The 2011 Texas Legislature: A Preview

The arrival of each odd-numbered new year coincides with the biennial migration of lawmakers to the state Capitol in Austin. The last day of the legislative session was January 11th for the required 140-day period, but expectations are high that additional special sessions will be needed to deal with the unique challenges facing the State of Texas in 2011.

Like the rest of the nation, the Lone Star State saw its political fortunes shift more to the right on Election Day, 2010. Texas has long been a “red” state – no Democrat has been elected to a major statewide office since 1994 – but the Republican political avalanche of 2010 was noteworthy in its own right. Twenty-two new GOP legislators were elected last November, and two additional Democratic officeholders have since switched sides, giving Republicans a 101-49 advantage in the Texas House of Representatives. These numbers, when coupled with overwhelming re-election margins of Governor Rick Perry and the rest of the GOP statewide officeholders, and a 19-12 Republican advantage in the State Senate, promise that a conservative philosophy will dictate the state’s posture on the key issues facing the state.

The chief challenge for lawmakers this session is balancing the state’s budget for the upcoming fiscal year. The “rainy day” fund is expected to be $20 billion short of its expected $40 billion balance in the “Rainy Day Fund,” due largely to surges in oil & gas tax revenues, state budgetary matters. Please consider joining the interests of patients with mental illness, legislators with our message about protecting the appropriateness and safety of such prescribing practices.

In a typical legislative session, close to 6,000 bills gets filed. Of the 800-900 bills that have been pre-filed so far, fifteen relate to mental health issues. Many have been filed in the past, or address lingering issues related to mental health services in Texas. As examples: Senate Bill 55 requires patient consent to be administered psychopharmacologic procedures while residing in state hospitals; Senate Bill 42 requires the adoption of additional limitations on the use of restraints in state supported living centers; and House Bill 39 places restrictions on a court’s authority to order a patient to receive extended outpatient mental health services. Many other bills are expected to be filed, if history is any guide. Last session, the Federation tracked nearly 300 bills that had the potential to affect the practice of psychiatry in Texas. We are well-prepared to monitor legislative activities this session, and will be paying particular close attention to potential to affect the practice of psychiatry in Texas. We are well-prepared to monitor legislative activities this session, and will be paying particular close attention to potential to affect the practice of psychiatry in Texas.
"I wish you guys could agree!"—This is the greeting I received last Fall at a church festi-
vil, from a lawyer acquaintance. He was referring, of course, to how physicians can give
different opinions in court cases. My friend said this in a kind way for a lawyer, he’s okay—but he exhibited, perhaps the expectation that the public holds for physi-
cians—that our diagnoses and treatments are absolute, absolute truths—like a math theorum. In another example, several years ago I had treated a 23 year-old woman for a manic, psychotic episode, with the ‘stand-
dard’ treatment of a mood stabilizer plus an antidepressant. Several weeks after the hos-
pitalization, when her daughter was again in her right frame of mind, the parents became scared of the ‘powerful medicines’ she was taking, and began to question the diagnosis, quoting DSM as saying, ‘you can’t diagnose Bipolar if someone is using drugs’—forgetting the fact that her life history, plus the family history, all pointed solidly toward a Bipolar diagnosis. These concerned parents appeared to believe that the DSM was as sacrosanct as the Ten Commandments given to Moses. Another common theme I have observed over the years is the chemical engineer hus-
bands of my women patients not trusting psychiatrists, citing their back-
ground as chemists as somehow, by itself, giving them an authority in manners of the brain.

Despite the wonderful advances in our knowledge of brain functioning in the past 100 years, we have not yet been able to pro-
duce a model as simplistic as expected by the examples I gave. APA is now working to create a model as simplistic as expected by the public for a treatment for a psychological problem. In the 20th century, once again, several physicians, led by the great Dr. Emil Kraepelin, re-catego-
rized mania and melancholia as being two manifestations of the same illness. The ill-
ness, of course, was the same; it was our conceptualization of it that changed over the centuries.

In the United States, official attempts to recognize/categorize psychiatric illness began with the 1840 census, when the fre-
quency of ‘idiocy/insanity’ was recorded. The 1860 census recognized seven cate-
gories of neurosyphilitic illness: mania, melancholia, maniacs, maniacs, paresis, demen-
tia, diplegia, and epilepsy. In 1917 the American Medico-Psychological Association worked with the National Commission on Mental Hygiene to formu-
late a plan to gather uniform statistics across mental hospitals. Later, the APA worked with the New York Academy of Medicine to formulate a psychiatric nomenclature that would be utilized by the American Medical Association’s Standard Classification of Disease, first edition; this nomenclature was used mainly to classify the illnesses of inpatients with severe neurosyphilitic symptoms. After World War II, the US Army developed a broader nomenclature to classify the out-
patient presentations of service men and veterans (including personality disorders). The sixth edition of the World Health Organization’s International Classification of Diseases included a section for ‘mental disorders’ that was influenced by the Veterans Administration nomenclature. Included in the ICD-6 were 10 categories for psychoses and psychoneuroses and seven categories for disorders of character, behavior, and intelligence. In 1952 the APA Committee on Nomenclature and Statistics developed a variant of the ICD-4: Diagnostic and Statistical Manual. Mental Disorders; ‘(ie DSM-1) DSM-1 focused on clinical utility, and was influenced by Adolf Meyer’s psy-
chological view that mental disorders represented reactions of the personality, to psychological, social, and biological factors. In the ensuing decades other classifications were published, notably the ‘Feighner Criteria’ in 1972 and subsequently the ‘Research Diagnostic Criteria’ of Dr. Spitzer et al. This set of criteria moved away from attempting etiological classifications (like DSM-1 in 1952 and DSM-II in 1968) and instead attempted an atheoretical ‘descrip-
tive’ approach—recognizing the lack of knowledge of the true etiology of these psy-
chiatric disturbances. These criteria led the way to APAs publication of DSM-III in 1980 (which was coordinated with the pub-
lication of ICD-9 in 1975). By including sets of diagnostic criteria, DSM-III enhanced clinician and researcher’s ability to commu-
nicate about patients, thus facilitating research and treatment (and, of course, pay-
ment). Subsequent refinements were made with the publication of DSM-IV in 1987 and DSM IV in 1994.

With the DSM widely available to the general public, anyone/with or without medical or psychological training could become an ‘expet’ (e.g. ‘Doctor, DSM says you can’t diagnose Bipolar in the presence of drug use...’). The public at large could either accept the classifications of DSM to be as certain as an infectious disease proved by Koch’s Postulates, or, worse, they could see the DSM as part of a sinister plot by psychiatrists and pharmaceutical companies to ‘make up illnesses for sake of money.’ For the psychiatrist, though, DSM has offered a reasonable descriptive utility—-a measure to describing what we see in our patients, and subsequently a guide to treatment. However, even psychiatrists can be lulled into a false acceptance of these DSM categories as the ‘ultimate’ or ‘standard’ definition of psychiatric illnesses. One of the most important categorization a psychiatrist can make has traditionally been to distinguish a psychotic patient’s ill-
ness between that of Schizophrenia, Bipolar, or other medical causes. This deci-
sion tree implies that Schizophrenia and Bipolar are completely separate illnesses. The February and March 2010 editions of Psychiatric Annals devoted several articles to new research that highlights the common genetic/biological links between these two illnesses, with several authors opining that they are really part of the same illness process. In the May 19, 2010 edition of JAMA, Dr. Thomas Insel (National Institute of Mental Health Director) dis-
cussed how certain ‘genetic mutations’ may be associated with multiple disorders, such that in any individual the mutation may take different developmental pathways that eventually affect multiple brain circuits and result in distinct disorders. The APA is currently conducting field tri-
als for DSM 5. There has been controversy with the development of DSM 5, including whether it should stick to the descriptive approach of DSM III and IV or should it attempt to adopt an etiological approach. There has also been controversial proposed categories such as ‘Temper Dysregulation with Dysphoria,’ (reflecting the belief among some that Bipolar Disorder is being ‘overdiagnosed’ in children). We have to be cautious not to get so wrapped up in these controversies that we forget the ultimate purpose of the classification scheme—
mainly, as a means to guide treatment so that we can lead our patients to relief from the misery of psychiatric illness and toward a more satisfying life. Whether classification schema is produced, we must view it(with the informed background of our psychiatric medical training and experi-
ence) with a cautious sense of both utility and skepticism—-a useful guide to help our patients, but not the final word on how these psychiatric illnesses affect our patients.

Bibliography
1. American Psychiatric Association—website, arti-
cles on the development of DSM
2. The Journal Psychiatric Annals—February, 2010, Volume 40, Number 2; and March, 2010, Volume 40, Number 3, both co-edited by E. Lake MD, Ph.D, the topic for both: ‘Schizophrenia and Bipolar Disorder: No dichotomy; a continuum, or one disorder?’

Congratualtions....

The following TSPP members will be recognized as Fellows effective January 1, 2011:

Herbert I. Dorfan, MD (Houston)
Thomas Bela Horvath, MD (Houston)
Mariclae Angela Medrano, MD (San Antonio)
Christopher E. Flynn, MD (Washington DC)
Peter M. Thompson, MD (San Antonio)
Vaidyanath L. Iyer, MD (The Woodlands)
Kerril A. Halfant, MD (Austin)
Manosour Mohammad Mian, MD (Carrollton)
Maher A. Kareem-Hage, MD (Houston)
Osman M. Ali, MD (Plano)
John W. Burassa, MD (Friendswood)
Laura Baker Borden, MD (Dallas)
Muhammad R. Haqqani, MD (Fort Worth)
Lisa R. Carchedi, MD (Belton)
Jacqueline C. McGregor, MD (Houston)
with Distinguished Fellow, effective January 1, 2011.

In Memoriam...

Charles E. Adkins, Jr., MD, Beaumont

!”
Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry

Spring Continuing Medical Education Program

April 9, 2011 • Westin Galleria Hotel, Houston, Texas

MEETING LOCATION / INFORMATION
All meetings of the TSPP / TAP Spring Meeting will be held in the newly transformed Westin Galleria Hotel. The AAA 4-Diamond hotel overlooks Uptown Houston and is connected to The Galleria Shopping Center—the city’s top attraction and the fourth largest shopping center in North America with over 350 stores. The hotel offers complimentary covered self-parking for all guests, complimentary wireless High Speed Internet Access in the hotel lobby, along with a complimentary Passport to Shopping which grants discounts to over 30 participating stores in The Galleria.

HOTEL RESERVATIONS
A small block of guest rooms with DISCOUNTED rates has been reserved for meeting attendees. To reserve your room at the Westin Galleria Houston at the $159.00 single/double room rate please call 1-888-827-8514 PRIOR TO March 8.

MEETING HIGHLIGHTS
• TSPP & TAP Spring CME Program (4 Hours of Category 1 CME Credit)
• Complimentary Program for MTS “A Resident’s Guide to Establishing a Medical Practice”
• Committee Meetings
• Networking with Colleagues & Exhibitors
• TSPP Government Affairs Committee & Membership Luncheon
• Complimentary Reception & Additional Networking Opportunities
• TSPP Executive Council Meeting - Installation of 2011-12 Officers

EXHIBITS
Exhibits featuring product information; employment opportunities available in the State; insurance and practice enhancing tools will be available throughout the day on Saturday. Please make plans to visit with the Exhibitors and become eligible for the numerous door prize drawings to be held throughout the day.

Spring Continuing Medical Education Program

Saturday, April 9

6:00 pm - 6:30 pm – Refreshment Break (for Program Attendees)

3:45 pm - 4:00 pm Break

8:00 am - 5:00 pm Exhibits

12:30 pm - 2:00 pm Council on Advocacy & Membership Luncheon (Govt Affairs)

2:15 pm - 3:45 pm Members in Training Program: Establishing a Medical Practice and Open Forum for Q&A

3:45 pm - 4:00 pm Break

4:00 pm - 8:00 pm CME Program

8:00 PM - 8:30 pm Refreshment Break for Program Attendees

Sunday, April 10

9:00 am - 12:00 pm Executive Council Meeting

CME PROGRAM SCHEDULE

Saturday, April 9

4:00 pm - 6:00 pm “Super Nanny”: A Model for Parent Management Training PRESENTER: Alice R. Mao, M.D.

6:00 pm - 6:30 pm Refreshment Break for Program Attendees

6:30 pm - 8:30 pm Dinner Program: “Update on APA’s Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition” PRESENTER: Madhukar H. Trivedi, M.D.

FOR CME PROGRAM REGISTRATION SEE www.txpsych.org or email tsspoce@aol.com or call 512-478-0605

P R O G R A M  S C H E D U L E

S A T U R D A Y , A P R I L 9

7:30 am - 9:00 pm Registration

7:30 am - 8:45 am Foundation Board of Directors Breakfast Meeting

8:00 am - 5:00 pm Exhibits

9:00 am - 10:30 am Council on Leadership Meetings (Ethics, Distinguished Fellowship, Finance, Strategic Planning)

10:30 am - 10:45 am Break

10:45 am - 12:15 pm Council on Service Meetings (Academic Psychiatry, Children & Adolescents Psychiatry, Forensic Psychiatry, Public Mental Health Services)

12:15 pm - 12:30 pm Break

12:30 pm - 2:00 pm Council on Advocacy & Membership Luncheon (Govt Affairs)

2:15 pm - 3:45 pm Members in Training Program: Establishing a Medical Practice and Open Forum for Q&A

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4:00 pm - 8:00 pm CME Program

8:00 PM - 8:30 pm Refreshment Break for Program Attendees

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Texas Society of Psychiatric Physicians & Texas Academy of Psychiatry

Continuing Medical Education Program

Saturday, April 9

4:00 pm - 6:00 pm “Super Nanny”: A Model for Parent Management Training

Presenter: Alice R. Mao, M.D.

Associate Professor of Psychiatry

Baylor College of Medicine

Director of Psychopharmacology, Research and Education

Depelchin Children’s Center

Houston, TX

The wider use and increased access to mass media communication provides great potential to expand the influence of evidence-based parenting programs to those who might be resistant to seeking traditional family therapy or parent management training in the clinical setting. The reality television show, “Super Nanny” serves as a discussion stimulus for the difficulties encountered by families who have children with behavioral and emotional problems and for some reason, do not seek Parent Management Training services. The show provides an alternate forum of reaching parents with evidence-based parenting information and promotes positive parenting and healthy family relationships to those who might not otherwise be reached.

Objectives: At the conclusion of this presentation participants should be able to achieve the following objectives and have increased competence to counsel their patients, who are parents, to improve their parenting skills and in that way significantly reduce depression and anxiety symptoms in these patients.

6:00 pm - 6:30 pm – Refreshment Break (for Program Attendees)

6:30 pm - 8:30 pm “Update on APA’s Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition”

Presenter: Madhukar H. Trivedi, M.D.

Bettijo Hay Distinguished Chair in Mental Health

Lydia Bryant Test Professorship in Psychiatric Research

Director, Mood Disorders Research Program and Clinic

UT Southwestern Medical Center

Dallas, TX

This APA practice guideline was approved in May 2010 and published in October 2010.

Work Group on Major Depressive Disorder

Independent Review Panel

Alan J. Gelenberg, M.D., Chair

Victor I. Reus, M.D., Chair

Marlene P. Freeman, M.D.

J. Raymond DePaulo, Jr., M.D.

John C. Markowitz, M.D.

Jan A. Fawcett, M.D.

Richard S. Van Rhoads, M.D., Consultant

Christopher D. Schoen, M.D.

David A. Silbergessw, M.D.

Madhukar H. Trivedi, M.D.

Rajkumar S. Van Rhoads, M.D., Consultant

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

This activity is recognized educational activity for a maximum of four (4) AHA PRA Category 1 Credits. Participants should only claim credits commensurate with the extent of their participation in the activity.

The presentation “Update on APA’s Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

TARGET AUDIENCE / PROGRAM GOALS AND OBJECTIVES

This CME activity is designed with didactic lectures supplemented with audiovisual presentations and direct discussion. The program is designed to provide its’ primary target audience of Psychiatrists and other specialties of medicine in the State of Texas, with clinically-relevant information to advance the physician’s competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.

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Thirty years ago, the diagnosis of post-traumatic stress disorder (PTSD) was formally recognized as a psychiatric diagnosis. PTSD in children and adolescents occurs as a result of a child’s exposure to one or more traumatic events that were life-threatening or perceived to be likely to cause serious injury to self or others. There is little known about the potential risk and protective factors that affect PTSD. Studies have identified three factors that have been shown to increase the chances that children and adolescents will develop PTSD: the severity of the traumatic event, the parental reaction to the traumatic event, and the temporal proximity to the traumatic event. These studies, children and adolescents with greater family support and less parental distress have lower levels of PTSD symptoms. Several studies suggest that girls are more likely than boys to develop PTSD. No major racial predominance is observed; however, PTSD is more common among individuals in low socioeconomic groups and among those living in areas in which violence is endemic.

According to the National Center for PTSD Fact Sheet, the few studies that do exist have indicated that 15 to 43% of girls and 14 to 43% of boys have experienced at least one traumatic event in their lifetime. Of those children and adolescents who have experienced a trauma, 1 to 6% of boys meet criteria for PTSD. The literature from sexually abused children, have shown these children often have problems with: depression, fear, anxiety, anger and hostility, feelings of isolation and stigma, aggression, sexually inappropriate behavior, self-destructive behavior, poor self esteem, difficulty in trusting others, and substance abuse. In addition, children who have experienced trauma often have relationship problems with peers and family members, problems with school performance, and behavioral acting out. PTSD is often expressed differently depending upon the children’s and adolescents’ ages or developmental levels. Very young children have limited verbal skills and different ways of reacting to stress. They may show re-experiencing through posttraumatic play; nightmares; demonstate numbing/avoidance by socially withdrawing, and separation anxiety; or losing acquired developmental skills (i.e., toilet training); and hyper-arousal through night terrors, for instance. Elementary children may experience emotional numbing, considered to be associated with dissociation. Adolescents are more likely than younger children or adults to exhibit impulsive and aggressive behaviors; although PTSD in adolescents may begin to more closely resemble PTSD in adults.

Along with associated symptoms, there are a number of psychiatric disorders that are also commonly found in children and adolescents who have been traumatized such as major depression, substance abuse; other anxiety disorders such as separation anxiety, panic disorder; and generalized anxiety disorder; and externalizing disorders such as attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder.

Current advances are being made in the understanding of neurobiological and neurophysiologic correlations behind the phenomena of PTSD. Numerous physical findings have been noted; however, whether these findings are a result of PTSD, predisposing factors, or the result of co-morbid problems is unclear. How does the psychobiology of stress relate to children and adolescents?

A review of the adult treatment studies of PTSD shows that cognitive behavioral treatment (CBT) is the most effective approach. CBT is often accompanied by psychoeducation and parental involvement. In addition, research shows that the better parents cope with the trauma and the more they support their children, the better their children will function. Medications have also been used with some children with PTSD and may be useful to deal with the agitation, anxiety and depression associated. However, due to the lack of research in this area, its effectiveness has not yet been determined. Some studies have tried to identify the criteria by which to measure the healing and recovery of patients who have suffered trauma. There is still the question of what “works best” in alleviating symptoms? What are the steps that have been made in integrating theory, practice standards, and coordination of scientific studies, and healing? What is our understanding of the concepts of resiliency and coping, and the human capacity to heal itself?

TSCAP plans to explore these questions and more, as it focuses its 2011 annual summer meeting and scientific program on PTSD. Please mark your calendars now for July 15–17, 2011, at the Westin La Cantera, San Antonio. Topics include “Best Practices of Assessment and Treatment of PTSD and Camden Conditions in Children and Adolescents” by Sylvia Turner, MD; “Resident / Faculty Clinical Case Presentation; “Treating the Wounded Warrior: The Comprehensive Family Systems Approach to Treating Post-Traumatic Stress Disorder” by Debbie Malbry, MS, LMFT, LPC, CART and Mary Ann Bell, LPC, MA; “Child Abuse, A Pediatrician’s Perspective” by David Hardy, MD, FAAP; and “Panel Presentation: Ethical and Legal Issues in the Treatment of Abused Children and Adolescents” with Nancy Kellogg, MD, Melissa Tijerina, MSW; James Rogers, MD; and Judge John Speca. Please plan to join us!
Texas Society of Child and Adolescent Psychiatry

Scientific Program

“Comprehensive Evaluation and Treatment of PTSD”
Including a Special Keynote Address on “Controversies in Pediatric Psychopharmacology”
by Laurence Greenhill, MD, AACAP President

July 15-17, 2011 • Westin La Cantera Hotel • San Antonio, Texas

Scientific Program Schedule

SATURDAY, JULY 16 [5 HOURS CATEGORY 1 CREDIT]

8:15 am - 8:30 am Welcome and Opening Remarks
8:30 am - 10:30 am Controversies in Pediatric Psychopharmacology
Laurence Greenhill, M.D.

OBJECTIVES: At the conclusion of the program, participants will be able to:
• Discuss the growing base of evidence available that assists clinicians in managing the controversies related to psychopharmacologic treatment of pediatric psychiatric disorders.
• Discuss the gaps in evidence, and learn how to address clinical complexities and understand the potential interventions in pediatric psychopharmacology.
• Select treatment strategies / plans that balance safety and efficacy when utilizing psychopharmacology.

10:30 am - 10:50 am Refreshment Break in Exhibit Hall

10:50 am - 11:50 am Best Practices of Assessment and Treatment of PTSD and Comorbid Conditions in Children and Adolescents
Sylvia J. Turner, M.D.

OBJECTIVES: At the conclusion of the program, participants will be able to:
• Understand the current biological and psychosocial data in children and adolescents with PTSD and comorbid affective and anxiety disorders.
• Discuss the impact of PTSD on children and adolescents with PTSD and comorbid affective and anxiety disorders.
• Apply current psychopharmacologic options for treating children and adolescents with PTSD and comorbid affective and anxiety disorders.

11:50 am - 12:10 pm Refreshment Break in Exhibit Hall
12:10 pm - 1:10 pm Resident / Faculty Clinical Case Presentation
Speaker to be Determined

OBJECTIVES: At the conclusion of the program, participants will be able to:
• Recognize early signs and symptoms of PTSD in children (adolescents).
• Discuss the use of best practice interviewing in the treatment of PTSD in children (adolescents).
• Identify resiliency factors leading to effects and recovery from PTSD in children (adolescents).
• Debate and apply developmentally appropriate treatment interventions for PTSD in children and adolescents.

1:10 pm - 1:30 pm Refreshment Break in Exhibit Hall
1:00 pm - 2:50 pm Treating the Wounded Warrior: The Comprehensive Family Systems Approach to Treating Post-Traumatic Stress Disorder
Debbie Mahray, MS, LMFT, LPC, CART (invited) and Mary Ann Bell, LPC, MA (invited)

OBJECTIVES: At the conclusion of the program, participants will be able to:
• Describe the current evidence for different individualized, family and group approaches for the treatment of PTSD in children and adolescents.
• Describe risk / vulnerability factors involved with children and adolescents with PTSD.
• Describe resiliency factors as children and adolescents (successfully / unsuccessfully) cope with deployments of their soldier parent(s), stages of deployment, and reintegration attempts.
• Identify current treatment options, and their rate of success, for soldiers diagnosed with Post Traumatic Stress Syndrome (PTSD).
• Discuss possible holistic treatment options that may prove to be valuable in the long-term treatment success of active duty soldiers diagnosed with Post Traumatic Stress Disorder (PTSD) and Secondary PTSD (the nuclear family of the diagnosed soldier).

SUNDAY, JULY 17 [3 HOURS CATEGORY 1 CREDIT]

9:15 am - 10:15 am Child Abuse, A Pediatrician’s Perspective
David Hardy, MD, FAAP

OBJECTIVES: At the conclusion of the program, participants will be able to:
• Understand and apply evidenced-based treatments (EBT) tailored for identifying children and adolescents who have been physically abused.
• Understand and apply best practices in approaching families of suspected child abuse.
• Understand the physical signs of child abuse.
• Understand and apply clinical practice guidelines for children and adolescents suspected of being physically abused.

10:15 am - 10:30 am Refreshment Break
10:30 am - 12:30 pm Panel Presentation: Ethical and Legal Issues in the Treatment of Abused Children and Adolescents
Nancy Kellogg, MD
Melissa Tijerina, MSW
James A. Rogers, MD
The Honorable John J. Specia, Jr.

OBJECTIVES: At the conclusion of the program, participants will be able to:
• Understand and apply evidenced-based treatments (EBT) tailored for identifying children and adolescents who have been sexually abused.
• Understand the physical and emotional signs of sexual abuse of children and adolescents.
• Understand the incidence and Children’s Protective Services (CPS) statistics of child abuse in the State of Texas.
• Understand the duty to report, as well as the protocol and methods to report to CPS in the State of Texas.

CME ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians. The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of eight (8) AMA PRA Category 1 Credits. Participants should claim credit commensurate with the extent of their participation in the activity.

The presentation entitled “Panel Presentation: Ethical and Legal Issues in the Treatment of Abused Children and Adolescents” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

TARGET AUDIENCE/ PROGRAM GOALS & OBJECTIVES

This CME program is designed with didactic lectures supplemented with audiovisual presentation and direct discussion, panel discussion and a case study presentation in multiple educational sessions. The program is designed to provide its primary target audience of Child and Adolescent Psychiatrists, General Psychiatrists and other specialists of medicine in the State of Texas, with clinically-relevant information to advance the physicians’ competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.
Cantera Hotel, 16641 La Cantera Parkway, San Antonio, Texas. A special discounted rate of $185, with NAVED resort fee, is available to TSCAP program registrants before June 13, 2011 or upon sell-out, whichever occurs first.

Hotel room will sell out so please make your hotel reservation as early as possible by calling 1-800-937-8461.

The Westin La Cantera Hotel offers on-site experiences for all attendees:
• La Cantera Nature Trail - available dawn to dusk, mile-long nature trail wraps around the most beautiful areas of the resort, all while learning about the local flora and fauna of the Texas Hill Country.
• Movie Night in the Westin Kids Club Sun-Thurs, or on the El Fortin Lawn Fri-Sat.
• The World Class Castle Buck Health Club & Spa
• The 7600 square foot Westin Workout Fitness Center
• The Palmer Golf Course at La Cantera, created by golf legend and award-winning course creator, Arnold Palmer, the course which winds through the Texas Hill Country will challenge your skill from tee to green.
• The former site of the PGA’s Valero Texas and PGA Tour professional Tom Weiskopf is to the downtown San Antonio skyline. Open and offers spectacular views of the
• 16th hole of the Open and offers spectacular views of the
course designer, Arnold Palmer, the course which winds through the Texas Hill Country will challenge your skill from tee to green.
• The Resort Course at La Cantera, designed by noted golf course architect Jay Morrish and PGA Tour professional Tom Weiskopf is the former site of the PGA’s Valero Texas Open and offers spectacular views of the miller-lander at Six Flags Theme Park and the downtown San Antonio skyline.
• Kid Friendly Fun at The Westin Kids Club offers a variety of kid-friendly fun activities from Zoamaniations: Discovery Junction, Smores and arts and crafts to name a few.
• Shuttle service within the Resort, to the Shops at La Cantera, the Palmer Course and Six Flags Theme Park.

MEETING REGISTRATION
The earlier you register, the greater the savings on meeting registration and hotel reservations. To take advantage of the Special Discounted Registration Fees, please remit your meeting registration prior to July 1.

A confirmation of your registration will be sent if you include your email address.

OPENING WELCOME RECEPTION WITH EXHIBITORS
Check-in early and join your friends and colleagues at the complimentary Welcome Reception for all TSCAP attendees. The welcome reception will be held Friday, July 15, in the San Antonio Ballroom. Visit with the exhibitors in a relaxing atmosphere and become eligible for special door prize drawings to be awarded throughout the meeting.

MEETING SYLLABUS IN COLOR
All CME program registrants will receive at no additional charge a black and white printed copy of the speakers’ presentation (if color copy is submitted by speaker). Due to the higher cost of color copying, if you wish to receive the syllabus in color you may purchase a color copy of the speakers’ syllabus by checking the box on the registration form and including the additional charge. The color copy will be provided to you upon check-in during the day of the program.

EXHIBITS
TSCAP’s Welcome Reception, Continental Breakfasts, and Refreshment Breaks, will be held in the San Antonio Ballroom at the Westin La Cantera Hotel. Please make plans to visit with the Exhibitors during the Friday Welcome Reception and enter to win the drawings for door prizes to be awarded throughout the day on Saturday. Exhibit hours:
• Welcome Reception Friday 6:30 pm – 8:30 pm
• Continental Breakfast Saturday 7:30 am – 8:10 am
• Refreshment Break Saturday 10:30 am – 10:50 am
• Refreshment Break Saturday 11:50 am – 12:10 pm
• Refreshment Break Saturday 1:10 pm – 1:30 pm

ANNUAL MEETING BREAKFAST
The Annual TSCAP Business Meeting will be held Sunday, 8:00 am – 9:00 am in the San Antonio Ballroom. All members are encouraged to register and attend.

PROGRAM AT A GLANCE

Friday, July 15
1:00 pm – 5:30 pm Exhibit Set-Up
4:00 pm – 5:30 pm TSCAP Executive Committee Meeting
6:30 pm - 8:30 pm Welcome Reception with Exhibitors

Saturday, July 16
7:30 am – 8:00 am Continental Breakfast with Exhibitors
8:15 am - 2:30 pm Scientific Program
10:30 am - 10:50 am Refreshment Break
11:50 am - 12:10 pm Refreshment Break
1:10 pm - 1:30 pm Refreshment Break & Final Visit with Exhibitors

Sunday, July 17
8:00 am - 9:00 am TSCAP Annual Business Meeting Breakfast
9:00 am - 12:30 pm Scientific Program
10:15 am - 10:30 am Refreshment Break

SCIENTIFIC PROGRAM REGISTRATION
Includes Scientific Program and Symposiums, Saturday continental breakfast, Saturday & Sunday refreshment breaks

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NAME

REGISTRATION

SCIENTIFIC PROGRAM REGISTRATION

BEFORE JULY 1

AFTER JULY 1

TSCAP Member Physician $195 $215
Non-Member Physician $250 $270
Spouse / Guest Claiming CME Credit $195 $215
Allied Health Professional / Spouse / Guest $180 $200
TSCAP Member Trainee $15 $30
Non-Member Trainee $25 $50
Medical Student $0 $15

TOTAL REGISTRATION

PAYMENT INFORMATION

CANCELLATIONS – Deadline for cancellation is July 1, 2011. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 1, 2011, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER JULY 1, 2011.

RETURN TO: TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY

401 WEST 13TH STREET, SUITE 675, AUSTIN, TX 78701. PHONE 512-478-0605 • FAX 512-478-5223
In continuation of my custom of quoting front page articles out of the New York Times, I am making a shift to the more conservative Wall Street Journal. The headline is “Lost Its Way on Mental Health Policy.” (The Wall Street Journal is at: http://www.wsj.com). According to my colleague, Paul Moshier, MD, a New York State psychiatrist, the Wall Street Journal article reported that all of the country’s major mental health entities, 61%, changed their Mental Health benefits in response to the parity law. Only 5% eliminated their Mental Health benefits. As you can see, this represents only 1.5% of the entire universe of companies with 10 or more employees (i.e. 3% of 51%). It appears to me as though the line of parity in Mental Health coverage which represents many years of hard work on the part of the American Psychiatric Association, the Texas Society of Psychiatric Physicians, the American Psychiatric Association, the patients and the various mental health advocacy organizations, is eroding their efforts. However, continuous efforts will be required, especially with the economic structure of national health care.

It is my hope that academic psychiatry will benefit financially from what I have described above. Another hope for this New Year is that psychiatry’s future is not dependent on the pharmacologic industry infusion as research dollars. It is wonderful to hear that the Baylor College of Medicine, the Menninger Department of Psychiatry has received sizable funding from the National Institutes of Health. This is a marvelous trend! An equally magnificent trend is the steady past year for Menninger Clinic in its 2010 ranking as No. 5 for psychiatric hospitals by US News and World Report. This is a remarkable improvement of four positions from the 2009 ranking.

Finally, on these positive notes, I wish everyone a Happy and Healthy New Year.
Capitol Day 2011

“No man’s life, liberty or property are safe while the legislature is in session.”

Judge Gideon J. Tucker

The Texas Legislature is now in session. During the 140-day session, the 181 legislators will file over 6,000 bills. Generally, about 300 filed bills could affect the practice of psychiatry in Texas.

Member organizations of the Federation, including the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry and the Texas Society of Child and Adolescent Psychiatry, urge you to become involved in the political and legislative process to ensure that quality psychiatric care and patient safety are preserved and protected.

You can begin this involvement by attending and participating in the activities of CAPITOL DAY on Thursday, February 17, 2011. CAPITOL DAY, sponsored by the Mental Illness Awareness Coalition (Depression and Bipolar Support Alliance of Texas, Mental Health America of Texas, NAMI Texas and the Federation of Texas Psychiatry), will afford you the opportunity to participate in several activities on February 17 to advocate for your patients and profession. CAPITOL DAY will begin with activities at the Schmidt-Jones Family Life Center, Great Hall on the 2nd Floor (1300 Lavaca, one block west of the Capitol). For additional information about CAPITOL DAY, including registration information, please visit the Federation’s website, www.txpsych.org.

Come to CAPITOL DAY on February 17 prepared to learn and to have a very fulfilling and fun experience. And, wear your white coat to the rally and legislative visits to demonstrate that “The Doctor is in the House.”

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“Just because you do not take an interest in politics doesn’t mean that politics won’t take an interest in you.”

Pericles

The TEXAS PSYCHIATRIST is published 6 times a year in January, March, May, July, September, and November. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

EDITORIAL BOARD
Federation Executive Committee

MANAGING EDITORS
John R. Bush
Debbie Sundberg

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TxPsychiatry@aol.com (E-mail)
http://www.txpsych.org (website)

JOB BANK

Whether you are looking for career opportunities or you are recruiting to fill a position in your organization, you will want to check out the Federation’s JOB BANK on its website at www.txpsych.org. The Federation’s JOB BANK could be just what you have been looking for.

CAPITOL DAY SCHEDULE

10:00 am - 11:45 am: Advocacy Workshop – receive briefings on key legislative issues and tips on effective legislative advocacy.
11:45 am - 12:15 pm: Box Lunch – enjoy a brief lunch with friends.
12:30 pm - 1:00 pm: Rally on the South steps of the Capitol – participate in rally to draw public attention to important legislation for persons with mental illnesses in Texas.
3:30 pm - 4:30 pm: Reception – Wrap-up your visit to the Capitol with refreshments and sharing of your experience.

CALANDER OF MEETINGS

JANUARY
28-29 Texas Medical Association
Winter Conference
AT&T Executive Education & Conference Center
Austin, Texas

FEBRUARY
11-12 Texas Osteopathic Medical Association
55th Annual Midwinter Conference & Legislative Symposium
Westin Park Central Hotel
Dallas, Texas
17 Capitol Day
Schmidt-Jones Family Life Center
1300 Lavaca
Austin, Texas

APRIL
9-10 Texas Society of Psychiatric Physicians/
Texas Academy of Psychiatry
Spring CME Program and Committee Meetings
Westin Galleria Hotel
Houston, Texas

MAY
13-14 Texas Medical Association
TexMed 2011
Hyatt Regency Houston & George R. Brown Convention Center
Houston, Texas

JUNE
16-18 TOMA and TXAOFP Joint Annual Convention
The Fairmont Hotel
Dallas, Texas

JULY
15-17 TSCAP Annual Meeting and Scientific Program
Westin La Cantera Resort
San Antonio, Texas

NOVEMBER
11-13 TSPP 55th Annual Convention & Scientific Program
Westin Galleria Hotel
Dallas, Texas