In January I had the privilege of addressing a joint meeting of the North Texas and Fort Worth chapters of TSPP; the topic was on health system reform. In February I had the opportunity of listening to Donna Kinney of the TMA talk on the same subject, but with additional detail. In this column I’ll review the highlights of both talks.

The demand for reform of the American System of health care payment has been ongoing for many years. The reasons for this demand is illustrated by the following statistics: In 1960, the US spent $27.1 billion on health care, or 5% of GDP; in 2009, the US spent $2.3 trillion on health care, or 17.3% of GDP. Even the richest country in the world is hard pressed to keep up this pace of spending: our nearest competitor, Germany, spends 11.1% of their GDP on health care. In addition, despite this large number, many people remain uninsured; this number approaches more than 30% in parts of Texas. Also, despite this high number, physician reimbursement declined 25% from 1995-2008; in all, physician reimbursement accounts for less than 20% of overall healthcare expenditures.

The demand for reform led to the passage of the Patient Protection and Affordable Care Act (ACA) in March 2010. While several court challenges to this law are ongoing, and the new leadership in the House of Representatives promises to ‘defund’ this law, for now, it is the ‘law of the land.’ This law affects our membership in our roles as physician, employer, and taxpayer.

The core measure of the ACA is the ‘Mandate’ that every US citizen/resident purchase health care insurance. This mandate allows for the requirement that health insurance companies cover everyone without regard to pre-existing conditions. The mandate starts in 2014; at that time, one must either buy insurance or else pay a tax. The goal is that a person would not have to spend more than 10% of their income for health insurance.

If you are provided with a federal subsidy, then you must go to the ‘health care exchange’ which each state is required to set up. This exchange is required to ensure that the policies it displays meet government standards. Four levels of plans, based on declining level of expense, are to be displayed. The insurance companies are required to describe their plans in a uniform manner, in ‘plain English.’ The explanation cannot be more than 4 pages with at least 12-point font. The content must list copayments, deductibles, coinsurance, limitations and exclusions to coverage, and include examples to illustrate common benefits.

Certain provisions of the ACA are already in place; there are no more ‘lifetime caps’ on health insurance coverage. There are limits on annual caps as well. Insurers are not allowed to rescind coverage. Children may stay on their parents’ insurance plans until the age of 26 years. Children cannot be excluded for pre-existing conditions. The prohibition on pre-existing condition exclusion for adults does not take place until 2014; during the same time, adults with prior conditions may enroll in a federal ‘high risk pool.’

Among the tax provisions of the ACA are the following: Small businesses (less than 25 employees) that offer health insurance are eligible for tax credits up to 50% of premium costs; one provision is that the average wage of the employees must be less than $50,000, although these rules exempt owner occupied. Patients who participate in tax-deferred health benefits for purchasing over-the-counter medicines must submit a prescription for these items to be eligible for reimbursement—this could present more burdens for physicians’ offices. There are increased penalties on IRS withdrawals for non-medical spending—up from 10% to 20%.

Firms with fewer than 50 employees are not required to provide health insurance. Larger firms that do not provide health insurance will pay a fine of $2,085 per each FT worker. The federal government will subsidize employees who buy employer-sponsored insurance. Firms with over 200 employees must automatically enroll each worker.

The ACA will affect psychiatric physicians in several ways. Most critical to physicians who participate in Medicare is the establishment of an ‘independent payment advisory board’ to propose ways to reduce per capita Medicare spending of that spending exceeds the growth rate of CPI for a 5 year period. Yet this board cannot submit ideas that would ration care, raise taxes, or change benefits. The ACA also calls for the establishment of ‘Patient Centered Outcomes Research Institute’ to be a ‘national guiding force’ for comparative effectiveness research. The ACA continues to provide for non-discriminatory benefits for psychiatric care. However, state governments may be further incentivized to ‘privatize’ current treatment programs for the severely mentally ill. Federally Qualified Health Clinics are to expand their role in the delivery of psychiatric care. A Community Mental Health Center may qualify as a ‘patient centered health home’ for people with serious mental illness. All physicians who participate in Medicare will be required to report on performance measures; beginning in 2014, physicians will be penalized 1.5% if they don’t report this.

Significantly, the ACA calls for HHS to establish a demonstration project to pay for Medicaid beneficiaries between the ages of 21 to 65 at free-standing psychiatric hospitals; the potential elimination of this current prohibition would be a great benefit for our patients, especially since many of the med-psych units have closed over the last 10 years (at least in Harris County). SAMHSA is to award grants to ‘centers of excellence’ in the treatment of depressive disorders. There is to be further research, screening, and support for women suffering from post-partum depression and psychosis. The ACA also provides for grants to be awarded to schools for the development, expansion, or enhancement of training programs in child and adolescent mental health. Beginning in 2014, smoking cessation drugs, barbiturates, and benzodiazepines are to be removed from Medicare’s excluded drug list. These are just a fraction of the many provisions of the ACA. As with any legislation, a critical piece in its implementation is the rule-making by the many federal agencies involved. Our physician organizations, including the APA and AMA, are actively involved in monitoring and trying to shape these regulations. The passage of ACA, of course, has been very controversial; most physicians can find some ‘good’ and ‘bad’ in the law. While many are concerned with the unenforced consequences of any ‘federal expansion’ into healthcare, others contend that the federal government is almost already much involved in healthcare, and it is the managed care companies that need further regulation. Whichever your view, we must work together with our state and national physician organizations to ensure that we can continue to provide the best care for our patients, while being fairly compensated to provide this care.

This will be my last column as your President. Thank you for allowing me to serve TSPP in this capacity. I will continue my active involvement in TSPP after my term ends in April. TSPP will be well served by our next President, Dr. Patrick Holden, along with the continued invaluable work of John Bush and Debbie Sandberg.
Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry
Spring Continuing Medical Education Program

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

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 MITs “A Resident’s Guide to Establishing a Medical Practice”
• Committee Meetings
• Networking with Colleagues & Exhibitors
• 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.

SUNDAY, APRIL 10
9:00 am - 12:00 pm Executive Council Meeting

SATURDAY, APRIL 9
4:00 pm - 6:00 pm “Super Nanny”: A Model for Parent Management Training
PRESENTER: Alice R. Mao, M.D.

5:00 pm - 6:30 pm Dinner Program:
“Update on APA’s Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition”
PRESENTERS: Madhukar H. Trivedi, M.D.

FOR CME PROGRAM REGISTRATION SEE registration form on the next page, visit www.txpsych.org, email tsppofc@aol.com or call 512-478-0605

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 out Parent Management Training services. The show provides an alternate form 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.
Professor of Psychiatry
Betty Jo Hay Distinguished Chair in Mental Health
Chief, Division of Mood Disorders
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
Alan J.elenberg, M.D., Chair
Marlene F. Freiman, M.D.
John C. Markowitz, M.D.
Jerrold F. Rosenbaum, M.D.
Michael E. Thase, M.D.
John C. Markowitz, M.D.
Marlene P. Freeman, M.D.
John C. Markowitz, M.D.
Jerrold F. Rosenbaum, M.D.
Michael E. Thase, M.D.

Objectives: At the conclusion of this presentation participants should be able to achieve the following objectives and have increased competence to treat their patients with major depressive disorder by implementing the latest APA practice guideline recommendations into their practice of psychiatry.

SCIENTIFIC PROGRAM 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 Academy of 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 four (4) AMA PRA Category 1 Credits. Participants should only claim credit 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.
Thank You for Your Support
Linda J. Rhodes, MD, Chairman, Texas Foundation for Psychiatric Education and Research

Through 2010, the Foundation has awarded 116 grants amounting to $204,491 supporting the following purposes of the Foundation: Public Education/Advocacy – 50%; Professional Education – 47%; and Research – 3%.

The Foundation wishes to acknowledge the following donors who earned membership in the 2010 Foundation Associates ($500 or more) and Foundation Advocates ($100-$499).

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Debra Adkinson Kowalski, MD
Shirley F. Martx, MD
Linda J. Rhodes, MD
Adh B. Mikhal, MD
Priscilla E. Sierk, DO
Larry E. Tipp, MD

FOUNDATION ADVOCATES – 2010

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Jules Bohm, MD
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Martha E. Leatherman, MD

Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry

Spring Continuing Medical Education Program
April 9, 2011 • Westin Galleria Hotel, Houston, Texas

PROGRAM SCHEDULE

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
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<tbody>
<tr>
<td>7:30 am</td>
<td>Registration</td>
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<tr>
<td>7:30 am</td>
<td>Foundation Board of Directors Breakfast Meeting</td>
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<tr>
<td>7:30 am</td>
<td>Exhibits</td>
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<tr>
<td>9:00 am</td>
<td>Council on Leadership Meetings</td>
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<tr>
<td>10:45 am</td>
<td>Break</td>
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<tr>
<td>11:00 am</td>
<td>Council on Service Meetings (Academic Psychiatry, Children &amp; Adolescents Psychiatry, Forensic Psychiatry)</td>
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<tr>
<td>12:00 pm</td>
<td>Break</td>
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<tr>
<td>12:30 pm</td>
<td>Break</td>
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<tr>
<td>1:30 pm</td>
<td>Council on Advocacy &amp; Membership Luncheon (Gov Affairs)</td>
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<td>2:30 pm</td>
<td>Council on Education Meetings (CME, Professional Practice Management Committee)</td>
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<tr>
<td>3:45 pm</td>
<td>Council on Education Meetings (CME, Professional Practice Management Committee)</td>
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<tr>
<td>4:00 pm</td>
<td>CME Program</td>
</tr>
<tr>
<td>6:00 PM</td>
<td>Refreshment Break for Program Attendees</td>
</tr>
<tr>
<td>9:00 am</td>
<td>Executive Council Meeting</td>
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CONTINUING MEDICAL EDUCATION PROGRAM SCHEDULE

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
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<tbody>
<tr>
<td>4:00 pm</td>
<td><strong>Super Nanny</strong>: A Model for Parent Management Training</td>
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<tr>
<td>6:00 pm</td>
<td><strong>Headaches of the Third World</strong>: A Challenge for the 21st Century</td>
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<tr>
<td>6:00 pm</td>
<td><strong>Optimal Outcomes</strong>: The Fourth Annual Houston Conference</td>
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<tr>
<td>6:30 pm</td>
<td><strong>NO CHARGE, if your Program Training Director registers for the CME Program. Enter Program Director's name here:</strong></td>
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REGISTRATION FEE SCHEDULE

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<th>Category</th>
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<tbody>
<tr>
<td>MIT TSPP / ACADEMY / TSCAP Member</td>
<td>No Charge</td>
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<tr>
<td>Non-Member Physicians</td>
<td>$155.00</td>
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<tr>
<td>MIT TSPP / ACADEMY / TSCAP Member</td>
<td>No Charge</td>
</tr>
<tr>
<td>Non-Member Physicians</td>
<td>$155.00</td>
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<tr>
<td>Allied Health Professional</td>
<td>$85.00</td>
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<tr>
<td>Spouse / Guest (no CME credit)</td>
<td>$55.00</td>
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<tr>
<td>Free (no CME credit)</td>
<td>$55.00</td>
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<tr>
<td><strong>NO CHARGE, if your Program Training Director registers for the CME Program. Enter Program Director's name here:</strong></td>
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METHOD OF PAYMENT:

1. Check in the Amount of $__________ to VISA / MasterCard / American Express Card 

2. Total Registration Fee: $__________

3. Signature: _______________________

4. Name of Cardholder (as it appears on card): _______________________

5. Make Check Payable to Texas Society of Psychiatric Physicians

6.Zip code where you receive your credit card statement: _______________________

Thank you for your support.
It is a new year... the election cycle is behind us and the legislative cycle is now underway. The contacts and networking developed while volunteering in a successful campaign now becomes extremely important. The Legislature is completing its member assignments with two important tasks, developing a balanced budget and redistricting. State Comptroller, Susan Combs, estimates that general revenue for the next biennium will be $72.2 billion causing a short fall of $38.6 billions. A balanced budget will require a decrease in agency funding. This translates into a decrease in programs and quite possibly the elimination of an agency or the consolidation of agency functions. Psychiatrist services and mental health funding will be scrutinized for effectiveness and efficiency. The public mental health system may experience a decrease in funding in the range of $150 million in adult mental health and $9 million for mental health crisis. Despite the increase in population that will give us several new congressional seats, the population growth has not given us an increase in mental health funding. Decreasing state hospital beds is often viewed as the best of all the bad choices to manage a decrease in funding but it is not the answer. These beds serve the most complicated of mental disorders in Texas irrespective of the funding source. The number of state hospital beds needed by the state criminal justice system continues to grow and compete for the beds needed to serve all Texans. The conflicts of budget constraint and Psychiatrist service needs are not new in the Texas Legislature. In the past, funding has been diminished and in the next legislative session mostly restored. Restrained mental health funding has required changes in the delivery system and continues to invite innovation in continuity of care and patient compliance. Measurements of effectiveness of treatment and the cost of treatment are expected to show improved mental health of Texans at an affordable cost.

All medicine is experiencing similar challenges of population growth, expanding service needs and decreased funding. Previous health care delivery models that once efficiently and effectively provided health care will not be financially viable in the future. Physicians have always been seen as and expected to be “the captain of the ship.” However the ship and its crew is changing. The physician-patient relationship continues to be the core component to effective health care. However the physician-patient relationship is rapidly evolving to be the physician’s team with expanded roles for family members. Psychiatrists, respective of years of practice, are seeking the leadership skills that will allow them to be the captain of a new technically sophisticated ship and a crew that is also technically skilled and sophisticated. National organizations representing the various members of the team want their member to be autonomous as there is no need for the ship to have a captain. The physician captain must have all the intuitive skills that physicians have always provided but must delegate and supervise other team members in the delivery of care that has become standardized by algorithms. The advancement in digital technology has changed the ship and has provided patient access to physicians and expertise never before imaginable. Telemedicine has improved to such a degree that the assessment of a patient provided by a physician at a distant location is becoming comparable to a physician’s assessment provided in the patient’s room. The arguments by psychologists and others for an expanded scope of practice based on patient access are rapidly losing credibility. Physicians and hospitalists in the future delivery system are exploring new delivery models. Hospitals are aware that the changes in the delivery system will limit their role. Such changes are causing physicians and hospitals to look at the continuity of care and shifting the emphasis to maintenance of health from treatment of disease. Health care funding is moving towards accountability that relies on a value model requiring metrics that measure and demonstrate the effectiveness of care and the cost of the care. (Value = Effective Care/Cost of the Care). Future payment for health care is moving toward payment schemes which will bundle hospital and physician payments into a single payment and will provide incentives for achieving performance goals.

Our current delivery system has a governance structure for a delivery system which segregates care into inpatient and outpatient systems and is ill-equipped to manage bundled payments. Our current governance is insufficient for a delivery system that will combine equivalent and outpatient into a single system that emphasizes the continuity of health care. Future health care institutions will require a different board of trustees whose skills include understanding health care services, the ability to do the strategic planning designed to improve health in their communities, the sophistication to monitor the effectiveness of the processes that have been delegated to others, and the leadership that can inspire hospital, compassionate, safe, effective care. The institutional governance structure needs to be altered to allow the board and the institution to operate efficiently and effectively with clear expectations and accountability. Reporting directly to the institution board of trustees should be both the physician staff organization and the administrative organization. Such a reporting structure will promote clear responsibility, accountability and dialogue that will deliver continuously quality improvement, patient safety, hospitality and fairness in distribution of bundled payments for care. Direct responsibility to the board of trustees will rapidly identify and resolve misalignments. This structure will promote different expectations and dialogues with the community, the patient, the trustee, the physician, the administrator, the nurse, the patient care technician, housekeeper, and payer. What does all this mean for psychiatrists and their patients? The role of the physician in the future delivery system must include leadership and advocacy. There will be a change in how psychiatry is delivered. The consulting room may include a virtual room. Psychiatric consultation may come to the patient via telemedicine. A psychiatrist will be expected to lead a team providing continuity of care and will need to be capable of monitoring and managing other medical treatments. The role of consulting will expand to include other areas such as education, public safety and advocacy for mental health through the political process. Hopefully there will be psychiatrists who will successfully run for public office.

Psychiatrists will be increasingly expected to know both the process of the mind and the brain’s neuronal systems and cell physiology. Some psychiatrists will continue to practice alone; others will be a part of larger physician groups such as Accountable Care Organizations. Irrespective of the political process, the delivery of health care is rapidly changing with new opportunities for development of processes that will improve mental health and the delivery of psychiatric services. The next five months in the Texas legislature may be very challenging as we must step forward to persuade our legislature that decreasing funding for mental health is not in the best interest of Texans. Cuts will limit psychiatric care making emergency rooms overburdened by emergent psychiatric care. Emergency room visits will increase because of unmet acute psychiatric needs and result in more hospitalizations representing the various members as we try to affect the future of psychiatry by advocacy. I hope you will consider volunteering for legislative advocacy activities of TSPS and other organizations and attend TMA’s First Tuesday held the first Tuesday of the month from February then May.

Leslie H. Secrest, MD
Problems with the "Net Sexting"

Arthul J. Farley, MD, President, Texas Academy of Psychiatry

A fternoon Internet is one of the greatest inventions of man, but unfortunately it also introduces many social problems. One of these problems is "Net Sexting," sending sexual images or videos via e-mail or social media. The phenomenon of "Net Sexting" involves sending explicit sexual images or videos to an intimate partner or anyone else. These images are often distributed through social media platforms, instant messaging, or email.

The Internet provides a tool for these adolescents to communicate their sexual desires, but it also has the potential to cause significant harm. "Net Sexting" can lead to a variety of negative consequences, including loss of control, feelings of shame and guilt, and potential legal consequences.

In this article, we will discuss the prevalence of "Net Sexting" among adolescents, its impact on their mental health, and the legal and ethical considerations involved. We will also provide recommendations for professionals and families to prevent and address this issue.

1. Prevalence of "Net Sexting"

According to a recent study, approximately 1 in 4 youth has engaged in "Net Sexting" at least once. The prevalence is higher among females than males, and it is more common among youth who report lower self-esteem and higher levels of depression and anxiety.

2. Impact on Mental Health

"Net Sexting" can have a significant impact on the mental health of adolescents. It can lead to feelings of shame and guilt, low self-esteem, and a sense of loss of control. Some adolescents may also experience anxiety and depression, which can have long-term effects on their mental health.

3. Legal and Ethical Considerations

"Net Sexting" can also have legal implications. In many states, sending explicit sexual images or videos without the consent of the recipient is illegal. The legal consequences of "Net Sexting" can range from fines to imprisonment.

4. Recommendations

Professionals and families can take several steps to prevent and address "Net Sexting." These include educating adolescents about the risks, monitoring their online activity, and providing support and guidance.

5. Conclusion

"Net Sexting" is a serious problem that requires attention from professionals, families, and society as a whole. By understanding the prevalence, impact, and implications of "Net Sexting," we can work towards preventing and addressing this issue.

References:


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 and emotionally 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 Assessment of Sexually 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 interventions for identifying children and adolescents who have been sexually abused including physical and emotional signs of sexual abuse.
• Understand the duty to report, as well as the protocol and methods to report to CPS in the State of Texas.
• Understand Texas Child Protective Services (CPS) statistics and information regarding the investigation, intervention and outcomes regarding sexually abused children and adolescents.

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 it’s 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 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.

PROGRAM SPEAKERS
Brighton V. Bailey, MD
Associate Professor of Psychiatry
Associate Executive Director and Director Child and Adolescent Services
Psychottherapy Training
University of Texas Health Science Center
Psychiatric Consultant
The Credit Taylor Rose
Secured Juvenile Treatment Center
Co-Director of Psychiatric Services
Texas Youth Commission
Christian Santa Rosa Children’s Hospital
San Antonio, TX

Mary Ann L. Bercy, LPC, MA
Co-Founder, Therapist
Adult Child and Family Counseling Center
Killeen, TX

Lizmarie Gonzalez-Vega, MD
Child and Adolescent Psychiatry Resident
University of Texas Health Science Center
San Antonio, TX

Laurence Greenhill, M.D.
Ruizer Professor of Clinical Psychiatry Director,
Local Research Unit of Pediatric Psychopharmacology
Columbia University Medical Center
New York State Psychiatric Institute
President, American Academy of Child and Adolescent Psychiatry
New York, NY

David Hardy, MD, FAAP
Pediatric Forensic Medical Consultation Service, Pediatric Critical Care
Scott and White Children’s Hospital
Texas A&M University of Health Science Center
Temple, TX

Nancy Kellogg, MD
Division Chief for Child Pediatrics
University of Texas Health Science Center
San Antonio, TX

Medical Director, ChildSafe
Bexar County’s Children Advocacy Center
Center for Miracles
CHRISTUS Santa Rosa Children’s Hospital
San Antonio, TX

Debbie Mahay, MS, LMFT, LPC, CART
Go-Founder, Therapist
Adult Child and Family Counseling Center
Killeen, TX

Thomas L. Matthews, MD
Assistant Dean for Student Affairs
Associate Professor of Psychiatry
Training Director, Child and Adolescent Psychiatry
University of Texas Health Science Center
Medical Director
Outpatient, Child Specialty Guidance Center
San Antonio, TX

James A. Rogers, MD
Medical Director
Texas Department of Family and Protective Services
Austin, TX

Honorable John J. Specia, Jr.
Former Judge of the
225th District Court Bexar County
Chair, Texas Supreme Court Task Force on Foster Care
Chair, Texas Supreme Court Task Force on Child Protective Case Management & Reporting
San Antonio, TX

Melissa Tijerina, MSW
Regional External & Relations Specialist
Texas Department of Family and Protective Services
San Antonio, TX

Sylvia J. Turner, MD
Co-Director of Psychotherapy Training
The Cyndi Taylor Krier<br>University of Texas Health Science Center<br>San Antonio, TX

Laurence Greenhill, M.D.
President, American Academy of Child and Adolescent Psychiatry

SUNDAY, 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, MD

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 complications 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 pediactric psychopharmacology.
• Understand the current biological and psychosocial data in pediatric psychopharmacology.
• Understand the current biological and psychosocial data in pediatric psychopharmacology.
• Understand the current biological and psychosocial data in pediatric psychopharmacology.

11:50 am - 12:10 pm Refreshment Break
12:10 pm - 1:10 pm Resident/Faculty Clinical Case Presentation: Art as a Window of Therapeutic Progression in a Child
Lizmarie Gonzalez-Vega, MD, Resident; Brighton V. Bailey, MD and Thomas L. Matthews, MD (Faculty)

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 intervention in the treatment of PTSD in children (adolescents).
• Identify resiliency factors leading to effects and recovery from PTSD in children (adolescents).
• Devise and apply developmentally appropriate treatment interventions for PTSD in children and adolescents.

1:10 pm - 1:30 pm Refreshment Break in Exhibit Hall
1:30 pm - 2:30 pm Treating the Wounded Warrior: The Comprehensive Family Systems Approach to Treating Post-Traumatic Stress Disorder in a Child
Christopher M. Schoborg, MA, LMFT, LPC, GABF and Mary Ann Bell, LPC, MA

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 the 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 reintigration attempts.
• Describe 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).
**Meeting Registration**

<table>
<thead>
<tr>
<th>Name(s) Attending Breakfast:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Non-Members/Guests/Spouse/Child $20 $25</td>
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</tbody>
</table>

**Scientific Program Registration**

(includes Scientific Program & Syllabus, Saturday continental breakfast, Saturday & Sunday refreshment breaks)

<table>
<thead>
<tr>
<th>TSCAP Member Physician</th>
<th>$195</th>
<th>$215</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Member Physician</td>
<td>$250</td>
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<tr>
<td>Spouse / Guest Claiming CME Credit</td>
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<tr>
<td>Allied Health Professional / Spouse / Guest</td>
<td>$180</td>
<td>$200</td>
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<tr>
<td>TSCAP Member Trainee</td>
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<td>$30</td>
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<tr>
<td>Non-Member Trainee</td>
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<td>$50</td>
</tr>
<tr>
<td>Medical Student</td>
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<td>$15</td>
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</tbody>
</table>

**Social Events**

Friday Welcome Reception

**Meeting Syllabus Order**

- Color Printed Copy: $50.00
- Black & White Copy: FREE

Color copy will be provided on-site at the Registration Desk the day of the program. 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.

**Payment Information**

- Check in the amount of $5.00
- Make checks payable to Texas Society of Child and Adolescent Psychiatry
- Please charge $5.00 to:  
  - Visa  
  - MasterCard  
  - American Express
- Credit card number ____________________________ 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)

**Cancellation**

- 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.

**General Information**

- 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 at the program.

**Exhibitors**

- TSCAP/Welcome Reception, Continental Breakfasts and Refreshment Breaks, will be held in the Grand 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.

**Program at a Glance**

- Friday, July 15
  - 1:00 pm - 5:30 pm Exhibit Set-Up
  - 6:00 pm - 8:00 pm Continental Breakfast with Exhibitors
  - 8:15 am - 2:30 pm Scientific Program
  - 10:30 am - 10:45 am Refreshment Break
  - 11:30 am - 12:15 pm Refreshment Break & Final Visit with Exhibitors

- Saturday, July 16
  - 7:30 am - 8:10 am Continental Breakfast with Exhibitors
  - 8:15 am - 2:30 pm Scientific Program
  - 10:30 am - 10:45 am Refreshment Break
  - 11:30 am - 12:15 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 - 10:45 am Refreshment Break

**Registration**

- Name ____________________________  Degree ____________________________
- Address where you receive your credit card statement (include address, city, state, zip)
- Signature __________________________________________________________________

- Telephone Number ____________________________  Fax Number ____________________________  E-mail ____________________________

**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

- No Charge $20
- $25

- Color copy will be provided on-site at the Registration Desk the day of the meeting for those that have included payment for attendance. A B & W copy will be provided on-site at no additional charge.

- Vegetarian Plate Requested. No additional fee if requested prior to July 1, otherwise there will be an additional fee of $13.00.

- If you require any special assistance to be made available for this event, please contact TSCAP via e-mail at tscapatx@aol.com or 512-478-0665.

- Total Registration
The American Psychiatric Association after many years with the same company has changed to a new medical malpractice insurance carrier—and if you are currently enrolled in the old program, it is important that you know your renewal is not automatic. We also think you should be aware that there is only one malpractice program in the nation endorsed by the American Psychiatric Association where the coverage is extensive and the rates are low—American Professional Agency, Inc.

To remain enrolled in the only APA-endorsed program monitored by the Association, you must contact American Professional Agency, Inc. to do so. If you are not currently enrolled or perhaps considering a change in malpractice insurance carriers, there is no better opportunity or time to change to American Professional Agency, Inc. than now.

So, regardless of when your renewal date is, or who your current carrier might be, we urge you to please visit us on the web at www.apamalpractice.com or call us toll free at 877-740-1777 and make a change for the better to American Professional Agency, Inc.

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.

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www.apamalpractice.com
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CALENDAR OF MEETINGS
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 TxACOFP 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

SAVE THE DATE
Texas Society of Psychiatric Physicians 55th Annual Convention & Scientific Program November 11-13 Westin Galleria Hotel Dallas

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.