

# Texas Society of Psychiatric Physicians NEWSLETTER

AUGUST / SEPTEMBER 2003

Annual Scientific Program

## Psychiatry Today

George D. Santos, MD, Scientific Program Chair

We will have our annual scientific meeting this Fall in Houston and we hope to see everyone there. The program is designed to bring us back to an examination of the current state of the art of psychiatry today. This may seem obvious, but it is a refreshing break from the ongoing turmoil of the politics and finances of Texas psychiatry. We are highlighting the talent and expertise of our own physicians and their growing contributions to the field. The subjects will cover both adult and child/adolescent topics, and in keeping with tradition of meeting our members' needs for specific CME, we will have

an ethics-related presentation. The topics were chosen to be informative, useful, and applicable to our members' practice needs today.

This year, the TSPP Annual Meeting and Scientific Program is in Houston at the Omni Hotel. The scientific presentations will begin Saturday and continue through Sunday morning. Our first presenter Saturday will be Dr. Lauren Marangell. As the Director of the Baylor College of Medicine Mood Disorders Research Clinic, she has become nationally respected for her contributions to the field of study of affective disorders. Dr. Marangell is also Director

of the Adult Clinical Psychopharmacology Program at Baylor. She will give us an update on the current state of art in the evaluation and treatment of Affective Disorders, as well as current research trends.

Dr. Lucy Puryear will also speak Saturday morning. She is in private practice and has developed a national reputation for her work in mood disorders in women, particularly during pregnancy and in the post-partum period. She had immediate national exposure for her professional and dedicated work as a defense expert in the Andrea Yates trial. Dr. Puryear will present information on "Post-Partum Depression: Recognition, Treatment & Prevention." She has a book coming out on this topic and is actively developing services to aid women dealing with mood disorders related to pregnancy.

Dr. Avrim Fishkind will follow Saturday morning with a presentation on "Advances in Emergency Psychiatry." Dr. Fishkind is currently Medical Director of the Harris County MHMR Neuropsychiatric Center (NPC). He is the President-Elect of the American Emergency Psychiatry Association. He has a level of experience in the development of innovative emergency psychiatric response systems that sets him apart



GEORGE D. SANTOS, MD

as a leading national expert. His work in the NPC has been vital to the community. He will discuss recent advances in the field of emergency psychiatry. This is a topic of increasing importance given the times and events of the recent past.

Saturday will also have a presentation from Dr. Efraim Bleiberg of the Menninger Clinic. Dr. Bleiberg has recently moved to Texas and joined the Menninger-Baylor Department of Psychiatry. He is internationally recognized as an expert on developmental psychopathology, personality and conduct disorders in children and adolescents,

continued on page 4



## PRESIDENT'S MESSAGE

### Stop the Hemorrhage!!

*"Make no little plans; they have no magic to stir men's blood."*

(attr. to Daniel Hudson Burnham)

Organized Psychiatry is hemorrhaging. Membership in the American Psychiatric Association has decreased by 16% in the past six years. So has membership in TSPP.

Membership committees have met and conferred, numerous studies have been conducted, dues structures have been tinkered with, membership drives have been held, new and better ways of communicating priorities and the value of membership have been developed, ways of getting non-member psychiatrists to join and member psychiatrists to renew have been researched and contemplated and implemented – and membership is still down. We've applied several different bandages to the wound, but the hemorrhage continues.

Investigation into the cause of the hemorrhage requires some understanding of the wound. Membership in APA, TSPP and local chapters is unified; that is, one must belong to all organizations. A frequently-cited reason for non-membership (>70%) is economic reasons. Dues for a General Member in APA are \$540 per year and in TSPP are \$395.00 per year.

Additionally, many chapters have dues to support their programs and activities. As members resign, therefore, they resign from the national organization (APA), the district branch/state association (TSPP) and the chapter. Thus, one member lost, affects all of the organizations in terms of dues, but, more importantly, in participation in our professional societies.

The hemorrhage has continued, despite years of implementing the ideas of creative, committed people. It's time for bold new ideas. TSPP has conducted a survey to find out why non-members are non-members and whether the option for membership in either organization alone might involve current non-members in some aspect of organized psychiatry, with the hope that they will see the value in both organizations and eventually join both. The TSPP Executive Committee has reviewed a proposal for Affiliate Membership, in which psychiatrists could join and participate in the affairs of only TSPP (serve on committees and receive TSPP benefits and services), although they could not vote and would, of course, not be entitled to



PRISCILLA RAY, MD

APA benefits or services. Each year, they would be invited to join both TSPP and APA. The APA has decided to extend Affiliate Member status to non-physicians. Perhaps an Affiliate Membership in APA, similar to the TSPP proposal, might involve other current non-members in organized psychiatry, with the APA inviting them each year to join TSPP also.

Other ideas – bold new ideas, no matter how outlandish they seem at first – should be encouraged and considered. We must work together to stop the hemorrhage.

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# Mental Illness Awareness Week Activities Planned

**M**ental Illness Awareness Week, scheduled for October 5-11, affords TSPP members an opportunity to join with community leaders and mental health advocates and provide public education about mental illnesses and psychiatric treatments. TSPP's affiliated foundation, the Texas Foundation for Psychiatric Education & Research, provides grants to support MIAW activities in TSPP Chapters. The following is a summary of MIAW activities planned for each Chapter that has submitted a grant request to the Foundation.

## Austin

Along with the Austin Depression and Bipolar Support Alliance (DBSA), the Austin Chapter plans to participate in National Depression Screening Day. APA members will perform screenings and DBSA members will provide information to the public. Byron Stone, MD will be the site clinical director. The event will be publicized by PSAs on the radio and possibly by the print media.

## Corpus Christi

The Corpus Christi Chapter will help sponsor a conference with MHMR Youth Services, Texas Department of Protective & Regulatory Services, Sphon Memorial Hospital Child/Adolescent Unit, Padre Behavioral Hospital and Taft Shoreline Behavioral Unit.

The conference will address the referral process between the organizations with the following objectives: link abused/neglected children within appropriate time; explain each agency's referral procedure; and define "high risk" referrals.

## East Texas

The East Texas Chapter will provide funds to the Tyler Depression and Bipolar Support Alliance, the Longview Women's Treatment Center, and the Nacogdoches SAMARITAN Counseling Center to assist them in publicizing their respective organizations.

## El Paso

The El Paso Chapter, NAMI El Paso, Texas Tech UHSC and El Paso Community MHMR Center, will undertake several activities: a candlelight vigil will feature brief talks on mental illness, the reading of a proclamation, and singing as candles are lit; a MIAW Program will be conducted following the vigil at Texas Tech, featuring a presentation of the state of mental illness in El Paso speech, the presentation of an award and a "Ask the Doctor" segment; and, participation at the 7th Annual Region XIX Education Parent Conference.

## Heart of Texas

The Scott & White Clinic, Department of Psychiatry and the HOT Chapter will host a

Department of Psychiatry Grand Rounds addressing legislative issues facing consumers.

## Houston

HPS, Baylor College of Medicine Department of Psychiatry, UT Department of Psychiatry, Houston ISD, Mental Health Association, NAMI, DBSA, and Texas Mental Health Consumers will participate in several activities: Display of the Depression Exhibit at the Galleria, the site for Depression Screening Day and Houston ISD schools; provide training to direct care providers; complete the Cancer and Mental Health brochure; and assist Residents outreach to the public sector.

## Tarrant

The Tarrant Chapter, along with the Mental Health Association and MHMR of Tarrant County will produce a one page advertisement for the newspaper and give a public presentation on depression and anxiety disorders.

## West Texas

The Chapter, along with Covenant Medical Center - Lakeside Psychiatric Unit and the Department of Psychiatry of Texas Tech University Health Sciences Center will sponsor depression screening and distribute educational materials.



# Library of Menninger Clinic Available in Houston

**T**he Houston Academy of Medicine-Texas Medical Center (HAM-TMC) Library is the proud recipient of the Menninger Foundation's Library of Psychiatry and Psychoanalysis. This fine gift includes their Clinical Library, the historical and rare book collections, and complete runs of the Menninger publications. Nearly 18,000 clinical monographs, 6,000 journal volumes, and more than 3,000 rare books and journals were transferred to Houston in June this year.

The Clinical Library is a wide-ranging collection pertaining to psychology, psychiatry, and psychoanalysis in adults and children. The publications by and commentaries about Sigmund Freud are so extensive that the Menninger staff devised an expanded classification scheme to shelve these titles. There are also a large number of titles devoted to community mental

health, pastoral counseling, and social work.

The rare book collection includes a large number of early journals on psychoanalysis, hundreds of German psychiatric texts, and special reports from many American asylums. In addition to psychiatric materials, there are many fine texts related to the broader field of medicine. One of these volumes is a 1783 German edition of Andreas Vesalius's anatomy with reproductions of the illustrations from the original Vesalius.

The collection of Menninger publications is equally interesting. Starting in 1919, the papers of faculty and staff were bound every year. The Menninger employee publication, *TPR*, *Menninger Perspectives*, *The Menninger Quarterly*, and the *Bulletin of the Menninger Clinic* all document the programs, staff, and research interests of the Menninger Clinic.

There are also alumni directories, annual reports, and Directories of Training Programs from the Menninger Foundation.

At present, all the Menninger Library collections are located at the HAM-TMC Library's Historical Research Center. The newer materials in the Clinical Library (both books and journals) will be folded into the HAM-TMC Library's main collection. The older books and journals, Menninger publications, and rare books will remain at the Historical Research Center.

Further information about the Menninger publications and rare book collection is available from Elizabeth White, [betwu@library.tmc.edu](mailto:betwu@library.tmc.edu) or 713/799-7135.

Further information about the Clinical Collection of books and journals is available from Dell Davis, [ddavis@library.tmc.edu](mailto:ddavis@library.tmc.edu) or 713/799-7109.



## BEFORE YOU SIGN...

If you are purchasing insurance for the first time or have a policy with another carrier, you may be surprised to find that not all policies offer the comprehensive protection you need in today's environment. Unlike most professional liability insurance programs, we have only one focus: psychiatry. We tailor our policy and services to meet your needs. Our staff of psychiatric professional liability specialists provides personal service and expertise...you will not have to explain psychiatric terminology to us.

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TEXAS SOCIETY OF  
PSYCHIATRIC PHYSICIANS  
A District Branch of the American Psychiatric Association

EXECUTIVE COUNCIL 2003-2004

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**Secretary-Treasurer** ..... Gary L. Etter, MD  
**Immediate Past President** ..... R. Sanford Kiser, MD

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 Gary L. Etter, MD ..... Deborah C. Peel, MD  
 R. Sanford Kiser, MD ..... Franklin Redmond, MD

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 Robert G. Denney, MD

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 Jim Van Norman, MD  
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 Strategic Planning & Oversight Cmte ..... J. Clay Sawyer, MD

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 Tarrant Chapter ..... Edward S. Furber, MD  
 Victoria Chapter .....  
 West Texas Chapter ..... Shirley Marks, MD

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 Baylor Child/Adolescent ..... Laurel Williams, DO  
 JPS Psychiatric Residency ..... Shakil Tukdi, MD  
 Texas A&M, Scott & White ..... Stacia Lusby, MD  
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 Texas Tech, Lubbock ..... Anant Patel, MD  
 UTHSC, Houston ..... Quddusa Doongergala, MD  
 UTHSC, Houston, Child/Adolescent ..... Ajay Mayor, MD  
 UTHSC, San Antonio ..... David Huang, MD  
 UTMB, Galveston ..... Tayfun Karakoc, MD  
 UTMB, Child/Adolescent ..... Hemalatha Mukhara, MD  
 UT Southwestern ..... Paul Carlson, MD  
 UT Southwestern, Child/Adolescent ..... Arvinder Singh, MD  
 UT Southwestern, Geriatric ..... Kip Queenan, MD

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 Joseph Castiglioni, MD  
 Texas Depart. of MHMR ..... Steven Shon, MD  
 TMA Interspecialty Society Cmte ..... J. Clay Sawyer, MD  
 Texas Society of Child and Adolescent Psychiatry ..... Harry Rauch, MD  
 Texas Foundation for Psychiatric Education and Research ..... Grace K. Jameson, MD  
 Texas Mental Health Liaison Group ..... Leslie Secrest, MD

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TSPP EXECUTIVE OFFICE

Executive Director ..... John R. Bush  
 Assistant Director ..... Debbie Sundberg

(★) Voting member of the Executive Council

# TSPP Affiliates: A Plan to Strengthen Organized Psychiatry

As a result of a survey taken of all psychiatrists in Texas conducted by TSPP last Spring, TSPP is formulating a program to offer psychiatrists a choice of membership options in Organized Psychiatry (ie APA, TSPP and TSPP Chapters). The new program, TSPP Affiliates, will be considered by the Executive Council in November, 2003.

As a member of TSPP, a psychiatrist must also be a member of APA. This dual membership policy requirement of APA must be observed by each of APAs 70+ District Branches.

In recent years, more and more members have questioned the wisdom of APAs dual membership policy, citing the economic burden dual membership imposes. Since 1997, APAs membership has declined 16%. Likewise, TSPPs membership has dropped 16% during the past six years. Unlike a large national organization whose dues income is not the major source of income, loss of membership at the District Branch level has a dramatic economic effect because dues income often represents at least 70% of a District Branch's revenue. As membership declines at the District Branch level, the District Branch must reduce services and impose dues increases for its members to sustain operations. Further, as membership declines, the potential effectiveness of the organization's influence is weakened in the political arena and in other policymaking settings.

Faced with growing questions about the APA dual membership policy, a loss of membership and declining financial resources, the TSPP Executive Council on April 6, 2003 authorized that a survey of all psychiatrists be taken, members and non-members, to collect data from which solutions could be developed to address these issues. On April 30, a survey with 13 questions was submitted to 1,324 members and a 17-question survey was sent to 1,029 non-members.

By July 1, surveys were returned by 36% of members and 18% of non-members. About 92% of members responded that they receive value from TSPP and APA, but 37% of non-members reported receiving value from TSPP and only 18% found value in APA membership.

Responding to a question about choice of membership, 61% of members expressed a preference for choosing membership in both TSPP and APA. Thus a majority favored the dual membership structure. However, about 40% indicated a preference for membership in a single organization.

Among the non-members, 63% indicated a preference for being members of TSPP only, compared with only 11% preferring APA membership. Only 10% were positive about a joint membership in APA and TSPP. The survey confirmed that among non-members, the major reason for terminating membership was for economic reasons (71.4%). Finally, when non-members were asked whether or not they would apply for membership in TSPP if the dual membership were eliminated, a large majority, 83.1%, indicated they would "Apply" or "Possibly Apply."

The data suggests, therefore, that about 880 non-member psychiatrists in Texas would "Apply" or "Possibly Apply" for TSPP membership if there were not a dual membership requirement.

Based upon the survey results, an Affiliates Program has been developed that will maintain and encourage the APA dual membership rela-

tionship while reaching out to psychiatrists who prefer to choose membership in a single professional organization. The proposed program establishes an Affiliates membership category for psychiatrists preferring a single membership. The purpose of the Affiliates Program is:

- to recruit members into Organized Psychiatry while promoting participation and voting membership status in Organized Psychiatry at the national, state, and local levels.
- to provide non-members with a choice of membership without the financial burden of the dual membership requirement.
- to involve more psychiatrists in the work of Organized Psychiatry, thus strengthening the influence of Organized Psychiatry.
- to firmly establish Organized Psychiatry as the professional home for all psychiatrists.
- to strengthen the District Branch- DB Chapter organizational structure, providing the DB Chapter with a model for recruiting non-members into their organizations.

Qualifications for Affiliates will be the same as TSPP/APA members: a current license to practice medicine without restrictions and a residency training certificate from an approved psychiatric residency program. Affiliates will be non-voting members of the District Branch, but will be encouraged to serve on committees and components and participate fully in the organization, receiving the full services offered to members. As non-voting members, Affiliates will not be entitled to APA benefits or be eligible for APA-sponsored malpractice insurance, APA Fellowship or APA life member status. Each year, Affiliates will be invited to consider changing their membership status to voting member by becoming a joint member of APA and TSPP.

As a District Branch of APA, TSPP faithfully enforces APAs policies. Yet, from time to time, APA has established categories of membership that allow a person to be associated with the APA without association with a District Branch. As one example, APA has recently approved an APA Affiliate membership category for non-physicians. While TSPP actively encourages partnerships and coalitions with non-physicians and groups, the TSPP Affiliates Program seeks instead to strengthen Organized Psychiatry by involving more psychiatrists in their professional society. APA has established a precedent for departure from the dual membership requirement, which should be an option as well for the District Branches.

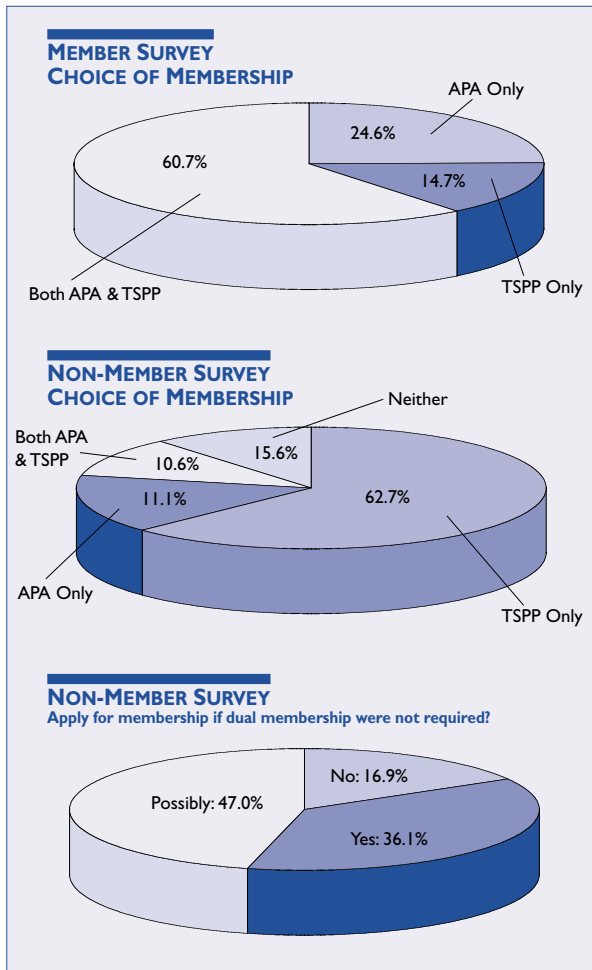
The details of the Affiliates Program have been reviewed by the TSPP Executive Committee and shared with officers of each TSPP Chapter. It was also discussed in-depth with TSPP members during the TSPP Leadership Conference on August 3. The appropriate TSPP Committees will review the proposed program in November, and if there is a consensus for its implementation, the Executive Council will consider its adoption as a five year pilot program during its meeting on November 8.

By adopting the program, TSPP will be afforded the opportunity to strengthen Organized Psychiatry in Texas and its influence, to respond to the wishes of psychiatrists who prefer to have a choice of membership, and to strengthen financial resources while avoiding additional dues increases for current members.

If the program is approved by the Executive Council, TSPP will launch the program and encourage its Chapters to adopt the program

for implementation at the local level. TSPP will also encourage the APA to consider adopting a similar program at the national level.

Members wishing to review details of the Affiliates Program proposal may request a copy of the proposal by contacting the TSPP Office.



MEMBERSHIP CHANGES	
<b>NEW MEMBERS</b>	
<i>The following membership applications have been approved by the Executive Council and Executive Committee and have been transmitted to the APA.</i>	
<b>MEMBER IN TRAINING</b>	
Basu, Margaret, MD, Houston Boley, Jason, MD, Temple Castells, Brenda R., MD, El Paso Ekezie, Linda, MD, Austin Goralnick, Jaimie, MD, Houston Partida, Angela, MD, Houston Patel, Anant, MD, Lubbock Shaw, Shonna, MD, Houston Venkatesh, Athi P., MD, Temple Verma, Neeru, MD, Houston	
<b>GENERAL MEMBER</b>	
Ganc, Jaime, MD, Houston Gutierrez, Daniel, MD, McAllen Jimenez-Soto, Jesus, MD, El Paso	
<b>MIT Advancement to General Member</b>	
Gill, Jasleen, MD, North Carolina Horst, Karen, MD, Houston Moreno, Rogelio, MD, Florida Petersen-Crair, Pamela, MD, Houston Wolski, Irene, MD, Houston	
<b>TRANSFERS FROM OTHER DISTRICT BRANCHES</b>	
Colenda, Christopher, MD, GM, College Station (Michigan) Lowrimore, Patricia, MD, GM, Dallas (New Jersey) Williams, Ella, MD, GM, Fort Worth (Arkansas)	

DAILY SCHEDULE

FRIDAY, NOVEMBER 7

7:00 am - 5:00 pm Registration  
 8:00 am - 6:00 pm Committee Meetings – see *Committee Schedule*  
 1:00 pm - 5:00 pm Exhibitor Set-Up  
 12:00 pm - 1:15 pm Committee Members' Luncheon  
 6:00 pm - 8:00 pm Complimentary Welcome Reception for Scientific Program Registrants w/Exhibitors  
 Free Evening to Enjoy Host City  
*Restaurant & Site Information Available at TSPP Registration Desk*

SATURDAY, NOVEMBER 8

7:00 am - 6:00 pm Registration  
 7:30 am - 8:30 am Complimentary Continental Breakfast for Scientific Program Registrants with Exhibitors  
 8:45 am - 5:00 pm Scientific Program  
 10:00 am - 10:30 am Refreshment Break w/Exhibitors  
 12:30 pm - 2:00 pm TSPP/Texas Foundation for Psychiatric Education & Research Annual Business Meeting Luncheon  
 5:00 pm - 6:30 pm Executive Council Meeting  
 6:30 pm Annual Awards Banquet

SUNDAY, NOVEMBER 9

7:30 am - 1:00 pm Registration  
 8:30 am Complimentary Continental Breakfast for Scientific Program Registrants  
 8:45 am - 12:20 pm Scientific Program  
 10:00 am - 10:20 am Refreshment Break

COMMITTEE SCHEDULE

FRIDAY, NOVEMBER 7

8:00 AM - 5:00 PM Committee Hospitality Room .....Woodway  
 Refreshments & Light Hors D'oeuvres For Committee Members  
 9:00 AM - 10:30 AM Professional Practices .....Churchill  
 Children and Adolescents .....Berkeley  
 Budget .....Regency  
 10:30 AM - 12:00 PM Foundation Board of Directors .....Churchill  
 Socioeconomics .....Berkeley  
 Membership .....Regency  
 12:00 PM - 1:15 PM **Cmte Member Luncheon Program .....La Reserve**  
*Guest Speaker TBD; \$15.00 per person advance/\$20 on-site*  
**To Register for Luncheon, use the TSPP Annual Convention and Scientific Program Registration form**  
 1:15 PM - 2:45 PM Constitution & Bylaws .....Westbury  
 Forensic Psychiatry .....Berkeley  
 Continuing Medical Education .....Regency  
 2:00 PM - 4:00 PM Members in Training & Early Career Psychiatrists  
 "Starting a Medical Practice" Program .....Churchill  
 2:45 PM - 4:15 PM Strategic Planning & Coordinating .....Berkeley  
 Public Mental Health Services .....Westbury  
 Ethics .....Regency  
 4:15 PM - 6:00 PM Government Affairs .....Westbury

Annual Scientific Program — Psychiatry Today

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and integrating psychodynamic, pharmacologic, and family systems treatment approaches. He will give us a presentation "On the Way to Become Borderline and Narcissistic: Development of Severe Personality Disorders in Children and Adolescents."

Saturday will end with the annual Psychiatry Resident paper competition winner's presentation.

Our scientific program continues on Sunday with a discussion and presentation on "Spirituality and Psychiatry," a topic too often left at the therapist's door. Dr. Lomax, Associate Chairman of the Menninger Baylor Department of Psychiatry and Behavioral Sciences, will bring us this presentation. He will outline issues dealing with the importance of spiritual beliefs in treatment and will utilize video examples to highlight these concepts in psychotherapy treatment.

Dr. Graham Emslie, Professor of Psychiatry and the Child and Adolescent Psychiatry Division Chief at the UT Southwestern Medical Center in Dallas, will follow on Sunday with an update on "Child and Adolescent Psychopharmacology of Mood & Anxiety Disorders." Dr. Emslie has conducted research in the efficacy of psychopharmacology and psychotherapy in children and adolescents. He has also been involved in the development of treatment algorithms.

Our final presentation on Sunday will provide needed ethics CME's. John Larrimer is an attorney and is one of the few who is Board Certified in Health Law. In exploring topics for the ethics presentation, the growing practice of using "physician extenders" arose as important to psychiatrists and psychiatric institutions throughout the state. Mr. Larrimer will discuss the legal issues related to the ethical and proper use of psychiatric paraprofessionals such as Physician Assistants, Nurse Practitioners, and other psychiatric clinicians in our practices.

The presenters and their topics will be informative and enlightening. We have the opportunity to exchange ideas and learn from our own. We look forward to a successful meeting and scientific program. All we need is for everyone to attend and participate!



TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS  
**2003 ANNUAL CONVENTION & SCIENTIFIC PROGRAM**

November 7-9, 2003 • Omni Hotel, Houston, Texas

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15<sup>th</sup> Street, Suite #675, Austin, Texas 78701 by **October 24** to receive the discounted registration fee. Registration forms and payments by credit card may be FAXED to TSPP at 512/478-5223.

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 NAME(S) SPOUSE/GUEST(S) ATTENDING (for name badges) \_\_\_\_\_

REGISTRATION FEES

fees are PER PERSON and your payment should reflect the proper fee for the number of individuals registered per event.

NUMBER ATTENDING EVENT	DISCOUNTED REGISTRATION (if postmarked before 10/24)	AFTER 10/24	NUMBER ATTENDING EVENT	DISCOUNTED REGISTRATION (if postmarked before 10/24)	AFTER 10/24
<b>WELCOME RECEPTION - Friday Evening</b>			<b>COMMITTEE MEMBER LUNCHEON</b>		
# <input type="checkbox"/> NOT Registered for Scientific Program	\$40	\$50	# <input type="checkbox"/> Committee Member Luncheon – Friday	\$15	\$20
# <input type="checkbox"/> Registered for Scientific Program	No Chg	No Chg	<b>ANNUAL BUSINESS MEETING LUNCHEON</b>		
TSPP Members/Non-Members/Spouse/Guest			# <input type="checkbox"/> Annual Business Meeting and Luncheon – Saturday	\$15	\$20
<b>SCIENTIFIC PROGRAM - Saturday and Sunday</b>			<b>TSPP AWARDS BANQUET – Saturday Evening</b>		
# <input type="checkbox"/> TSPP Member	\$190	\$235	# <input type="checkbox"/> Awards Presentations/Banquet	\$35	\$45
# <input type="checkbox"/> TSPP MIT/Medical Student	\$25	\$35	<b>TOTAL REGISTRATION FEE ENCLOSED</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>		
# <input type="checkbox"/> Non-Member	\$235	\$290			
# <input type="checkbox"/> Non-Member MIT/Medical Student	\$35	\$50			
# <input type="checkbox"/> Allied Health Professional	\$105	\$130			
# <input type="checkbox"/> Spouse	\$95	\$120			
# <input type="checkbox"/> Advocacy Organization Leadership	\$35	\$50			



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# Starting a Medical Practice

A Special Invitation to all TSPP Members in Training and Early Career Psychiatrists

The TSPP Members in Training Section has arranged an invaluable program for MIT and Early Career Psychiatry members on Friday, November 7, 2:00 - 4:00 pm, in the Churchill Room of the Omni Hotel, Four Riverway, Houston, Texas. The program will be held in conjunction with the TSPP Annual Convention and Scientific Program weekend. The program is free of charge to TSPP members. Discounted room rates of \$139 at the Omni Houston Hotel may be made by calling 1/713/871/8181 and identifying yourself as an attendee of the Texas Society of Psychiatric Physicians Convention.

The program "Starting a Medical Practice"

will be a two-hour seminar conducted by TMA's consulting staff. Starting a new practice with the right people, processes and structure is key to the success of a medical practice. Space is limited so be sure to register for this free program today!!

Proposed topics include the following:

- 1) Structure and Environment of a Medical Practice;
- 2) Legal Organization of a Medical Practice;
- 3) Professional Affiliations;
- 4) Licenses, Certificates and Liability Insurance;
- 5) Personnel Management;

- 6) Office Policies and Procedures;
- 7) Vendors and Suppliers;
- 8) Managed Care Credentialing;
- 9) Financial Management;
- 10) Coding and Documentation; and,
- 11) Marketing the Practice.



**Complete and return the following information today to ensure your enrollment:**

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax/E-Mail: \_\_\_\_\_

*Return to:*

Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite #675  
Austin, Texas 78701 or FAX to 512/478-5223

Thank You

## Committee Leadership and Volunteers

President Priscilla Ray, MD has completed the task of reviewing committee structure and requests from members for committee appointments. Two committees have been restructured for FY 2003-04: the Managed Care Committee will now be the Socioeconomics Committee with a broader scope and the Long Range Planning Committee will be the Strategic Planning and Oversight Committee with additional responsibilities.

Dr. Ray has also selected leadership for TSPPs committees this year, as follows:

### Budget

Chair: Gary Etter, MD

Vice Chair: Conway McDonald, MD

### Children & Adolescents

Chair: Scott Woods, MD

Vice Chair: Debra Kowalski, MD

Consultant: Grace Jameson, MD

### Constitution & Bylaws

Chair: Franklin Redmond, MD

Vice Chair: Joseph Castiglioni, MD

### CME

Chair: Rege Stewart, MD

Vice Chair: Raymond Faber, MD

Consultant: Jef Nelson, MD

### Ethics

Chair: Michael Arambula, MD

Vice Chairs: Milton Altschuler, MD and

George Trapp, MD

### Fellowship

Chair: Patrick Holden, MD

Vice Chair: Adib Mikhail, MD

### Forensic Psychiatry

Chair: David Axelrad, MD

Vice Chair: J. Douglas Crowder, MD

### Government Affairs

Chair: Martha Leatherman, MD

Vice Chair: Les Secrest, MD

### MIT

Chair: Priscilla Sierk, DO

Vice Chair: David Huang, MD

### Membership

Chair: Jacquie McGregor, MD

Vice Chairs: Trina Cormack, MD and

Shirley Marks, MD

### Nominating

Chair: Sanford Kiser, MD

Vice Chair: Charles Bowden, MD

### Professional Practices

Chair: Lynda Parker, MD

Vice Chair: Ed Nace, MD

### Public Mental Health Services

Co-Chairs: Larry Tripp, MD and

Jim Van Norman, MD

Vice Chair: Estrella deForster, MD

Consultant: Spencer Bayles, MD

### Socioeconomics

Chair: George Santos, MD

Vice Chairs: Ed Furber, MD and

Gary Miller, MD

### Strategic Planning

Chair: Clay Sawyer, MD

Vice Chair: Richard Noel, MD

To date, 207 members have been appointed to serve on TSPPs committees, an increase of 32% participation from last year. TSPP is most grateful for members who choose to actively participate in TSPP activities by serving the organization and Texas Psychiatry, by service on TSPP committees.

TSPPs committees will meet twice this year: November 7, 2003 in Houston and (tentative) May 15, 2004 in Austin.



## TSPP COMMITTEE MEMBERS

Bryon H Adinoff, MD	Jose A Gutierrez, MD	Sharon D Necessary, MD	Edward L Reilly, MD	Steven P Shon, MD	Shakil A Tukdi, MD
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The Texas Society of Psychiatric Physicians is pleased to recognize the following contributors and educational grants to the 2003 Annual Convention and Scientific Program

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Cypress Creek Hospital & West Oaks Hospital

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# The Texas Code of Criminal Procedure Chapter 46B. Incompetency to Stand Trial

Victor R. Scarano, MD, JD

The 77th Texas Legislature passed Senate Bill 553 authored by Senator Robert Duncan, Senate District 28, which was signed into law by the governor on May 26, 2001. Senate Bill 553 created a task force to review the methods and procedures used to evaluate a criminal defendant's competency to stand trial and use of the insanity defense. The Bill mandated that the task force was to consist of 16 members from various organizations and stakeholders from around the state. There were five psychiatrists appointed to the task force: Joseph Black, MD, Vernon; Michael O'Boyle, MD, PhD, Galveston; E. Ross Taylor, MD, Lubbock; George A. Trapp, MD, Dallas; and Victor R. Scarano, MD, JD, Houston.

Senator Duncan was the Chairperson of the task force and Representative Patricia Gray was the co-chairperson. The task force met over the ensuing 18 months and rewrote Article 46.02, Incompetency to Stand Trial, of the Texas Code of Criminal Procedure. Because of the enormous task of completely rewriting the incompetency statute and the time constraints in completing their work, the task force decided, it would not address the insanity defense, as it was not able to accomplish a proper review and recommendation in that regard.

The completed work of the task force was submitted for the 78th Texas Legislature's consideration, as Senate Bill 1057 authored by

Senator Duncan. The Bill with almost no changes was passed by the Texas Senate and Texas House of Representatives and signed into law by the governor on May 14, 2003 to become effective on January 1, 2004. The new law is entitled Chapter 46B, Incompetency to Stand Trial, Texas Code of Criminal Procedure.

The following provides an overview of the changes that are of most interest to psychiatrists performing psychiatric competency examinations/evaluations in accordance with Chapter 46B, Incompetency to Stand Trial.

Chapter 46B maintains the Dusky<sup>1</sup> standard for incompetency to stand trial. As in Article 46.02, either party by motion or the court on its own recognition may raise the question of the defendant's incompetency to stand trial.

The first major change in the new statute is found in Article 46B.005, Determining Incompetency to Stand Trial. An incompetency hearing before a jury is no longer mandated, if, neither party requests a jury trial on the issue of incompetency; neither party opposes a finding of incompetency; and the court does not, on its own motion, determine that a hearing (before a jury) is necessary to determine incompetency.

The second major change in the new statute is found in Article 46B.007, Admissibility of Statements and Certain Other Evidence. This arti-

cle provides the defendant with important protection that was deficient in the present Article 46.02. Article 46.02, Section 3, Subsection (g) states: *No statement made by the defendant during the examination or hearing on his competency to stand trial may be admitted in evidence against the defendant on the issue of guilt in any criminal proceeding.* Though the defendant's statements could not be used during the guilt phase of the criminal trial, they could be presented to the jury during the punishment phase, which raised significant concerns for the defense attorney in having his/her client undergo a competency evaluation.

Article 46B.007 of the new statute now provides that *a statement made by a defendant during an examination or hearing on the defendant's incompetency, the testimony of an expert based on that statement, and evidence obtained as a result of that statement may not be admitted in evidence against the defendant in any* (emphasis added) *criminal proceeding.* Except for two reasonable exceptions, the new statute excludes these statements from being used in both the guilt and punishment phases of the criminal trial.

The third major change in the new statute is found in Article 46B.022, Experts: Qualifications. This statute provides a list of criteria that will be required before a psychiatrist or psychologist is

deemed qualified to be appointed by the court to perform an examination/evaluation in regards to the defendant's competency to stand trial<sup>2</sup>. Psychiatrists and psychologists with added qualifications in forensic psychiatry/psychology are deemed qualified. For those psychiatrists and psychologists who do not have added qualifications in forensic psychiatry/psychology, the statute provides several other mechanisms to become qualified. The statute adds a requirement for continuing medical education specifically in forensic psychiatry/psychology.

The fourth major change in the new statute is found in Article 46B.024, Factors Considered in Examination. This article lays out a list of issues that are to be considered and addressed by the examiner in his/her report. Though other issues may certainly be considered and addressed in the report on the defendant's competency to stand trial, the issues on this list were considered as a baseline by the task force's psychiatrist/psychologist contingent<sup>3</sup>.

The fifth major change in the new statute is found in Article 46B.025, Expert's Report. Subsection (c) states: *An expert's report may not state the expert's opinion on the defendant's sanity at the time of the alleged offense, if in the opinion of the expert the defendant is incompetent to proceed.* This

continued on page 7

#### <sup>1</sup> Art. 46B.003. INCOMPETENCY; PRESUMPTIONS.

- (a) A person is incompetent to stand trial if the person does not have:
- (1) sufficient present ability to consult with the person's lawyer with a reasonable degree of rational understanding; or
  - (2) a rational as well as factual understanding of the proceedings against the person.
- (b) A defendant is presumed competent to stand trial and shall be found competent unless proved incompetent by a preponderance of the evidence.

#### <sup>2</sup> Art. 46B.022. EXPERTS: QUALIFICATIONS

- (a) To qualify for appointment under this subchapter as an expert, a psychiatrist or psychologist must:
- (1) as appropriate, be a physician licensed in this state or a psychologist licensed in this state who has a doctoral degree in psychology, and
  - (2) have the following certification or experience or training:
    - A. as appropriate, certification by:
      - i. the American Board of Psychiatry and Neurology with added or special qualifications in forensic psychiatry; or
      - ii. The American Board of Professional Psychology in forensic psychology; or
    - B. experience or training consisting of:
      - i. at least 24 hours of specialized forensic training relating to incompetency to stand trial;
      - ii. for an appointment made before January 1, 2005, at least five years of experience before January 1, 2004, in performing criminal forensic evaluations for courts; or
      - iii. for an appointment made on or after January 1, 2005, at least five years of experience before January 1, 2004, in performing criminal forensic evaluations for courts and eight or more hours of continuing education relating to forensic evaluations, completed in the 12 months preceding the appointment and documented with the court.
- (b) In addition to meeting qualifications required by Subsection (a), to be appointed as an expert a psychiatrist or psychologist must have completed six hours of required continuing education in courses in forensic psychiatry or psychology, as appropriate, in either of the reporting periods in the 24 months preceding the appointment.
- (c) A court may appoint as an expert a psychiatrist or psychologist who does not meet the requirements of Subsection (a) and (b) only if exigent circumstances require the court to base the appointment on professional training or experience of the expert that directly provides the expert with a specialized expertise to examine the defendant that would not ordinarily be possessed by a psychiatrist or psychologist who meets the requirements of Subsections (a) and (b).

#### <sup>3</sup> Art. 46B.024. FACTORS CONSIDERED IN EXAMINATION.

During an examination under this subchapter and in any report based on that examination, an expert shall consider, in addition to other issues determined relevant by the expert, the following:

- (1) the capacity of the defendant during the criminal proceedings to:
  - A. rationally understand the charges against the defendant and the potential consequences of the pending criminal proceedings;
  - B. disclose to counsel pertinent facts, events, and states of mind;
  - C. engage in a reasoned choice of legal strategies and options;

- D. understand the adversarial nature of criminal proceedings;
  - E. exhibit appropriate courtroom behavior; and
  - F. testify;
- (2) whether the defendant has a diagnosable mental illness or is a person with mental retardation;
  - (3) the impact of the mental illness or mental retardation, if existent, on the defendant's capacity to engage with counsel in a reasonable and rational manner; and
  - (4) if the defendant is taking psychoactive or other medication:
    - A. whether the medication is necessary to maintain the defendant's competency; and
    - B. the effect, if any, of the medication on the defendant's appearance, demeanor, or ability to participate in the proceedings.

#### <sup>4</sup> Art. 46B.086. COURT-ORDERED MEDICATIONS.

- (a) This article applies only to a defendant:
- (1) who after having been determined under this chapter to be incompetent to stand trial is subsequently determined to be competent to stand trial; and
  - (2) for whom a continuing care plan has been prepared by a facility that requires a defendant to take psychoactive medications.
- (b) If a defendant described by Subsection (a) refuses to take psychoactive medications as required by the defendant's continuity of care plan, the director of the correctional facility shall notify the court in which the criminal proceedings are pending of that fact not later than the end of the next business day following the refusal. The court shall promptly notify the attorney representing the state and the attorney representing the defendant of the defendant's refusal. The attorney representing the state may file a written motion to compel medication. The court, after notice and after a hearing that is held as soon as practicable, may authorize the director of a correctional facility to have the medication administered to the defendant, by reasonable force if necessary.
- (c) The court may issue an order under this article only if the order is supported by the testimony of two physicians, one of whom is the physician at the correctional facility who is prescribing the medication as a component of the defendant's continuity of care plan and another who is not otherwise involved in proceedings against the defendant. The court may require either or both physicians to examine the defendant and report on the examination to the court.
- (d) The court may issue an order under this article if the court finds by clear and convincing evidence that:
- (1) the prescribed medication is medically appropriate, is in the best interest of the defendant, and does not present side effects that cause harm to the defendant that is greater than the medical benefit to the defendant;
  - (2) the state has a clear and compelling interest in the defendant maintaining competency to stand trial;
  - (3) no other less invasive means of maintaining the defendant's competency exists; and
  - (4) the prescribed medication will not unduly prejudice the defendant's rights or use of defensive theories at trial.
- (e) A statement made by a defendant to a physician during an examination under Subsection (c) may not be admitted against the defendant in any criminal proceeding, other than at:
- (1) a hearing on the defendant's incompetency; or
  - (2) any proceeding at which the defendant first introduces into evidence the contents of the statements.

# The President's New Freedom Commission on Mental Health

On July 22, 2003, the President's New Freedom Commission on Mental Health released its final report, "Achieving the Promise: Transforming Mental Health Care in America." The report identifies six goals for transforming mental health care in order to realize the promise of the President's New Freedom Initiative – a life in the community for everyone.

In February 2001, President George W. Bush announced his New Freedom Initiative to promote increased access to educational and employment opportunities for people with disabilities. The initiative also promotes increased access to assistive and universally designed technologies and full access to community life.

On April 29, 2002, the President launched the New Freedom Commission on Mental Health as a key component of the New Freedom Initiative. In announcing the Commission, President Bush identified three obstacles preventing Americans with mental illnesses from getting the excellent care they deserve:

- Stigma that surrounds mental illnesses,
- Unfair treatment limitations and financial requirements placed on mental health benefits in private health insurance, and
- The fragmented mental health service delivery system.

In his charge to the Commission, the President directed its members to study the problems and gaps in the mental health system and make concrete recommendations for immediate improvements that the Federal government, State governments, local agencies, as well as the public and private health care providers, can implement.

In releasing its final report after a year of testimony, study and evaluation, the Commission found that "today's mental health care system is a patchwork relic – the result of disjointed reforms and policies. Instead of ready access to quality care, the system presents barriers that all too often add to the burden of mental illnesses for individuals, their families, and our communities."

The Commission concluded that "the time has long passed for yet another piecemeal approach to mental health reform. Instead, the Commission recommends a fundamental transformation of the Nation's approach to mental health care. This transformation must ensure that mental health services and supports actively facilitate recovery, and build resilience to face life's challenges."

The Commission's report, "Achieving the Promise: Transforming Mental Health Care in America," identifies six major goals with recommendations for achieving the goals, as summarized in the adjacent box.

States are now being encouraged to take the Commission's goals and recommendations and to begin developing plans for their implementation. A steering committee has been appointed under the direction of TXMHMR Board Chair

Rudy Arredondo, to begin the planning process in Texas with a Mental Health Transformation Summit, a two-day planning conference to be conducted in Austin in the Fall. The Summit objectives include:

1. Bring together the Texas leaders in the areas of mental health advocacy, treatment, evaluation, government, education, and law.
2. Examine the goals and recommendations of the President's New Freedom Commission.
3. Develop action plans for the goals and recommendations specific to Texas.
4. Enlist sponsors for involvement in the development of the Texas plan.
5. Identify resources for the planning and implementation of the strategies.

6. Develop reporting and monitoring procedures. TSPP Executive Director John Bush has been appointed to the steering committee and he is actively recruiting TSPP members to volunteer to attend and contribute to the two-day planning conference. The Commission report may be read or downloaded by visiting the homepage of the TSPP website ([www.txpsych.org](http://www.txpsych.org)).



## THE PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH GOALS AND RECOMMENDATIONS

### Goal 1: Americans Understand that Mental Health Is Essential to Overall Health

#### Findings

Many People with Mental Illnesses Go Untreated  
Stigma Impedes People from Getting the Care They Need  
Suicide Presents Serious Challenges  
Better Coordination Needed Between Mental Health Care and Primary Health Care  
Mental Health Financing Poses Challenges  
Services and Funding Are Fragmented Across Several Programs  
Financing Sources Can Be Restrictive

#### Recommendations

Public Education Activities Can Help Encourage People to Seek Treatment  
Swift Action Is Needed to Prevent Suicide  
Recognize the Connection Between Mental Health and Physical Health  
Address Unique Needs of Mental Health Financing

### Goal 2: Mental Health Care Is Consumer and Family Driven

#### Findings

The Complex Mental Health System Overwhelms Many Consumers  
Program Efforts Overlap  
Consumers and Families Do Not Control Their Own Care  
Consumers Need Employment and Income Supports  
A Shortage of Affordable Housing Exists  
Limited Mental Health Services Are Available in Correctional Facilities  
Fragmentation Is a Serious Problem at the State Level  
Consumers and Families Need Community-based Care  
Consumers Face Difficulty in Finding Quality Employment  
The Use of Seclusion and Restraint Creates Risks

#### Recommendations

Develop Individualized Plans of Care for Consumers and Families  
Involve Consumers and Families in Planning, Evaluation, and Services  
Realign Programs to Meet the Needs of Consumers and Families  
Align Federal Financing for Health Care  
DEMONSTRATION: "Money Follows the Individual"  
Rebalancing  
DEMONSTRATION: Community-based Alternatives for Children in Psychiatric Residential Treatment Facilities  
DEMONSTRATION: Respite Care Services for Caregivers  
Make Supported Employment Services Widely Available  
Make Housing with Supports Widely Available  
Address Mental Health Problems in the Criminal Justice and Juvenile Justice Systems  
Create Comprehensive State Mental Health Plans to Coordinate Services  
Protect and Enhance Consumer and Family Rights  
End Unnecessary Institutionalization  
Eliminate the Need to Trade Custody for Mental Health Care  
End Employment Discrimination  
Reduce the Use of Seclusion and Restraint

### Goal 3: Disparities in Mental Health Services Are Eliminated

#### Findings

Minority Populations Are Underserved in the Current Mental Health System  
Minorities Face Barriers to Receiving Appropriate Mental Health Care  
Cultural Issues Also Affect Service Providers

Rural America Needs Improved Access to Mental Health Services

#### Recommendations

Culturally Competent Services Are Essential to Improve the Mental Health System  
Rural Needs Must Be Met

### Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice

#### Findings

Early Assessment and Treatment are Critical Across the Life Span  
If Untreated, Childhood Disorders Can Lead to a Downward Spiral  
Schools Can Help Address Mental Health Problems  
People With Co-occurring Disorders Are Inadequately Served  
Mental Health Problems Are Not Adequately Addressed in Primary Care Settings

#### Recommendations

Early Detection Can Reduce Mental Health Problems  
Schools Should Have the Ability to Play a Larger Role in Mental Health Care for Children  
Treatment for Co-occurring Disorders Must Be Integrated  
Expand Screening and Collaborative Care in Primary Care Settings

### Goal 5: Excellent Mental Health Care Is Delivered and Research Is Accelerated

#### Findings

The Delay Is Too Long Before Research Reaches Practice  
Too Few Benefit from Available Treatment  
Reimbursement Policies Do Not Foster Converting Research to Practice  
Serious Workforce Problems Exist  
Four Areas Have Not Been Studied Enough  
Disparities in Mental Health Research  
Long-term Use of Medications  
The Impact of Trauma  
Acute Care

#### Recommendations

Speed Research On Treatment and Recovery  
Bridge the Gap Between Science and Service  
Change Reimbursement Policies to More Fully Support Evidence-Based Practices  
Address the Workforce Crisis in Mental Health Care  
Study Disparities for Minorities in Mental Health  
Study the Effects of Long-term Medication Use  
Examine the Effects of Trauma  
Address the Problems of Acute Care

### Goal 6: Technology Is Used to Access Mental Health Care and Information

#### Findings

Mental Health Care Lags in Using Technology  
Access to Care Is a Concern in Rural and Other Underserved Areas  
Information Technology Can Now Enhance Medical Records Systems  
Consumers May Not Have Access to Reliable Health Information

#### Recommendations

Underserved Populations Can Benefit from Health Technology  
Electronic Medical Records Will Improve Coordination and Quality  
Personal Health Information Systems Can Help Consumers Manage Their Own Care

## The Texas Code of Criminal Procedure — Chapter 46B. Incompetency to Stand Trial

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was an important addition since the statute still allows the court appointed expert, in accordance with the court's order, to examine the defendant for competency to stand trial and for his/her state of mind at the time of the alleged offense, as the defendant intends to raise the affirmative defense of insanity. Thus, this section provides added protection for the defendant who is found to be incompetent.

The task force agreed that it was a better practice to have the defendant committed to a state

institution for treatment and when the defendant is returned to a state of competence, the examination/evaluation of his/her state of mind at the time of the alleged offense can be completed.

The sixth major change in the new statute is found in Article 46B.086, Court-Ordered Medications'. This was the most hotly debated section of the new statute during the task force meetings and the legislative committee hearings. This section addresses the situation where the defendant was committed to a state institution

having been found incompetent to stand trial. The defendant was diagnosed, treated, and returned to the county and the court of jurisdiction, having been found to be competent to stand trial. The state institution in addition to returning the defendant to the county also provides recommendations for continued treatment which might include psychoactive medications. If the defendant upon return to the county refuses to take the prescribed medications, this article now provides a mechanism for court ordered medication. The

procedure set up by this article provides for the defendant's equal protection under the law and preserves the defendant's due process rights.

The above cited articles are those that are of most interest to psychiatrists and psychologists. However, the entire Incompetency to Stand Trial has been revised and is easier to follow and interpret than the present Article 46.02. For those psychiatrists who perform these examinations/evaluations, a review of the entire Chapter 46B is recommended.



# Leadership Conference – 2003

**T**SPP conducted its seventh annual Summer Leadership Conference for the Mental Illness Awareness Coalition at the Hyatt Hill Country Resort in San Antonio on August 2-3, 2003. The Mental Illness Awareness Coalition is composed of the Mental Health Association in Texas, NAMI Texas, Texas Depression and Bipolar Support Alliance, Texas Mental Health Consumers, Texas Medical Association and TSPP.

The Coalition conference featured an interactive presentation entitled "Building Effective Personal Leadership Skills for Organizational Success," conducted by Thomas Fairchild, PhD, University of North Texas. The conference helped to illustrate how individuals should apply their individual leadership skills to various situational problems.

The luncheon speaker for the conference was Representative Larry Phillips, a new member of the Texas Legislature from Sherman. Representative Phillips briefed the conference on the activities of the 2003 Texas Legislature and provided suggestions for how mental health advocates could effectively educate legislators

about their issues. He was especially complimentary to TSPP members for their excellent efforts to educate legislators about the issue of psychologists' prescribing privileges.

Following the luncheon, the MIT members chose to meet and discuss their activities for the upcoming year. After enjoying the amenities of the Hyatt Hill Country Resort with families and friends on Saturday afternoon, members enjoyed visiting with each other during a reception.

On Sunday morning, TSPP members participated in a strategic planning meeting, featuring a discussion of a new membership program offering choice of membership to psychiatrists (TSPP Affiliates), planning for the upcoming legislative election cycle, and a review of the President's New Freedom Commission Report on Mental Health.

All TSPP members and coalition partners should plan on attending the Summer Leadership Conference, usually conducted during the first weekend of August.



(l to right)  
Kimberly McLaren, MD,  
Cindy Marshall, MD, and  
Laurel Williams, DO.



Thomas Fairchild,  
PhD discusses  
keys to effective  
individual and  
organizational  
leadership.



Representative Larry Phillips  
sharing his experiences as a new  
member of the Texas Legislature.



Susan Stone, MD, Jim Van  
Norman, MD and Joseph  
Burkett, MD (l to right)



Mike Madigan, MD and  
Conway McDonald, MD  
(l to right) visit during  
the reception.

## CALENDAR OF MEETINGS

### OCTOBER

- 29 **39th Annual Conference of the Learning Disabilities Association of Texas**  
Renaissance Austin Hotel  
Austin, TX  
Contact: 512/458-8234 or 800/604-7500
- 29 **55th Institute on Psychiatric Services**  
Marriott Copley Place Hotel  
Boston, MA  
Contact: 703/907-7815

### NOVEMBER

- 7-9 **TSPP Annual Convention and Scientific Program**  
Omni Hotel, Four Riverway, Houston, TX
- 7 TSPP Committee Meetings  
Convention Welcome Reception
- 8 TSPP Scientific Program, "Psychiatry Today"  
TSPP and TPPER Annual Meetings  
TSPP Awards Banquet
- 9 TSPP Scientific Program, "Psychiatry Today"

### MAY 2004

- 15 **TSPP Committee Meetings (tentative)**  
Austin, TX
- 16 **TSPP Executive Council Meeting (tentative)**  
Austin, TX



## TSPP MEMBER INFORMATION UPDATE

NAME _____			
ADDRESS _____			
CITY ( )	( )	STATE	ZIP
TELEPHONE	FAX	E-MAIL	

Send your update information to:

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