethics, Center for Medical Ethics and Health Policy, Baylor College of Medicine, Houston, Texas

4:00 pm - 4:15 pm Refreshment Break

4:15 pm - 5:15 pm Resident Paper Competition Paper

**SUNDAY, NOVEMBER 6**

**Child and Adolescent Topic**

Karen Dineen Wagner, MD, PhD, Laurence Ross Miller Professor and Vice Chair, Department of Psychiatry and Behavioral Sciences, Director, Division of Child and Adolescent Psychiatry, University of Texas Medical Branch, Galveston, Texas

9:00 am - 9:10 am Refreshment Break

9:10 am - 10:40 am "Psychiatric Medications & Pregnancy"

Zachary N. Stowe, MD, Director, Pregnancy & Postpartum Psychiatry. TSPP Award Recipients in recognition of their outstanding contributions to Psychiatry.

**Why Join NAMI?**

Jerry Fulenwider

Ever think about who is the best known lobbying group in America? If you guessed AARP you are right. They have several million members with a multi-million dollar budget, so they have huge influence with the public policy makers of this nation. The National Alliance for the Mentally Ill has been called one of the most effective volunteer lobbying groups in America with our 220,000 members, but not enough to get the Wellstone Mental Health Equitable Treatment Act passed. NAMI invites all psychiatrists, patients and families to join our group. When you consider there are 50 million people with mental illness in this country today, our membership might be in the millions. There is definitely strength in numbers when dealing with public policy makers, and this is where your membership would really count. Your $35 membership fee entitles you to membership in your local NAMI affiliate, NAMI Texas and NAMI National as well. Your membership fee entitles you to membership in your local NAMI affiliate, NAMI Texas and NAMI National as well. Your membership fee entitles you to membership in your local NAMI affiliate, NAMI Texas and NAMI National as well. Your membership fee entitles you to membership in your local NAMI affiliate, NAMI Texas and NAMI National as well. Your membership fee entitles you to membership in your local NAMI affiliate, NAMI Texas and NAMI National as well.
Advocacy in Practice

Capitol Day

Over 120 participants attended TSPPs Capitol Day in Austin on January 25-26 conducted for the Mental Illness Awareness Coalition (NAMI Texas, Depression and Bipolar Support Alliance of Texas, Texas Mental Health Consumers, Mental Health Association in Texas, and the Texas Society of Psychiatric Physicians). Members of the Coalition benefited from a dynamic and informative communications training workshop provided by Joel Roberts of Los Angeles, a nationally recognized communications expert, consultant and trainer. Coalition members spent two days discussing key legislative issues, practicing the delivery of concise messages with impact and concluded by visiting the Capitol to meet with legislators and legislative staff about issues of importance to the Coalition.

Joel Roberts received glowing evaluations from participants, such as: Very dynamic (TMHC); I thought he was fabulous and I learned a lot from him (NAMI); Best communication trainer I’ve heard (NAMI); Superb! (TSPP); Joel Roberts was an energetic, humorous and knowledgeable speaker. I really enjoyed his presentation while learning at the same time (NAMI); Very effective and focused (NAMI); Joel Roberts does an excellent job in teaching effective communication about complex issues (TSPP); Good, caring, sincere speaker who knows how to teach and critique others without pressure, stress or humiliation (DBSA); Fantastic! (TMHC); I love the way he drills us, making us improve on the spot (TSPP); Pulls out the best of each participant (DBSA); Outstanding, dynamic speaker (TSPP); Humanity and expertise all wrapped up into one package (NAMI); Very effective speaker. Information was vital to my organization (NAMI); Compassionate and knowledgeable with a deep interest in advocacy (DBSA); and Excellent! (MHAT).

Every participant recommended that TSPP repeat this conference in the future.

If You Are Not a Member...

...of the Texas Society of Psychiatric Physicians, a District Branch of the American Psychiatric Association, or the Texas Academy of Psychiatry, organized psychiatry needs your involvement and participation. TSPP and the Academy are actively representing patients and the profession of psychiatry in the Texas Legislative, State agencies, in the media, with patient advocacy organizations and with other medical specialty societies in Texas. For membership information about TSPP or the Academy please write to 401 West 15th Street, Suite 675, Austin, Texas 78701, call at 512/478-0605 or send an email to TSPPinfo@aol.com (TSPP) or TXPsychiatry@aol.com (Academy). These two organizations are the professional homes for Texas psychiatrists. Support your profession and become active in organized psychiatry...today!

The Texas Psychiatrist is published 5 times a year for its membership in February, April, June, August, and October. Members of TSPP and the Academy are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Office is the first day of the publication month. Copy must be edited, acceptable for publication. Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

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