

Texas Psychiatrist

Season's Greetings



Psychiatry, the “Art” or the “Science”?

William H. Reid, MD, MPH, President, Texas Society of Psychiatric Physicians



William H. Reid, MD, MPH

Our specialty – our medical specialty – occasionally catches flak for being “different” from the other specialties. We’ve all been pulled into the philosophical question: Is psychiatry an “art” or a “science”? I’m often asked that question by lawyers attacking the credibility of psychiatric testimony. Just last week, a vigorous defense attorney tried to dilute my opinions in a murder trial by demanding that I agree with him that psychiatry is an “inexact” branch of medicine, compared to neurology or surgery.

Don’t fall for that. Don’t even allow listeners to take the question seriously. Once such a premise is given credence, especially in an “either-or” format, the audience (be they colleagues, patients, or jury members) becomes primed to pigeonhole psychiatry as something very limited, and something it’s not.

Like many of us, I learned early that psychiatry has far more similarities to, than differences from, the rest of medicine. Our primary tasks, which we can fulfill admirably for most patients, are consistent with all the important medical traditions, from Hippocrates’ exhortations to the present.

We strive to alleviate pain. People have sought out physicians for the relief of pain since ancient times. Good psychiatrists listen to their patients, and often recognize more kinds of pain than do other doctors. In the best Hippocratic tradition, we see, we listen, and we feel what our patients have to convey. Then we do something about it. We have an armamentarium of “analgesics” – and not just drugs – that address the body, the mind, and the spirit. Alleviate pain. I can’t think

of a higher calling for medicine, and we do it well.

We mitigate, attenuate, and sometimes cure, illness. Quality psychiatric treatment does a good job of treating mental illness. The stereotype many of us endured years ago, of the supposed impotence of psychiatry in the face of severe illness, just doesn’t apply when good clinicians take advantage of modern therapeutic techniques. It’s true that some of our patients don’t get much better, and some of the disorders we treat are refractory to our efforts, but we should not forget that the same is true of other specialties as well. Like our colleagues in cardiology, nephrology, and oncology, we can relieve the pain, attenuate the pathology, and change the disease course for most of the patients we see.

We diagnose or clarify symptoms. Psychiatric symptoms are routinely confusing, and often frightening, to patients and those around them. Simply clarifying symptoms and helping patients see that they are logical and controllable, not random and chaotic, alleviates a lot of suffering. Good psychiatrists are among the best diagnosticians in medicine. Perhaps that’s because we’re trained to spend time with patients, listen closely to them, gather information from disparate sources, and recognize even the unspoken symptoms that are reflected in our patients’ feelings and behaviors.

We see and attend to the whole patient, within himself, his family, and his larger environment. No specialty covers the patient more completely than psychiatry. Our work often must take other body systems into account. Our clinical bailiwick includes not only “mental” illness but also the psychiatric aspects of virtually every other medical condition, physical trauma, and sociocultural experience encountered

by people at every age and stage of life. We take the concept of “biopsychosocial” seriously.

We study medical and scientific topics to expand the boundaries of our clinical knowledge. The breadth and depth of clinical education available to, and expected of, psychiatrists is staggering. The educational programs at TSPP, APA, and other professional meetings run the gamut from the emotional impact of disasters to psychotherapies, biological treatments, genetic and molecular research, and far beyond. The National Institute of Mental Health is the largest single part of the National Institutes of Health. Psychiatry has more peer-reviewed journals catalogued by the National Library of Medicine than any other specialty. No specialty pursues more, or more varied, clinical, social, and epidemiological research endeavors.

We help people, and place that help before virtually everything else when working with patients. We help people in more different clinical and social settings than any other specialty, from hospital to outpatient care, from day program to correctional institution, from academia to rural outreach, from salaried position to private practice, from direct care to administrative oversight. Medical students going into psychiatry, residents who have made a commitment to our specialty, and seasoned practitioners alike are generally infused with the concept of helping others. We’re not in it for the money or the status. We don’t spend our careers out of sight of patients. We have chosen to meet our patients head-on, to see their symptoms and their plights first-hand, not filtered through laboratory tests or radiographic images or isolated in some sterile, draped surgical field. We see our patients’ personal responses, good or bad, to the care we give.

Sometimes that’s hard to do; sometimes we burn out; but we stick with it as long as we can, because our patients and their families matter.

We lead the patient’s treatment team. With a few exceptions (such as when we are consultants or work in consultation-liaison with other physicians), patients and their families should view their psychiatrists as the leaders of their treatment teams, using and modeling our skills in interviewing, examining, communicating, diagnosing, prescribing, performing psychotherapy, and generally being doctors. If your patients, your team colleagues, or your employers or supervisors think otherwise, or treat you as if you don’t have those skills and expertise (or as if you and your specialty were merely adjuncts to psychiatric patient care), think about why they’ve formed such an impression. What are you doing to make sure your patients get the same level of care, expertise, and sophistication from psychiatry that they expect from other specialties?

Accept your leadership role in your patients’ care. Don’t let anyone tell you that you’re just another member of the treatment team, working in an “inexact” profession, or resigned to some neither-fish-nor-fowl position between art and science.

Take psychiatry and its position in the pantheon of medicine seriously, and practice well. ■

INSIDE

Editors6

One Is A Lonely Number2

**Special Pictorial –
TSPP 2007 Annual Convention
and Scientific Program3-6**

Advocacy/Service3

Professional Education4

Fellowship5,6

2008 TSCAP Summer
Conference in San Antonio6



SAVE THE DATE!

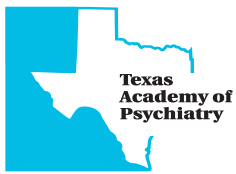
TSPP SPRING MEETING • APRIL 5-6, 2008

Committee Meetings, CME Dinner Program, Executive Council Mtg
Renaissance Austin Hotel
9721 Arboretum Blvd.
Austin, Texas

FOR HOTEL ROOM RESERVATIONS

TSPP Discounted Room Rate \$148.00, Prior to March 14.

Reservations: 512-343-2626 or 1-800-468-3571



One Is A Lonely Number

Lauren D. Parsons, MD, President, Texas Academy of Psychiatry



Lauren D. Parsons, MD

I can hardly believe it. It seems like just yesterday I was beginning my term as President of the Texas Academy of Psychiatry. Now, six months have passed and as I look back, I thank my colleagues for this opportunity to be a part of something so much bigger than myself.

The month of November was a busy one with a number of opportunities to connect with other psychiatrists in the state. The Department of State Health Services held its annual Physicians' Conference in Austin while that same week, the Texas Society of Psychiatric Physicians held its annual scientific conference in Houston. The camaraderie and fellowship was delightful and I was able to renew old acquaintances as well as create a few new ones.

I couldn't help but be impressed by the "connectivity" of these groups of professionals. Everywhere I looked, people were using laptop computers, Smart phones, PDA's, and all manner of electronic devices to stay connected. But a bit of irony that was not lost on me was the undeniable fact that the real result of these connective devices is to create a wall, to create a world of isolation. Much like Sandra Bullock's character in "The Net", as we are drawn deeper into the world of electronic convenience, it is easier and easier to lose our humanity and our identity. We get so use to texting, we forget how to converse. One day we may wake up and find that no one knows who we are, including ourselves.

My biggest fear is that some day in the not too distant future, no one will leave their house except to deliver goods and services to other people who never leave their house. Anything that can be done from the comfort and convenience of one's home will be done exactly that way. We are rapidly moving in that direction. We are becoming a society of Online banking,

Internet shopping, music downloading robots.

I realize there is much good that can be accomplished through the use of technology, but we must not make those gains at the expense of our humanity. The therapeutic

*I believe there is
still a great deal
of humanity
surrounding us.
It is our duty to
nurture it and
explore ways to
make it grow.*

relationship is a significant, genuine element in Psychiatry. As we have less direct contact with others, will we "forget" how to connect? Will future generations of Psychiatrists become like the boy in the plastic bubble, so insulated from the world around them they have a distorted frame of reference?

All this being said, I believe there is still a great deal of humanity surrounding us. It is our duty to nurture it and explore ways to make it grow.

Take the holiday season. People talk about the holiday spirit. Although there are stressors all around, this season still brings out the best in most people. They smile a little bit more. They let others "cut" in front of them in line. All in all, the Golden Rule experiences a revival around this time of the year.

My question is, "Why can't we behave like this all the time?" Does it cost "extra" to be courteous? Are you afraid smiling too

much will give you wrinkles? If you are two seconds delayed because you allowed someone to get over on the freeway, will that really have a lasting impact on your life?

What is it about this time of year that revives the human spirit? For many it is the promise of being a part of some greater collective, reestablishing the connections they yearn for. For others, I think it is the seasonal reminders all around which help shape their behavior.

One thing is for certain; Man is, by nature, a social creature. We must maintain our contact with others to maintain our contact with reality. If this were not the case, why would solitary confinement be considered a punishment?

I was asked at our TAP meeting in November to write an open letter to all psychiatrists in Texas who are not currently affiliated with organized psychiatry encouraging them to get connected, get involved. There are so many different ways for you to make a difference, so many groups from which to choose how you want to participate. All it takes is your commitment to have your voice heard and your willingness to foster your humanity.

"Dear Texas Psychiatrist,

If you want to make a difference in the

lives of the people we serve, please consider joining the Texas Academy of Psychiatry. We are a group of your colleagues working to improve the delivery of Psychiatric services in the state of Texas through organized advocacy.

The increase in funding for Crisis Redesign resulting from the 80th Legislative session is proof that when an organized, well thought out presentation of information is made available to the decision makers, our voice can make a difference.

Please consider joining the other members of the Texas Academy of Psychiatry in our mission to improve the availability and quality of psychiatric services afforded to the people in the state of Texas as well as fighting to eliminate the stigma associated with mental illness."

I wish you all a Peaceful and Joyous holiday season and a Happy and Prosperous New Year! ■

Neuropsychiatry Medical Student Clerkship Director

The Department of Neuropsychiatry and Behavioral Science at Texas Tech University Health Sciences Center in Lubbock, Texas, seeks a qualified psychiatrist to assume responsibility for its clinical education programs for medical students. The position is primarily ambulatory, and does not necessarily require an academic scholarly background. The successful candidate should have a demonstrated interest in clinical teaching, and excellent skills in the practice of Psychiatry. Inquiries are welcome from persons of all backgrounds, and levels of experience in Psychiatry.

Randolph B. Schiffer, M.D.

Chair, Department of Neuropsychiatry and Behavioral Science

Texas Tech University Health Sciences Center

3601 4th Street

Lubbock, Texas 79430

Tel: 806-743-2249

EMAIL: Randolph.Schiffer@ttuhsc.edu

Medical Malpractice Insurance

Are you paying too much?

The **Federation of Texas Psychiatry** in cooperation with **Cunningham Group** is offering Texas psychiatrists free premium indications. Prices have come down during the past year — one insurer dropped its rates 48 percent.

Let Cunningham Group shop the market for you and reduce your premium.

Go to the Cunningham website (**www.cg-ins.com**) and complete the Medical Malpractice Premium Indication Short Form to receive your premium indication.

**Cunningham
Group**

**Professional Liability Insurance Services
Phone 512-336-5336 • Fax 512-336-7121**



TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

TSPP 2007 Annual Convention and Scientific Program

Each year, the TSPP Annual Convention and Scientific Program highlights the four core values of membership: **ADVOCACY** for patients and psychiatry; **SERVICE** to psychiatry and community; quality **PROFESSIONAL EDUCATION**; and **FELLOWSHIP** with colleagues. The 2007 Annual Convention and Scientific Program conducted in Houston on November 2-4 was no exception. Pictured on the following pages are TSPP members, and colleagues from other professional organizations, as they experienced the 2007 Annual Convention and Scientific Program.

A D V O C A C Y / S E R V I C E





TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

TSPP 2007 Annual Convention and Scientific Program

PROFESSIONAL EDUCATION



CH/A PSYCHIATRIST

1 Hour from Austin Airport

- ❖ In-patient - RTC - Out-patient ❖ Competitive salary + bonus
- ❖ Full benefits package ❖ Close to lakes & reservoirs ❖ 7 golf courses w/in 19 miles

Offering the charm of a small town yet close enough to enjoy the amenities of Austin, TX. A perfect position to balance your personal and professional life in a marvelous setting!

For details on all Texas opportunities
Call Debbie (877) 733-ARCH (2724)
Email CV debbie@archrecruiting.com

Is your practice losing money?

Kelley's Claims employs experienced, university degreed professionals to assist with your medical billing needs. Our steadfast process provides:

- Increased cash flow
- Decreased overhead expenses
- Faster reimbursement
- Reduced aging A/R

We offer complete billing services with a specialization in mental health billing.

Contact **Kelley's Claims** at:

210-695-9015

kelleysclaims@satx.rr.com

References available upon request

Psychiatrist or PCP experienced in Geriatrics.

Clinical, Supervisory and Administrative Responsibility with Geriatric Psychiatry Group.
FT \$200,000.00/yr DOE.

Chart Reviews, Supervision of NP/PA, Phone Consults, PT 5-20 hrs/wk
\$100.00+/hr DOE \$1000.00/mth min.

Expertise in psychopharmacology, psychotherapy, community or geriatric psychiatry.

E-mail:
jglover@seniorpsychiatry.com



TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

TSPP 2007 Annual Convention and Scientific Program

FELLOWSHIP





2008 TSCAP Summer Conference in San Antonio

Benigno J. Fernandez, MD, President, Texas Society of Child and Adolescent Psychiatry



Benigno J. Fernandez, MD

Plans are well underway for the 2008 Summer Conference of the Texas Society of Child and Adolescent Psychiatry: "Evaluation and Treatment of Disorders of Early Development." The conference will take place on July 18-20, 2008 at the Westin La Cantera Resort in San Antonio.

Adjacent to Six Flags Fiesta Texas, La Cantera Resort offers luxurious spa experiences; two 18-hole championship golf courses; two tennis courts, jogging and walking trails; separate children's pool and a water recreation area comprised of five outdoor pools, two hot tubs and a water

slide. New to the resort are The Shops at La Cantera. Hotel shuttle service is available to and from the hotel to the shops. The discounted TSCAP hotel room block at \$179.00 will sell out quickly so please make your hotel reservations today by calling 1-800-228-3000.

Convention Highlights: Complimentary Friday Evening Early-Bird Welcome Reception with Exhibitors; Saturday CME Scientific Program 8:15 am – 3:30 pm, followed by a festive Afternoon Reception and Evening on Your Own enjoying all of the sights and sounds of San Antonio. The con-

ference will conclude on Sunday with the CME Scientific Program 9:00 am – 12:15 pm.

Scientific Program Highlights include:

The guest speaker, Richard D. Todd, M.D. (Blanche F. Ittleson Professor of Psychiatry, Director of the William Greenleaf Eliot Division of Child Psychiatry, and Professor of Genetics at the Washington University School of Medicine in St. Louis) will discuss "Genetics in Family Studies of Autism." Dr. Todd recently co-authored a study showing that rapid quantitative assessments by teachers and parents constitute a cost-

effective method for measuring and tracking the severity of autistic symptomatology in both educational and clinical settings (JAACAP, Dec. 2007, 46 (12): 1668-1676).

Alice R. Mao, M.D. (Associate Professor of Psychiatry at the Menninger Department of Psychiatry and Behavioral Health Sciences, Baylor College of Medicine) will review psychosocial interventions for children with Autism. Don't miss her CME supplement in the October 2007 Psychiatric Times!

Steven R. Pliszka, M.D. (Deputy Chairman and Chief of the Division of Child Psychiatry at The University of Texas Health Science Center at San Antonio) will examine the psychopharmacology of ADHD in special populations. This conference will also feature topics on assessment tools for early diagnosis of autism, and ethical and legal considerations in the treatment of young children with medications.

The full program and registration form will be available in February. In the interim however, please make your hotel reservations in advance. Hasta la vista... I hope to see you here in San Antonio! ■



F E L L O W S H I P



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

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

EDITORIAL BOARD

Federation Executive Committee

MANAGING EDITORS

John R. Bush
Debbie Sundberg

Federation of Texas Psychiatry

401 West 15th Street, Suite 675
Austin, Texas 78701
(512) 478-0605/(512) 478-5223 (FAX)
TxPsychiatry@aol.com (E-mail)
<http://www.txpsych.org> (website)

PRSRT STD
U.S. Postage
PAID
AUSTIN, TX
Permit No. 525

Federation of Texas Psychiatry

401 West 15th Street, Suite 675
Austin, Texas 78701

TIME DATED MATERIAL