**Join Your Texas Colleagues at the First-Ever TSPP/TAP Virtual CME Activity**

**May 16, 2:15-7:55 pm (Central Time)**

Melissa Gail Inga Eshelman, MD, DFAPA, President, Texas Society of Psychiatric Physicians

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**Texas Psychiatry’s website at www.txpsych.org**

Click on the links next to the TSPP Program to be taken to the virtual program and registration form.

You are all on the front lines in the fight to control the spread of the virus and treat infected patients so we want to ensure that our organizations contribute to those protective measures to allow you to continue to do so. We hope in spite of the COVID-19 pandemic that you will plan to participate to allow all of us in Texas Psychiatry to stay connected. The registration fee has been discounted to allow for as many psychiatrists in Texas to participate. If you already mailed your registration payment for the live meeting and have questions about how to register for the Virtual CME meeting please email the TSPP office at tsppofc@aol.com

Your participation is even more crucial now, more than ever before, as we respond to your immediate needs and address the CME gaps that were identified when arranging this CME program for the membership. We are sincerely appreciative to you for your membership, and for your support of TSPP. Please join to this virtual CME program from the safety of your own designated environment. Thank you!

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**TSPP/TAP Virtual CME Speakers**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Adriane dela Cruz, MD</td>
<td>Medication Assisted Therapy for Opioid Use Disorders</td>
</tr>
<tr>
<td>John M. Oldham, MD, MS</td>
<td>Diagnosis and Treatment of Borderline Personality Disorder</td>
</tr>
<tr>
<td>Stephen R. Saklad, Pharm.D., BCPP</td>
<td>Management of the Side Effects of Psychotropic Medications</td>
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**2:15-2:25 pm**

<table>
<thead>
<tr>
<th>Log onto ZOOM To be admitted to the CME Program… starts promptly at 2:30 pm</th>
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**2:30 pm**

<table>
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<tr>
<th>Welcome and Introductions</th>
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**2:35 pm - 3:35 pm**

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<tr>
<th>“Nutritional Psychiatry – What Psychiatrists Need to Know and What They Should Tell Their Patients” – Marias S. Toups, MD</th>
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**3:35 pm - 4:35 pm**

<table>
<thead>
<tr>
<th>“Diagnosis and Treatment of Borderline Personality Disorder” – John M. Oldham, MD, MS</th>
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**6:35 pm - 6:45 pm**

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<tr>
<th>Management of the Side Effects of Psychotropic Medications – Stephen R. Saklad, Pharm.D., BCPP</th>
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**6:45 pm - 7:45 pm**

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<thead>
<tr>
<th>“Management and Treatment of Somatoform Disorders” – R. Lowell McRoberts, III, MD</th>
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**7:55 pm - 8:05 pm**

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<th>Closing Remarks</th>
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**Texas Psychiatry’s website at www.txpsych.org**

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**California CME**

**CME Learning Objectives**

- Identify and apply co-management of psychiatric and medical symptoms by psychiatry and primary care practitioners.
- Recognize and effectively combine pharmacotherapy, psychotherapy, medical monitoring to improve behavioral outcomes.
- List the most common problematic side effects of psychotropic medications in your practice.
- Explain evidence-based ways to manage problematic side effects of psychotropic medications.
- Develop a strategy to screen for side effects in your routine practice.

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**Virtual CME**

**Hot Topics in Clinical Practice: Updates in Psychiatric Care**

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**Scientific Program Schedule**

(5 Hours Category 1 Credit)

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**INSIDE**

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**Calendar**

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**Changes**

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**Committee Preferences 2020-21**

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**Dear TSACP Members**

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**Navigating the COVID Political Landscape**

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**TSACP Scientific Program**

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**TSPP New Officers**

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**Virtual Live CME Webinar Registration Form**

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APRIL/MAY 2020
As I write my final column, I am struck with all the changes that have occurred since March. There is a current Executive Order by Governor Abbott that mandates Texans may leave their homes only where necessary to provide or obtain essential services and to minimize social gatherings and minimize in-person contact. Some major cities and counties in Texas have shelter-in-place mandates. The COVID-19 pandemic has changed all our lives.

I am grateful for our psychiatrists in Texas and how they have adapted to continue to provide care to individuals with mental health issues. This includes the emergency departments psychiatrists who continue to provide care to individuals presenting in crisis. Our psychiatrists who must go to hospital or residential care centers to provide care for those hospitalized and admitted to residential care settings must now take extra precautions. I imagine many, but perhaps not all, psychiatrists who work in partial hospital and intensive outpatient program levels of care have had to change the delivery of services to remote options. And to all those who provide outpatient services, the majority have had to make a change from in-person appointments to telepsychiatry.

In addition to changes in how we provide care to patients, many of our psychiatrists have had to manage how this pandemic has affected their personal lives. This includes providing extra support to elderly family members or dealing with being unable to visit an elderly family member directly because they are in nursing homes (and needing to try remote options, when available). And the unexpected changes many had to make with our children. School aged children missing going to school and extracurricular activities and spending time with friends. Parents now having to assist with school at home, while managing your own work responsibilities. College kids who had to return home and take on line classes are missing their peers and the independence they experienced when living away from home. Many have or will miss celebrating special family events, like weddings and graduations. My heart aches for those who have lost a family member or friend to COVID-19. I have only mentioned some of the changes.

The Texas Society of Psychiatric Physicians implemented a mechanism to identify and resolve personal conflicts of interest from everyone who was in a position to control the content of the education activity. TSPP will disclose to learners the existence (or non-existence) of all relevant financial relationships/interest with parties that may have commercial interest in the subject matter. This applies to all content, including audio, video and printed material. TSPP requires that all such disclosures be made by the authors or speakers at their own expense.

The Texas Society of Psychiatric Physicians is accredited by TMA to provide continuing medical education for physicians. The Texas Society of Psychiatric Physicians has designated this Live Activity for a maximum of five (5) AAMA PRA Category 1 Credit(s) ™. Physicians should claim only the credit commensurate with duration of their participation in the activity.

MELISSA GAIL INGELSTEDT, M.D., DFAPA, President, Texas Society of Psychiatric Physicians

Changes...
Addressing the global Coronavirus pandemic is the most pressing issue before the nation’s governmental bodies, and the State of Texas is no exception. Despite the stay-at-home orders, the business of Texas government continues. Here is a snapshot of issues facing Texas as we manage the international health crisis:

As of April 30, the number of COVID-19 confirmed cases globally have exceeded three million. In the United States, the total number of cases now exceeds one million, with more than sixty thousand deaths. In Texas, we have faced more than 27,000 confirmed cases and more than 730 deaths. Grim numbers, all. However, the University of Texas recently released new modeling that forecasts when states across the U.S. are likely to see the peak in first-wave COVID-19 deaths. The report suggests that there is a 64% probability Texas has already seen its peak in COVID-19 deaths and a 99% probability that the U.S. has already seen its peak as well.

On April 27th, Gov. Greg Abbott announced a phased-in approach to reopen the Texas economy. In Phase One, beginning May 1, restaurants, retail stores, malls, movie theaters, museums and libraries in counties with five or fewer COVID-19 cases can reopen at 50% capacity. For those in counties with more than five cases, those same businesses can reopen at 25% capacity. Additionally, all licensed health care workers can return to work with any additional precautions to be licensed health care workers can return to work. The Governor also announced a new testing and contact tracing program to help 50% during Phase Two. The booklet outlines a checklist for businesses and consumers to follow during the phased-in re-opening.

Meanwhile, Lt. Gov. Dan Patrick announced that the Senate will convene six new workgroups to discuss COVID-19 related challenges the state will face in the 2021 legislative session. The committees will discuss these challenges and options facing the state, but not necessarily develop legislation. The workgroup on Health, Hospitals, and COVID-19 issues will be led by Sen. Lois Kolkhorst and includes Sens. Dawn Buckingham M.D., Donna Campbell M.D., Charles Schwertner, M.D. Other workgroups and chairs include: Economic Impact & Budgeting led by Sen. Jane Nelson; Senate Pandemic Preparedness led by Sen. Bryan Hughes; Public Schools & Higher Ed led by Sen. Larry Taylor; Jobs & Re-Opening the Economy led by Sen. Kelly Hancock; and, Food Supply Chain, Food Banks & Agriculture led by Sen. Charles Perry.

Comptroller Glen Hegar has been giving periodic financial updates during the crisis, which portend a fiscal challenging 2021 legislative session. There have been published rumors about the state imposing current-biennium budget reductions of five to twenty percent, depending on the source. The Governor and legislative leadership have debunked these reports from time to time, but most watchers expect significant spending reductions. State agencies have not received any direction from state leadership as to spending cuts, but the Comptroller said that agencies should be looking at their budgets now, and not waiting until later to react.

Comptroller Hegar also suggested there is not a need for special session in the near term, as the state can use the Economic Stabilization Fund (ESF) for cash flow purposes which the state has done in the past. The ESF was projected to have a balance at the end of the current fiscal year of $9.3 billion, but it is projected to decline to $8.5 billion. Nonetheless, Hegar feels confident that the state can meet its obligations and provide the necessary cash flow despite revenues falling and demand increasing. There are a number of tools in the state’s fiscal toolbox, including agency reductions in expenditures, infusion of federal dollars, moving dollars around within the budget and more.

The increased Federal Medical Assistance Percentages (FMAP) for Medicaid is estimated to provide Texas with approximately $1 billion in additional federal funds, which will help offset expenses and allow the Legislature and the state to free up other dollars for spending.

However, the Comptroller noted that the significant decline in oil and gas severance tax revenue is of major concern, as are declines and delays in collections of sales taxes, hotel occupancy taxes, and other revenues. The state is in an unprecedented time, and there is no other event that compares economically, where Texas went from adding 50,000 jobs in one month, to seeing a rise in unemployment claim filings of over 275,000 in less than a week.

To survive the crisis, health care providers are increasingly turning to telemedicine, but a number of regulatory impediments initially prevented a smooth transition. To address this problem, Gov. Abbott directed the Texas Department of Insurance (TDI) to issue emergency rules relating to telemedicine provided through state-regulated insurance plans. Contracted or preferred physicians will be eligible for payment from TDI-regulated insurance plans for medical visits they conduct over the phone instead of in-person at the same rate they would receive for in-person visits. Additionally, effective immediately, the U.S. Health and Human Services (HHS) Office for Civil Rights has announced it will not penalize physicians for noncompliance with HIPAA when they serve patients in good faith through communications technologies such as FaceTime or Skype. The Centers for Medicare & Medicaid Services (CMS) has also temporarily broadened telehealth access to Medicare patients, permitting office visits furnished via telehealth in all areas of the country (not just rural areas) and in any setting including in a patient’s home.

The aging state hospital facilities are creating a challenge for social distancing among patients, physicians, and staff. In an effort to create space to isolate patients, state hospitals are no longer operating at full capacity. HHS is working with local mental health authorities to prioritize emergency civil admissions where there is no adequate community inpatient resource available with the next priority being afforded to patients from the medical-security units in Vernon and Rusk, to transferring to other state hospitals when the patients are determined to be not manifestly dangerous. The state will continue to admit local provider transfers and forensic patients as space and staffing allow.

See Navigating page 3

CONGRATULATIONS
TSP名单 New Officers for 2020-21

Following the conclusion of the May 16 TSP/TAP Virtual Spring Meeting, the Texas Society of Psychiatric Physicians new officers for 2020-21 will assume office. Thank you Drs. Wolff, Arambula, Wagner and Selham for your numerous contributions over the years of behalf of Psychiatry and for agreeing to provide exemplary leadership and service on behalf of your colleagues in 2020-21. And, a very special thanks and appreciation to outgoing President, Dr. Melissa Gail Inge Elshelman, for her outstanding leadership and guidance throughout her Presidential year and especially during the current, unprecedented journey we are all on, navigating COVID-19 and the devastating obstacles it has created that have directly affected all of our lives. Resources and links to address COVID-19 have been compiled from all of the most relevant sources to assist you in your practices and personal lives, and is available online at www.txspsych.org Together we will remain strong and we thank each and every member that have given unselfishly of their time and energy to ensure the health and safety of others. We are extremely proud of our membership and TSPP remains committed to representing your interests and needs, today, tomorrow and well into the future.

Yes, I want to make a donation!

Or by check, payable to Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 8755, Austin, TX 78703. Do NOT make check payable to REM Scholarship Program or it will be returned. You may write REM Scholarship in the Notes Section of your check.

Professional dues and/or Scholarship Fund donations may not be claimed as charitable contributions but may be deductible as ordinary and necessary business expense, less the estimated percentage of the dues sold for lodging. Estimated lodging expenses for 2019-20 are 10%.
To review the effectiveness of the organiza-
adolescents.
and public sectors, and to inform
the care and treatment of children and
cern about their academic settings.
forum for psychiatrists em ployed by aca-
in com m ittees also provides an opportunity
form , the com m ittees you have an interest
provide training for collegial sharing of m utual
and, to provide a forum for m em bers-in-
activities also helps to shape the future of
Psychiatry. W ith this in m ind, TSPP invites
membership helps collectively accomplish
legislative voice for Psychiatry.
provide quality C M E program s and a strong
im prove the delivery of care to patients
practice guidelines and develop new
psychiatry and legislative matters and medical education.
To make your selection and submit your
committee preferences, complete Name/
Address/Email and place an “X” in the
appropriate committee column(s) and email
to tspof@aol.com, fax to 512-478-5223 or
mail it to TSPP PO Box 404 West 15th St, Ste 675,
Austin, Texas 78701. Your selections must be
received by TSPP by July 31. Your prefer-
ences will be considered by TSPP President
Tim othy Wolff, MD when he begins making
appointments. Appointments are generally
for 3 years. Confirmation of committee
appointments will be mailed in August.
Information about each of the committee’s changes is listed below the committee
preference form
Committees will meet virtually in
November 2020 and most likely, May 2021,
until all of the COVID-19 health and safety
issues have been resolved. If you have any
questions please do not hesitate to contact
our office via email tspof@aol.com or leave
a telephone message at 512-478-9605 for a
return call.
Debbie Giarratano
Executive Director

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Dear TSCP Members
Susan Wynne, MD, President, Texas Society of Child and Adolescent Psychiatry

I hope you are doing well during this challenging time, with the threat of increasing cases of Coronavirus (COVID-19) in the United States, travel and shelter-in-place restrictions. I would like to update you on plans for the upcoming TSCP Annual Meeting that is scheduled for July 17-19, 2020 in Galveston, TX at Moody Gardens Hotel.

The health and safety of our members and guests attending our meeting is of the utmost importance to our organization. We are exploring options to have the CME program presented electronically, to ensure that our members keep current and continue to meet CME requirements. We will continue to keep you informed with plans for the upcoming meeting, as well as other relevant issues that affect the practice of Child and Adolescent Psychiatry.

For resources and current links to COVID-19 information check out the Federation of Texas Psychiatry’s website www.txspsychiatry.com

And in the interim, please do not hesitate to e-mail me with your questions/concerns at tscapofo@aol.com.

Nearing the COVID Political Landscape

continued from page 3

Meanwhile, we are working with LMHAs, hospitals, and state agencies to potentially increase the number of state-contracted community beds.

The S.B. 362 Task Force that is working on increasing access to the courts for mental health-related emergency detentions has diligently continued its efforts during the COVID-19 crisis. The Task Force is presently analyzing the Law Enforcement Advanced WC Reporting System ("LEARDS"), an existing technology that assists with obtaining warrants for blood draws in DWI cases, which could serve as a model system to develop a similar system to obtain warrants for emergency detention.

LEARDS uses a series of questions in test boxes, drop menus, and check boxes to compile all information needed to complete a DWI case report which is then electronically sent to the judge. In jurisdictions where LEARDS has been implemented, the average time to get a DWI warrant with this technology is a matter of minutes.

Other issues that Task Force is reviewing include clarification regarding a judge’s refusal to sign or hear an Order of Protective Custody based on the fact that a bed is not available, and allowing mandatory blood draws for patients being admitted to state hospitals for psychoactive medication administration purposes. The Task Force’s report to the Judicial Council of the Texas Supreme Court is due June 1st, and will likely lead to new judicial rules for Texas courts as well as the potential for legislation in 2021.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently awarded $450 million in grants, including $250 million in emergency COVID-19 funding, to expand mental health and substance use disorder treatment services through certified community behavioral health clinics. The State of Texas applied for a grant, but as of this writing, it has not received an award approval.

One of the more intriguing policy matters that the Legislature will grapple with in 2021 is whether to revert to policies and laws that were in place prior to the COVID-19 crisis, or to enact new laws consistent with the waivers adopted during the pandemic. For instance, Gov. Abbott recently waived the requirement that advanced practice registered nurses must complete certain testing requirements before entering the workforce and practicing under direct physician supervision. Perhaps this change was critically needed to ensure adequate APRN personnel, but will the erosion of testing lead to an undereducated workforce?

To date, there have been no expansions of the scope of practice for APNs or psychologists, but many other areas of law (such as telemedicine) have been liberalized during the crisis. Will today’s “new normal” be the regulatory paradigm once the crisis dissipates? If so, presumably the legislature will have to enact new laws to reflect the changes implemented through waivers. What political pressure will come to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo or to bear, either to preserve the status quo

Author: Joanne Stillwell, APC

“Mood Dysregulation and Evolving Modalities in the Delivery of Psychiatric Care”

Tuesday, July 14 (3 Hours Category / CME Credit Hours)
10:55 - 11:15 am Mental Health Urgent Care Panel
Sonja Papatya, MD (Resident) and Dana Bradley, MD (Faculty Discussant)
Objective: The learning objectives for this activity has been designed to address clinician competence. Upon completion of the activity participants should be able to:
- Discuss the delivery of care in the urgent care model; its advantages and disadvantages, and identify specific issues that psychiatrists may face.

11:50 - 12:10 pm Refreshment Break

12:10 - 1:10 pm How to Treat Children with DMDD - Medications and Psychotherapy Resident Case Presentation and Faculty Discussant
Sonia Papatia, MD (Resident) and Dana Bradley, MD (Faculty Discussant)
Objective: The learning objectives for this activity has been designed to address clinician competence. Upon completion of the activity participants should be able to:
- Describe mental health urgent care model in private practice setting.
- Discuss the delivery of care in the urgent care model; its advantages and disadvantages, and identify specific issues that psychiatrists may face.

1:10 - 3:30 pm THEORIES OF DEVELOPMENT/ PSYCHOPHARMACOLOGY PANEL: Texas Child Mental Health Care Consortium and Preliminary Data/ Engagement
Sarah Wakefield, MD, Melissa DeFilippis, MD, Nhung Thi-Vien Tran, MD
Objective: The learning objectives for this activity has been designed to address clinician competence. Upon completion of the activity participants should be able to:
- Identify known pharmacologic treatments of aggresssion associated with DMDD.
- Diagnose Comorbid Disorders w ith DMDD.
- Discuss treatments and specific clinical challenges of patients with Obsessive Compulsive Disorder and Bipolar Disorder.

3:30 - 3:45 pm Closing Remarks

Saturday, July 18 (6 Hours Category / CME Credit Hours)
8:30 - 8:30 am Welcome & Opening Remarks
8:30 - 11:30 am Disruptive Mood Regulation Disorder KEYNOTE SPEAKER: James J. McGough, MD
Objective: The learning objectives for this activity has been designed to address clinician competence. Upon completion of the activity participants should be able to:
- Identify aggression in DMDD.
- Increase knowledge of current research on DMDD.
- Identify pharmacological treatment of target symptoms of DMDD.
- Identify differences and similarities between Bipolar Disorder, ADHD, and DMDD.

10:30 - 10:50 am Refreshment Break

10:50 - 11:50 am Mental Health Urgent Care Panel
Phillip Bullfin, MD, MBA and Melissa Deuter, MD
Objective: The learning objectives for this activity has been designed to address clinician competence. Upon completion of the activity participants should be able to:
- Describe mental health urgent care model in private practice setting.
- Discuss the delivery of care in the urgent care model; its advantages and disadvantages, and identify specific issues that psychiatrists may face.

11:50 - 12:10 pm Refreshment Break

12:10 - 1:10 pm How to Treat Children with DMDD - Medications and Psychotherapy Resident Case Presentation and Faculty Discussant
Sonja Papatya, MD (Resident) and Dana Bradley, MD (Faculty Discussant)
Objective: The learning objectives for this activity has been designed to address clinician competence. Upon completion of the activity participants should be able to:
- Describe mental health urgent care model in private practice setting.
- Discuss the delivery of care in the urgent care model; its advantages and disadvantages, and identify specific issues that psychiatrists may face.

1:10 - 3:30 pm PANEL: Texas Child Mental Health Care Consortium and Preliminary Data/ Engagement
Sarah Wakefield, MD, Melissa DeFilippis, MD, Nhung Thi-Vien Tran, MD
Objective: The learning objectives for this activity has been designed to address clinician competence. Upon completion of the activity participants should be able to:
- Discuss the development of the Texas Child Mental Health Care Consortium (TCMHC). 
- Discuss CPAH and how Psychiatrists can access it.
- Describe the goals and components of TCMHC.

2:30 - 3:30 pm University / Student Health Psychiatric Services
Melissa Eutleman, MD
Objective: The learning objectives for this activity has been designed to address clinician competence. Upon completion of the activity participants should be able to:
- Discuss pharmacological treatment of different target symptoms.
- Identify differences in dosing and medication choice for patients with ODD.
- Describem etal health urgent care model in private practice setting.
- Discuss treatment and specific clinical challenges of patients with Obsessive Compulsive Disorder with co- morbidity Attention Deficit Hyperactivity Disorder, Major Depressive Disorder and Bipolar Disorder.

3:30 - 3:45 pm Closing Remarks
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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.

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Federation Executive Committee

MANAGING EDITOR
Debbie Giarratano

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TaPsPsychiatry@aol.com (E-mail)
http://www.txpsych.org (website)

CALENDAR OF MEETINGS

MAY
16  VIRTUAL CONFERENCE
Texas Society of Psychiatric Physicians
and Texas Academy of Psychiatry
Spring Meeting and CME Program
“Hot Topics in Clinical Practice: Updates in Psychiatric Care”
Registration: Use the Registration Form in this newsletter or
Online at www.txpsych.org

JULY
17-19  VIRTUAL CONFERENCE
Texas Society of Child and Adolescent Psychiatry
Annual Meeting and Scientific Program
“Mood Dysregulation and Evolving Modalities
in the Delivery of Psychiatric Care”
Register online at www.txpsych.org
Virtual Registration Form coming soon

NOVEMBER

VIRTUAL CONFERENCE
Texas Society of Psychiatric Physicians
Annual Convention and Scientific Program
Dates TBD

COVID-19 RESOURCES
Visit the Federation of Texas Psychiatry website
www.txpsych.org for a compilation of all of the latest
practice resources and links to assist you in responding to
COVID-19, both professionally and personally.

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.

JOB BANK

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