M embers of TSPP recently received letters and enclosures from Michelle Riba, MD, APA President, and James Ninger, MD, Speaker of the APA Assembly. The let ters were written in regard to the “future of organized psychiatry” in Texas, and the concerns of the APA Board of Trustees regarding the restructuring of organized psychiatry in Texas. The enclosures were copies of a letter written to the TSPP Executive Council.

These letters were written without knowledge of the facts regarding the restructuring. Neither of the signatories contacted me or any other member of the Executive Council to let us know of their concerns prior to sending these letters. Over the past few months, TSPP submitted written responses to two inquiries from Marcia Goin, MD, appointed by the APA Board to “oversee” TSPP. TSPP received absolutely no response from APA leadership, positive or negative, regarding any concerns of any kind. I will reiterate the facts, of which TSPP members are already aware.

TSPP did not establish the new Texas Academy of Psychiatry. The Academy is a completely different entity—i.e., an organiza tion established under Texas corporate law with its own structure, its own governance, and its own finances. In no way is the Academy a “subsidiary” of TSPP. Last year, TSPP desired to establish an affiliates’ program, a membership-driven attempt to reach out to unrepresented Texas psychiatrists so as to allow them a voice in Texas psychiatry. APA threatened TSPP with disso ciation if TSPP established any “subsidiary” without APA’s approval. TSPP’s request was denied. TSPP is not and never has been a subsidiary of APA unless we gave up this idea. We were therefore beyond the purview of both APA and TSPP. APA had no right to “join” the Federation, only to organize organizations. Each professional organization will send a number of delegates to a Federation Assembly, and each organization will still have its own structure, which will develop policy with the input and influence of all of its member societies, and which will then serve as the single voice of Texas psychiatry to the legislature in the same effective way for which TSPP has always been recognized.

As with any corporation, each member society is free to choose to administer itself or to choose to contract with an administrative service from the Federation. TSPP has chosen to contract with the Federation for these services. The administrative staff of the Federation will only provide administrative services to its member organizations. Most importantly, the Federation will not “mingle” the financial resources of these member societies, and will not determine policy for its member entities. None of these developments would have been necessary if APA had recognized that an absolutely no response from APA leadership, positive or negative, regarding any concerns of any kind. I will reiterate the facts, of which TSPP members are already aware.

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N umerous challenges confront psychiatrists in the delivery of quality care to patients. These challenges emanate from the Texas Legislature, State regulatory agencies, practices of third-party payers, the myths and stigmas associated with illness, just to name a few. For practicing psychiatrists, organized psychiatry provides the means of effectively addressing these challenges, preserving the patient-physician relationship and the quality of psychiatric care available to Texas citizens.

The FEDERATION

For these reasons, the Federation of Texas Psychiatry (Federation) was formed this summer. The primary mission of the Federation is to encourage psychiatrists to participate in organized psychiatry, to unite and coordinate the activities of the state’s professional psychiatric organizations, and to represent psychiatrists and their patients in the Texas Legislature and State regulatory agencies. The Federation offers membership to the state’s professional psychiatric associations and is governed by a Delegate Assembly, composed of representatives from each member organization.

The work of the Federation begins with encouraging psychiatrists to be members of professional psychiatric organizations. Membership affords psychiatrists numerous opportunities to advocate and participate in efforts to influence healthcare policies in our state. To borrow a line from President Kennedy, “Ask not what your psychiatric organization can do for you, but what you can do for your psychiatric organization.”

Our medical and psychiatric associations depend on member volunteers to develop policy, to set standards for quality care for our patients, and to advocate. Not only do our psychiatric organizations need the talents and experiences of psychiatrists from all segments of the healthcare delivery system to be effective, we need every psychiatrist in our state to be on our legislative advocacy team to be successful.

MEMBERSHIP CHOICES

Psychiatrists in Texas now have a choice of membership options in organized psychiatry.

Choice 1. The Traditional Alternative - TSPP/APA

The Texas Society of Psychiatric Physicians (TSPP) has a long and proven track record in its advocacy for patients and the profession of psychiatry. TSPP has been a member of District Branch of the American Psychiatric Association (APA) since 1956, serving as Texas’ voice in the national organization. Because of APA’s dual membership policy, psychiatrists must be members at both the national and District Branch level. This dual membership policy affords members benefits and services from both TSPP and the APA.

Choice 2. The Texas Only Alternative - The Academy

Responding to a growing number of Texas psychiatrists who prefer membership in only a state psychiatric organization, the Texas Academy of Psychiatry (Academy) was established this summer. The Academy is entirely independent from TSPP and has its own governing body, committees and programs. Membership categories and services of the Academy are comparable to those offered by TSPP except for the services and benefits provided by the APA. Academy dues are comparable to TSPP dues, but of course, there are no dues for national membership.

Advocates for Patients and Quality Psychiatric Care

Texas Academy of Psychiatry: A New Way to Participate

R. Sanford Kiser, MD, President, Board of Trustees

I am pleased to inform you about a new professional organization, the Texas Academy of Psychiatry, which offers Texas psychiatrists an additional way to participate in organized psychiatry at the state level.

ESTABLISHMENT

The Texas Academy of Psychiatry was organized this summer in response to a growing demand of psychiatrists in Texas for an opportunity to be involved in organized psychiatry without the requirement of a mandatory dual membership requirement in a national organization.

According to surveys distributed by the Texas Society of Psychiatric Physicians in 2003-2004, 40% of TSPP members and over 80% of non-members expressed an interest in belonging to a single professional psychiatric association, rather than a mandated dual membership arrangement. The Academy was therefore established to meet this need and desire of Texas psychiatrists. The Academy will expand the choice of membership options in organized psychiatry and hopefully, allow our profession to expand the strength and influence of psychiatry in Texas.

MEMBERSHIP CHANGES

TSPP NEW MEMBERS

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

GENERAL MEMBERS

Change in Status from MT to General Member

Transfer from Other District Branches

FELLOWS

Associate Member

GOVERNANCE

The Academy is entirely independent and will have its own Board of Trustees, committees and programs. While independent, the Academy will work with other professional medical organizations on programs of mutual interest in order to effectively advocate for our patients and our profession.

MEMBERSHIP STRUCTURE

Membership is available to any psychiatrist having a current medical license to practice medicine without restrictions and who has a residency training certificate from an approved psychiatric residency program. Categories of membership include:

- Member
- General Member (physicians who have been accepted into an approved psychiatric residency program)
- Fellow (physicians who have completed acceptable training and who have either a valid license to practice medicine or hold an academic, research, or governmental position that does not require state licensure)
- Former Fellow (Academy members who have been members for at least eight years and who have made significant contributions to the field of psychiatry. Applicants who have held the position of Fellow or Distinguished Fellow in other recognized professional psychiatric associations may be granted the recognition of Academy Fellow) Retired (members who have fully retired from active practice); and

HOW TO APPLY

For further information about the Academy or to obtain a Membership Application, please contact the Academy’s office (401 West 15th Street, Suite 675, Austin, TX 78701; telephone: 512/478-0665; email: TxPsychiatry@aol.com).

Texas wants you and needs you. Let us hear from you.

In Memoriam...

James Chester Gayle Cochran, Jr., MD
Houston

Mona E. Mernin
Bulverde

Donald L. Thomasson, MD
Houston

PARTICIPATION IS VITAL — CHOICES MAKE IT EASIER

With this restructuring of organized psychiatry in Texas, the Federation is hopeful that every psychiatrist will find a professional home, either TSPP or the Academy. The Federation will provide the means for TSPP and the Academy to share programs and work together. Thus, by uniting the two major psychiatric organizations in Texas, the voice and influence of psychiatry will be strengthened. Becoming a member in either organization is critical to secure quality care for patients as well as to assure that the future of Texas psychiatry rests in the hands of Texas physicians. How you choose to participate is your choice. TSPP and the Academy are both outstanding organizations working for Texas psychiatric. If you are already a member of TSPP or the Academy, THANK YOU! If you are not yet a member, please choose to become involved. With the membership choices and options now available, every psychiatrist in our State should be a member and contribute to our profession through organized psychiatry.

R. Sanford Kiser, MD

Associate (members in good standing with the Texas Society of Psychiatric Physicians who apply for membership). To apply for membership, psychiatrists must complete an Academy Membership Application form and submit their annual dues. Members enrolled prior to January 1, 2005 will be recognized as Founding Members and their 2004 dues will be waived.
On September 14, a scientific advisory panel recommended 15-8 to recommend the Food and Drug Administration (FDA) that it put a "black box" warning on the labels of antidepressants about the suicide risk for the youth who take them. The FDA had requested that the scientific advisory committee interpret the results of its new analysis which showed evidence of a link between the antidepressants and suicide tendencies in young people. According to Steven Pilsa, MD, UTHSC San Antonio, "the FDA analysis indicated that there is a 2-4% rate of suicidal ideation in the antidepressant group versus a 1-2% rate in the placebo group. Only Paroxetine has proven efficacy, but the negative results in other studies are probably flawed in flaws in the study." Regarding the "black box" warning, Dr. Pilsa noted, "We should not misinterpret the patient meets criteria for major depressive disorder and inform the patient's family about the issue. In most cases of moderate suicide tendency, we wish to state the following statement: The American Academy of Child and Adolescent Psychiatry (AACAP) released the following statement: The American Academy of Child and Adolescent Psychiatry (AACAP) urges the FDA not to issue a black box warning against the use of all antidepressants for the treatment of depression in children and adolescents. Effective and safe antidepressant use has been the subject of ongoing review. The research and its reviews show efficacy, while the signal for the risks of increased suicidal ideation and self-harm events is new and can be monitored. A black box warning has not been justified by the latest recategorization — by nine experts in pediatric suicide — of 4,040 cases in controlled clinical trials on all antidepressants. Reviewing the new classification, the FDA concluded that only 78 out of 4,049 children and adolescents randomized to active drugs increased in suicidal ideation and self-harm behavior. Any risk difference — estimating the absolute increase in the risk of suicidal thinking or behavior due to treatment — revealed that it ranged between 1.2 and 1.8. Two recent reports of that means out of 100 patients treated, 2 to 3 patients might have shown increases in suicidal ideation during the early stages of treat- ment that extended beyond the risk from the disease being treated. Depression carries a substantially higher rate of illness, impairment, and shortened life span than does the 2% attributable to pharmacological treatment. These data do not support actions that would remove or weaken treatment options for children and adolescents who respond to antidepressant medications. These analyses do not help child and adolescent psychiatrists and other physicians make rational treatment decisions. With so few cases of increased suicidal thinking or behavior in the 4,049 children being studied, it is simply not ethical to guide prescribers in identifying which patients are at risk from antidepressant treatment. For this reason alone, a black box warning only confuses and may not enlighten the decision-making process regarding the treatment. The small number of children and adolescents who had increased suicidal thinking or harmed themselves with the intent to die make it impossible to determine which antidepressants might warn the physician or family that their child is at particular risk. In FDA-reviewed studies, none of the patients' characteristics that were present before the antidepressant treatment, such as a previous history of suicidal ideation or behavior, identified those who would be most apt to experience these side effects. The data do not support a warning that may be misinterpreted by some practitioners or parents who believe that antidepressant medications cause children and adolescents to commit suicide. In all of the 4,040 patients taking an SSRI who had increased suicidal thinking or behavior, none of them went on to attempt suicide. There were no deaths reported in these studies. This is yet another reason to resist issuing a black box warning. Instead of issuing a black box, we urge that the FDA consider the following: an advisory committee may recommend that the section in the label of these medications. New instances of suicidal thinking and self-harm with intent to die may appear early in the course of therapy, or at a time of dose changes, whether the dose is increased or decreased. Accordingly, frequent telephone or in-person monitoring is recommended until the patient has completed one month of treatment. Patients and families should receive a written list of symptoms, such as increased suicidal ideations or ruminations or the impulse to hurt oneself. During the monitoring contacts, the patient should tell the family about any new or increased suicidal ideation and the occurrence of self-harm events, particularly with any intent to die. In addition, the physician, patient, and family should be alert to the new appearance of or increasing severity of the following symptoms: anxiety, agitation, panic attacks, insomnia, irritability, hostility (aggressive- ness, irritability, impulsive behavior, or loss of control), hypomania, and mania. A causal link between the emergence of such symptoms and either the emergence of suicidal ideations and impulses or new self-harm behavior has not been established in children or adolescents patients for whom such new symptoms are severe, abrupt in onset, or were not part of their presenting symptoms. Research has shown that suicidal ideations can be induced by the therapeutic regimen, including possibly gradually discontinuing the antidepressant medication. APA Expresses Concern APA's Medical Director James Scully, Jr., MD, submitted the following letter to the FDA on September 28: On behalf of the more than 35,000 physician members of the American Psychiatric Association (APA) and on behalf of the child and adolescent patients that many of us serve, I am writing to comment on proposed labeling changes in the current antidepressant medications. Any warnings without a clear method for monitoring suicidal ideation risks will be a disservice to physicians, parents and patients. Likewise, the effectiveness of medica- tions have no benefit in the treatment of child and adolescent depression being underestimated. This issue warrants revisiting. Unlike the other 23 industry- and NIMH — supported clinical tri- als that the FDA analysis is based on, the TADS trial used a single clinical rating of the severity of depression at the conclusion of a trial, the 52- week TADS timeframe had influenced the investigators to use random regression analysis — a primary outcome measure in order to better understand the trajectory of change over the course of extended treatment. Although this analysis was the primary outcome measure for the TADS, the investigators also used other statistical analyses to evaluate improvement at 12 weeks, including the CDRS more typically used in FDA efficacy trials and Clinical Global Impression-Improvement scale rating of treatment medications. These secondary ratings provided robust evidence that fluoxetine, with or without concomitant psychotherapy, was approximately twice as effective in treating depression in the parent report.
Foster Care: Effective Advocacy in Action

In a comprehensive report issued by Comptroller Caroline Strayhorn in April, 2004 entitled “Forgotten Children,” the Comptroller identified 87 recommendations for improving foster care in Texas. In May, Comptroller Strayhorn expressed concern that the recommendations were not being implemented by the Texas Department of Family and Protective Services (DFPS) and announced that the report’s recommendations would constitute sweeping new legislation to reform the foster care system in Texas during the Legislative Session in 2005.

The Federation had decided to monitor the hearing because of a comprehensive report issued by Comptroller Caroline Strayhorn in April, 2004 entitled “Forgotten Children,” which called for sweeping reforms in the foster care system. In recent news reports, the Federation had singled out psychiatric treatment as a problem that encouraged the maintenance of behavior of children without the use of psychotropic medications, restraint and seclusion. Steve Bresnen then directed communications with key policymakers in State government and the foster care system. The work group included: Alex Kudisch, MD, Deputy Executive Commissioner of Human Services Commission; Linda Rhodes, MD, Jane Ripperger-Suhler, James Hageman, MD, and adolescent psychiatrists to advise the foster care system. The Federation lobby team useful information to the provider contract the outcome measure for the final report of the Advisory Committee on Psychotropic Medications as “any medication that acts primarily on the central nervous system and that is used primarily or adjunctively in the treatment of children without the use of psychotropic medications, restraint and seclusion. Steve Bresnen then directed communications with key policymakers in State government and the foster care system. The work group included: Alex Kudisch, MD, Deputy Executive Commissioner of Human Services Commission; Linda Rhodes, MD, Jane Ripperger-Suhler, James Hageman, MD, and adolescent psychiatrists to advise the foster care system.

II. MAKE THE FOSTER CARE SYSTEMS MORE ACCOUNTABLE

Caseworkers

14. DPRS should establish formal guidelines and documentation standards for case-worker child visitation.

15. DPRS should use case-worker child visitation as one of its performance measures.

Licenses

16. Residential Child Licensing (RCL). Should apply current licensing standards for Permanent Therapeutic Camps to all therapeutic camps and their associated camps and should immediately move children from camps that do not meet the standards.

All areas of therapeutic camps, including associated camps, should have a thorough health inspection by local health inspectors.

17. DPRS should upgrade the standards applied to therapeutic camps for personnel responsible for the overall treatment program and admissions assessments to make them comparable to those for residential treatment centers.

18. TDH and its local affiliates should assume responsibility for complete health inspections of all foster care residential facilities.

19. DPRS should develop protocols and standards such that facilities with repeated violations would trigger full inspections and lead to license revocation.

20. DPRS should revoke the licenses of facilities

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that have ongoing problems affecting the health, safety, and well-being of children.
21. DPRS should permanently bar any board member, officers and lead administrators of a facility that has lost its license, or that voluntarily closed down after an adverse action, from holding a license or operating a foster care facility in Texas.
22. RQI should conduct at least one thorough inspection of each residential facility annually and make more frequent inspections, as required, according to its monitoring plans.
23. DPRS should promote quality care in foster care facilities by maintaining a best practices database for foster care facilities and caregivers.
24. DPRS should provide training on licensing standards to all staff who visit facilities.

Data Integrity
25. DPRS should require the facilities it licenses to immediately report any serious incidents involving runaways, missing children, arrests of children and all potential licensing violations to the agency’s intake phone center.
26. DPRS should require its contract managers and other staff to immediately report any findings or information concerning licensing violations to the intake phone center.
27. DPRS should develop a system that performs sample audits of reports, investigations and inspections to ensure their accuracy and reliability.
28. DPRS should develop criteria and questions for licensing investigations and should require the facilities to document their inspections, investigations and administrative closures in the Child Licensing (CCL) database; the reasoning behind their decisions; and any follow-up actions taken thereafter.

Contracts
29. HHSC should immediately amend the DPRS care provider contracts to add a conflict of interest section and strengthen financial accountability provisions.
30. HHSC should require DPRS to discontinue its practice of allowing providers to dictate contract terms.
31. HHSC should amend DPRS foster care provider contracts to eliminate clauses allowing providers to reject or eject foster children by fiscal 2008.
32. The executive director of DPRS should revoke signature approval previously delegated to Child Protective Service (CPS) district directors for contracts with an anticipated value over $25,000 in one year.
33. HHSC should direct DPRS to establish risk assessment procedures.
34. DPRS should direct its contract monitors to make prompt, unannounced visits to contractor facilities.
35. DPRS should ensure that all contractor files are complete and accurately reflect their performance on an ongoing basis.
36. HHSC and DPRS should fully utilize charitable no-pay caregivers to aid Texas foster children.

SAO should conduct a management review of HHSC and DPRS to examine contract administration and management systems.
37. HHSC, in coordination with the State Auditor’s Office (SAO), should perform complete, on-site financial audits of selected foster care provider contracts.
38. SAO in coordination with the Comptroller of Public Accounts should review DPRS payments to contractors in a timely manner.
39. DDSS should consider enabling providers to go online to view and print their contracts and to provide detailed data so that providers can reconcile their accounts.
40. DDSS should enable providers to dispute any charges and appeal decisions by agencies.
41. SAO should ensure that the agencies and programs under its oversight use coordinated and consistent cost report audit protocols.

Foster Care: Care for Reform continued from page 4

treatment of mental or neurological disorders.” The Committee addressed the issue of prescribing medications to children that have not been approved by the Food and Drug Administration (FDA) as follows: While the majority of medications employed in child psychiatry have not been studied extensively by the pharmaceutical industry, their use can be beneficial. Physicians use information regarding research and clinical trials when making decisions regarding these medications. Medication use without FDA approval is not necessarily dangerous to a child; it means only that the drug has not been studied for use in children or the drug in question has not received FDA approval. The Committee determined that the list of psychotropic medications approved for use by children and youth in foster care should be the same as those medications available to other Medicaid eligible children on a non-discriminatory basis. The list of psychotropic medications approved for use by foster children is based upon the Medicaid Preferred Drug List developed by HHSC. The Advisory Committee outlined recommended recommendations for protocols and monitoring systems, as follows:

B. Improve the training system to be competency-based with expanded training topics and participants to improve the scope of training and include regarding the use of psychotropic medications and verify competencies in these areas.

5. Develop a national informed consent required for the administration of psychotropic medications.

The Committee added three additional recommendations:
1. DPRS should seek funding to conduct or commission a study to examine the current trends in prescribing psychotropic medications to children and youth in foster care.
2. Consider the use of a Medical Passport for foster children to help in order to improve continuity of medical care.
3. Initiate a public/private work group to design and implement an improved and expanded competency-based training program that is correlated with the clinical monitoring and credentialing system recommended by the Committee.

The following outcome was achieved in this advocacy experience is attributed to psychiatrists’ participation on governmental committees and with the Federation’s lobbying activities. The success of this effort can also be attributed to the outstanding work of Steve Bresnen who developed strategy and tactics, built a broad coalition of advocates and effectively communicated with state policymakers.
This solution was previously allowed to happen, and it certainly does not serve anyone’s best interests. Regardless of any argument used to justify the status quo, the problem remains: our profession is moving quickly towards a downward spiral from which it may never return. That result cannot be allowed to happen, and it certainly does not serve anyone’s best interests. Regardless of any argument used to justify the status quo, the problem remains: our profession is moving quickly towards a downward spiral from which it may never return.

The Nominating Committee of the Texas Foundation for Psychiatric Education and Research, composed of Charles Bowden, MD, Conway McDonald, MD, and Clay Sawyer, MD, submitted the following slate of candidates for positions on the Foundation’s Board of Directors:

**Candidates for Foundation Board Announced**

**TSSP President’s Message continued from page 1**

So much has changed in that decade with regard to the practice of medicine in general and the practice of psychiatry in particular. Psychiatry is likely now the least-paid specialty in the U.S. Before this past decade, we appear to have been the third lowest-paid specialty (with only pediatrics and internal medicine earning less). Solutions to problems must be sought in a new and more effective way. An innovative solution is now in place in Texas, a solution which addresses a large and untapped market: underrepresented psychiatrists who have let it be known that they want to be involved in organized medicine in a new and more effective way. This solution was previously promised to us as acceptable to the APA. To dissociate the fourth-largest District Branch in the APA and a loyal District Branch (since 1956) would, in the long run, hurt only the APA itself, and would serve no one’s best interests. Regardless of any action taken by the Board, our membership support assuages that TSSP will continue to be the preeminent organization representing the interests of psychiatrists in Texas. I am proud to serve as President of a professional medical organization which is truly membership-oriented, membership-driven, and membership-focused.

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**TSPP Elections 2004**

The Nominating Committee of the Texas Foundation for Psychiatric Education and Research, composed of Charles Bowden, MD, Conway McDonald, MD, and Clay Sawyer, MD, submitted the following slate of candidates for positions on the Foundation’s Board of Directors:

**Six Three Year Terms (May 2005–May 2008)**
- David Briones, MD, El Paso, to be re-appointed to another 3 year term.
- Jacques Collier, Georgetown, to be re-appointed to another 3 year term.
- Arthur Farley, MD, Austin/Houston, to be re-appointed to another 3 year term.
- Miriam Feaster, Friendswood, to be re-appointed to another 3 year term.
- Charles Gaitz, MD, Houston, to be re-appointed to another 3 year term.
- Warren Gordy, MD, Austin, to be re-appointed to another 3 year term.
- Tracy Gordy, MD, Houston, to be re-appointed to another 3 year term.
- Priscilla Ray, MD, Houston, to be re-appointed to another 3 year term.
- Richard Troy, MD, Waco, to be re-appointed to another 3 year term.
- Leslie H. Secrest, MD, Dallas, to be re-appointed to another 3 year term.
- John Casada, MD, San Antonio, to be re-appointed to another 3 year term.

The Foundation’s Board of Directors is charged with supervising, managing and controlling all of the policies, activities and affairs of the Foundation. There may be as many as 25 individuals holding a position of Director. There are two classes of Directors. Designated Directors are persons serving on the Board by virtue of positions they may hold in organized medicine or among mental health advocacy organizations (in President-Elect of TSPP, Secretary-Treasurer of TSPP Immediate Past President of TSPP, President of the NAMI Texas, Chairman of the Mental Health Association in Texas, and President of the Texas Depression and Bipolar Support Alliance. There are currently 5 Designated Directors.

In addition to Designated Directors, the Board may be composed of not less than 12 Elected Directors. Elected Directors are elected by the membership of the Foundation for a three-year term on the Board. At least 3 Elected Directors must be Past Presidents of TSPP. Current Elected Directors include Diane Butcher, Charles Bowden, MD, David Briones, MD, Jacques Collier, Arthur Farley, Miriam Feaster, Hal Haralson, Grace Jameson, MD, Shirley F. Marks, MD, Conway L. McDonald, MD, Mohsen Mirabi, MD, Stella Mullins, Edward Reilly, MD, Linda Rhodes, MD, Larry Tripp, MD, and Paul Wick, MD. Designated Directors currently serve: Gary L. Eter, MD, Jerry Grammer, PhD, Linda Grooms, Priscilla Ray, MD, and Karen D. Wagner, MD, PhD.

The Board has elected Alex K. Munson, MD, Georgetown, as an Honorary Director. •
Special Thanks
Texas Society of Psychiatric Physicians recognizes the following organizations for their generous support of the 2004 TSPP Annual Convention & Scientific Program:

The TSPP exhibit hall provides an educational experience for meeting registrants by presenting the latest information on products and services related to the psychiatric profession. Please allow adequate time in your schedule to visit the exhibits and express your appreciation for their participation and support of TSPP's Annual Convention.

EXHIBIT DATES AND HOURS
Friday, 11/12 6:00 pm - 7:30 pm Saturday, 11/13 7:00 am - 4:00 pm

SATURDAY, NOVEMBER 13
7:00 am - 4:00 pm Exhibits
7:00 am - 7:00 am Registration/Information
7:30 am - 8:30 am Foundation Board of Directors Meeting
8:45 am - 12:00 pm Scientific Program Morning Session:
"Teaching Borderline Personality Disorder in Public Services" - Friday Afternoon
Co-Presenters: Haring J.W. Nauta, MD, PhD and Anne Arnow, PhD
Co-Presenter: Vivek Singh, MD

Sunday, November 14
2:00 pm - 5:30 pm Scientific Program Afternoon Session:
"New Patient Oriented Research Findings in Bipolar Disorders:" Maintenance Treatment: Illness Course and Specific Drug Efficacy - Friday Afternoon
Co-Presenter: Vivek Singh, MD

RIVERWALK RECEPTION - Saturday Evening
6:00 pm - 7:30 pm TSPP Annual Awards Banquet

WELCOME RECEPTION - Friday Evening
NOT Registered for Scientific Program $15 $20
Registered for Scientific Program $25 $35

MEMBERS IN TRAINING/EARLY CAREER PSYCHIATRISTS PROGRAM:
"Establishing Your Own Successful Psychiatry Practice – One Doctor's Story": Friday Afternoon

CO-PRESENTERS: Anne T. Lopez, PhD and Steven R. Pliszka, MD

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CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 24, 2004, less a 25% handling charge. No refunds will be given after October 24, 2004.

Return to: TSPP • 401 West 15th Street, Suite #675 • Austin, TX 78701 • (512) 478-0605 • FAX (512) 478-5223
An Opportunity to Participate

Foundation Annual Campaign 2004

I n October which means the Texas Foundation for Psychiatric Education and Research is launching its Annual Campaign. Have you given your charitable donation to the Foundation yet? The Foundation was established as a charitable organization in 1991 to educate the public about psychiatry, psychiatric illnesses and treatments; to increase public awareness of the signs and symptoms of mental illness, the availability and methods of treatment, and the sources of assistance for persons with mental illnesses; to enhance the quality of assistance to the psychiatric patient, particularly by improving access to care, improving conditions in hospitals, mental health centers and other facilities, and changing perceptions of mental illness to increase the understanding of treatment and care; to support research to improve care for the psychiatric patient; to remove any stigma of mental illness which may inhibit or prevent proper care, through educational and public service activities; and, to serve as a clearinghouse for information about all aspects of psychiatry, and as a bridge between psychiatric medicine and the community served by the Foundation.

Since its inception, the Foundation has received 1,136 donations amounting to $250,894. Sources of funding include: TSSP Members - 57.9%; Individuals - 12.7%

The Foundation has awarded 79 grants totaling $101,184.59. This year, the Foundation has provided financial support to TSSP for the Annual Scientific Program, to the Depression and Bipolar Support Alliance of Texas for support of educational activities; and to eleven TSSP Chapters to support activities during Mental Illness Awareness Week. Since 1994, the distribution of grants by category has been: Professional Education - 59.7%; Public Education - 14.0%.

Please give generously to your Foundation.

DONOR INFORMATION

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

☐ $50  ☐ $100  ☐ $250  ☐ $500  ☐ $1000  ☐ $_________

I am pleased to commit a pledge of:

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Special Instructions/Requests:

☐ Contact me about a PLANNED GIFT.

Please make your check payable to “Texas Foundation for Psychiatric Education and Research”

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

FEDERATION OF TEXAS PSYCHIATRY

The Federation was established on July 1, 2001 with the following purposes:

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

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

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

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

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

The Texas Psychiatriest is published 5 times a year for its membership in February, April, June, August, and October. Members of TSSP 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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