

# Texas Psychiatrist

## Katrina — Another View from Houston

Sarah Robinson Flick, MD

Many stories about responding to Hurricane Katrina have already been told and heard and written and read. Previous accounts have been composed by early responders about experiences with evacuees in settings such as the Reliant Astroarena in Houston. Yet, other stories are still waiting in the wings to be told, and this account is another story from Houston.

Most stories have a beginning, middle, and an end. My Katrina story has a beginning, middle, and a “not-really-the-end.” It has a “not-really-the-end” because it hasn’t yet ended, and I am not sure when it will end. In the meantime, reflecting on the beginning and middle has reminded me of some important lessons.

### The Beginning

My Katrina story begins in New Orleans on Saturday, August 27, 2005. I had spent two days vacationing in the French Quarter with my husband and was scheduled to fly home to Houston early that afternoon. This visit to New Orleans had been a rare opportunity to leave our busy everyday lives and we had enjoyed wandering in the city we had always loved. We had spent Friday evening singing along with the crowd at Pat O’Brien’s and I was looking forward to a lazy and indulgent Saturday morning brunch. Instead, my husband woke me early and told me that we needed to leave and go to the airport early and try to catch an earlier flight home. He was concerned about the approaching storm named Katrina. Though regretting the loss of my anticipated brunch, I agreed and we quickly caught a taxi to the New Orleans airport. To our surprise, the place was almost empty and we easily found a seat on an earlier flight. Only a short time later, the gate where we waited would become a hospice for those dying in the wake of Katrina, and my life as a Katrina responder would feel as though it no longer belonged to me.

Back in Houston, on September 1, one of our agency medical directors, Dr. Avrim Fishkind, opened an emergency psychiatric service within the medical clinic set up by Harris County and Baylor College of Medicine in the Astrodome complex. That evening, another of the agency’s medical

directors, Dr. Sylvia Muzquiz, and I went to the Astroarena to help so that Dr. Fishkind could take a break. We worked throughout the evening and into the night, seeing patients. I looked up once and saw Dr. Muzquiz, a fellow child psychiatrist, wearing gloves and bandaging an elderly woman’s arm. I found myself asking the makeshift pharmacy for a topical preparation for an evacuee’s skin condition. It was only the beginning of a demand for flexibility that would challenge us over and over again throughout the week to come. When Dr. Muzquiz and I walked out of the Astroarena at 2 am on Friday, September 2, I saw buses circling the Astrodome area and lined up as far as I could see on both directions on the adjacent interstate highway. It was becoming clear that the evacuee demand and need for critical services would far exceed anyone’s expectations.

On Saturday, September 3, Dr. Muzquiz called me at home. She told me that the city of Houston was opening an additional large evacuee shelter at the George R. Brown Convention Center downtown. The medical services were to be provided by staff from the University of Texas Health Science Center and she had been asked to develop the mental health services component. She had been asked to do so immediately. I offered to help and she agreed to call me once the process had begun. Within a few hours, she called me again and asked me to come downtown to help. When I arrived, I found Dr. Muzquiz in the midst of a few tables and folding chairs that were set inside makeshift cubicles separated by plastic curtains. Several other staff from our agency were present as well. In addition, a psychiatrist in private practice was seeing patients and had agreed to stay through the night. Efforts were already underway to schedule teams of psychiatrists, nurses, psychotherapists, administrators, and clerical support personnel over around-the-clock shifts for the next week.

This was the beginning of my first shift at the George R. Brown. Dr. Muzquiz went home after hours of setting up the clinic and I stayed with the other staff. There were two other psychiatrists working that night. I knew one, Dr. Nora Davis, from UTMB. She had been a medical student when I was a psychiatry resident and a psychiatry resident herself when I was a junior faculty member. I hadn’t seen her for over ten years and she was well established in private practice. It was gratifying and fun to work beside her again. The other psychiatrist, Dr. James Duffy, had recently moved to Houston and become the director of the Institute for Religion and Health. I had hoped to meet him soon, but I hadn’t expected to see him in this setting. It was gratifying to work beside him also. There were many other characters that would emerge in the George R. Brown story as the next week wore on. Dr. Andy Harper, the medical director of Harris County Psychiatric Center, partnered with Dr. Muzquiz and me in providing psychiatric oversight to the George R. Brown mental health services. Dr. Saliha Bava of the Houston-Galveston Institute also provided administrative leadership. The overall effort involved numerous clinicians from different disciplines as well as many other volunteers.

### The Middle

As the George R. Brown mental health service efforts got underway, the interpersonal

connections became more and more important. Teachers worked with students and colleagues worked side-by-side, creating a spiraling community. The mental health clinic structure evolved over the next several days. The first night, not even a PDR was available; however, within two days, one plastic-tented cubicle had become a physician “office” replete with reference materials. Issues arose quickly related to which psychiatrists would prescribe controlled substances through the on-site pharmacy and within another couple of days, a procedure was in place to identify psychiatrists’ DEA and DPS numbers. The need for methadone clinic services quickly became acute, and Dr. Muzquiz rapidly arranged for these services for the evacuees who were in need. Developing the mental health services was much like working a giant jigsaw puzzle. As new challenges arose, people worked together to fit pieces into place. I was able to offer the services of one of the psychiatrists from our agency, Dr. Linda Schmalstieg, for an entire week. More help arrived from across the country as psychiatrists Dr. Elizabeth Garcia Gray, from Kentucky, and Dr. Lise Van Susteren, from Maryland, flew to Houston to join our effort. Their presence seemed almost miraculous. I was amazed that doctors would actually travel across the country to help with this huge project in our own back yard. Colleagues from other disciplines were helpful as well. During one long shift, no psychiatric nurse showed up. Dr. Carlos Moreno from the U.T. Family Medicine department graciously offered to have one of the primary care nurses assist us and the evening was saved!

Despite the rewarding experience of working with wonderful colleagues, the job was very difficult indeed. The evacuees presented to our services with grief imbedded in gratitude. Although they had all sustained horrible losses, many of them told us that

they were thankful to be alive and thankful for our help. Many had lost family members, either to death or to just being lost in the evacuation. It was heart-wrenching and humbling to hear stories of small children drowning in the storm surge floods, of elderly relatives dying in the Superdome, of bones broken from jumping off the roof into rescue boats. Some evacuees were staying in the shelter with their large extended families and many were completely alone.

There were special challenges that arose spontaneously throughout the week. One night after midnight, I was preparing to go home when I heard an overhead page for a “Stat psychiatric emergency” at the front door. I ran through the George R. Brown building expecting to see an individual who might be suicidal or perhaps acutely psychotic. When I got to the front door, I saw only a security guard. I asked about the psychiatric emergency and he pointed at six incoming buses. He told me that the buses held seventy individuals with mental retardation and multiple medical needs. They were arriving following evacuation from a series of group homes in Louisiana. Only a few staff were with them, and there was concern that the patients would run out of their medications within a few days. For me, it was a moment of being at the right place in the right time. Luckily, I was able to tell the group home staff that I was the medical director for the local public sector mental retardation services. By working with the George R. Brown shelter leadership from the city of Houston, Dr. Dave Persse and others, we were able to quickly arrange a secure and safe area for the individuals to sleep. Their medical needs were attended to expeditiously and volunteers with experience in developmental disabilities were identified and recruited within an hour. Within a cou-

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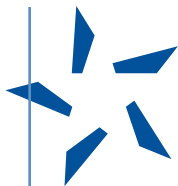
### Dr. Les Secrest Installed as TSPP President

Leslie H. Secrest, MD (Dallas) was installed as TSPP President during the Executive Council meeting on April 23. Dr. Secrest (right) receives the President’s gavel from outgoing TSPP President, Gary L. Etter, MD (Fort Worth). Other Officers installed included President-Elect William H. Reid, MD (Horseshoe Bay), Vice President J. Clay Sawyer, MD (Waco), and Secretary-Treasurer George Santos, MD (Houston).

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# It Takes a Psychiatrist... 2006

Gary L. Etter, MD, President, Texas Society of Psychiatric Physicians

## Residency Presentations

At our last Annual Meeting of TSPP the Membership Committee and the Executive Council asked that we meet with all of the residencies in the state to emphasize the advantages and need to be involved in organized psychiatry. I have had the pleasure of meeting with the residents at Texas Tech, JPS, Scott and White, UT Houston and Baylor. I would like to especially thank Drs. Parviz Malek - Ahmadi, and Terry McMahon of Texas Tech, Gail Eisenhower of Scott and White, Scott Winter of JPS, Ed Reilly of UT Houston, and Linda Andrews of Baylor for their hospitality and help in arranging these meetings. The residents were very receptive to the information and I would hope that these meetings will instill a desire for the residents to join AND be involved. I look forward to meeting with the remaining residencies in the near future.

## Mental Health Crisis Redesign

In December 2005 the Texas Department of State Health Services established a Crisis Services Redesign Workgroup to develop recommendations to provide a clearly defined evidence based model for effective crisis resolution services as well as a designated funding approach for the provision of these services. The workgroup is chaired by Dr. Steven Shon, Medical Director for Behavioral Health of DSHS, and Joe Vesowate, Assistant Commissioner for Mental Health and Substance Abuse Services. In the charge to the committee, it was emphasized that crisis services in Texas comprise a patchwork of programs that vary widely from one geographical area of the state to the next. The charge: "for purposes of identifying, establishing, and maintaining quality crisis services statewide, the charge of the Crisis Services Redesign Committee is to develop recommendations for a comprehensive array of specific services that will best meet the needs of Texans who are having a mental health and/or substance abuse crisis."

In an effort to obtain as much information as possible on the current provision of crisis services in the state, DSHS performed community surveys of emergency departments, law enforcement, sheriff departments, and chiefs of police. In addition,

public hearings were held throughout February in Austin, San Antonio, Big Spring, and Harlingen with members of the workgroup in attendance. Testimony was provided by local judges, physicians, mental health providers, hospital administrators, MHMR staff, and most importantly, by patients and their families. All of the hearings were extremely well attended with local media coverage, and illustrated that what is strong in some areas is lacking in others, and needs varied between rural and urban areas. However, what was consistent was that there was a genuine concern and passion to improve crisis services across the state.

Currently four sub-committees have been established and are beginning their work: Crisis Design, Collaboration, Rural, and Finance. I am proud to say that several TSPP members are involved in the workgroup including Drs. Fishkind and Musquiz, Co-chairs of Crisis Design, Dr. Joe Burkett, Chair of Rural, in addition to Drs. Steve Shon, Mark Janes, and myself. The crisis redesign effort will also be on the agenda and will be reviewed by the Public Mental Health Committee of TSPP, chaired by Drs. Burkett and Jim Van Norman. I would encourage any members who have input for the TSPP Public Mental Health Services Committee related to this effort, to contact the TSPP office. The work of the DSHS Committee is to continue through the summer, with recommendations for crisis redesign and financing to be made to the legislature by the fall.

## Foster Care

The foster care conference, "Delivering Quality Health Care to Texas Foster Children: The New Roles of Physicians and the State After Legislative Reform," was held on March 25th in Austin. The purpose of the conference was to educate those actively involved in the provision of health care to foster children of the changes in health services to foster children as a result of Senate Bill 6 sponsored by Senator Jane Nelson (R – Lewisville), and Representative Suzanna Gratia Hupp (R – Lampasas). This conference was jointly sponsored by the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. It was extremely well attended by a wide spectrum of professionals including lawyers, physicians, nurses, and social workers. Members of Texas Psychiatry were very instrumental in

providing in-put for the bill and I would like to especially recognize Steve Bresnen, Texas Federation lobbyist, for his work on the bill.

## Transition and the Future

This represents my last column as TSPP President. The year has been an interesting one, sometimes very difficult, but in many ways very rewarding. I recall the very difficult negotiations with the APA, traveling to Chicago for "assisted negotiations," sleeping overnight in the Atlanta airport, several long conference calls between TSPP and APA negotiators, phone calls and ultimately a meeting with Dr. Sharfstein, APA President, and finally a decision to "agree to disagree" and to move on. I would like to thank again Drs. David Axelrad, Priscilla Ray, and Clay Sawyer, our Assembly Representatives and TSPP negotiators with the APA. They put in countless hours trying to resolve this conflict and their work and advice were deeply appreciated. In addition, I would like to thank the other members of the Executive Committee, Drs. Santos, Secrest, and Holcomb for their efforts and advice. Finally, I am deeply indebted to our staff, John Bush and Debbie Sundberg. They are completely dedicated to organized psychiatry and to our patients, and I quite honestly have never seen two people more committed to their work. I thank both of you for your help this year. I have always maintained that the real strength of a professional organization comes from the staff, and we are very fortunate to have the finest.



Gary L. Etter, MD

I would like to close by saying that in the past year I have become even more convinced that the changes that we made in organized psychiatry in Texas was necessary. The establishment of the Federation of Texas Psychiatry with the member organizations of TSPP, the Academy of Psychiatry, the Texas Society of Child and Adolescent Psychiatry, the TMA, the Texas Osteopathic Medical Association, and the Texas Foundation for Psychiatric Education and Research has only served to strengthen our organizations and our voice in the state. We should never make any future decisions which would compromise and weaken our state organizations. Our primary goal should be to maintain the restructuring of organized psychiatry that was accomplished. I believe the future of our profession and the ongoing provision of the best care for our patients depends on it. I thank you again for allowing me to serve. I encourage all members to look for opportunities to serve in the next year. Dr. Les Secrest is completing his term as President of the Dallas County Medical Association. With his expertise and interest in government affairs, I know that he will provide excellent leadership as we enter a legislative year. Thank you. ■

## Pedro Delgado to Receive Simon Bolivar Award

TSPP member Pedro Delgado, MD, Chairman of the Department of Psychiatry at the University of Texas Health Science Center San Antonio, is the 2006 recipient of the APA Simon Bolivar Award. Dr. Delgado will receive the award and give a lecture during the APA Annual Meeting in Toronto on Monday, May 22, 11 AM, Room 105 North of the Toronto Convention Center.

The title of his lecture is "Gene-Environment Interactions and Risk of Major Depression: Implications for Community-Based Prevention Strategies."

The Simon Bolivar Award honors a prominent Hispanic statesman or spokesperson and is designed to sensitize APA membership to the problems and goals of Hispanics.

## In Memoriam....

Juergen F. Kleen, MD – Houston

## MEMBERSHIP CHANGES

### TSPP NEW MEMBERS

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

#### General Member

Barnes, Carlin, MD  
Wolf, Kari, MD

#### Member in Training

Al Haddad, Suhaila, MD  
Anderson, Annette, MD  
Anderson, David, MD  
Arze, Annelise, MD  
Balic, Ivana, MD  
Basnett, Seema, MD  
Casanova, Edward, MD  
Davis, Matthew, MD  
Debba, Bachir, MD

Farooqui, Rehan, MD  
Jain, Shaily, MD  
Joshi, Kumud, MD  
Kapadia, Minhas, MD  
Khan, Mohammad A., MD  
Kim, Andrea S., MD  
Osborne, Ashley M., MD  
Pershern, Lindsey, MD  
Pirok, Edward, III, MD  
Rogers, Paul, MD  
Taylor, Louis, MD  
Zaidi, Mustafa, MD

### ACADEMY NEW MEMBERS

Desai, Tushar, MD



Madhukar Trivedi, MD was the featured speaker during TSPP's CME Program conducted in conjunction with TSPP's Spring Meeting in April. Dr. Trivedi's presentation was entitled "Measurement Based Care for Depression: the STAR★D Experience."

## Senior PsychCare

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# TSPP Executive Council Actions...

The TSPP Executive Council met in Austin on April 23, 2006 and took the following actions:

- ★ The Executive Council authorized the Academic Psychiatry Committee to study the feasibility of establishing a program to assist residents with the mock oral exams.
- ★ Upon the recommendation of the Academic Psychiatry Committee, the Council approved the production of a power point presentation outlining the accomplishments of TSPP and the value of membership. The presentation will be made available to residency program directors and trainees.
- ★ The Executive Council approved a recommendation of the Budget Committee to begin assessing voluntary dues to dues exempt life members and to inactive members. The voluntary assessment of life members will be \$100 and the voluntary assessment of inactive members will be \$50.
- ★ Upon the recommendation of the Budget Committee, the Council approved changing the date for assessing late fees for unpaid current dues from July 1 to April 1 beginning with the 2007 dues billing cycle.
- ★ The Council approved changes in membership status and dues adjustments for twelve members as recommended by the Budget Committee.
- ★ The Executive Council approved the Budget Committee's recommendation for an operating budget for fiscal year 2006-2007.
- ★ Upon the recommendation of the Constitution and Bylaws Committee, the Executive Council endorsed revisions to the Bylaws which will be published and considered for adoption at the TSPP Annual Meeting in November, 2006.
- ★ In Executive Session, the Executive Council took action on one ethics case and were briefed on other pending cases.
- ★ The Council approved the applications for nomination to Distinguished Fellow to APA for two members, as recommended by the Fellowship Committee.
- ★ Upon recommendation of the MIT Section, the Executive Council approved their request for a budget neutral social program for MIT members and their families at the November meeting.
- ★ The Executive Council approved a recommendation of the Socioeconomics Committee that a list and description of relevant procedure codes for psychiatric practice be published.
- ★ The Council approved a recommendation of the Strategic Planning and Coordinating Committee to instruct TSPP's APA Assembly Representatives to have the APA Area V Council request that APA study its dues rates with the possibility of lowering its dues to retain members.
- ★ The Executive Council approved a recommendation of the Strategic Planning and Coordinating Committee to instruct TSPP's APA Assembly Representatives to oppose a proposed amendment to the APA Bylaws that would allow the APA Board to set additional requirements for a District Branch that are not requirements for all District

Branches.

- ★ Upon the recommendation of the Strategic Planning and Coordinating Committee, the Council approved as an objective to be applied where applicable the use of the "psychiatric disorder" or "psychiatric illness" in lieu of "mental health" or "mental illness" to stress the specific medical basis of psychiatric care and treatment.
- ★ The Executive Council approved a recommendation of the Strategic Planning and Coordinating Committee to request that the CME Committee explore ways of sharing and coordinating with medical schools and other organizations that offer CME information about CME offerings.
- ★ The Executive Council approved the following CME Mission Statement as recommended by the CME Committee:

Purpose of Program — To facilitate psychiatric physicians' access to quality continuing medical education through TSPP's accredited CME program.

Target Audience — Activities implemented through the CME program will seek to serve all Texas psychiatric physicians in addressing the CME needs and priorities of practicing psychiatric physicians. Although TSPP's CME programs will primarily serve psychiatric physicians, some activities may be extended to include other medical specialties and mental health advocates when justified by appropriate needs assessment and topic.

Content — TSPP seeks to improve Texas psychiatric physicians' expertise in practicing the art and science of Psychiatry through educational activities in the following areas:

- Prevention, detection and treatment of disease and health concerns.
- Quality improvement, liability risk reduction, and enhancement of the practice environment.
- Physician leadership topics including legislative and regulatory issues and communications skills.

Types of Activities and Services — The CME program will utilize formats for learning that will include interactivity of the teacher and learner to the degree possible.

Activities and services offered are as follows:

- Annual meeting with multiple educational sessions.
- Statewide educational sessions.
- Joint sponsorship of CME activities that are appropriate and consistent with the mission of the Texas Society of Psychiatric Physicians and contribute to the expected results of the CME program.

Expected Results of the CME Program — It is expected that Texas psychiatric physicians will be able to access quality CME to meet their CME requirements for practice updates, license renewal and various certifications. It is also expected that TSPP's CME program, through valid physician education, will result in improvements in the health of all Texans.

## Katrina — Another View from Houston

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ple of days, the entire group had been relocated to a facility in East Texas. The chairperson of our agency's Board of Trustees, Ms. Lynne Cleveland, spent many hours caring for and advocating for individuals with developmental disabilities within the evacuee population, and staff from our mental retardation division were involved for days on end with attending to the needs of this group of individuals.

Another type of special challenge involved elderly individuals with cognitive disabilities or dementia. There were many of these evacuees who had been separated from family or caregivers and were unable to provide even rudimentary medical histories. Some of these folks found their temporary homes in our mental health services where they would be able to rest on cots in a makeshift tent. In many ways, writing prescriptions was only the beginning of serving these individuals. The real clinical work lay in being present to the realities of abandonment and of hopelessness in the face of Katrina.

There were administrative challenges as well. Volunteers for our mental health services came from all disciplines and from all parts of the community, from many different agencies and from many different styles of practice. Scheduling the mental health teams for rotations became an enormous challenge itself as volunteers depleted their energy resources and had to return to their own jobs and families. College students manned makeshift phones and computers trying to contact and schedule volunteers from lists that were widely discrepant at times. There were some shifts when we prayed for surprises of new volunteers to help out, as the initial volunteers were less available. Multiple meetings were held


throughout the George R. Brown complex daily. Drs. Harper and Muzquiz and I tried to attend as many as we could. One day I found myself in one meeting, thinking I was in a different one, not realizing I needed to be in yet a third one. Communicating meeting times and places were a difficult task across a wide array of attendees and ongoing pressing clinical demands.

Finally, personal challenges abounded. Work at the George R. Brown mental health services began early in the morning and

lasted into the night. Streams of patients would appear at odd hours and without any discernible pattern. As the evacuees continued to confront their losses, new symptoms of distress emerged. It was exhausting work, physically and emotionally. Still, it was hard to leave the shelter at the end of each shift. Almost always, I had the sense that someone might need me and that I could be of service if I stayed just a little longer. Those of us who were volunteering went home to families who had missed us over the holiday week-

end and to children who had homework to help with. It was hard to catch up. Our "regular jobs" fell behind as well. Our own patients were heard to say that the evacuees were getting better services than residents of Harris County had ever received. It was hard to acknowledge and reconcile these competing demands and discouraging to recognize, yet again, that we have only very limited resources to begin with. Texas ranks near the

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# Part 1 - The Real Truth about the PDR

## Prescribing Medications: the True Brass Tacks

R. Sanford Kiser, President, Texas Academy of Psychiatry

Have you ever gotten angry because you're not allowed to prescribe medications for your patient? Have you ever been told by pharmacy benefits managers that your prescription does not meet their criteria for your patient's care? Have you ever wondered where those criteria come from?

The simple answer is that they usually come from the *Physician's Desk Reference (PDR)*.

But why the *PDR*? The usual response is that the *PDR* is the authoritative source for information about medications.

Unfortunately that answer is wrong, wrong, wrong. Although the *PDR* is a valuable clinical tool, using it as an excuse to deny treatment is inexcusable.

The *PDR* itself is a commercially published compilation of drug insert information derived from the labeling data required for Food and Drug Administration (FDA) approval. To obtain FDA approval, the manufacturer is required to provide data demonstrating only two things:

- (1) The drug is safe.
- (2) The drug is effective for treatment of any one condition.

Because of these limited requirements, the *PDR* contains limited drug information. Although very well known, the *PDR* is thus not a comprehensive or authoritative source.

How did this pseudoscientific myth get started in the first place? To answer that question, we need to examine the history of the FDA, the agency responsible for the above criteria. The FDA is the result of a process that has historically evolved in several key stages.

### The Early Days

At the beginning of the twentieth century, pharmaceutical science was in its infancy. Most drugs were compounded by a local pharmacist. This was a time of mounting needs for drug definitions and the establishment of uniform standards for composition, purity, and potency.

Fortunately, initial efforts in this regard had begun in 1820 with the creation of the *U.S. Pharmacopeia (USP)*. The *USP* began as a private, nonprofit project, primarily involving volunteer physicians and pharmacists, which established a formulary describing drug chemistry, solvents, and other materials required by a pharmacist. Later the *USP* also included the collaboration of professional organizations and educational institutions. As the science of chemistry advanced, the *USP* also established tests for determining purity. The *U.S. Pharmacopeia* has been regularly updated to include new information, in a fashion similar to the *Physician's Desk Reference*.

In another signal event, the American Pharmaceutical Association in 1888 established the National Formulary, which served to establish standards for drugs and pharmacy materials absent from the *USP*. Many prospective drugs initially described in the *National Formulary* eventually established proven benefit and were transferred to the *USP*.

### Pure Food and Drug Act of 1906

The Pure Food and Drug Act of 1906 for-

mally recognized the privately produced *U.S. Pharmacopeia* and *National Formulary* as the official national standards for drug definitions, potency, and purity. Physicians and pharmacists had long considered the *USP* to be the "official" authority on drug prescribing before the law so designated them. The Act facilitated the work of the U.S. Bureau of Chemistry to develop assays and tests to identify and purify drugs in order to establish uniform production standards. Under this Act the federal government could not wield coercive pre-marketing power. Instead the Bureau of Chemistry and the drug industry worked together cooperatively to improve drug manufacturing.

### Food, Drugs, and Cosmetics Act (FD&C Act) of 1938

This voluntary arrangement changed during the administration of Franklin D. Roosevelt. At that time the federal government began pressing for more direct regulatory powers over the drug industry. Although the Constitution does not provide the federal government explicit power to regulate drugs, the FD&C Act of 1938 was passed under the provision of the federal government's power to regulate interstate commerce. The Act established an FDA with powers to deny marketing of a drug if it failed to meet expanded federal standards for manufacturing, quality control, and labeling.

The provision of the Act regarding labeling was intended to provide more information to consumers, but an indirect consequence was the creation of a new class of drugs that required the prescription of a physician. This consequence resulted from the FDA decision that certain drugs could *not* be labeled safely enough for the average consumer, but instead required the oversight of a physician.

### Kefauver-Harris Amendments of 1962

Until 1962, all previous activities and statutes had been directed primarily toward establishing safe drug manufacturing. By 1962, however, the thalidomide tragedy had gained worldwide attention. Beginning in 1957, thalidomide had been approved in several countries overseas for relief of morning sickness in women during the first trimester of pregnancy. It eventually became clear that thalidomide had the serious side effects of stillbirths and the birth defect of phocomelia. With phocomelia, newborns had deformed limbs resembling flippers.

The horrific tragedy of the "thalidomide babies" was a driving force to establish stronger government involvement in drug testing. The result was the passage of the Kefauver-Harris amendments of 1962, which authorized the FDA to require pharmaceutical manufacturers to conduct studies determining that a proposed drug met two criteria: (1) safety and (2) efficacy. In addition the FDA had the power to pre-approve all aspects of drug trials in humans, drug labeling, and drug advertising. Furthermore the FDA regulatory power over drug manufacturing was extended into more areas.

### FDA Modernization Act of 1997

The 1997 Modernization Act was designed primarily to reduce FDA bureaucracy in order to facilitate availability of new drugs by creating rules for fast-track approval. The Act also delineated restrictive FDA policies preventing drug manufacturers from promulgating information about off-label drug uses.

### Washington Legal Foundation v. Friedman D.D.C. (July 20, 1998)

With the 1997 Modernization Act, the FDA had maintained that manufacturers were prohibited from disseminating information about off-label uses to physicians. In the Washington Legal *Foundation v. Friedman* ruling, the courts decreed that several of the FDA restrictions violated the commercial rights of manufacturers under the free-speech amendment.

### A Summary

This brief overview is intended to provide a historical perspective for better understanding of the *PDR* as a derivative of the FDA approval process and to draw attention to both the benefits and limitations of the *PDR* as a source of drug information. It is impor-

*The PDR contains limited drug information. Although very well known, the PDR is thus not a comprehensive or authoritative source.*

tant to note that the *PDR* foreword specifically emphasizes the limited scope of the *PDR* as follows:

*"The FDA has also recognized that the FD&C Act does not, however, limit the manner in which a physician may use an approved drug. Once a product has been approved for marketing, a physician may choose to prescribe it for uses or in treatment regimens or patient populations that are not included in approved labeling. The FDA also observes that accepted medical practice includes drug use that is not reflected in approved drug labeling."*

Another goal of this overview is to highlight the importance of the *U.S. Pharmacopeia*. Ironically, the *U.S. Pharmacopeia* was established as a national standard for drug information by the Pure Food and Drug Act of 1906, whereas the *PDR* is a commercial, for-profit publication. The *U.S. Pharmacopeia* is an in-depth compendium of drug uses, covering both on-label and off-label uses, whereas the *PDR* contains information limited to the initial FDA approval data regarding safety and efficacy for treatment of one condition. The *U.S. Pharmacopeia* updates promptly include new data about off-label drug uses and drug side effects, whereas the *PDR* updates are encumbered by the slowness of the FDA bureaucracy. The U.S. Pharmacopeia is an independent, science-based, self-sustaining, nonprofit, public health organization, whose standards are recognized and used in many countries



R. Sanford Kiser, MD

outside the United States, whereas the *PDR* is a derivative of FDA rulings that can be distorted by nonscientific political processes.

Nevertheless, after comparing and contrasting the *PDR* and the *U.S. Pharmacopeia*, I must confess that I consider neither to be a "gold standard" for drug prescribing. Instead physicians utilize multiple sources for decisions about prescribing. A virtual cornucopia of information comes from medical research, peer-reviewed books and journals, newsletters, lectures, conferences, advertising, the internet, and conversations with colleagues. Various professional organizations review this information and establish guidelines for "best practice" prescribing. As a result there are multiple valuable and informative sources for drug prescribing information. Examples include *AMA Drug Evaluations*, the *Complete Drug Reference*, *American Hospital Formulary Service Drug Information*, etc., etc.

### Recommendations

As we all know, physicians have an ongoing responsibility for educating themselves and the public about the proper way to prescribe and utilize medications.

The *U.S. Pharmacopeia* continues to be an invaluable resource in this regard. The USP web site (<http://www.usp.org/>) is a fountain of information. The *USP* has compiled DI (Drug Information) Reference Guides in a three volume series. Volume I contains drug information for the health care professional. Volume II provides patient-friendly educational material. Volume III describes details of FDA approved drugs and relevant statutes. Information for obtaining the *USP DI Drug Reference Guides* in printed or CD-ROM formats can be obtained at <http://www.micromedex.com/products/uspdi/>.

The *U.S. Pharmacopeia* has created a brief, excellent list of principles for proper medication prescribing, entitled "A USP Council of Experts Statement of Scientific Policy." It can be accessed through the internet at <http://www.usp.org/patientSafety/resources/drugGuidePrinciples.html>. It is a succinct, powerful tool, useful for many purposes, including advocating for patients with third-party agents.

At bedrock a physician is a physician, the trained professional who bears primary responsibility for patient care. With that responsibility, the physician cannot delegate the authority for prescription decisions to untrained third-party agents who can misuse or abuse valuable resources such as the *PDR*, whether through ignorance or cunning. If the physician abandons that responsibility, who then is left to advocate for the patient? ■



# TSCAP Educational Programs

Patrick Holden, MD, President, Texas Society of Child and Adolescent Psychiatry

The TSCAP summer conference is shaping up to be another great conference in the sun. Dr. Marty Drell, whom many of you will remember as a former member of TSCAP and currently displaced from New Orleans but still practicing in Louisiana, will speak about dealing with the traumatic effects of Hurricane Katrina on the children and families in that state. He will address diagnostic issues (PTSD versus other disorders) and the treatment of children exposed to such traumas. Many of you who have had contact with Katrina victims in your home town will be interested in his understanding of the impact of such an unprecedented traumatic event. Dr. Graham Emslie has graciously agreed to speak on Relapse Prevention in Pediatric Depression, sharing information about the role of medications and CBT on relapse prevention. Dr. Steve Pliszka, another favorite speaker, will speak on new agents in the treatment of ADHD. In addition to a resident case presentation about a youth with an eating disorder presented by Dr. Paul Croarkin, Dr. Tyler

Wooten from UT Southwestern will describe current treatment approaches for youth with eating disorders. Finally, Dr. Thomas McGovern from Texas Tech Medical School will discuss ethical issues involved in child treatment. Make your plans now to spend the last weekend in July in Corpus enjoying the beach, listening to some great presentations and catching up with your colleagues from around the state. TSCAP's spring conference, "Delivering Quality Health Care to Texas Foster Children: The New Roles of Physicians and the State After Legislative Reform," jointly sponsored with TSPP was a big success. It focused on the new roles of physicians and the other providers following the reforms enacted at the last Legislative session. Steve Bresnen, Federation lobbyist, moderated two panels. The morning panel was composed of Carey Cockerell, Commissioner of the Texas Department of Family and Protective Services; Michelle Kimbrough, a caseworker with the Texas Department of Family and Protective Services; Dr. Nina Jo

Muse, psychiatric advisor to the State Hospital Section of the Texas Department of State Health Services; and Kay Ghahremani, policy advisor for Medicaid and CHIP at the Texas Health and Human Services Commission. This panel discussed the profile of the foster care population; new procedures for informed consent; the role of the case worker in the provision of medical care for foster children; medication protocols and medication review; and the concepts of "medical home" and "medical passport." A luncheon program was presented by Nora Cox, Assistant Director for Budget, Planning and Policy, Office of the Governor, who discussed the Governor's expectations regarding quality health care for foster children in Texas. The afternoon panel was composed of Richard LaVallo, a senior attorney with Advocacy, Inc.; the Honorable John R. Hathaway, Associate District Judge of Travis County; and Dr. George Santos, Executive Medical Director of West Oaks Hospital in



Patrick Holden, MD

Houston. Included among the topics for this panel were: the role of informed consent in the medical care for foster kids; physician advocacy within the judicial system; managing risks; making medical information accessible to the courts; what the courts need from physicians and other providers; judicial views of the responsibilities of persons responsible for providing medical consent; what physicians and other health care providers need from CPS and the courts when providing care to foster children; the effect of CPS capacity limitations on hospitalized foster children; and the physician's need for comprehensive information about foster kids to assess functional improvement. ■

## TSCAP SUMMER MEETING

### Treating the Consequences of Trauma and Other Disorders

July 28-30, 2006 • Omni Corpus Christi Hotel • 900 North Shoreline Blvd • Corpus Christi, Texas

#### LOCATION

Omni Corpus Christi Hotel • Bayfront Tower  
900 North Shoreline Blvd.  
Corpus Christi, TX 78401  
(800) 843-6664 - Reservations

Conveniently located downtown in the Marina District, the Omni Corpus Christi Hotel is just minutes from the USS Lexington, Texas State Aquarium, Museum of Science and History, miles of sandy shores and a variety of nighttime entertainment and much more!

**\$125 single or double occupancy/\$135 triple or quad occupancy**

Check-in: 3 pm      Check-out: Noon

**Hotel reservation deadline is Friday, July 14, 2006**

Reservations must be made directly with

the hotel at (800) 843-6664. Please refer to the group and meeting name when making your reservation. Reservations must be made on or before July 14th to guarantee room rates and availability.

Hotel provides complimentary shuttle to and from the Corpus Christi International Airport for hotel guests.

#### CONFERENCE REGISTRATION ADVANCE REGISTRATION DISCOUNT

**Discounted Registration Deadline is July 14, 2006.**

Advance registration for the conference is required to guarantee attendance for sessions and welcome reception. Discounted registration fees are available if registration is received by TSCAP prior to July 14th. Registration after July 14 and on-site will be accepted at the higher registration rate.

To download a registration form —  
**Visit [www.txpsych.org](http://www.txpsych.org)**



## CONTINUING MEDICAL EDUCATION

#### ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of nine (9) *AMA PRA Category 1 Credits™*. Participants should only claim credit commensurate with the extent of their participation in the activity.

The presentation "The Worth of a Child: An Ethical Reflection" 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 TARGET AUDIENCE / PROGRAM GOALS AND OBJECTIVES

The primary target audience of the program consists of Child and Adolescent Psychiatrists, Psychiatrists and other specialties of medicine. This continuing medical education activity will be presented in a classroom style format, with didactic lectures supplemented with audiovisual presentations, case presentations and question and answer discussions. At the conclusion of this program, attendees will be able to:

- Identify the impact on and most effective interventions for children and their families following a major trauma such as a natural disaster.
- Identify and discuss the consequences of trauma for children, families, the health care system.
- Identify and discuss interventions that work and those that don't.
- Describe the role of pharmacological agents in ADHD.
- Identify the use of new agents for the treatment of ADHD.
- Describe the current approach to eating disorders in children and youth through a case presentation and discussion.
- Describe the psychiatric and medical evaluation of a suspected eating disorder in children and youth, both females and males.
- Describe the current treatment approach for children and youth with an eating disorder.
- Describe the role of antidepressants in relapse prevention and learn psychotherapeutic techniques for preventing relapse.
- Understand the role of antidepressants in relapse prevention.
- Learn psychotherapeutic techniques for preventing relapse in pediatric depression.
- Discuss societal, institutional, individual dimensions of the care of children.
- Fulfill the ethics requirement by identifying and developing an ethical framework in caring for children with mental illness.





# TSPP'S ANNUAL CONVENTION & 50th ANNIVERSARY GALA

## 2006 — A Year to Celebrate

### In 1956...

- ... the cost of a first-class stamp was \$.03
- ... Elvis Presley had his first hit records, "Heartbreak Hotel" and "Hound Dog," and made his first movie, "Love Me Tender".
- ... the Wizard of Oz had its first airing on TV.
- ... Emmy Awards were presented to Ed Sullivan Show (Best Variety Series), Your Hit Parade (Best Music Series), Lassie (Best Children's Series), \$64,000 Question (Best Audience Participation Series), and Perry Como (Best MC/Program Host).
- ... there was no Super Bowl yet; but the New York Giants beat the Chicago Bears in the National League Championship of the National Football League.
- ... the New York Yankees beat the Brooklyn Dodgers in the World Series.
- ... the Summer Olympics were held in Melbourne and Texas' Bobby Morrow won three gold medals in track and field.
- ... Dwight Eisenhower was President of the United States, Allan Shivers was Governor of Texas and Lyndon Johnson and Price Daniel were Texas' Senators to the US Congress.
- ... twenty-nine Texas psychiatrists formed a new organization on April 22 and on May 1, the new organization, the Texas District Branch of the American Psychiatric Association, was recognized by the APA as the Texas District Branch.

**F**or 50 years, the Texas Society of Psychiatric Physicians has been serving Texas Psychiatry and the citizens of Texas. Throughout the years, members have identified four key values of TSPP membership:

- Advocacy for patients and psychiatry
- Professional Education
- Fellowship with colleagues
- Service to community and profession

On May 18, 2005, the Texas Senate passed a Resolution recognizing TSPP's 50 years of service to Texas and for "bringing together many diverse groups of physicians, patients and mental health advocacy organizations in the service of the mental health of Texans from all walks of life."

### 50th Anniversary Gala

A highlight of the festivities during the 2006 Annual Convention will be a special 50th Anniversary Gala Dinner. This black tie optional dinner will be held on Saturday, November 4, beginning at 7:00 pm. The dinner will be preceded by a reception beginning at 6:30 pm. Joel Roberts, a former talk show host in Los Angeles and nationally recognized communications specialist will serve as Master of Ceremonies and provide a lively and entertaining introduction to the many special events that have been planned during the evening. TSPP's members including Past Presidents and previous Award Recipients will all be recognized for their contributions to TSPP. Following the presentation of an anniversary cake and champagne, the evening will continue with musical entertainment and dancing. Please join us for a festive and memorable celebration of TSPP!

The newly formed organization in 1956, later known as the Texas Society of Psychiatric Physicians, conducted its first Annual Meeting on April 28, 1957 at the Adolphus Hotel in Dallas.

TSPP is returning to Dallas on November 3-5, 2006 to celebrate its 50th Anniversary at the Westin Galleria Hotel. All Texas psychiatrists, their families and friends are invited and encouraged to attend this historic event and celebrate 50 years of service and accomplishment. The TSPP Annual Convention and 50th Anniversary Gala promises to be fun, entertaining, inspiring, educational...fulfilling its four key values of membership mentioned above. Make plans now to attend and participate in this historic event.

### Welcome Reception

You will enjoy visiting with your colleagues and friends from all areas of Texas at the TSPP Welcome Reception, the first social event on Friday evening, November 3 beginning at 6:30 pm. There will also be an

opportunity to visit with Exhibitors to learn more about products and services and to thank Exhibitors for their support of TSPP. A silent auction is planned for the evening to benefit the Texas Foundation for Psychiatric Education and Research and gifts will be given to members through drawings that will occur throughout the evening.

Also, a poster session chronicling the history of TSPP and Texas Psychiatry will be available for viewing.

### History of Texas Psychiatry

Over the years, Dan Creson, MD of Houston has video taped interviews with the pioneers and leaders of Texas Psychiatry. Dr. Creson will present highlights from these video interviews which will reflect on the development and growth of psychiatry in Texas. You will not want to miss his historical presentation during the Membership Luncheon on Saturday, November 4 at 12:00 noon.

### Golf Anyone?

Our hosts from Dallas have offered to arrange a golf outing for members on Thursday, November 2. Unwind and enjoy 18 holes of golf followed by fellowship at the 19th hole.

### Special Programs for MIT Members

The Member-in-Training Section is planning a special program for members entitled, "Stress Management: Burnout Prevention," which will be conducted on Friday, November 3.

Following the Welcome Reception on Friday evening, the MIT Section is planning an "After Hours Social" for members and their families.

### Westin Galleria Hotel

Located within the impressive Galleria (13340 Dallas Parkway), the Westin Galleria Dallas offers instant access to more than 200 exclusive shops, restaurants and entertainment options. Settle into your luxuriously appointed accommodations. Dine, or relax with a drink and catch the big game at Options Restaurant and Bar. Step outside and you're in the Galleria, the best shopping experience in Texas. Stroll down to Saks Fifth Avenue or start your wish list at Tiffany & Company.

The award-winning Westin is renowned for its luxurious guest rooms and for helping you manage your travel needs. Enjoy the extensive meeting facilities and comprehensive services at the business center. Guests also appreciate the on-site car-rental agency.

At the Westin Galleria Dallas, every guest room features a coffee maker, 2 dual-line telephones with data ports and satellite television with movies on command.

To receive TSPP's discounted room rate of \$139, you must register with the Westin Galleria Hotel by October 12 by calling

### DAILY SCHEDULE

#### Thursday, November 2

2:00 pm Golf Outing Arranged by Dallas Members

#### Friday, November 3

7:00 am - 8:00 am Registration/Information  
8:00 am - 5:00 pm Committee Meetings  
12:00 pm - 1:15 pm Member Luncheon  
5:00 pm - 6:30 pm Executive Council Meeting  
6:30 pm - 8:00 pm Welcome Reception with Exhibitors  
8:00 pm - MIT After Hours Social

#### Saturday, November 4

7:30 am - 6:00 pm Registration/Information  
7:30 am - 8:15 am Complimentary Continental Breakfast for Program Registrants with Exhibitors  
7:30 am - 2:00 pm Exhibits  
8:30 am - 5:00 pm Scientific Program  
10:15 am - 10:30 am Refreshment Break with Exhibitors  
12:00 pm - 1:30 pm Membership Luncheon Featuring Video Presentation by Dr. Creson  
2:30 pm - 2:45 pm Refreshment Break with Exhibitors  
6:30 pm - 7:00 pm 50th Anniversary Gala Reception  
7:00 pm - 12:00 am 50th Anniversary Gala with Entertainment

#### Sunday, November 5

7:30 am - 1:00 pm Registration/Information  
7:30 am - 9:00 am Complimentary Continental Breakfast for Program Registrants  
8:00 am - 12:30 pm Scientific Program  
10:15 am - 10:30 am Refreshment Break  
12:30 pm - 2:00 pm Annual Business Meetings' Luncheon

972/450-2954 or 888/627-8536. Refer to the Group and Meeting Name: Texas Society of Psychiatric Physicians' 2006 Annual Convention.

### Another Outstanding CME Program

In keeping with tradition, TSPP has planned another outstanding CME Scientific Program for the Annual Convention. The program, "Update 2006: Advances in Clinical Management of Psychiatric Disorders," will be conducted Saturday, November 4 and Sunday morning, November 5 and will feature presentations from the following faculty:

**"Post Traumatic Stress Disorder: The Latest Developments"** — Jonathan R.T. Davidson, MD, Duke University, North Carolina

**"The Current Essentials in Diagnosing Bipolar Disorder Today"** — Patricia Suppes, MD, UT Southwestern Medical School, Dallas

**"Alcohol and Substance Abuse: Realistic Treatment Options and Pitfalls to Avoid"** — Edgar P. Nace, MD, Dallas

**"Obesity in Our Child and Adolescent Patients"** — Urszula B. Kelley, MD, Presbyterian Dallas Psychiatric Hospital, Dallas

**"Medical, Legal and Ethical Issues in Serious Brain Injuries and Severe Mental Illnesses"** — Robert L. Fine, MD, Baylor Health Care System, Dallas

**"Toward the Optimal Treatment of Depression"** — A. John Rush, MD, UT Southwestern Medical School, Dallas

In addition, the winner of the Resident Paper Competition will make a presentation.

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of ten (10) *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, "Medical, Legal and Ethical Issues in Serious Brain Injuries and Severe Mental Illnesses," has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

This CME program is proudly sponsored

by the Texas Society of Psychiatric Physicians on the occasion of the Society's 50th 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 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 child 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.

### Annual Business Meeting

The Annual Business Meetings of TSPP and the Texas Foundation for Psychiatric Education and Research will be conducted at the conclusion of the Scientific Program on Sunday. During the luncheon program, members will be entertained by a visual presentation of photos taken during the many events of the Annual Convention. Each registrant will receive a CD copy of the presentation as a memento of the 2006 TSPP Annual Convention and 50th Anniversary Gala.

**PLEASE MAKE PLANS TO ATTEND THE 2006 TSPP ANNUAL CONVENTION AND 50TH ANNIVERSARY GALA AND BE PART OF TSPP'S CELEBRATION OF 50 YEARS OF SERVICE.**



Mental Health Advocacy and Leadership Conference

Together, We Do Make a Difference: Advocating with Impact

August 12-13, 2006

The Texas Legislature will convene again in regular session in January, 2007. Like all past sessions, the upcoming session will include numerous bills that will affect the care and treatment of persons with psychiatric illnesses. To prepare for another effective legislative session, the Federation of Texas Psychiatry will host the Mental Illness Awareness Coalition for an advocacy conference on August 12, 2006 in San Antonio entitled, “Together, We Do Make a Difference: Advocating with Impact” to plan strategy and to sharpen advocacy and communications skills. The advocacy conference featuring master communications instructor Joel Roberts will be conducted on August 12, 2006 in San Antonio at the Westin La Cantera Resort from 9:30 am until 7:30 pm. The Federation will also host a meeting on Sunday morning, August 13 for psychiatrists and introduce its plans for the Political Action Coalition, a statewide program to engage psychiatrists in the election process emphasizing developing relationships with legislators.

The one-day conference will provide a

To download a registration form — Visit [www.txpsych.org](http://www.txpsych.org)

Westin La Cantera Resort Reservations  
Phone 800-228-3000 or 210-558-6500

Reservation Deadline July 12, 2006



forum for each Coalition partner to outline legislative priorities and with the guidance of Joel Roberts, develop effective communications messages to help advance their legislative agenda. Joel Roberts has been very well received in past appearances, as evidenced by the following evaluation by a TSPP member: “This was by far the most valuable educational experience on patient advocacy and influencing public policy that I have had in all my training. I sincerely wish every psychiatrist in the state/country could have this experience.”

The Texas Mental Illness Awareness Coalition was formed in 1995 by the Mental Health Association in Texas, NAMI Texas,

Texas Depressive and Manic-Depressive Association, Texas Mental Health Consumers, Texas Society of Psychiatric Physicians, and the Texas Medical Association. In 2005, the Texas Academy of Psychiatry and the Federation of Texas Psychiatry joined the Coalition. The Coalition was formed primarily to unite efforts to educate policy makers about mental illnesses and to address stigma and discriminatory practices against persons with psychiatric disorders. Since 1996, the Coalition has had a number of similar educational programs aimed at advancing the objections of the Coalition.

The activities of the Coalition have devel-

oped expertise within each member organization in the political process and media relations and communications; increased media coverage of and public awareness about mental illness in the State; developed mental health champions in the Texas Legislature; and passed important legislation to benefit persons with mental illnesses. The Coalition has also provided a network to share ideas and information and above all, fostered cooperation and friendships among psychiatrists, patients, family members and mental health advocates.

Please make plans to attend this informative and entertaining conference while enjoying the many amenities of the Westin La Cantera Resort with your family. ■

Katrina — Another View from Houston

continued from page 3

bottom of states in our country with respect to per capita funding for mental health and mental retardation services, and Katrina did nothing to improve this situation.

**The Not-Really-the-End**

By the completion of the first week of existence of the George R. Brown mental health services, most of us were exhausted. The volunteer psychiatrists from out of town flew back to their homes. While the effort would continue for another couple of weeks, those of us who were early organizers needed to back out and regroup within our “real world” jobs and lives. I became very aware of my own vulnerability and limits in volunteering, even as the need for service continued unabated.

Only a couple of weeks later, Houston was faced with the potential approach of Hurricane Rita. Our neighbors to the east in the Beaumont area experienced terrible devastation, and once again there was a need to assist evacuees. The combined impact of Katrina and Rita was daunting for our local area. Some of us were ordered to evacuate from our own homes for Rita’s approach while still assisting evacuees from Katrina, and so we became transformed from first responders into evacuees ourselves.

There is a “not-really-the-end” to this Katrina story because the story is not over. Two months after Katrina made landfall, it was still very difficult to get a hotel room in Houston. Hotels remained filled with Katrina and Rita evacuees waiting for FEMA assistance. Some of the evacuees began to exhibit symptoms of rising frustration and anger related to their ongoing losses, and the schools and other community institutions in Houston were impacted by the resultant behavior. Various accounts of efforts to help evacuees began appearing in different media, and much of the local news was deferred to evacuee news. My own agency began its new fiscal year September 1 and spent almost the entire first month dealing with hurricane sequelae on top of state contract demands.

All in all, it seemed that the past year had indeed been a dark time. The tsunami, tornadoes in the Midwest, flooding in the Northeast, and last but not least, the ongoing war in Iraq all added to the stress our community experienced from Katrina and Rita. The hurricane season is now finally almost over, but tropical depressions have contin-

ued to arise into November. Several days after Thanksgiving, local Houston news reporters broadcast from the New Orleans Superdome as they acknowledged the three-month anniversary of Katrina’s landfall. Evacuees are now living all over the United States, many having traveled a long way from their days of living in the George R. Brown shelter, and the city of New Orleans has now approximately 60, 000 residents compared to its pre-Katrina population of almost 500,000.

**Lessons Learned**

The first, and still most affecting, lesson I learned from Katrina is that extraordinary circumstances can evoke extraordinary responses. It was almost astonishing to see how many volunteers, psychiatrists and others, appeared on a holiday weekend to assist in our efforts. I learned that heroes still exist, and that many of us in medicine are still able to hear and to respond to our original vocational call. Given the societal and business changes that have impacted the practice of medicine over the past years, evaluating and treating the Katrina evacuees at the George

R. Brown shelter was a rare opportunity to experience again the “pure culture” of being a doctor and helping a patient.

Another lesson learned, or rather re-learned, in the aftermath of Katrina, is that even in as solitary a profession as psychiatry, interpersonal connections and a sense of active community are what can allow miracles to happen. We psychiatrists are nurtured, and our patients in turn are nurtured, by the spiraling connectivity of old and new colleagues, both within and outside of our present experience.

Finally, another lesson is that we all have to live within a “not-really-the-end” existence. We have learned this year that newer and more difficult challenges will continue to arise, through acts of nature as well as through acts of humanity. At this time in our history, we are not yet well-enough equipped to care for each other in the darkness. We still have a long way to go, with respect to Katrina and with respect to building the community that we and our neighbors so desperately need. As psychiatrists, we are taught that maturity is the capacity to

tolerate ambiguity. But, we must never forget our original call as healers and we must not forget that we are never alone. Armed with what we have learned from the first two lessons above, we can now begin to enter the mystery of this third lesson.

**Gratitude**

I would like to express my thankfulness and admiration to my colleague, Dr. Sylvia Muzquiz, for her untiring work in the service of our patients and our mission. I would also like to acknowledge the responsiveness and thoughtfulness of the city of Houston leadership team, who were present around-the-clock to the ever-emerging evacuee needs. I also want to acknowledge the leadership and cooperation of the University of Texas Health Science Center at Houston medical staff who welcomed us into the George R. Brown project and supported our efforts.

Finally, I would like to honor the Katrina evacuees, who, in the face of overwhelming despair, embodied courage, grace, and the authentic human condition. They helped us all learn again what matters most. ■

THE INSTITUTE OF CONTEMPORARY PSYCHOANALYSIS

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Weekend Psychoanalytic Training Program

Courses are held at 12121 Wilshire Blvd. #505, Los Angeles, CA 90025  
Application deadline is June 25, 2006

Saturday and Sunday

6 hours each day  
1 weekend a month  
10 months per year

Courses offered are equivalent to ICP’s regular weekly psychoanalytic program.

This program is designed for those who live outside the Los Angeles area or work full-time.

For further information please call (310) 207-8441  
Visit our web site: [www.icpla.edu](http://www.icpla.edu)

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7



# Many Voices, But One Message

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

As I prepare to take office, the next in the long line of 140 presidents of the Texas Medical Association, I see tremendous challenges on the horizon. Some are closer than others. The Texas Legislature is about to engage in a special session that could impose taxes on physician practices. Insurance companies, hospitals, government regulators, and limited-license practitioners all want a piece of what we've got.

There are times I feel the family of medicine is like the pioneer wagon train riders who, when seeing an enemy emerging over

the horizon, very methodically circle the wagons, turn their guns inward, and fire.

Specialization in our profession has brought many rewards for us and benefits for our patients, but I am afraid it has resulted in some loss of unity. When we speak of our fellow physicians in a specialty other than our own, we must remember: There is not a "they" — only "us."

Make no mistake about it, we are engaged in a conflict.

A conflict for the preservation of the principles upon which this great profession

was founded.

A conflict for the freedom to practice medicine in the best tradition of our profession.

A conflict to protect and preserve the rights of our patients.

A conflict to protect and preserve our rights as free men and women to practice as professionals.

A conflict we should win because right is on our side.

As we go forward, we simply do not have the luxury of becoming so self-consumed



Ladon W. Homer, MD

that we become divided.

Ed Hill, MD, our current American Medical Association president, warns us of this when he tells of attending a meeting of trial lawyers. One speaker stood up and said, "I sue doctors — I sue them in an atmosphere of fear. But I also have one fear — and that fear is that someday they will get together and become unified."

I call upon all physicians of Texas to join this great army and speak out in unity for medicine.

I call upon all alliance members to continue to speak out in unison for medicine.

I call upon each specialty society and its members to speak out in unity for our patients.

We need many voices, but one message.

And so around this great state we will come together.

Whether it be when speaking for your county society, your state association, or AMA; whether it be when speaking as a physician or an alliance member; whether your specialty be obstetrics or psychiatry... many voices will ring out, but there will be one message — and this will be a resounding cry of victory for our patients. ■



**DBSA Texas Open House** — A number of TSPP members attended an Open House hosted by the Depression and Bipolar Support Alliance of Texas (DBSA Texas) in their new offices in Austin on April 21. Pictured left to right: John Bush, Miriam Feaster, Gary Etter, MD, Eileen Rosen, Clifford Gay and Debbie Sundberg.

## CALENDAR OF MEETINGS

### JULY

- 28-30 TSCAP "Treating the Consequences of Trauma and Other Disorders"**  
9 Hours Category 1 Credit  
Omni Corpus Christi Hotel, Corpus Christi, TX  
\$125 Single/Double; \$135 Triple/Quad Rate Prior to July 14 1/800/843-6664  
Refer to the group and meeting name  
(Texas Society of Child and Adolescent Psychiatry) for discounted rate  
For more information, contact Debbie Sundberg 512/478-0605

### AUGUST

- 12-13 Federation Mental Health Advocacy and Leadership Conference**  
Westin La Cantera Resort, San Antonio, TX  
\$179 Room Rate Prior to July 12 / 210/558-6500 or 800/228-3000  
Refer to the group and meeting name  
(Texas Society of Psychiatric Physicians) for discounted rate  
For more information, contact Debbie Sundberg 512/478-0605

### NOVEMBER

- 3-5 TSPP's 50TH ANNIVERSARY GALA**  
Annual Convention & CME Scientific Program  
"Update 2006: Advances in Clinical Management of Psychiatric Disorders"  
Westin Galleria Hotel, Dallas, TX  
\$139 Room Rate Prior to October 12 / 972/450-2954 or 1/888/627-8536 Refer to the group and meeting name  
(Texas Society of Psychiatric Physicians 2006 Annual Convention)  
For more information, contact: Debbie Sundberg 512/478-0605
- 3 TSPP Committee Meetings**  
Member Luncheon  
Executive Council Meeting  
Welcome Reception with Exhibitors  
MIT After Hours Social
- 4 TSPP Scientific Program**  
Member Luncheon  
50th Anniversary Gala Banquet
- 5 TSPP Scientific Program**  
Annual Business Meetings' Luncheon



## 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.

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