Trusted Leaders, Not “Providers”

Josie R. Williams, MD, President, Texas Medical Association

It is with great honor and a humble heart that I assume the office of President of this awesome organization, the Texas Medical Association.

We are a leading organization, and indeed, we are in turbulent, troubling, and chaotic times. We have been successful in the past. I pledge to you we will continue the strong defense of our issues. Our defensive issues often dominate our time and energy. That will not change.

We will call upon you and your patients to make your elected officials aware of the thorny issues that comprise our dilemma and of how inaction is straining access to health care.

I must touch briefly on a couple of those issues. Congress will expedite the promises they have made to our seniors regarding access to health care. Congress will continue to be missing in action after 8 years, with fixed, unfair and inadequate 1998 dollars for physicians. In June, they will not have the political will to permanently fix the SGR.

We will stand firm for your right to be responsible owners of hospitals and other health care delivery facilities. It is your job in the coming year to strengthen your relationships with your elected officials and patients.

2009 is a legislative year and we have begun to identify the threats and opportunities for our patients and our practices.

Those relationships will help to better delineate and defend the need for better coordination of care, continuity and adequate supervision of non-physician practitioners for safe quality care.

Nurse practitioners, for example, are preparing to lobby to practice medicine as “independent collaborative practitioners” with prescribing authority under their nursing license and nursing board rather than under direct supervision of a physician. They and other allied practitioners desire to be recognized as doctors without the education or skills to warrant that privilege.

They and others believe we have only given lip service to the supervision of allied health professionals practicing under us. We will work to preserve safe, quality care for our patients with adequate supervision. But for those physicians who let their colleagues and our patients down by abandoning their responsibility for appropriate supervision, we would encourage evaluation and remediation by the Texas Medical Board.

Speaking of the Texas Medical Board, we will work with officials to make that body responsive to the protection of the public. We will not, however, forget the physicians’ rights to due process. And, we will work with the board to try to get them to be responsive to our concerns over quality of care issues and moral misconduct, not about crossing T’s and dotting I’s.

We will hold the line and be ever vigilant about the attempts to dilute our professionalism. The reforms are working!!

As a result, in today’s age of information, we are at the mercy of the government and the insurance companies to give us information, albeit skewed, inadequate and inaccurate information, regarding our own practices, and our own outcomes.

In short, colleagues, we have been reduced to “providers” attending to “consumers.” We are no longer “doctors” or “physicians” caring for our “patients.”

I have a vision — some will see it as a mirage — that WE MUST and CAN improve the architecture of health care delivery.

That this great change will be led by physicians and our patients. Until we all believe this can happen, we will remain at the mercy of others at best, and at worst, we will preside over the total collapse of this time-honored profession.

With all the evidence that we do not do what we know to do, want to do, and try to do, isn’t it time we examined the existing practice of medicine? Isn’t it time we had actual hard data to measure what and how we do things in this complex world, if for no other reason than to legimitately question accusations of poor quality of care? If for no other reason than we are physicians caring for our patients? If for no other reason than it is the right thing to do?

Evidence suggests we need to improve our care, and we will do so only with adequate and accurate data. The trouble now is that our image of ourselves, our belief in who we are, does not allow us to examine truthfully, to measure, how well we do.

We need to be the trusted leaders of the team. We may also need to identify ways to collaborate with other sciences such as industrial engineers, safety engineers, health care architects and others who can shorten our learning curve, who can help us design and build systems that work for patients and doctors.

We, in short, need to lead the team that will develop an ever-improving health care delivery system for our patients.

We must have the will to do this important work because it will allow us to return to caring for all patients as if they were our parents or children. It will allow us to return to being physicians, rather than expendable health care commodities.

We may lose some of the battles, but we will win the war. We will save and perhaps renew our profession.

Josie R. Williams, MD
became the Texas Medical Association’s 134th president at TexMed 2008 on May 3. This is an abbreviated version of her installation speech.

Why Should I Be Active in the Political Process?

The Texas Legislature convenes again on January 13, 2009. A successful Session in 2009 for psychiatry depends on what each of us makes of it. January 13 arrives, our goal is for all 140 members of the Texas Legislature to know we are physicians caring for our patients.

We made friends with them in some way and developed relationships with legislators. We form and nurture relationships with their aides. We will preside over the total collapse of this time-honored profession.

In politics, stupidity is not a handicap. – Zen

6. I believe there’s something out there watching over us. Unfortunately, it’s the government. – Woody Allen

7. If we want to take part in politics, it is only because politics encirces us today like the coil of a snake from which one cannot get out, no matter how much one tries. I wish therefore to wrestle with the snake. – Mahatma Gandhi

8. In politics, stupidity is not a handicap. – Napoleon

9. No man’s life, liberty or property are safe in politics doesn’t mean politics won’t take an interest in you. – Pericles

3. One of the penalties for refusing to participate in politics is that you end up being governed by your inferiors. – Plato

4. Those who do not do politics will be done in by politics. – French Proverb

5. All politics are based on the indifference of the majority. – James Reston

10. In politics, familiarity doesn’t breed contempt. It breeds votes. – Paul Lazarsfeld

11. In politics, an organized minority is a political majority. – Jesse Jackson

12. All politics is local. – Tip O’Neill

Get involved. Call your elected official today and begin the process of relationship building and education about mental illness and psychiatric treatments.
How Can We Help You?

Martha Leatherman, MD, President, Texas Society of Psychiatric Physicians

Customer service is everyone’s mind these days. We grumble about the service on airlines, restaurants, and everywhere else, and especially customer service seminars and training, we don’t expect very good customer service and sometimes we are willing to put up with poor service in order to save money. “Perceived Value” is the popular catch phrase.

As I begin my term of office as President of the Texas Society of Psychiatric Physicians, I’m trying to think about how we can help you. Here are some things I came up with.

Advocacy

TSP has advocated for patients and psychiatrists since its inception. We have forged strategic alliances with the major mental health advocacy groups such as Depression Bipolar Support Alliance (formerly the Mental Health Association), and NAMI. In fact, our Executive Director, John Bush served as the President of DBSA from 2001-2003, and some of our members offer their expertise on scientific advisory boards to the various organizations. In addition, we have testified in the Texas Legislature, effectively preventing the passage of a psychologist’s prescribing bill and the outright ban on ICD. We have partnered with the Texas Medical Association on key issues, and our members are respected by the legislators and their staffs. Our lobbyist, Steve Bresnen is one of the most respected lobbyists in Austin, and is committed to helping advance excellent psychiatric care in Texas. He and our staff of John Bush and Debbie Sundberg constantly scan pending legislation as well as sitting through hundreds of pages of regulatory propositions to make sure that it don’t have surprise anxiety or psychiatry measures enacted without our knowledge. The Government Affairs Committee works for advocacy, but other committees advocate on our behalf as well.

National Issues

Tex Secret, MD has been our Legislative Representative to the American Psychiatric Association since 1997. He faithfully travels to Washington DC year after year to represent the agenda of Texas psychiatrists to the Texas legislators in the U.S. House of Representatives and the U.S. Senate. He is enormously respected, and has forged relationships so meaningful that he is known on a first-name basis when he goes to visit key lawmakers.

American Psychiatric Association

Candidates running for APA office routinely seek us out for our support. Past TSPP Presidents Priscilla Ray MD, Clay Sawyer MD, and David Axelrad MD travel to APA meetings and articulate our position in the national association through the APA Assembly. When we have had disagreements with the APA, our leadership has traveled to meetings to negotiate and have been successful. TSPP is respected nationally and among the other district branches.

Mental Illness Awareness Week

Planning should be underway in each TSPP Chapter for Mental Illness Awareness Week, the first week in October. The purpose of MIAW is to increase the public’s understanding of mental illnesses and psychiatric treatments. MIAW provides an annual opportunity to address three primary goals: 1) to encourage psychiatrists to collaborate with mental health advocacy organizations in the planning and implementation of MIAW activities; 2) to produce a variety of educational outreach programs to reach as broad an audience as possible; and 3) to involve community leaders, policymakers, educators, clergy, the media etc. in delivering positive and informative messages about psychiatric illnesses.

Again this year, the Texas Foundation for Psychiatric Education and Research will provide grants to TSPP Chapters to help underwrite the expenses of MIAW activities. Each Chapter President will receive information about funds available for each Chapter as well as grant application forms. To apply for these MIAW grants, Chapter Presidents should submit the Chapter’s grant request to the Foundation prior to August 15. A Foundation Grants Review Committee will evaluate grant requests and will forward funding recommendations to the Foundation’s Executive Committee for final approval. An important consideration in determining funding amounts will be the level of participation by psychiatrists in MIAW activities. Funds will be distributed to Chapter Presidents by September 15. As a condition of accepting a grant from the Foundation, a Chapter receiving a grant is expected to submit a brief written report about its MIAW activities to the Foundation by November 1.

Mental Illness Awareness Week is an excellent opportunity to educate the public about mental illnesses and to foster working relationships with patient advocacy groups in each community. TSPP and the Foundation encourages all Chapters to participate this year.

If you have not yet made your 2008 contributions, the Texas Foundation for Psychiatric Education and Research, please consider sending your tax deductible donation to the Foundation today!

Texas Foundation for Psychiatric Education and Research

I am pleased to support the Foundation with a contribution of:

☐ $50  ☐ $100  ☐ $250  ☐ $500  ☐ $1000  ☐ $…

I am pleased to support the Foundation with a pledge of $ __________ payable _______________

DONOR INFORMATION

Name ________________________________
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Telephone ( ) __________________________

Contact me about a PLANNED GIFT as follows:

☐ A Request
☐ A Gift of Insurance
☐ A Charitable Trust

Texas Foundation for Psychiatric Education and Research

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

Thank you for your support!
Your contribution is tax deductible to the full extent of the law.

Contact me about a PLANNED GIFT as follows:

☐ A Request
☐ A Gift of Insurance
☐ A Charitable Trust

Texas Foundation for Psychiatric Education and Research

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

Thank you for your support!
Your contribution is tax deductible to the full extent of the law.

Neuropsychiatry

Medical Student Clerkship Director

The Department of Neuropsychiatry and Behavioral Science at Texas Tech University Health Sciences Center in Lubbock, Texas, seeks a qualified psychiatrist to assume responsibility for its clinical education programs for medical students. The position is primarily ambulatory, and does not necessarily require an academic scholarly background. The successful candidate should have a demonstrated interest in clinical teaching, and excellent skills in the practice of Psychiatry. Inquiries are welcome from persons of all backgrounds, and levels of experience in Psychiatry.

Randolph B. Schiffer, M.D.
Chair, Department of Neuropsychiatry and Behavioral Science

Texas Tech University Health Sciences Center
3601 4th Street, Lubbock, Texas 79430
Tel: 806-743-2249
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Diagnostic Drift
Stuart Crane, MD, President, Texas Academy of Psychiatry

A s the third President of Texas Academy of Psychiatry, I am happy to report we have begun to hit our stride. Drs. Sandy Kiser and Lauren Parsons, our inaugural Presidents, gave passion and energy to founding an organization with the spirit of Texas. And, friends and colleagues, that is the focus of this article. Texans began as pioneers. We established a paradigm of adapting to, and even thriving on, change. Our state psychiatric leadership determined, in this same vein, that we could not stand idly by when organized psychiatry membership levels stagnated and so the Academy was born. We took courage and acted. Similarly, I believe the Academy and others should speak out when our formulation of a patient’s illness misses the mark.

I am the first to admit our diagnostic nosology has limits. Probably the most important shortcoming, as Dr. Karl Menninger emphasized, was replacing the patient with a diagnosis. Dr. Karl relented pinning the ears back of any physician referring to “the schizo- phrenic in bed 15,” instead describing the patient/human being in bed 15 as having a diagnosis of schizophrenia. Our German colleagues recently wrote an open letter to American psychiatrists in Archives of General Psychiatry, noting a massive 40 fold increase in the diagnos is of bipolar disorder in children and adolescents in the past several years here, while in Germany most of these kids continue to carry a diagnosis of disruptive behavior disorders such as conduct disorder, oppositional defiant, early personality disorders and attention deficit hyperactivity disorder. So, even when Texas psychiatrists exercise due diligence with diagnosis, we make honest mistakes.

My concerns lies with mislabeling so apparent as to send a medical student screeching down the hall to an internal medicine subspecialty rather than practice psychiatry. The first, and most prominent, discrepancy of this type relates to the patient with “bipolar” borderline personality disorder. Formerly perhaps the private insurance industry pushed to relabel Axis II with bipolar disorder. Often we made a case that we could legitimately keep both diagnoses and actually continue to treat the patient. Currently my office has zero could legitimately keep both diagnoses and actually continue to treat the patient. Moreover, my experience with “bipolar drift” relates to certain masters level diagnosis who have become enamored with the ubiquity of Bipolar I disorder in the American population.

Yes, some of my best friends are LPCs (actually my wife is a Menninger-trained LCSW). But folks, admit it. Patients with a prominent presentation of self-injury, uncontrollable rage, and chronic rela tionship instability are all “Bipolar I.” In the Q&A sessions at our November CME meetings, psychiatrists stand up and point out in how our state hospitals and community centers, patient formulations become increasingly inaccurate as patients with post-traumatic stress and/or borderline personality primary diagnoses have been declared unwel come visitors who can only be treated in crisis. Worse, as Dr. Glen Gabbard points out, these “bipolar patients” have been on every drug in the book, have never talked to a doctor for more than 10 minutes for years, and maybe even have fastened to them, that they would like to discuss. Many were diagnosed by sym pathetic masters level clinicians who know the community clinics cannot treat the patient without the bipolar diagnosis, but also convince the patient that medications are the answer to their problems. Of course, the vast majority never access psychotherapy regardless. Substance induced psychosis and mood disorder is another quite neg lected diagnostic area. An erudite public sector doctor pointed out that again, our Texas system won’t permit ongoing treatment of this population without special override approvals, often branding this group “schizo phrenic.” The same can be said for the many patients with mental retardation and psychosis. Obviously, correct diagnosis allows for the complexity of treating either of these groups of patients, and in fact does justice to the group of patients actually suffering from schizophrenia. Treatment needs for these groups differ at least as much as treatment for psychosis vs. depression, and the plan for care begins with an accu rate conceptualization.

A final “psychotic” cluster involves those with “psychotic major depression” who hear vague name calling or see shadows. In clinic after clinic, these patients become dependent for life on our public mental health system, and dollars. Do they cooperate with the “skills training” provided in their services with the community centers? Absolutely. Do functional levels change? Well, perhaps they need another dozen years of repetition to absorb the content. In a formulation for these patients, a work need through unhealthy dependencies never enters the equation, although both patient and the public mental health system would eventually benefit. Texas psychiatrists in private and public systems can overcome the barriers for formulating a correct diagnosis. Whether the barrier is countertransfer ence (“I will find the right mood stabilizer where others have failed”) or systemic (“the intake staff fill out the sheet”), our duty is clear. We need to accurately depict the patient as best as our DSM IV, V, or XX will permit. ■

APA Fellowship: The Basics
Patrick Holden, MD, Chairman, TSPP Fellowship Committee

Become an APA Fellow or APA Distinguished Fellow

One of the benefits of APA membership is recognition by the APA for members who are in good standing. There are two cate gories, one for those who are in good standing (APA Fellow) and one for those with significant achievement in several areas of psychiatry (APA Distinguished Fellow). The TSPP Fellowship Committee encourages TSPP members to consider applying for one of these honors. The requirements differ depending on the category. The following is abstracted from the APA website:

Q: How can I become a Fellow?
A: To be eligible for Fellowship, you must be a General Member for five consecutive years, have board certification, and submit three letters of reference from Fellows or Distinguished Fellows with your application to the APA. The deadline for submission is September 1st and the Fellowship Application can be found on the APA website.

Q: What’s the difference between a Fellow and a Distinguished Fellow?
A: Distinguished Fellows are nominated first by their district branches before being recommended for approval by the APA Membership Committee and voted upon by the APA Board of Trustees. Candidates for this category have to meet more comprehensive criteria, including significant achievement in several areas of psychiatry. These include:

• Minimum of eight years as an APA General Member or Fellow.
• Primary identity must be psychiatry for those in combined fields.
• The General Member (or Fellow in 2003 and thereafter) should 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.

• Certification by the ABPN, RCPsych, or AOA
• Involvement in the work of the District Branch or other APA components
• Involvement in other medical and professional organizations
• Participation in non-compensated mental health and medical activities of social significance
• Participation in community activities unrelated to income-producing activities
• Clinical contributions
• Administrative contributions
• Teaching contributions
• Scientific and scholarly publications
• At least three letters of recommendation from Distinguished Fellows.

MEMBERSHIP CHANGES

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

The following membership applications have been approved by the TSPP Executive Committee and have been transmitted to the APA:

• Member in Training
  • Bates, Gail, MD, Harker
  • Chudnovsky, Nora, MD, El Paso
  • Hobday, Gabrielle, MD, Houston
  • Karrirpour, Mona, DO, Dallas

• General Member
  • Ohiku, Elizabeth, MD, Sugar Land
  • Prashad, Shobha, MD, Arlington
  • Schneider, Paul, DO, North Richland Hills
  • Tovar, Maris, MD, Dallas

Newly added:

• Newhook, Milena, MD, Galveston
• Ohiku, Elizabeth, MD, Sugar Land
• Prashad, Shobha, MD, Arlington
• Schneider, Paul, DO, North Richland Hills
• Tovar, Maris, MD, Dallas
• Williams, Solomon, MD, Temple

Medical Malpractice Insurance
Are you paying too much?

The Federation of Texas Psychiatry in cooperation with Cunningham Group is offering Texas psychiatrists free premium induc tions. Premiums have come down during the past year — one insurer dropped its rates 48 percent.

Let Cunningham Group shop the market for you and reduce your premium.

Go to the Cunningham website (www.cg-ins.com) and complete the Medical Malpractice Premium Indication Short Form to receive your premium indication.

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Professional Liability Insurance Services
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Patrick Holden, MD

Stuart Crane, MD
Your Invitation to Attend
TSCAP's 2008 Annual Conference
and Scientific Program
Benigno J. Fernandez, MD, President, Texas Society of Child and Adolescent Psychiatry

If you have not already registered I would like to extend a personal invitation to you to register and attend the 2008 Annual Conference of the Texas Society of Child and Adolescent Psychiatry and Scientific Program: “Evaluation and Treatment of Disorders of Early Development”. The scientific program has been designated for a maximum of nine AMA PRA Category I Credits™ and is scheduled to be held next month, July 18-20, at the Westin La Cantera Resort in San Antonio. For hotel reservations call: 1-800-228-3800. For questions or assistance please contact Debbie Sundberg at tscape@aol.com or 512-478-0605.

The Westin La Cantera Resort is located adjacent to Six Flags Fiesta Texas and offers numerous on-site amenities and attractions for everyone to enjoy throughout the weekend. Friday evening kicks off the weekend’s meetings and activities with a complimentary reception with exhibitors and be sure to join us at Saturday’s Fiesta Reception in the afternoon. The Scientific Program: Evaluation and Treatment of Disorders of Early Development will be held Saturday, July 19 and Sunday, July 20 and features: Richard D. Todd, PhD, MD (Blanche E. Ilfeson Professor of Psychiatry; Professor of Genetics and Director of Child and Adolescent Psychiatry, Washington University School of Medicine in St. Louis) who will discuss Genetics in Family Studies in Autism; Louise O'Donnell, PhD (Assistant Professor, Division of Genetics and Metabolic Disorders, Department of Pediatrics, The University of Texas Health Science Center, San Antonio) will discuss assessment tools for early diagnosis of autism; Alice R. Mao, MD (Associate Professor of Psychiatry; Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine and Director of Psychopharmacology, Research and Education at DePelchin Children’s Center in Houston) will review ways to help parents of a child with Autism to develop a multidisciplinary treatment plan. Steven R. Pliszka, MD (Professor and Vice Chair, Department of Psychiatry and Chief of the Division of Child and Adolescent Psychiatry, The University of Texas Health Science Center at San Antonio) will examine the psychopharmacology of ADHD in special populations; Graham J. Emilie, MD (Charles E. and Sarah M. Seay Chair in Child Psychiatry and Professor of Psychiatry, The University of Texas Southwestern Medical Center at Dallas) will review ethical considerations in the treatment of young children with medications; Lindy K. Bankes, MD, Resident, The University of Texas Health Science Center at San Antonio) will present a case presentation on the Multi-Disciplinary Treatment Decisions in the Treatment of a Young Child and the program will conclude with a panel comprised of Emilie Atwell Becker, MD (Psychiatrist with the Mental Health Substance Abuse Division of the Department of State Health Services in Austin); Deborah C. Hines, JD, MSW (with Brown McCarroll, L.L.P) and Graham J. Emilie, MD discussing the Legal and Ethical Considerations in the Use of Medications and Treatment of Young Children.

I look forward to seeing you at the Convention and welcoming you to San Antonio!

SPECIAL INVITATION FOR TSCAP TRaineE MEMBErS
All TSCAP Trainee Members who register for the convention before July 3 will be entered into a drawing for a complimentary two night stay - Hill Country View at the Westin LaCantera Resort, for use at the TSCAP Convention. The drawing will be held on July 5th and the Trainee Member notified by e-mail. In addition there is not a meeting registration fee for TSCAP Trainee or Medical Student Members who register prior to July 3rd!

DISCOUNTED MEETING REGISTRATION BEFORE JULY 3
Discounted meeting registration is available prior to July 3 so make plans to send yours in early to take advantage of the registrant savings!

SIX FLAGS FIESTA TEXAS
Everyone pays kids price at Six Flags Fiesta Texas! Be sure stop by the TSCAP Registration Desk on Friday afternoon or throughout the weekend to pick up your money-saving coupons.

Benigno J. Fernandez, MD

Texas Society of Child and Adolescent Psychiatry
Summer Meeting and Scientific Program
“Evaluation And Treatment Of Disorders Of Early Development”
July 18-20, 2008 • Westin La Cantera Resort • 16641 La Cantera Parkway • San Antonio, Texas

REGISTRATION
NAME ___________________________ DEGREE ___________________________
MAILING ADDRESS ___________________________ CITY ___________________________ STATE ___________ ZIP ___________
PHONE NUMBER ___________________________ TAX NUMBER ___________________________
E-MAIL ___________________________

SCIENTIFIC PROGRAM REGISTRATION
(includes Scientific Program & Syllabus; Saturday continental breakfast, Saturday & Sunday refreshment breaks and Saturday lunch)

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SOCIAL EVENTS
- Friday Welcome Reception
- Saturday Afternoon Reception
- Sunday Membership Breakfast Meeting - No Charge for TSCAP Members
- Sunday Annual Membership Breakfast Meeting - Guests

PAYMENT INFORMATION
☐ Check in the Amount of $_________ made payable to Texas Society of Child and Adolescent Psychiatry
Please Charge $_________ To My: □ Visa □ MasterCard □ American Express
Credit Card #: ___________ Expiration Date: ___________
3 Digit Code on Back of Card on Right of Signature Panel: ___________
Name of Cardholder (as it appears on card): ___________________________
Signature: ___________________________
Address where you receive your credit card statement (include address, city, state, zip): ___________________________

If you require any special assistance to fully participate in this conference, please contact TSCAP via e-mail tscape@aol.com or 512-478-8005.

CANCELLATIONS – Deadline for cancellation is July 3, 2008. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 3, 2008, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER JULY 3, 2008.
“Evaluation And Treatment Of Disorders Of Early Development”

July 18-20, 2008 • Westin La Cantera Resort • 16641 La Cantera Parkway • San Antonio, Texas
Joint Sponsored by TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS and TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY

TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY
2008 SUMMER CONFERENCE AND SCIENTIFIC PROGRAM

LOCATION / HOTEL RESERVATIONS
All events will take place at The Westin La Cantera Resort, 16641 La Cantera Parkway, San Antonio, Texas, 210/588-6500.

G E N E R A L  I N F O R M A T I O N

SCIENTIFIC PROGRAM:
“EVALUATION AND TREATMENT OF DISORDERS OF EARLY DEVELOPMENT”

FRIDAY, JULY 18
9:00 am - 9:15 am
Welcome

9:15 am - 10:15 am
Ethical Considerations in the Treatment of Young Children with Medications
Graham J. Emmslie, MD
The University of Texas Health Science Center at San Antonio, TX

10:15 am - 10:30 am
Refreshment Break

10:30 am - 11:30 am
Case Presentation: Multi-Disciplinary Treatment Decisions in the Treatment of a Young Child
Lindy K. Bankes, MD, and Deborah C. Hiser, JD, MSW

11:30 am - 12:30 pm
Panel Discussion: Legal and Ethical Considerations in the Use of Medications and Treatment of Young Children
Emilee Atwell Becker, MD, Graham J. Emmslie, MD, and Deborah C. Hiser, JD, MSW

TSCAP acknowledges with appreciation educational grants in support of the continuing medical education program from:

- Ortho-McNeil Janssen Scientific Affairs, LLC
- Shire Pharmaceuticals, Inc.

TSCAP would like to express their sincere appreciation to the following organizations who will be participating at the meeting as an exhibitor and/or sponsor. Please be sure to visit with the exhibitors and enter to win the special prize drawings donated by TSCAP. Exhibits will be open during the Friday evening welcome reception, Saturday afternoon breakfasts and Saturday Afternoon Fiesta Reception.

Laurel Ridge Treatment Center McNeil Pediatrics (Exhibitor and Sponsor) Meridian Achievement Center Novus Shire Southwest Mental Health Center Texas Neuro Rehab Center & The Oaks Treatment Center

TARGET AUDIENCE / PROGRAM GOALS & OBJECTIVES
The primary target audience of the program consists of Child and Adolescent Psychiatrists, General Psychiatrists and other specialties of medicine with the objective of addressing quality improvement in clinical outcomes for patients served by the physicians in the State of Texas. This continuing medical education activity will be presented in a classroom style format, with didactic lectures supplemented with audiovisual presentations, case presentations and question and answer discussions.

At the conclusion of the program attendees will be able to:

- Understand issues related to family studies of autism and utilize available tools for the diagnosis of autism.
- Identify psychopharmacological options for the treatment of ADHD in special child and adolescent populations.
- Evaluate ethical considerations in the psychopharmacological treatment of young children.
- Understand the developmental and ethical considerations related to pre-school psychopharmacological treatment.
- Recognize that current empirical data on psychopharmacological treatments are limited in the preschool age group.

SCIENTIFIC PROGRAM SPEAKERS

Lindy K. Bankes, M.D., Assistant Professor of Psychiatry, LSU Health Sciences Center

Emma Atwell Becker, M.D., Assistant Professor of Psychiatry, UT Southwestern Medical Center

Deborah C. Hiser, J.D., MSW, Chief of Staff - Southwest Mental Health Center

Emily Atwell Becker, M.D., Assistant Professor of Psychiatry, UT Southwestern Medical Center

Graham J. Emmslie, M.D., Professor of Psychiatry, University of Texas Health Science Center

Charles E. and Sarah M. Seay Chair in Child Psychiatry, San Antonio, TX

Cheryl E. Himes, M.D., Professor of Psychiatry, University of Texas Health Science Center

Assistant Professor, Department of Psychiatry, The University of Texas Health Science Center

Steven R. Tulsky, M.D., Professor of Psychiatry, University of Texas Health Science Center

Richard D. Todd, Ph.D., M.D., Professor of Genetics

Director of Child and Adolescent Psychiatry, University of Texas Health Science Center

Southwest Mental Health Center

Texas Neuro Rehab Center & The Oaks Treatment Center

SUNDAY, JULY 20
8:00 am - 9:00 am
TSCAP Annual Business Meeting Breakfast

9:00 am - 9:30 am
Scientific Program: “Evaluation and Treatment of Disorders of Early Development”
San Antonio HI

9:30 am - 10:30 am
Case Study Discussions: Overview of the TSCAP Scientific Program

10:30 am - 11:30 am
Case Study Discussions: “Panel Discussion: Ethical Considerations in the Treatment of Young Children with Medications”

11:30 am - 12:30 pm
Panel Discussion: “Ethical Considerations in the Treatment of Young Children with Medications” Case Study Discussions: “Overview of the TSCAP Scientific Program”

CONTINUING MEDICAL EDUCATION 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 Psychiatry Physicians and the Texas Society of Child and Adolescent Psychiatrists. The TSCAP Scientific/Program is accredited by the Texas Medical Association to provide continuing medical education for physicians. The Texas Society of Psychiatry Physicians designates this educational activity for a maximum of nine (9) AMA PRA Category 1 Credits™.

SPECIAL THANKS

TSCAP would like to express thank you to the sponsoring companies who have generously supported this event and provided meeting grants.

Texas Children’s Hospital

Southwest Mental Health Center

Texas Neuro Rehab Center & The Oaks Treatment Center

Scientific/Program: “Evaluation and Treatment of Disorders of Early Development”

FRIDAY, JULY 18

1:00 pm - 5:30 pm
Exhibit Set Up, Exhibit Break, Exhibit Setup, Exhibit Break

6:30 pm - 8:00 pm
Welcome Reception

9:00 am - 12:30 pm
SCIENTIFIC PROGRAM: “EVALUATION AND TREATMENT OF DISORDERS OF EARLY DEVELOPMENT”
San Antonio G

9:00 am - 12:30 pm
Welcome Reception

9:15 am - 10:15 am
Ethical Considerations in the Treatment of Young Children with Medications

Lindy K. Bankes, M.D.
The University of Texas Health Science Center

Graham J. Emslie, M.D.
The University of Texas Health Science Center

Steven R. Pliszka, M.D.
The University of Texas Health Science Center

Louise O’Donnell, Ph.D.
Department of Psychiatry

Richard D. Todd, Ph.D., M.D.
Department of Psychiatry

SCIENTIFIC PROGRAM AT A GLANCE

PROGRAM INFORMATION
5

TEXAS PSYCHIATRIST

JUNE/ JULY 2008

TEXAS PSYCHIATRIST

JUNE/JULY 2008
HOTEL RESERVATIONS

TSPP’s 52nd Annual Convention will be held at the Westin La Cantera Resort, 16641 La Cantera Parkway, San Antonio, Texas, 210/558-6500. A special TSPP discounted room rate of $159 is available to TSPP program registrants before October 21, 2008 or upon sell-out whichever occurs first. Make your reservation today by calling 1-800-228-3000.

Nestled atop one of the highest points in all of San Antonio, The Westin La Cantera Resort offers breathtaking views of downtown and the beautiful Texas Hill Country. Built on the site of an abandoned limestone rock quarry - la cantera in Spanish - the resort’s intimate setting seems like it’s a world away. The hilltop retreat combines the best of golf and the best of luxury. With six pools, health club and spa services, a newly renovated 7000 square foot Westin Workout powered by Reebok fitness center, tennis courts, unique dining options, a kids club, three hot tubs and offers something for everyone. Not to mention, the adjacent 1.3 million square foot shopping destination, The Shops at La Cantera and Six Flags Fiesta Texas Theme Park!

THURSDAY GOLF OUTING

Polish up on your golf game! For those convention attendees (and golf enthusiasts) arriving early, discounted green fees have been arranged at the La Cantera championship golf course. If you are interested in playing, please be sure to check the Golf section of the TSPP registration form.

AWARDS RECEPTION / BANQUET AND EVENING OF ENTERTAINMENT

Saturday evening’s festivities begin with a complimentary wine & cheese reception before the banquet honoring the 2008 TSPP Award Recipients for their outstanding contributions to Psychiatry. The banquet will be followed by an evening of entertainment! Register early to reserve a table for your organization and/or friends! Black Tie optional. This year’s honorees include:

- Distinguished Service Award
  - Joseph L. Black, MD
  - Gary L. Etter, MD

- Psychiatric Excellence Award
  - Glen O. Gabbard, MD
  - George D. Santos, MD

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**Scientific Program**

“Improving Psychiatric Care and Enhancing Patient Outcomes”

**About the Speakers**

Charlotte A. Brauchle, Ph.D.
Counseling psychologist, psychotherapist and Adjunct Professor of Law at Saint Mary’s University School of Law, San Antonio, TX

Pedro L. Delgado, M.D.
Professor and Drinnan Distinguished Chair, Department of Psychiatry, Associate Dean for Faculty Development and Professionalism, School of Medicine, The University of Texas Health Science Center at San Antonio

Arivm Fishkind, M.D.
President of the American Association for Emergency Psychiatry, Medical Director of the Crisis Residential Unit at the Comprehensive Psychiatric Emergency Program of Harris County and Chief Medical Officer of JSA Health, Houston, TX

Kevin F. Gray, M.D.
Director, Geriatric Neuropsychiatry Clinic, Dallas Veterans Affairs Medical Center, Associate Professor of Psychiatry and Neurology, UT Southwestern Medical School, Dallas, TX

Shawn Christopher Shea, M.D.
Director, Training Institute for Suicide Assessment and Clinical Interviewing; Adjunct Assistant Professor of Psychiatry, Darmouth School of Medicine, Hanover, NH

Christopher B. Ticknor, M.D.
Associate Clinical Professor of Psychiatry, The University of Texas Health Science Center, San Antonio; Private Practice, Psychiatry, San Antonio; Part II Oral Exam for the American Board of Psychiatry and Neurology, Team Psychiatrist, The NBA San Antonio Spurs

Jeffrey M. Zigmahn, M.D.
Assistant Professor, Division of Hypothalamic Research and Physiology of Endocrinology & Metabolism, Department of Internal Medicine, UT Southwestern Medical Center, Dallas, TX

**Accreditation**

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of eleven [11] AMA PRA Category I Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians. The presentation entitled “Antidepressant Controversies: Legal & Ethical Issues, Suicidality & Birth Defects” has been designated by the Texas Society of Psychiatric Physicians for two [2] hours of education in medical ethics and/or professional responsibility.

**Meeting Registration**

See Registration Form below or visit the website www.txpsych.org for TSPP/TAP's Special Discounted Meeting Registration Fees for this year’s convention. You are invited to learn about and experience the best of the Texas Society of Psychiatric Physicians.

**Target Audience / Program Objectives**

This CME Program is designed in a classroom style format, with didactic lectures supplemented with audiovisual presentations and direct discussion. The program is designed to provide its primary target audience of psychiatrists, as well as other specialties of medicine with clinically-relevant information regarding ethics, new developments in treatment and new directions in research to enhance the physicians’ knowledge and improve the delivery of quality medical care to patients in their practice.

Upon completion of this program participants should be able to achieve the following objectives, thus improving patient outcomes:

- Describe and explain the current essential components of the assessment and treatment of patients with dementia.
- Describe key factors in the evaluation of suicidal thoughts and the prevention of suicide.
- Simon GE, Savarina J. Suicide attempts among patients starting depression treatment with medication or psychotherapy. Am J Psychiatry 2007; 164: 1028-34.
- Describe the essential elements of the evaluation and management of potentially violent patients.

Discuss the clinical decision making process and use of informed consent in prescribing antidepressants,


Discuss and describe the appropriate treatment planning and informed consent for patients with the metabolic syndrome and those that may be at risk of developing it related to treatment,


**Texas Society of Psychiatric Physicians**

2008 Annual Convention & Scientific Program

November 20-23, 2008 • Westin La Cantera Hotel, San Antonio, Texas

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 675, Austin, Texas 78701 by October 12 to receive the discounted registration fee. Registration forms and payments by credit card may be faxed to TSPP at 512/478-5223.

**Payment Information**

- Check in the amount of $__________
- Make Checks Payable to Texas Society of Psychiatric Physicians
- Please Charge $__________ To My: □ Visa □ MasterCard □ American Express
- Credit Card #__________
- 3 Digit Code is Back of Card on Right of Signature Panel
- Name of Cardholder (as it appears on card) _______________________________________________________________________________________
- Address where you receive your credit card statement (include address, city, state, zip) _______________________________________________________________________________________
- Signature _______________________________________________________________________________________________________________________

**Cancellations**

Deadline for cancellation is October 12, 2008. In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 12, 2008. Less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER OCTOBER 12, 2008.

**Return to**

Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 675, Austin, TX 78701, PHONE: (512) 478-0605, FAX: (512) 478-5223
Hearts and Minds
Lauren Parsons, MD, Chairman, Federation of Texas Psychiatry

The State of Texas is very fortunate to have four of its state hospitals as official recipients of a SAMHSA grant, the purpose of which is to reduce and hopefully someday eliminate the use of restraint and seclusion. In that the state owned and operated mental health hospitals work as a system, all of the facilities are looking at adopting their own versions of the promising practices which are emerging from the efforts of this group of grant recipients. Additionally, networking with other states who have also received or are currently receiving this same grant allows for thinking outside of the box when it comes to reducing or eliminating this most high risk for both patients and staff intervention.

What follows are the Six Core Strategies for Reducing Seclusion and Restraint Use® developed and copy written by the National Association of State Mental Health Program Directors and Kevin Ann Hoshkosh, R.N., M.S.N., C.A.P., I.C.A.D.C. Director, National Technical Assistance Center, National Association of State Mental Health Program Directors.

As we create our seclusion and restraint reduction plans, these six core strategies will serve as our guiding principles:

GOAL ONE: To reduce the use of seclusion and restraint by defining and articulating a mission, philosophy of care, guiding values, and assuring for the development of a seclusion and restraint reduction plan and plan implementation. The guidance, direction, participation and ongoing review by executive leadership are clearly demonstrated throughout the seclusion and restraint reduction project.

GOAL TWO: To reduce the use of seclusion and restraint by using data in an empirical, non-punitive, manner. Includes using data to analyze characteristics of facility usage by unit, shift day, and staff member; identifying facility baseline; setting improvement goals and comparatively monitoring use over time in all care areas, units and/or state system’s like facilities.

GOAL THREE: To create a treatment environment whose policy, procedures, and practices are grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and violence on humans and the prevalence of these experiences in persons who receive mental health services and the experiences of our staff, including an understanding of the characteristics and principles of trauma informed care systems. Also includes the principles of recovery-oriented systems of care such as person centered care, choice, respect, dignity, partnerships, self-management, and full inclusion. This intervention is designed to create an environment that is less likely to be coercive or conflictual. It is implemented primarily through staff training and education and Human Resource Development activities, includes safe seclusion and restraint application training, choice of vendors and the inclusion of technical and attitudinal competencies in job descriptions and performance evaluations. Also includes the promotion of effective and person centered psychosocial or psychosocial rehabilitation like treatment activities on a daily basis that are designed to teach life skills (See Goal One).

GOAL FOUR: To reduce the use of seclusion and restraint through the use of a variety of tools and assessments that are integrated into each individual consumer’s treatment stay. Includes the use of assessment tools to identify risk factors for violence and seclusion and restraint history; use of a trauma assessment; tools to identify persons with risk factors for death and injury; the use of de-escalation or safety surveys and contracts; and environmental changes to include comfort and sensory rooms and other meaningful clinical interventions that assist people in emotional self-management.

GOAL FIVE: To assure for the full and formal inclusion of consumers or people in recovery in a variety of roles in the organization to assist in the reduction of seclusion and restraint.

GOAL SIX: To reduce the use of seclusion and restraint through knowledge gained from a rigorous analysis of seclusion and restraint events and the use of this knowledge to inform policy, procedures, and practices to avoid repeats in the future. A secondary goal of this intervention is to attempt to mitigate to the extent possible the adverse and potentially traumatizing effects of a seclusion and restraint event for involved staff and consumers and all witnesses to the event. It is imperative that senior clinical and medical staff, including the medical director, participate in these events.*

As you can see, we have our work cut out for us. There are many obstacles to overcome both internal as well as external, but we are up to the challenge. As one of the presenters at a recent conference put it, “A facility being restraint and seclusion free is a state of mind,” because that is where this practice must truly begin, in the hearts and minds of the staff.


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