In 1956, a group of 40 Texas Psychiatrists, many of whom were members of the Texas Neuropsychiatric Association, petitioned the American Psychiatric Association to be recognized as a District Branch. When this was finally accomplished in May 1956, both the Texas Neuropsychiatric Association and the Texas Neurological Society could be celebrating our 76th anniversary and talk about the two organizations one seemed to agree that that they both should continue, since they were both very important to Psychiatrists in Texas.

In 1957, House Bill 634 reared its ugly head. In addition, it was announced in the APA Council Meeting, that the success of the District Branch movement, had eliminated the need for Affiliate Societies and that the APA should discontinue all affiliates. There were still a lot of members, however, who felt that eliminating the affiliates could be very harmful.

In 1960, we were reminded this was the 115th Annual Meeting of the American Psychiatric Association. It was also the year for our incoming President. Hamilton Ford MD, and his alternate Perry C. Talkington, M.D.

2006

In May 1956, both the Texas Branch. When this was finally accomplished the American Psychiatric Psychiatrists, many of whom were members of the Texas Neuropsychiatric Association. It was also the year for our incoming President. Hamilton Ford MD, and his alternate Perry C. Talkington, M.D.

In 1956, both the Texas Neuropsychiatric Association and the Texas District Branch movement, had eliminated the need for Affiliate Societies and that the APA should discontinue all affiliates. There were still a lot of members, however, who felt that eliminating the affiliates could be very harmful.

In 1957, the Committee on Public Relations of the Texas Neuropsychiatric Association endorsed our joint enterprise with the Texas Academy of General Practice. Also, an amendment was passed, unanimously, that any member of the APA residing and practicing psychiatry in Texas may become a member of the Texas District Branch. This would increase our voting strength in the assembly of District Branches, the governing body of the APA.

In 1963, the Texas District Branch was incorporated as a nonprofit organization. Therefore a new name was secured. This time it was called the Texas District Branch Society of the American Psychiatric Association.

The Houston Psychiatric Society voted to assess its membership, whatever it would do from being "railroaded" into mental hospitals by unscrupulous relatives and untrustworthy physicians.

Also in 1963, the Texas District Branch was incorporated as a nonprofit organization. Therefore a new name was secured. This time it was called the Texas District Branch Society of the American Psychiatric Association.

It wasn’t until 1964, that Representative H.W. Miller saw the error of his ways, and agreed to amend HB 634. In the same year, the question of privileged communication arose in a Houston litigation situation. It was found that privileged communication is only allowed by law, between a lawyer and his client. And that this is not so between doctor and patient, priest or minister and parishioner. The Houston Psychiatric Society voted to ask its membership, whatever it would do from being "railroaded" into mental hospitals by unscrupulous relatives and untrustworthy physicians.

The Houston Psychiatric Society voted to assess its membership, whatever it would do from being "railroaded" into mental hospitals by unscrupulous relatives and untrustworthy physicians. That was nothing done on this matter in 1965 as other matters superseded this action, so in 1966. The Texas Psychiatric Society voted to increase our voting strength in the assembly of District Branches, the governing body of the APA.

In 1966, the Texas Neurological Society changed its name to the Texas Neuropsychiatric Association.

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We are now in the last thirty days before the final votes will be cast and counted for this election cycle. As many of you know I am convinced that the election cycle is the most critical point in preparing for a successful legislative session. There are multiple ways that we can contribute to a candidate’s bid for election. Financial support is frequently thought to be the most valued factor in a campaign but dollars can only buy the things such as advertising that can create a platform from which a message can be delivered. A candidate’s message must be very compelling to deliver votes and their votes. Votes are cast, in my opinion, based upon relationships. Most of our relationships with a candidate are through an intermediary. Each of us can become an intermediary by becoming a volunteer to work on a candidate who understands the importance of having campaign volunteers and if possible having a personal relationship with each volunteer. Each of us can have a relationship with our favorite candidate by volunteering to do anything that requires a little sweat and effort. It is the volunteers that ensure that a message is secure and will deliver votes on Election Day. Often it is the relationship with a volunteer that will cause a potential voter to take time to cast their vote.

Once the votes are counted, the winner sworn in and the legislature begins its work, TSPP and others will begin to implement their legislative agenda. Already, this legislative session appears to be shaping up to be a challenge. The effort to expand the scope of practice will affect all medical specialties. Organized Medicine has begun to realize that scope of practice issues are important to everyday in medicine and requires a maximum effort by all physicians to educate legislators that scope of practice has significant implications for patient safety and quality of patient care. Psychiatry can expect many efforts to trivialize our services and the importance of medical training. There may also be efforts to restrict access to pharmacological therapy and other somatic treatments. Opportunities to seek parity may develop as more evidence emerges that mental health parity reduces the need for other medical services. There will be opportunities to seek the return of mental health funding that was taken away during the last legislative session. It should be pointed out that Texas often does not get its share of federal matching dollars in programs such as Medicaid. The legislature should reverse this phenomenon as the failure to capture federal tax dollars restricts the availability of services and shifts funding to counties who have the lowest revenue and taxing opportunities. It is ironic that county citizens have paid federal taxes that didn’t return to them and are being asked to pay again.

As my wife and I walk our precinct in support of our candidates, I wonder how many other TSPP members are doing the same thing and are making other contacts that will solidify relationships? Volunteering is easy and everyone appreciates your participation even the opposition. It has amazed me how many people thank me for walking our precinct even those who support the opposition. A candidate for office recently told me that people who invite a candidate to a reception in their home and invite their neighbors give one of the most powerful endorsements a candidate can have. The number of people who attend is not as important as the endorsement. It recently occurred to me that psychiatrists who come together to volunteer as a group for a candidate also make a powerful statement that is not forgotten. There are other elections in addition to our legislators that need our attention. Our county commissioners are elected and they often have a major influence on the health in our counties particularly the uninsured men-tally ill person. Often we forget our legal system relies upon the election cycle to provide qualified and effective judges. Too many times I am in the voting booth before I realize that I am not as informed as I should be and have not been involved helping others to be informed about the qualifications for a candidate in a judicial race. Volunteer with a candidate. We will need all our members’ participation and the ability to make alliances in the next legislative session to develop and implement public policy that will bring effective prevention and treatment of mental illness. To those of you who have already been volunteering and those of you who will volunteer, thanks, you make a difference.

As you know, TSPP is celebrating its 50th Anniversary this year. The culmination of our Golden Anniversary celebration will take place during TSPP’s 50th Anniversary Convention and Scientific Program on November 3-5, 2006 at the Westin Galleria Hotel in Dallas. I hope each of you is planning to attend this very special program and meeting and participate in an outstanding educational program and the festivities celebrating TSPP’s 50 years of service to psychiatry and our patients.

TSPP Elections 2006

Nominations for TSPP elective offices will be finalized at the Annual Business Meeting on November 5, 2006 in Dallas at the Westin Galleria Hotel during the Annual Convention and Scientific Program. The Nominating Committee, composed of Gary Etted, MD, MD, Clay Sawyer, MD, and Priscilla Ray, MD, will submit the following slate of candidates for consideration at the TSPP Annual Business Meeting on November 5, 2006.

TSSP Bylaws Amendments

Amendments to the TSPP Constitution and Bylaws will be presented to the membership for consideration at the TSPP Annual Business Meeting on November 5, 2006 at the Westin Galleria Hotel. The amendments, mostly administrative housekeeping, were developed by the Constitution and Bylaws Committee and endorsed by the TSPP Executive Council on April 23, 2005.

For a copy of the proposed amendments, visit the Federation’s website (www.texpsych.org) and click on the TSPP tab on the home page. Or, contact the TSPP Office for a copy (TSPPof@aol.com).

Councillors-at-Large:
- Leslie H. Secrest, MD, Dallas (2006-2009)
- Franklin D. Redmond, MD, San Antonio (2006-2009)
- Lynda Parker, MD, Lubbock (2005-2008)
- Franklin D. Redmond, MD, San Antonio (2006-2009)
- Representative to the APA Division of Government Relations:
- Leslie H. Secrest, MD, Dallas (2006-2009)
- Representative to the APA Division of Public Affairs:
- Debra Kowalski, MD, Fort Worth (2006-2009)

Congratulations....

- Life Members: Robert O. Collier, MD (Harlingen), Davinder H. Dhingra, MD (Bedford), Jerry W. Dobson, MD (San Angelo), Frank L. Giordano, MD (El Paso), Terry W. Hugg, MD (Bellaire), Carlos A. Macedo, MD (San Antonio), Barry A. Rossen, MD (Austin), and Ingrid E. Schmidt, MD (Austin).
- Distinguished Life Fellows: Mark J. Blotcky, MD (Dallas), Robert W. Guynn, MD (Houston), Rodger D. Kobes, MD (Dallas), James W. Lomax, MD (Houston), Alexander L. Miller, MD (San Antonio) and Stuart C. Yudofsky, MD (Houston).
What is "evidence-based medicine"? Nowadays that phrase seems to surround us. As you practice psychiatric medicine and prescribe medications for your patients, do you find yourself feeling nervous that you might be screwing up? Do you feel guilty because you don't include a bibliography with your prescriptions?

Relax. Things aren't that bad. People are even starting to make jokes about evidence-based medicine. Some of them are actually dirty jokes. For example.

QUESTION: What is the difference between horse-hooey and evidence-based medicine?

ANSWER: Horse-hooey is regular hay that has passed through the inner sanctum of the horse. Evidence-based medicine is regular medical practice that has passed through the inner sanctum of statistics.

Seriously though, recent amazing technological developments have created a vast array of databases in all areas of medicine, including the prescribing of medications. The advances in computer hardware and software, improvements in transportation and communication, and the creation of the internet have not only accelerated drug development, but also enhanced clinical information regarding the benefits and side effects of the drugs themselves.

With all this data now available, the recurring theme that we encounter has become the magical mantra of "evidence, more evidence, still more evidence, and even still more evidence." Unfortunately evidence-based medicine has too often become a confusing catchphrase, almost without meaning, or even worse, it can be a platitude with different meanings to different people.

Fortunately we now have a multitude of resources to consult for authoritative information. One excellent resource is the National Guideline Clearinghouse (NGC), which can be found at http://www.guideline.gov/. The NGC, which is a continuously updated resource for evidence-based clinical practice guidelines, is a function of the Agency for Healthcare Research and Quality (AHRQ), which in turn is a component of the U.S. Department of Health and Human Services. The homepage of the AHRQ itself (http://www.ahrq.gov/) contains additional information for definitions of evidence-based clinical practice guidelines.

Practice guidelines in general have encountered the sobering fact that medicine is an art as well as a science, and consequently medication prescribing decisions in many cases require an artful expertise that transcends black-and-white simplicity. For this reason practice guidelines are usually generated by combining information from several levels of evidence, which include:

1. Consensus of experts
2. Anecdotal reports
3. Open design studies
4. Single-blind studies
5. Double-blind studies
6. Multi-center double-blind studies
7. Meta-analyses, combining and comparing data across multiple studies

As you can imagine, with the technology of our time, this list can generate tremendous quantities of data for evidence-based clinical practice. Unfortunately this list, which superficially seems so impressive yet benign, contains an ugly, pernicious flaw, i.e. ITEMS 3 THROUGH 7 USE STATISTICS! (Remember the bowels of the horse!)

Now the field of statistics, in and of itself, is quite useful, particularly if you want to torture yourself with a calculator on a boring Saturday afternoon. The big problem with statistics is that it is very heavy on concepts like "mean, median, standard deviation, significance, etc., etc., etc." But if we then attempt to utilize statistics to define the proper treatment of the average patient, we rapidly run into major problems, because none of us has ever seen, much less treated, the hypothetical "average" patient. Instead we treat one patient at a time, rather than the average of a bunch of patients. What are we to do?

Fortunately a straightforward solution is available, because another type of research design, called the "N of 1" or "single subject" design, more closely approximates the way we actually practice medicine. In the above studies that utilize statistics, a large number (N) of subjects is required for the math to work out properly in order to establish whether the results are meaningfully different from random chance.

In the N of 1 design, however, only a single subject is involved, and multiple courses of treatments or no-treatments are administered over a period of time, with efficacy and side effects being measured, just as in large population studies. The patient essentially is used as a control against self. N of 1 studies can be set up in formats of an open study, a single-blind study, a double-blind study, or a multi-center study, just like the large population studies. An N of 1 study can even be set up as a subcomponent of one of the large population study designs!

The primary importance of the N of 1 design is that it best parallels the actual practice of medicine, and it defines the best treatment for one particular patient — your patient. (A good annotated bibliography for N of 1 study designs can be found at http://silcom.com/~dwsmith/ Critical_Assessment/annobib.html).

Further indication of the importance of the N of 1 study design can be found in the following new findings emerging from another branch of medical research. Studies of the human genome are demonstrating the obvious fact that we are genetically diverse. Those studies are increasingly identifying individual DNA coding variations in drug absorption, transport, receptor activity, and metabolism, thus giving rise to the new fields of pharmacogenetics and pharmacogenomics. (For excellent overviews of this area, see the journal articles at http://content.nejm.org/cgi/content/full/348/6/529;ck=nck and http://www.whoi.edu/content.nejm.org/cgi/content/full/348/6/529/cnck and http://www.whoi.edu/science/B/people/mahan/Evans_Relling Science.pdf).

We can speculate that the day will come when a simple blood test or saliva sample will provide a genetic profile of our patient, which will define the proper drug at the proper dose for the proper cure. Our world will be a Valhalla of perfect evidence-based medicine.

I only ask that no one remind me of the massive statistics that will be required to calculate the virtually infinite combinations and permutations of gene sequences that can code for drug absorption, transport, distribution, receptor site affinity and activity, metabolism, and excretion in a given patient. That would put me back in the horse-hooey all over again.

Part 2 – Evidence-based Medicine: What It Is and Is Not

Prescribing Medications: the True Brass Tacks

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

Senior PsychCare

Are you prepared?

PATIENT SUICIDES. CONFIDENTIALITY BREACHES. ADVERSE MEDICATION REACTIONS.

Potential professional liability risks lurk around every corner. Many events, like the ones listed above, can lead to a malpractice lawsuit. Identify and manage your greatest liability risks with educational resources aimed at helping you with the risk issues routinely encountered in your professional practice.

Visit the PRMS Online Marketplace today! Featuring convenient online shopping, the Marketplace includes monographs, books, newsletter subscriptions and more. Resources are available on a variety of topics and are designed specifically for anyone in the practice of behavioral healthcare including psychiatrists, psychologists, nurse practitioners, social workers, clinical nurse specialists, licensed professional counselors and office managers.

Apply the strategies and guidelines mapped out by PRMS to your practice and become more prepared for potential liability risks.

Be prepared!

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**Texas Society of Psychiatric Physicians**

**2006 Annual Convention and Scientific Program**

JOIN US!
It’s not too late to join in the fun and excitement of celebrating TSPP’s 50th Anniversary, past, present and future! Send in your registration today!

**Convention Meeting Site**
Located within the impressive Galleria (13340 Dallas Parkway), the Westin Galleria Dallas Hotel is the site of TSPP’s 50th Anniversary Convention and Scientific Program. For room reservations call 1/888/627-4536 or 972/934-9484.

Special Program for MIT Members
Dr. William C. Streusand of Austin will be presenting a special program for members in training on "How to Set Up a Successful Private Practice with Minimal Pain and Terror." The complimentary program is scheduled for Friday, November 3, 3:30-4:30 pm. Then, make plans to stay and enjoy the complimentary welcome reception!

**Welcome Reception / Exhibitor Prize Drawings / Photographic Drawing**
The convention officially kicks off with a welcome reception! For a brief time on Saturday during the exhibit hall, Friday evening during the welcome reception and for a brief time on Saturday during the continental breakfast and A.M. refreshment break. All while enjoying complimentary hors d’oeuvres and refreshments!

**Scientific Program**
This year’s Scientific Program “Update 2006: Advances in the Clinical Management of Psychiatric Disorders” features an outstanding program offering 10 hours of Category 1 CME credit on the topics of: Post Traumatic Stress Disorder; Bipolar Disorder; Risk Factors Associated with Violence in Pediatric Patients in a Psychiatric Emergency Room; Alcohol & Substance Abuse; Eating Disorders; Medical, Legal & Ethical Issues in Serious Brain Injuries and Severe Mental Illnesses and Depression.

Limited Seating Available – History of Texas Psychiatry Luncheon/Saturday
If you have already registered for the Scientific Program but did not register for the Saturday luncheon but would like to attend - please contact the TSPP office immediately to register. Seating is limited and may not be available for registrants on-site. Dr. Daniel Cresson from Houston has videotaped interviews with the pioneers and leaders of Texas Psychiatry and will present highlights from these video interviews which will reflect on the development and growth of psychiatry in Texas.

**Anniversary Gala Banquet – SOLD OUT! Waiting List Available**
The Saturday evening 50th Anniversary Gala Banquet is officially sold out! Thank you to all of the members and guests who registered in advance and are joining TSPP in celebration of its 50th Anniversary! A waiting list is available for those who would like to attend the banquet, please contact TSPP at tsppdc@aol.com or telephone 512/478-0805.

**Annual Business Meeting Luncheon**
The Annual Business Meetings of TSPP and the Texas Foundation for Psychiatric Education and Research will be held on Sunday following the conclusion of the scientific program.

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**T X E S S O C I E T Y O F P S Y C H I A T R I C P H Y S I C I A N S**

**50TH ANNIVERSARY CONVENTION & SCIENTIFIC PROGRAM**
November 3-5, 2006 • Westin Galleria Hotel, Dallas, 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.

**REGISTRATION FEES**

<table>
<thead>
<tr>
<th>MEMBER ATTENDING EVENT</th>
<th>SCIENTIFIC PROGRAM</th>
<th>MIT/ECP PROGRAM</th>
<th>WELCOME RECEPTION</th>
<th>PROGRAM LUNCH Profiles of Texas Psychiatry</th>
<th>50th ANNIVERSARY BANQUET</th>
<th>ANNUAL BUSINESS LUNCHEON</th>
</tr>
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<tbody>
<tr>
<td><strong>MEMBER LUNCHEON</strong></td>
<td><strong>Saturday and Sunday</strong></td>
<td><strong>Friday</strong></td>
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<tr>
<td><strong>Member Luncheon</strong></td>
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<td>$55</td>
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<td><strong>MIT/ECP PROGRAM</strong></td>
<td><strong>Saturday and Sunday</strong></td>
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<tr>
<td><strong>MIT/ECP Program</strong></td>
<td><strong>No Chg</strong></td>
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<tr>
<td><strong>WELCOME RECEPTION</strong></td>
<td><strong>Friday</strong></td>
<td><strong>NOT Registered for Scientific Program</strong></td>
<td>** Registered for Scientific Program**</td>
<td><strong>Program luncheon</strong></td>
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<td><strong>Friday evening</strong></td>
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<tr>
<td><strong>SCIENTIFIC PROGRAM</strong></td>
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<td><strong>TSPP/Academy Member</strong></td>
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<td><strong>Allied Health Professional</strong></td>
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**TOTAL REGISTRATION FEE**

If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-6940.

**Vegatarian Plate Requested. No additional fee if requested prior to 10/12, otherwise there will be an additional fee of $15.00.**

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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 12, 2006, less a 25% handling charge. No refunds will be given after October 12, 2006.

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

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**Texas Society of Psychiatric Physicians acknowledges and expresses appreciation to the following organizations for their participation as an exhibitor at the Annual Convention:**

- **DIAMOND**
  - Texas Foundation for Psychiatric Education and Research
- **GOLD**
  - Janssen
  - McNeil Pediatrics
  - Division of McNeil-PPC, Inc.
  - Millwood Hospital
  - Sandofi-aventis
  - Sepcor
  - The Doctors Company
- **SILVER**
  - Abbott Laboratories
  - Acadia Healthcare
  - AstraZeneca
  - Bristol-Myers Squibb Company
  - Cephalon, Inc.
  - Cyberonics, Inc.
  - Eli Lilly & Company
  - Forest Pharmaceuticals
  - GlaxoSmithKline
  - JDS Pharmaceuticals, LLC
  - Medical Doctor Associates
  - North Texas State Hospital
  - Padre Behavioral Hospital
  - Pandem, LLC
  - Pfizer Inc.
  - Presbyterian Hospital
  - Reckitt Benckiser Pharmaceuticals
  - Santé Center for Healing
  - Sanofi-aventis
  - AstraZeneca
  - Abbott Laboratories
  - Acadia Healthcare
  - AstraZeneca
  - Abbott Laboratories
  - Acadia Healthcare
  - AstraZeneca

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**COMPLIMENTARY**
- Depression and Bipolar Support Alliance (DBSA) Texas
### DAILY SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td><strong>Thursday, November 2</strong></td>
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<tr>
<td>2:00 PM</td>
<td>Golf Outing</td>
<td>Arranged by Dallas Members</td>
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<tr>
<td><strong>Friday, November 3</strong></td>
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<tr>
<td>7:30 AM - 8:00 PM</td>
<td>Registration / Information</td>
<td>Galleria Foyer</td>
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<tr>
<td>7:30 AM - 8:30 AM</td>
<td>Foundation Board of Directors Breakfast Mtg</td>
<td>Ellis</td>
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<tr>
<td>8:00 AM - 8:30 AM</td>
<td>DBSA Texas AT Annual Conference &quot;Transformations&quot;</td>
<td>Governors</td>
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<tr>
<td>8:30 AM - 9:00 AM</td>
<td>Committee Hospitality</td>
<td>Johnson 2</td>
</tr>
<tr>
<td>9:00 AM - 10:30 AM</td>
<td>Complimentary Refreshments &amp; Light Hors D'oeuvres For CME Mbs</td>
<td>Dallas</td>
</tr>
<tr>
<td>10:30 AM - 12:00 PM</td>
<td>Professional Practices</td>
<td>Fellowship</td>
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<tr>
<td>12:00 PM - 1:30 PM</td>
<td>Federation of Texas Psychiatry Delegate Assembly Lunch Mtg</td>
<td>Ellis</td>
</tr>
<tr>
<td>1:30 PM - 3:00 PM</td>
<td>Public Mental Health Services</td>
<td>Ethics</td>
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<tr>
<td>3:00 PM - 4:30 PM</td>
<td>Continuing Medical Education</td>
<td>Forensic Psychiatry</td>
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<tr>
<td>4:30 PM - 5:00 PM</td>
<td>Children and Adolescents</td>
<td>Members in Training (ILEP Program)</td>
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<tr>
<td><strong>Saturday, November 4</strong></td>
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<tr>
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<td>Registration / Information</td>
<td>Gallera Foyer</td>
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<tr>
<td>7:30 AM - 8:00 AM</td>
<td>Complimentary Continental Breakfast for Program Registrants With Exhibitors</td>
<td>Gallera 2 &amp; 3</td>
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<tr>
<td>8:30 AM - 9:00 AM</td>
<td>Scientific Program</td>
<td>Preston Ballroom</td>
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<tr>
<td>10:15 AM - 10:30 AM</td>
<td>Refreshment Break with Exhibitors</td>
<td>Gallera 2 &amp; 3</td>
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<tr>
<td>12:00 PM - 1:00 PM</td>
<td>History of Texas Psychiatry Luncheon Program</td>
<td>Dallas.körperchen.</td>
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<tr>
<td>1:00 PM - 2:00 PM</td>
<td>Daniel Essays, MD, Houston, Presenter</td>
<td>Johnson 1</td>
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### SCIENTIFIC PROGRAM SCHEDULE

**SATURDAY, November 4, 2006**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>8:30am-8:45am</td>
<td>Opening Remarks</td>
</tr>
<tr>
<td>8:45am-10:15am</td>
<td>Post Traumatic Stress Disorder: The Latest Developments</td>
</tr>
<tr>
<td>10:15am-10:30am</td>
<td>Refreshment Break</td>
</tr>
<tr>
<td>10:30am-12:00pm</td>
<td>The Current Essentials in Diagnosing Bipolar Disorder Today</td>
</tr>
<tr>
<td>12:00pm-1:30pm</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>1:30pm-2:30pm</td>
<td>Resident Paper Competition Winner: Screening for Risk Factors Associated with Violence in Pediatric Patients Presenting to a Psychiatric Emergency Room</td>
</tr>
<tr>
<td>2:30pm-2:45pm</td>
<td>Alcohol and Substance Abuse: Realistic Treatment Options and Pitfalls to Avoid</td>
</tr>
<tr>
<td>2:45pm-3:45pm</td>
<td>Obesity in Our Child and Adult Patients</td>
</tr>
<tr>
<td>3:45pm-4:45pm</td>
<td>Closing Remarks</td>
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**SUNDAY, November 5, 2006**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00am-8:15am</td>
<td>Opening Remarks</td>
</tr>
<tr>
<td>8:15am-10:15am</td>
<td>Medical, Legal, and Ethical Issues in Serious Brain Injuries and Severe Mental Illnesses</td>
</tr>
<tr>
<td>10:15am-10:30am</td>
<td>Refreshment Break</td>
</tr>
<tr>
<td>10:30am-12:30pm</td>
<td>Toward the Optimal Treatment of Depression</td>
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### SCIENTIFIC PROGRAM TARGET AUDIENCE AND PROGRAM OBJECTIVES

This CME program is proudly sponsored by the Texas Society of Psychiatric Physicians on the occasion of the Society’s fiftieth anniversary of service to psychiatrists and their patients. Designed in a format consisting of lectures 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. At the conclusion of the program, CME participants will be able to explore, to describe, and to discuss the following areas and topics:

- Causes of PTSD, with an improved ability to accurately diagnose and to implement appropriate treatment
- The diagnosis, prognosis, and current effective treatments for bipolar disorder
- Evaluation and treatment of alcohol abuse and abuse of other substances, with emphasis on realistic treatment outcomes
- Recognition of obesity in childhood and adulthood and effective means of intervention
- The various classes of coma and the implications of each on treatment and prognosis
- Dealing with ethical dilemmas faced by the families, and the physicians, of patients in coma
- Current strategies for achieving symptom remission and recovery in major depression
- Documentation of risk assessments for violence in pediatric patients in an emergency room

The Texas Society of Psychiatric Physicians acknowledges and expresses appreciation to the following organizations for the educational grants provided in support of the Scientific Program:

**DIAMOND**
- Abbott Laboratories
- Bristol-Myers Squibb Company
- Eli Lilly and Company
- Forest Research Institute
- GlaxoSmithKline
- Pfizer, Inc.
- Wyeth Pharmaceuticals

**PLATINUM**
- AsanaZeneca

**SILVER**
- Cyberscience, Inc.

**SCIENTIFIC PROGRAM SPEAKERS**

- Jonathan R.T. Davidson, MD, Professor, Dept. of Psychiatry and Behavioral Sciences, Duke University Medical Center South, Durham, North Carolina
- Robert L. Fine, MD, FACP, Director, Office of Clinical Ethics, Baylor Health Care System
- L. Gregory, FACP, Director, Palliative Care Consultation Service, Baylor University Medical Center
- Dallas, Texas
- Urszula B. Kelley, MD, Clinical Director, Eating Disorders Program, Presbyterian Hospital
- Dallas, Texas
- Edgar P. Nace, MD, Clinical Professor of Psychiatry, University of Texas Southwestern Medical School
- Dallas, Texas
- Trisha Suppes, PhD, MD, Associate Professor of Psychiatry, Director, Bipolar Disorders Clinic & Research Program, UT Southwestern Medical School
- Dallas, Texas
In 1965, Hamilton H. Ford MD was nomi- nated for the Speakership of the Assembly of District Branches of the American Psychiatric Association. Perry C. Talkington, MD, President Elect of the Texas Neuropsychiatric Association and the Texas District Branch was nominated for a position on the Council of the American Psychiatric Association. The amendments to HB 634 were intro- duced to the State Legislature. There was no certainty, however, according to E. Ivan Bruce, Jr. MD, that the Privileged Communication issue would be introduced. There was some discussion about resuming the joint meetings between the Texas Neuropsychiatric Society and the Mexican Neuropsychiatric Society. This series of meet- ings was bypassed in 1964 because of being preempted by two other national meetings. This resolution did pass.

In 1965, House Bill 3 was passed by the State Legislature. There was no block grant. This gave each State more control over the distribution of federal funds. This move, however, created several conflicts; therefore, more problems were generated by disagree- ments among different agencies dealing with mental health issues. Nevertheless, some good things have occurred from the block grants; for example, the new prison psychiatric hospital in Sugarland.

In 1986, our name was finally changed one more time to the Texas Society of Psychiatric Physicians.

1987-1990
It should also be mentioned that for many years, the Texas Society of Psychiatry Physicians maintained many of its adminis- trative functions by individual members before contracting for administrative services provided by a division of the Texas Medical Association.

In 1987, TSP established its own office and hired its first two employees. Sheryl Harding was the first Executive Director and Debbie Sundberg was the Assistant Director. Charles Stewart was Executive Director in 1989. In 1990, John R. Bush became our Executive Director.

1991
Many new issues were addressed. Third party insurance, special needs of minorities, home- lessness and many other issues were reviewed.

In 1991, the TSPP began lobbying for insurance parity for patients with psychiatric illness. The initial results that were passed limited insurance parity for mental illnesses only for employees of the State Government of Texas.

1992
In 1992, there were nine State Hospitals with 57 outreach clinics mandated by the State Hospitals and 10 outreach clinics under the jurisdiction of the State Centers. Eventually 35 local comprehensive MHMR centers began operating under local Boards of Trustees.

25-277 patients were cared for in MHMR centers. In addition, TSPP managed to get a bill passed by the Texas State Legislature that codifies that only physicians can admit patients to Psychiatric Hospitals.

1995
In 1995, TSPP formed the Mental Illness Awareness Coalition, which included the major mental health advocacy organizations: NAMI, Texas Mental Health Association in Texas, Depressive and Manic Depressive Association, and other advocacy groups. The Texas Mental Health Consumers, in addition to the Texas Medical Association. Every summer, the Coalition hosts a conference which allows the organizations to share their legislative priori- ties and to build competence in advocating their positions. “Capitol Day” is another venture sponsored by TSPP so that Psychiatrists and other mental health advocates can visit with their legislative representatives.

1997
In 1997, the Legislature passed a parity bill for all persons with Psychiatric Disorders, but limited to six major diagnoses. TSSP continues to lobby for full parity. Many attempts by “do gooders” to ban electroconvulsive ther- apy (ECT) to obviate have been thwarted by the Texas Society of Psychiatric Physicians. TSPP has also defeated all attempts by these “do gooders” to ban certain psychotropic medications. In addition to that, the TSPP has managed to defeat the efforts of many to allow non-physicians to practice medicine and write prescriptions for psychotropic medications.

Also in 1997, TSPP sponsored the Political Action Task Force to encourage Psychiatrists to become involved in the political process during the interim period between legislative sessions. This program is designed to encourage Psychiatrists to visit with Legislators and to know them by name and educate them about psychiatric issues. This has proven to be beneficial in promoting psychiatric legislative agendas.

2003
The Texas Legislature consolidated 12 agen- cies into the Texas Health and Human Services Commission. This reorganization placed the mental health component of the Department of Mental Health and Mental Retardation within the newly formed Department of State Health Services.

TSPP Leadership
Members who have provided outstanding leadership of TSPP as President include: John L. Otto, MD (1956); Bruce Bead, MD (1957); William Castell, MD (1958 & 1980); Hamilton Ford, MD (1959); Clarence Hoeftstra, MD (1960); Robert Stubblefield, MD (1961); Cy Ruilmann, MD (1962); H. Harlan Crank, MD (1963); E. Ivan Bruce, Jr., MD (1964); Perry Talkington, MD (1965); Alfred Hill, MD (1966); James K. Peden, MD (1967); Alexander Bankhead, MD (1968); Pete C. Palomo, MD (1969); Marshall L. Fowler, Jr., MD (1970); Irvin M. Cohen, MD (1971); Wude H. Lewis, MD (1972); E. Ivan Gochman, MD (1973); Harry K. Davis, MD (1974); Thomas H. Allison, MD (1975); Walter E. Reifslager, MD (1976-77); Laurence C. McGregor, MD (1978); Jane H. Preston, MD (1979); Tracy R. Gondy, MD (1981); Keith Johannsen, MD (1982); Grace K. Jameson, MD (1983); Frank P. Schuster, MD (1984); Spencer Bayles, MD (1985); Myron F. Weiner, MD (1986); Robert L. Zagula, MD (1987); Victor J. Weiss, MD (1988); Doyle L. Carson, MD (1989); Paul H. Wick, MD (1990); Edward L. Reilly, MD (1991); David F. Briones, MD (1992); Bernard M. Gerber, MD (1993); Larry E. Tipp, MD (1994); Arthur J. Farley, MD (1995); Conway L. McDaniels, MD (1996); Robert G. Denney, MD (1997); Jefferson E. Nelson, MD (1998); A. David Auer, MD (1999); Deborah C. Peel, MD (2000); Charles L. Bowden, MD (2001); R. Sanford Kiser, MD (2002); Priscilla Ray, MD (2003); J. Clay Sawyer, MD (2004); Gary L. E. Lee, MD (2005); and Leslie H. Serest, MD (2006).

In Summary
The best summary that I can come up with, and that I can think of, is Senate Resolution 945, passed by the Texas Senate on May 18, 2005.

WHEREAS, The Texas Society of Psychiatric Physicians has been the profes- sional organization in Texas representing psychiatry since 1956 and will celebrate its 50th Anniversary in 2006; and

WHEREAS, The Texas Society of Psychia- tric Physicians is recognized for its role in defining quality psychiatric care for patients in Texas in all practice settings, including both the private and public sectors; and

WHEREAS, The Texas Society of Psychiatric Physicians has encouraged and supported the active involvement of patients and mental health advocacy organizations in the public policy arena through the estab- lishment and nurturing of the Mental Illness Awareness Coalition; and

WHEREAS, The Texas Society of Psychiatric Physicians has taken a leadership role in educating policymakers and the gen- eral public about mental illnesses and psy- chiatric treatments; and

WHEREAS, The Texas Society of Psychiatric Physicians has been since 1986 the first and only medical specialty society in Texas entitled for continuing medical educa- tion by the Texas Medical Association; and

WHEREAS, The Texas Society of Psychiatric Physicians is recognized for its leadership role in providing quality continu- ing medical education for its members and other physicians in Texas; and

WHEREAS, The Texas Society of Psychiatric Physicians has consistently advocated for the interests of patients and the eradication of discrimination and stigma against persons with psychiatric illnesses; and

WHEREAS, The Texas Society of Psychiatric Physicians has had a long and effective participation in the legislative process and been proactive in advancing quality medical and psychiatric care for the citizens of Texas based on the latest advances in science; and

WHEREAS, The Texas Society of Psychiatric Physicians helped in the establish- ment and Legislative Mental Health Awareness Group, a group of legislators with an interest in better understanding mental illness and its treatment; and

WHEREAS, The Texas Society of Psychiatric Physicians is recognized for its role in encouraging the establishment of the Federation of Texas Psychiatry, an umbrella organization that will bring together medical organizations in Texas representing some 50,000 physicians to form a united voice advocating for patients and quality psychi- atric care; now, therefore, be it

RESOLVED, the Senate of the State of Texas, 79th Legislature, commends the Texas Society of Psychiatric Physicians for bringing together many diverse groups of physicians, patients and mental health advocacy organiza- tions and in a unique manner has served the people of the State of Texas in all walks of life; and it is further

RESOLVED, That a copy of this Resolution be prepared in honor of the Texas Society of Psychiatric Physicians’ 50 years of service to Texas and as an expression of esteem from the Texas Senate.

Have a Happy 50th Anniversary Texas Society of Psychiatric Physicians! ■
**Liability Reforms Helping Sick and Injured Texans**

Ladon W. Homer, MD, President, Texas Medical Association

**Things Trial Lawyers Hope You Don’t Learn**

In a website article written by Andrew Schlafly, Esq. of the Association of American Physicians and Surgeons, the author provides the following list of things trial lawyers hope doctors won’t find out.

- **Physicians cannot rely on insurance carriers to provide clean medical records.** The insurance company carries the burden of covering these losses. But when you pay off a malpractice claim, you will be reported to the National Practitioner Data Bank. A single report can damage all future applications for a job or hospital privileges. Successful physicians take affirmative steps both before and after being sued. They do not just rely on the malpractice carrier.

- **It often helps to attend the deposition of the plaintiff’s medical expert.** In litigation, a party has the right to attend all depositions. The plaintiff’s expert will not lie as much about someone who is sitting across the table. Also, physicians can strengthen their case by feeding questions to their attorney during depositions of their opposing expert.

- **Beware of seeing patients who were mistreated by other physicians.** In malpractice lawsuits, all the doctors are sued, even ones who tried to help before seeing a problem patient who might bring a lawsuit, a physician should consider obtaining a fully informed release from the patient first.

- **Most malpractice lawsuits are for ‘failure to diagnose,’** so your advice to obtain diagnostic tests should be documented. If a patient still refuses to have a test despite your warning, then consider having the patient sign an acknowledgment.

- **Special laws allow trial attorneys to pay for successful referrals.** The public is unaware of this practice, which is prohibited as “fee-splitting” in the medical profession. The malpractice crisis would end overnight if a referendum or statute prohibited compensation for referrals among attorneys.

- **Screening techniques can greatly reduce the odds that a physician will be sued.** Office waiver forms, even if not fully enforceable, are useful in screening out litigious patients from a practice.

- **Develop a list of good defense experts in your specialty.** Malpractice cases are won or lost based on expert testimony. Having a good expert means you will win; struggling to find one at the last minute you may lose.

- **Make sure you deposit everyone who might be called as a witness against you.** Even the billion-dollar pharmaceutical giant Merck recently made the fatal mistake of not depositing a potential plaintiff’s witness in the Vioxx trial. That $5,000 economy cost Merck $253.4 million in the end, as the never-deposited witness sank Merck at trial.

- **Protect your assets beforehand so your exposure is limited.** Even though malpractice insurance covers you (up to a limit), you will handle the stress of litigation far better knowing your assets are secure no matter what happens in court.

---

**Political Advocacy Task Force**

“If you do not do politics, you will be done in by politics.”

The Federation’s Political Advocacy Task Force encourages every psychiatrist in Texas to participate in the current election cycle, which concludes with the General Election in November. This essential grassroots effort by psychiatrists will help Texas Psychiatry have another successful legislative session when the Legislature convenes in January. For information about legislative races and candidates, visit the Federation’s website, www.txpsych.org, and use the “Public Policy” tab and then select “Texas Senate Races 2006” and “Texas House Races 2006.” To identify your legislative representative, select “Locate Your Legislative” and simply enter your address. It is our goal for every member of the Texas Legislature to know a psychiatrist in his/her District by name.
Candidates for Foundation Board Announced
Elections to be Conducted at Annual Meeting

The Nominating Committee of the Texas Foundation for Psychiatric Education and Research, composed of Arthur Farley, MD, Clay Sawyer, MD, and Leslie Secrest, MD, submit the following slate of candidates for positions on the Foundation’s Board of Directors:

Three Year Terms (May 2007-May 2010)

Re-appointment of Paul Wick, MD (Tyler)
Re-appointment of Larry Tripp, MD (Mesquite)
Appointment of Harry K. Davis, MD (Galveston) to succeed Grace Jameson, MD
Re-appointment of Linda Rhodes, MD (San Antonio)
Re-appointment of Diane Butcherle (San Antonio)

Elections for these positions will be conducted at the Foundation’s Annual Membership Meeting at the Westin Galleria Hotel in Dallas on November 5, 2006 during the TSPP/Foundation Annual Business Meeting. If there is a contested election, the Board and are individuals who have demonstrated sustained support of the Foundation’s mission. Honorary Directors include: Alex Munson, MD (Georgetown) and Charles Bowden, MD (San Antonio). The Board may be composed of not less than 12 Elected Directors. Elected Directors are elected by the membership of the Foundation to serve three year terms on the Board. At least 3 Elected Directors must be Past Presidents of TSPP. Current Elected Directors include: Diane Butcherle, David Beuton, MD, Jacques Collier, Arthur Farley, MD, Miriam Feaster, Charles Gaitz, MD, Hal Haralson, Grace Jameson, Shirley E. Marks, MD, Convoy L. McDaniell, MD, Mohsen Mirabi, MD, Edgar Nace, MD, Edward Reilly, MD, Linda Rhodes, MD, Clay Sawyer, MD, Larry Tripp, MD, and Paul Wick, MD.

An Opportunity to Participate
Annual Campaign 2006

The Texas Foundation for Psychiatric Education and Research is launching its fifteenth Annual Campaign conducted each Fall to encourage charitable contributions to support the Foundation’s goals: fighting stigma and discrimination; ensuring that patients have access to quality psychiatric treatment; and improving treatment through innovative research.

The Magnitude of Mental Illnesses

• Mental illnesses, including suicide, ranks second in the burden of disease internationally.
• The World Health Organization identified mental illnesses as the leading causes of disability worldwide.
• In the U.S., mental disorders collectively account for more than 15% of the overall burden of disease for all causes and slightly more than the burden associated with all forms of cancer.

For about one in five Americans, adulthood is interrupted by mental illness.

About one in five children and adolescents experience the signs and symptoms of a psychiatric disorder during the course of a year.

In the U.S., the annual economic indirect cost of mental illness is estimated to be $79 billion, including loss of productivity as a result of illnesses, lost productivity resulting from premature death by suicide, and incarcerated individuals and the time for those who provide family care.

Barriers to Care: Stigma and Discrimination

• Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment. Sadly, only 50% of people with a serious form of mental illness seek treatment for their illness. Stigma surrounding the receipt of mental health treatment is among the many barriers that discourage people from seeking treatment.
• Mental health insurance benefits traditionally have been more limited than other medical benefits. Insurance plans that place greater restrictions on mental illnesses prevent some individuals from getting care that would dramatically improve their lives.
• Demonstrations that mental disorders are real and treatable forms of illness, just as brain illnesses are real and treatable, will greatly diminish the stigma that often dissuades people from seeking care for mental illness and leads to policies that discriminate against people who have mental illness.

The Foundation’s Annual Campaign Goals

• A major focus of the Foundation is to educate the public and policymakers about mental illnesses through the goal of ending stigma and eradicating discriminatory practices that impose unnecessary barriers to accessing and receiving quality psychiatric care.
• The Annual Campaign encourages unrestricted charitable contributions to be allocated by the Foundation to programs in Texas that address the Foundation’s goals of fighting stigma and discrimination against persons diagnosed with psychiatric disorders; ensuring that patients have access to quality psychiatric care; and improving treatment through innovative research.

• The Foundation during its 14 years of operation has awarded 82 grants amounting to $132,996 to support programs addressing its goals by various Texas organizations.
• Historically, 9.1% of funds contributed to the Foundation have been available to directly support programs in Texas, as the Foundation’s administrative costs consist of only 9% of expenditures.
• The Foundation’s Annual Campaign 2006 offers a unique opportunity for psychiatrists and others to allocate their charitable contributions to an organization led by psychiatrists and mental health advocates who make decisions regarding the funding of programs that address the Foundation’s goals.

Will you participate in this opportunity to help people diagnosed with psychiatric illnesses?

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

$50 $100 $250 $500 $1000 $2500 $

I am pleased to commit a pledge of $ payable

DONOR INFORMATION

Contact me about a PLANNED GIFT.

Name
Address
Telephone

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

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, 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 PSYCHIATRIST is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

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

EDUCATIONAL BOARD
Joseph Castiglioni, Jr., MD
Edward L. Reilly, MD

MANAGING EDITORS
John R. Bush
Debbie Sundberg
Federation of Texas Psychiatry
401 West 15th Street, Suite 675
Austin, Texas 78701
(512) 478-0665
(512) 478-5233 (FAX)
TxPsychiatry@aol.com (E-mail)
http://www.txpsych.org (Website)