Identity Crisis

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

I never thought I had one. I thought I knew who I was and what I did, but a colleague touched a nerve when I was in Dallas at the joint Tarrant County/North Texas Psychiatric Society meeting in September. Now I wonder if I’ve been slowly eased into a complacency I never wanted. Am I a physician?

Patient or Client?

Over the past 20 or so years, we have become convinced that it is demeaning to call people whom we treat “patients.” This has always bothered me, but I have slowly yielded to the politically correct term “client.” My North Texas colleague caused me to reconsider my tacit agreement that “client” is a better term than “patient.”

Looking in my trusty dictionary, I discover that a patient is “a person receiving or registered to receive medical treatment.” The word “patient” derives from the Latin root for “suffering,” and a patient is one who suffers. “Client,” derives from a Latin word meaning “to be under the patronage or protection of another.” (This is why it is proper for a lawyer to have a “client”—the lawyer is serving to protect.) To be fair, there is a new definition for “client” which means someone receiving medical care, but I think maybe the dictionary also bowed to common usage. If the real root of “client” is someone weak, under the protection or patronage of another, then it seems that “client” is actually a more demeaning term than “patient.” Certainly our patients are not weak, but they are suffering. We are trained to alleviate their suffering, not to protect them, and I submit that we should focus on that primary duty for which we have been trained and leave the protection to those so trained. Certainly, we can never abandon advocacy, but we need to reorient ourselves to our primary role—as healers. As psychiatrists, we know that words have profound meaning, and for that reason, I believe that the use of the word “client” has subtly eroded our identity as physicians and disabled our patients.

Physician or Provider?

What is the difference between a physician and a provider? To insurance companies and bureaucrats, very little. To non-physician providers—quite a bit. To physicians, not enough. Again, I춰t at when I am called a “provider,” but have quietly swallowed what I thought of as pride so as not to offend anyone, but my North Texas colleague reminded me that perhaps my overly precious concern about appearing prudish was misplaced. In fact, a physician is defined as a person qualified to practice medicine. A provider is someone who provides. A provider can provide anything—advice, groceries, a salary—you name it, but might very well not be qualified. Only a physician is qualified to practice medicine by definition. I believe that allowing others to define us as “providers” at abrogates our responsibility (after all, because we are uniquely qualified as physicians, we have special moral imperatives), d) demeans us, c) demeans our patients since if anyone can “provide” their care, their illnesses must be fairly insignificant. After all, we rarely hear of neurosurgical “providers” do we?

Mental Illness or Psychiatric Illness?

Why is psychiatric illness different from mental illness? Admittedly, the dictionary is not much help, but my reflections over 20 years of medical practice reminds me that the use of the word “psychiatry” has often been considered hard-edged and vaguely brutal whereas “mental illness” (or the even more loathsome “mental health”) is “kinder.” Again, are our patients really that fragile? Do oncologists talk about “cellular concern” rather than “cancer” or “malignancy?” Do orthopedic surgeons call fractures “bone disturbances?” No, other physicians give their patients the dignity of actually and honestly naming their diseases. The word “psychiatric” has the connotation of a patient suffering from an actual illness requiring treatment by a bona fide physician whereas the term “mental illness” connotes a fuzzy disturbance in normal functioning that requires some assistance.

I Am Not a Shrink

Finally, as another colleague so poignantly declared, “I am not a shrink.” I am a physician who has worked hard to learn remarkable skills not shared by many other people. Moreover, I am a psychiatric physician who has honed those skills to a degree that only the physical dexterity and precision of a neurosurgeon is analogous. My patients are important enough that they require my special skills and talent, and the appropriate naming thereof. Other providers are invaluable in helping us treat our patients, but we are not to be confused with those providers.
s of the link between traumatic life events and the etiology of many serious mental health issues has been growing largely in part to the increased desire to have psychiatric hospitals as well as other providers of treatment for those with mental illness to become trauma-informed. A groundswell effort is underway for both public and private systems to become “trauma-informed” to aid in the accomplishment of this admirable goal. In order to be successful, there are a number of elements which must be present for this transformation to take place. As with most issues, all those involved in creating the system’s transformation must have a firm understanding of what it is they are working to achieve, a common definition if you will, of the desired outcome. Once this has been accomplished, an assessment of the current state of affairs is in order as it is almost impossible to get to where you are going if you do not know from where you are starting. Systems reflect the individuals who comprise them, in this case both staff and patients, and as such having a thorough understanding of how trauma affects people and their responses to everyday life situations is key in providing possible alternative approaches which can be taken. The attitude of the staff will most definitely be reflected in the patients’ response to unit procedures and how they affect the milieu. One of the most important but most difficult to operationalize concepts is getting staff to leave their “baggage” at the front door when they come to work. Encouraging staff to be in touch with their emotional “buttons” and thereby their limitations is imperative in avoiding power struggles. Staff must be empowered to ask for relief if they find themselves in a situation they are ill-equipped to handle for whatever reason without fear of reprisal or embarrassment. Part of the assessment of the current state of affairs in an organization that seeks to become “trauma informed” must include acknowledgement by leadership that many of the issues that cause trauma for the patients are also traumatic for the staff. Safety is but one area that seriously impacts both staff and patients and has a direct effect on efforts to decrease trauma and avoid restraint and seclusion. Rather than using a reactive approach in this area, a proactive approach will not only provide a safer and less traumatic environment for the patients but for staff as well. This in turn allows for all involved to focus their energy and effort on improving outcomes versus developing a “fear hole” mentality. Who among us did not cringe when Nurse Ratchet from “One Flew Over the Cuckoo’s Nest” imposed her iron fist on the patients entrusted to her care. You may recall that when afforded respect, dignity and encouragement, these same patients who were repressed and essentially non-functional became more goal directed and self-actualized. Control and containment must give way to understanding and cooperation. As we evolve our organizations, we must continuously ask ourselves “why” in relation to our policies and procedures and if there is not a better reason than “because I said so,” we may want to rethink our position. Analysis of factors contributing to seclusion and restraint reveals that power struggles between staff and patients are among the leading causes for these inter- ventions. Finding a balance between order and chaos and allowing a “judicious sus- pension of the rules” for front line staff is all part of the tool kit in the process of decreasing seclusion and restraint. One of the most traumatic events that occur in the hospital, therefore seemingly under our control more so than events that have occurred prior to admission, is seclusion or restraint. It seems obvious that the individual who is restrained or secluded will experience the event as traumatic but those patients who witness the event report it to be traumatizing as well. The anxiety over the possibility that the same thing they witnessed may happen to them may be more traumatic than if it had actually happened to them. Because of this, trauma informed care and seclusion and restraint reduction go hand in hand. Many organizations are integrating the concept of Peer Support Specialist into their Trauma Informed Care model. By utilizing the life experience of an individual who has been through the process of dealing with the mental health system and successfully overcoming the obstacles in their path, we can all have a better appreciation of how our actions impact and influence our patients. Just as the concept of Recovery has helped to evolve our thinking when it comes to possibilities for persons being treated for mental illness, the introduction of Trauma Informed Care and its part in the movement to reduce the use of seclu- sion and restraint will allow for further inroads in the successful treatment of mental illness.

Eye of the Beholder...  

Lauren Parsons, MD, Chairman, Federation of Texas Psychiatry

Awareness of the link between traumatic life events and the etiology of many serious mental health issues has been growing largely in part to the increased desire to have psychiatric hospitals as well as other providers of treatment for those with mental illness to become trauma-informed and seclusion (read coercion) free. For those with mental illness to become self-actualized as well as other providers of treatment for those with mental illness to become trauma-informed and seclusion (read coercion) free. For those with mental illness to become self-actualized...
Short-term fix accomplished AGAIN
Every year, for almost a decade, organized medicine and Congress go through the same tedious motions. Physicians plead with Congress to fix the faulty funding formula Medicare uses to pay physicians. Make it fair. The current payment system ensures that hospitals, nursing homes, pharmaceutical companies, Medicare HMOs, and many other Medicare providers receive an automatic cost-of-living increase. Meanwhile, doctors — the front-line people who take care of sick and injured patients — have to scramble to avoid dramatic pay cuts. Medicare patients, especially the elderly struggle as many physicians can no longer afford to take new Medicare patients or who leave the program.

From the beginning of 2007, Congress knew physicians were facing a 16 percent cut starting Jan. 1, 2008. However, instead of coming up with a permanent, long-term solution, Congress slapped on a last-minute six-month Band-Aid in December 2007. In fact, it took Congress more than 18-months (until July 15, 2008) to take any action to stop the cuts, which by then were more than 16.0 percent. (And they took no action to really fix the system.) Even though Congress promised physicians and patients that they would stop the cuts, when it came down to the final hour the U.S. Senate failed to pass the measure, instead, the Senate played partisan politics. Their lack of action compromised millions of Medicare patients.

Today the system promises and parti- san antics, organized medicine put our political muscle to work. Medicine united — all specialties. We engaged the media across the nation, and more importantly, our patients. Together we demanded that the Senate played partisan politics. Their lack down to the final hour the U.S. Senate action to really fix the system. Even though of coming up with a permanent, long-term solution, Congress sanctioned a last-minute six-month Band-Aid in December 2007. In fact, it took Congress more than 18-months (until July 15, 2008) to take any action to stop the cuts, which by then were more than 16.0 percent. (And they took no action to really fix the system.) Even though Congress promised physicians and patients that they would stop the cuts, when it came down to the final hour the U.S. Senate failed to pass the measure, instead, the Senate played partisan politics. Their lack of action compromised millions of Medicare patients.

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REGISTRATION/MEETING LOCATION

TSPP’s 52nd Annual Convention will be held at the Westin La Cantera Resort, 16641 La Cantera Parkway, San Antonio, Texas, 210/558-6500. A special TSPP discounted room rate of $159 is available to TSPP program registrants before October 21, 2008 or upon sell-out whichever occurs first. Make your reservation today by calling 1-800-228-3000. PLEASE NOTE: TSPP is extending the discounted meeting registration rate until November 12 for members/non-members in areas affected by HurricaneIKE.

Nestled atop one of the highest points in all of San Antonio, The Westin La Cantera Resort offers breathtaking views of downtown and the beautiful Texas Hill Country. Built on the site of an abandoned limestone rock quarry – la cantera in Spanish – the resort’s intimate setting seems like it’s a world away. The hilltop retreat combines the best of golf and the best of luxury. With six pools, health club and spa services, a newly renovated 7600 square foot Westin Workout powered by Reebok fitness center, tennis courts, unique dining options, a kids club, three hot tubs and offers something for everyone. Not to mention, the adjacent 1.3 million square foot shopping destination, The Shops at La Cantera and Six Flags Fiesta Texas Theme Park!

THURSDAY GOLF OUTING

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

AWARDS RECEPTION / BANQUET AND EVENING OF ENTERTAINMENT

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

**Distinguished Service Award**
- Joseph L. Black, MD - Vernon
- Gary L. Etter, MD - Fort Worth

**Psychiatric Excellence Award**
- Glen O. Gabhard, MD - Houston
- George D. Santos, MD - Houston

**PROGRAM AT A GLANCE**

**Thursday, November 20**
- 12:00 pm - Golf Outing at La Cantera Resort Golf Course
- 5:00 pm - 6:00 pm - TSCAP Executive Committee
- 6:00 pm - 7:30 pm - Chapter Leadership Forum
- 6:00 pm - 7:30 pm - Non-Medical Interest Groups
- 7:30 pm - 9:00 pm - Federation Delegate Assembly

**Friday, November 21**
- 7:30 am - 7:00 am - Registration
- 7:30 am - 9:00 am - Foundation Board of Directors Breakfast Meeting
- 8:00 am - 10:00 am - COUNCIL ON ORGANIZATION
  - Constitution & Bylaws Committee
  - Ethics Committee
  - Fellowship Committee
  - Finance Committee
  - Strategic Planning Committee
- 10:00 am - 12:00 pm - COUNCIL ON SERVICE
  - Academic Psychiatry Committee
  - Children & Adolescents Committee
  - Forensic Psychiatry Committee
  - Public Mental Health Services Committee
  - Socioeconomics Committee
- 12:00 pm - 1:30 pm - Membership Luncheon
  - Sponsored by Polycet
  - AIA Candidates for Office Invited to Speak
  - Exhibit Set-Up
- 1:30 pm - 2:00 pm - COUNCIL ON EDUCATION
  - CME Committee
  - MIT Section
  - Professional Practices Committee
  - Hospital Practices Subcommittee

**Saturday, November 22**
- 7:00 am - 7:45 am - Complimentary Continental Breakfast for Meeting Registrants
- 7:00 am - 7:00 pm - Registration
- 7:00 am - 6:00 pm - Exhibits
- 8:00 am - 5:30 pm - SCIENTIFIC PROGRAM
- 10:15 am - 10:30 am - Refreshment Break with Exhibitors / Door Prize Drawings
- 12:30 pm - 2:00 pm - Membership Luncheon TSPP & Texas Foundation Annual Business Meeting
- 4:15 pm - 4:35 pm - Refreshment Break with Exhibitors
- 4:45 pm - 6:45 pm - Academy Awards Banquet Reception
- 7:00 pm - 10:00 pm - Awards Banquet & Evening of Entertainment

**Sunday, November 23**
- 7:30 am - 1:00 pm - Registration
- 8:15 am - 12:30 pm - SCIENTIFIC PROGRAM
The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of eleven (11) AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The presentation entitled ‘Antidepressant Controversies: Legal & Ethical Issues, Suicidality & Birth Defects’ has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

SCIENTIFIC PROGRAM SCHEDULE

Saturday, November 22
8:00 am - 8:15 am Welcome and Introductions
8:15 am - 10:15 am Current Issues in the Evaluation & Treatment of Dementia
 Kevin F. Gray, M.D.

Objectives: At the conclusion of the program, attendees will be able to describe, explain, and implement in clinical practice the current essential components of the assessment and treatment of patients with dementia.


10:15 am - 10:30 am Refreshment Break w/ Exhibitors
10:30 am - 12:30 pm Suicide Assessment and Clinical Interviewing: The Delicate Art of Eliciting Suicidal Ideation
Shawn C. Sheu, M.D.

Objectives: At the conclusion of the program, attendees will be able to flexibly utilize the Chronological Assessment of Suicide Events approach as a sensitive and rapid method of uncovering suicidal ideation and intent in busy clinical settings.

Simon GE, Saunders J. Suicide attempts among patients starting depression treatment with medication or psychotherapy. Am J Psychiatry 2007; 164(10):1620-24


12:30 pm - 2:00 pm Membership Luncheon TSPP & Texas Foundation Annual Business Meeting

2:15 pm - 4:15 pm Assessment & Management of the Potentially Violent Patient in Treatment
Arron Fishkind, M.D.

Objectives: At the conclusion of the program, attendees will be able to describe and be able to utilize the essential elements of the evaluation and management of potentially violent patients in various psychiatric practice settings.


4:15 pm - 4:35 pm Refreshment Break w/ Exhibitors
4:35 pm - 5:35 pm Low Levels of Insulin Growth Factor (IGF-1) in Patients with Bipolar Disorder Correlate with Putative Markers of Neuronal Viability
Marlon P. Quinones, M.D., Winner - 2008 TSPP Resident Paper Competition

Objectives: At the conclusion of the program; attendees will be able to discuss the new study to measure Insulin Growth Factor (IGF-1) levels in adults and children/adolescents with Bipolar Disorder and Healthy Comparison Subjects. Potentially specific, trait-like abnormalities in IGF-1 might play a role in the pathogenesis of Bipolar Disorder. Further research and replication of these findings is warranted.

Sunday, November 23
8:15 am - 8:30 am Welcome and Introductions
8:30 am - 9:30 am Metabolic Syndrome & Treating Psychiatric Patients Today
Jeffrey M. Zigman, M.D.

Objectives: At the conclusion of the program, attendees will be able to discuss and discuss the appropriate treatment planning using current ‘state of the art’ knowledge regarding the association between psychiatric illness and body weight dysregulation, including attention to metabolic hazards posed by adding certain psychotropic medications.


9:30 am - 10:30 am Update on Antidepressants: Focus on New Findings of Practical Significance to Clinicians Which Influence Patient Care
Pedro L. Delgado, M.D.

Objectives: At the conclusion of the program attendees will be able to better use antidepressants with patients by assessing and managing underappreciated risk factors associated with antidepressant treatments, including appropriate lab work needed for people at risk of bone loss, as well as, understanding and advising patients about the current state of knowledge regarding new genetic markers that may affect risks for side effects and treatment response or non-response.

10:30 am - 12:30 pm Antidepressant Controversies: Legal & Ethical Issues, Suicidality & Birth Defects
Christopher B. Ticknor, M.D. and Charlotte A. Brauchle, Ph.D.

Objectives: At the conclusion of the program, attendees will be able to describe the clinical decision making process and use of informed consent in prescribing antidepressants to patients with various risk factors


EDUCATIONAL GRANTS

TSPP expresses appreciation to the following organizations for providing unrestricted educational grants in support of the independent scientific educational program

“A improving Psychiatric Care and Enhancing Patient Outcomes”

AstraZeneca

Eli Lilly and Company

Forest Pharmaceuticals

ABOUT THE SPEAKERS

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

Pedro L. Delgado, M.D.
Chief Medical Officer of JSA Health Emergency Program of Harris County and Emergency Psychiatry
San Antonio, TX

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

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

Marlon P. Quinones, M.D.
2008 TSPP Resident Paper Competition Winner
Department of Psychiatry and Medicine
The University of Texas Health Science Center at San Antonio
San Antonio, TX

Shawn Christopher Shea, M.D.
Director, Training Institute for Suicide Assessment and Clinical Interviewing Associate Professor of Psychiatry
Dartmouth School of Medicine
Hanover, NH

Christopher B. Ticknor, M.D.
Associate Professor, Division of Hypothalamic Research and Division of Endocrinology & Metabolism
Department of Internal Medicine
UT Southwestern Medical Center
Dallas, TX

ATTENDANCE CREDITS

This CME Program is designed in a classroom style format, with didactic lectures / panel presentation supplemented with audiovisual presentations and direct discussion. The program is designed to provide its’ primary target audience of Texas psychiatric physicians, as well as other specialties of medicine, with clinically-relevant information regarding new diagnosis and treatment modalities and new directions in research to improve the physicians’ knowledge; improve clinical skills, improve ethics and professional responsibility and promote the cost effective delivery of quality medical care to patients in their practice.

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TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

Annual Convention & Scientific Program

“Improving Psychiatric Care and Enhancing Patient Outcomes”

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

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2008 ANNUAL CONVENTION & SCIENTIFIC PROGRAM

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

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

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☐ Check in the Amount of $_________ Check made payable to Texas Society of Psychiatric Physicians

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TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET, SUITE #675,
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REGISTRATION FEES

Indicate the NUMBER of individuals who are registered for each event in the appropriate enrollment category listed below. Please note the enrollment fees are PER PERSON and your payment should reflect the proper fee for the number of individuals registered per event.

PLEASE NOTE: TSPP is extending the discounted meeting registration rate until November 12 for members/non-members in areas affected by Hurricane Ike.

MEMBER ATTENDING EVENT DISCOUNTED REGISTRATION 7/12 – 10/12 AFTER 10/12

GOLF OUTING - Thursday
☐ No Charge
☐ Please Send Me Additional Information.

LUNCH PROGRAM - Friday
☐ Lunch Program $20 $25
☐ MIT/ECP Program $20 $25

MIT/ECP PROGRAM - Friday
☐ No Charge
☐ MIT/ECP Program $20 $25

WELCOME RECEPTION - Friday
☐ No Charge
☐ Registered for Scientific Program $40 $50
☐ Registered for Program $20 $25

BUSINESS MEETING LUNCH - Saturday
☐ TSP/ Academy Member $20 $25
☐ MIT/TSP/Academy $20 $25
☐ Guest $20 $25

TOTAL REGISTRATION FEE $_____

If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-0605.

EXHIBITORS

(Confirmed as of September 10, 2008)

Join your colleagues at the Friday evening welcome reception with exhibitors! Enjoy complimentary hors d’oeuvres and become eligible to win special prize drawings while visiting with the following organizations with products and services to enhance your professional practice.

AstraZeneca
Pharmaceutical

Bristol-Myers Squibb
Pharmaceutical

CNS Vital Signs
Computerized Neurocognitive Tests

Cunningham Group
Insurance

Eli Lilly and Company
Pharmaceutical

Enterhealth
Adulst, Dual Diagnosis, Treatment & Life Care

Laurel Ridge
Treatment Center
Psychiatric Hospital Services

McNeil Pediatrics
Pharmaceutical

Medical Doctor Associates
Recruitment

Nix Health Care
Specialty Behavioral Health

Pamlab, LLC
Pharmaceutical

Pfizer, Inc.
Pharmaceutical

Polycom
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Sage Software
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Sanofi-Aventis
Pharmaceutical

Texas Foundation for Psychiatric Education and Research
Non-Profit Corporation for charitable, educational and research purposes pertaining to psychiatry, psychiatric illnesses and treatments

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

CREDENTIALS – Registrants who fail to present the appropriate identification at the Convention may be denied access to the Convention facilities.

ADDITIONAL INFORMATION – For information about exhibitors, advertising and sponsorship opportunities, please contact: TSPP at (512) 478-0605.

S P O N S O R S

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2008 ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 20-23, 2008 • Westin La Cantera Resort • San Antonio, Texas
Emsign emergency preparedness. Disaster plans. Both concepts have been increasingly on the radar of healthcare providers in recent years and both were once again tested in the current hurricane season with Ike making its way into southeast Texas from the Gulf. Evacuations were considered and in some cases ordered. Patients from the areas under threat were moved out ahead of the storm and many of the difficult lessons from the Katrina and Rita experiences seem to have yielded benefits. Storm recovery, including coping with the largest power outage in the history of Texas, continues actively in many areas throughout the state. This recovery includes efforts to rebuild and restore services and facilities in areas taking a direct hit and as efforts to provide support and care for those displaced and otherwise impacted.

Following the finalization of the slate of candidates during the TSSP Annual Business Meeting, on November 22, 2008, elections will be governed by the TSSP Bylaws, Chapter Nine, article II. Section II. At the annual business meeting, the nominees for office recommended by the Nominating Committee, the nominees for office submitted by the Chapters, and the nominees submitted by written petition signed by at least 20 voting members, shall be presented to the entire voting membership present. Additional nominations may be made from the floor by any voting member. Section III. The election of officers shall be conducted by meeting whenever more than one slate of officers is nominated. The ballot shall list in alphabetical order, as candidates for office all members nominated in accordance with the Constitution and Bylaws. The ballot shall not in any way indicate the particular process by which the candidate was nominated. If no nominations are made by the Chapters, by petition, or from the floor, the slate submitted by the Nominating Committee will be considered to be the slate automatically selected by the members at the annual business meeting. Section IV. In contested elections, the ballots shall be mailed to all voting members within seven (7) days after the Annual Business Meeting. The ballots must be returned within thirty (30) days following the Annual Business Meeting. As stipulated in Section V-VIII, the ballots will be tallied and reported at a regularly scheduled meeting of the Executive Council and the certified election results announced by mail to the entire membership following the Executive Council meeting.

**TSSP Elections 2008**

**Nominations for TSSP elective offices will be finalized at the Annual Business Meeting on November 22, 2008 in San Antonio at the Westin La Cantera Resort during the TSSP Annual Convention and Scientific Program. The Nominating Committee, composed of Bill Reil, MD, Leslie Secrest, MD, and Gary Etter, MD submit the following slate of candidates for consideration:**

- **President-Elect, 2009-2010**
  - Richard L. Noel, MD (MD, Houston)
  - Leslie Secrest, MD, and Gary Etter, MD

- **APA Representative, 2009-2012**
  - Re-apPOINTment of Priscilla Ray, MD (Houston)

- **Councilor-at-Large, 2009-2012**
  - Re-apPOINTment of Franklin D. Redmond, MD (San Antonio)
  - Re-apPOINTment of Leslie Secrest, MD (Dallas)

- **Representative to APA Division of Government Relations, 2009-2012**
  - Re-apPOINTment of Debra Kowalski, MD (Fort Worth)

- **Secretary-Treasurer, 2009-2010**
  - Debra Kowalski, MD, Fort Worth (2006-2009)

- **APA Representative, 2009-2012**
  - Re-apPOINTment of Leslie Secrest, MD (Dallas)

- **Representative to APA Division of Public Affairs, 2009-2012**
  - Re-apPOINTment of Debra Kowalski, MD, Fort Worth (2006-2009)

- **Elect of TSPP, Secretary-Treasurer of TSPP, President-Elect of TSPP, Secretary-Treasurer of TSCP**
  - Debora Kowalski, MD, Fort Worth (2006-2009)

- **Representative to the APA Division of Government Relations**
  - Leslie H. Secrest, MD, Dallas (2007-2010)

- **Representative to the APA Division of Public Affairs**
  - Debra Kowalski, MD, Fort Worth (2006-2009)

- **Past Presidents of TSPP. Current Elected Board. At least 3 Elected Directors must be持有 in organized medicine or among mental health advocacy organizations (ie President-Elect of TSSP, Secretary-Treasurer of TSSP, Immediate Past President of TSSP, President of the NAMI Texas, Chairman of the Mental Health America in Texas, and President of the Depression and Bipolar Support Alliance - Texas). There are currently 6 Designated Directors: Graciela Cigarroa, JD (MHAT), Rhonda Fisher (NAMI), Marilyn Nolan (DBSA), Richard Noel, MD (TSSP), Bill Reil, MD (TSSP) and George Santos, MD (TSSP), Honorary Directors are elected by the Board and are individually supported by the Executive Council and the certified election results announced by mail to the entire membership following the Executive Council meeting.**

- **Appointment of Gary Etter, MD (Dallas) to succeed Hal Haralson (Austin), who will be appointed as an Honorary Member.**

- **Elections for these positions will be conducted at the Foundation Annual Membership Meeting at the Westin La Cantera Resort on November 22, 2008 during the TSSP/Foundations Annual Business Meeting, Foundation members who include all TSSP members in good standing, may submit names of candidates for the position of Foundation Director by submitting a petition signed by at least 20 members. Nominations may also be entertained from the floor during the Annual Membership Meeting. If there is a contested election, the election will be conducted by mail ballot in accordance with the Bylaws of the Foundation. Otherwise, the election will be conducted at the Annual Membership Meeting.**

- **The Foundation’s Board of Directors are charged with supervising, managing and controlling all of the policies, activities and affairs of the Foundation. There may be as many as 25 individuals holding a position of Director. There are three classes of Directors. Designated Directors are persons serving on the Board by virtue of positions they may hold in organized medicine or among mental health advocacy organizations (ie President-Elect of TSSP, Secretary-Treasurer of TSSP, Immediate Past President of TSSP, President of the NAMI Texas, Chairman of the Mental Health America in Texas, and President of the Depression and Bipolar Support Alliance - Texas). There are currently 6 Designated Directors: Graciela Cigarroa, JD (MHAT), Rhonda Fisher (NAMI), Marilyn Nolan (DBSA), Richard Noel, MD (TSSP), Bill Reil, MD (TSSP) and George Santos, MD (TSSP), Honorary Directors are elected by the Board and are individually supported by the Executive Council and the certified election results announced by mail to the entire membership following the Executive Council meeting.**
After almost two decades of advocating for full insurance parity for psychiatric illnesses, with minor victories along the way accompanied by numerous disappointments, mental health advocates realized a major victory on October 3rd when Congress passed and President George W. Bush signed into law the massive financial rescue bill containing provisions for full insurance parity.

When the House failed to pass the original financial rescue bill on September 29, the Senate took the initiative by resurrecting an earlier mental health parity bill passed by the House in March as the container for the financial package because all spending bills must originate in the House. The Senate stripped the language of the parity bill passed earlier by the House and replaced it with its own insurance parity language, and added the financial rescue plan and tax break extenders. The bill (HR 1424) passed the Senate by a vote of 74-25 and passed the House by a vote of 263 to 142. President Bush signed the bill into law on October 3rd.

Although this achievement resulted from a legislative response to a national financial crisis, mental health advocates can rightly claim that the new law is a major step toward ending insurance discrimination and reducing the stigma of psychiatric illnesses. This legislation will provide parity for 82 million Americans covered by self-insured plans and another 31 million in plans that are subject to state regulation.

Although not a mandate to provide coverage for psychiatric illnesses, the parity legislation bans employers and insurers who offer psychiatric benefits from imposing stricter limits on coverage for mental health and substance-use conditions than those set for other medical conditions. If a plan offers out-of-network coverage for medical or surgical care, it must also offer out-of-network coverage for mental health and addiction treatment and provide an equal level of services. The law applies to plans enrolling more than 50 employees.

Background of Texas Legislation

Texas is one of 38 states with a pre-existing mental health parity law. During the 1991 Legislative Session, the Texas Society of Psychiatric Physicians (TSSP) secured a sponsor for the first insurance parity bill, a bill initiated by TAMIX (later to become NAMI Texas) and provided specificity to the bill’s language during crucial negotiations to ensure its passage. The bill, SB 644 by Senator Mike Moncrief, was eventually attached to HB 2, a major insurance reform measure of Governor Ann Richards, and was passed during the final days of the Session. Prior to passage, the parity language was modified to apply only to state and local government health policies.

In 1997 TSSP and NAMI teamed-up again, built a larger coalition, and led a successful effort to pass insurance parity for all health plans regulated by the State of Texas. HB 1173 authorized by Representative Garnet Coleman required state health plans to provide coverage for the treatment of serious mental illness, with limits of 45 days of inpatient treatment and 60 visits for outpatient treatment per year. Plans could not include a lifetime limit on the number of days of inpatient treatment or the number of outpatient visits. Health plans were required to include the same amount of limits, deductibles, and co-insurance for serious mental illness as for other medical illnesses. Serious mental illness was defined as schizophrenia; paranoid and other psychotic disorders; bipolar disorders (hypo- manic, manic, depressive and mixed); major depressive disorders (single episode or recurrent); schizoaffective disorders (bipolar or depressive); obsessive-compulsive disorders; pervasive developmental disorders; and depression in childhood and adolescence. The bill was signed into law by Governor George W. Bush on June 20, 1997 and became effective on September 1, 1997.

During the 2007 Legislative Session, HB 1919 by Representative Todd Smith amended the parity law by removing “Pervasive developmental disorders” from the definition of “serious mental illness” and adding a section requiring coverage autism spectrum disorder for children between the ages of 2 and 6. Autism spectrum disorder was defined as autism, Asperger’s syndrome and Pervasive Development Disorder not otherwise specified.

Perseverance

The successes in achieving mental health parity have not come easy. Members of TSSP and members of other organizational members of the Federation of Texas Psychiatry have worked hard over the past two decades to educate legislators and the public about the discriminatory practices within the insurance industry. Members have responded to legislative alerts, written letters and emails supporting legislation, attended legislative and advocacy training programs, volunteered time to develop and nurture coalitions, offered opinions about pending legislation, testified before House and Senate Committees and visited with legislators at the state and Federal level. All of this hard work by individual psychiatrists, orchestrated and channeled through organized psychiatry, has resulted in a major breakthrough for psychiatric patients and their families. THANK YOU FOR YOUR PERSEVERANCE!

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.

The Texas Foundation for Psychiatric Education and Research is launching its seventh 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 Foundation’s Annual Campaign Goals

• A major focus of the Foundation is to educate the public and policymakers about mental illnesses with 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 17 years of operation has awarded 102 grants amounting to $174,446 to support programs addressing its goals by various Texas organizations. Historically, about 90% of funds contributed to the Foundation have been available to directly support programs in Texas, as the Foundation’s administrative costs consist of only about 10% of expenditures.

The Foundation’s Annual Campaign 2008 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? Send your charitable donation today to: Texas Foundation for Psychiatric Education and Research, 401 West 15th Street, Suite 675, Austin, Texas 78701.

“Few things are impossible to diligence and skill. Great works are performed not by strength, but perseverance.” Samuel Adams

An Opportunity to Participate

Annual Campaign 2008

The Texas Foundation for Psychiatric Education and Research is launching its seventh Annual Campaign 2008. This campaign offers a unique opportunity for psychiatrists and mental health advocates to work together to address the Foundation’s goals: fighting stigma and discrimination; ensuring that patients have access to quality psychiatric care; and improving treatment through innovative research.

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