Texas Psychiatrist

Season's Greetings

Synergy

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

Martha E. Leatherman, MD

Are you energized when you spend time with interesting, intelligent people? I am. Are you energized when you discuss complex cases, ethical issues, the latest research and practice management with friends over dinner or a glass of wine? I am. Do you enjoy seeing people dressed up and having fun? I do.

All of this and more happened the weekend before Thanksgiving at the Texas Society of Psychiatric Physicians' Annual Convention and Scientific Program. Let me give you a rundown.

First, the committee meetings were conducted differently this year. Rather than having concurrent committee meetings in different rooms of the convention hotel, the committee meetings were held in clusters by general category: the Council on Organization (Ethics, Fellowship, Finance, Strategic Planning), the Council on Service (Academic Psychiatry, Children and Adolescents Committee, Forensic Psychiatry Committee, Public Mental Health, Socioeconomics), the Council on Education (CME, MIT Section, Professional Practices, Hospital Practices Subcommittee), and the Council on Advocacy (Government Affairs). The committees in each cluster, or Council, (with a couple of exceptions) met at the same time in a large hotel ballroom. There was lots of "cross-pollination" of ideas, and after the committees met, a brief report was given to the Council on what had been accomplished. Because all the committees in a given Council were in the same room, people felt free to move from committee to committee, or to ask another committee questions. With the exception of some difficulty hearing at the larger committees' tables, all the comments I heard about the new structure were very positive. This idea came from the Strategic Planning Committee, and kudos to them for thinking so creatively. In addition to facilitating more discussion and thought, the new structure saves us money by allowing us to reserve fewer meeting rooms.

There was one other council: the Council on Fellowship which included the Chapter Leadership Forum and the Non-Medical Interest Groups. Chapter Presidents had requested a way to meet so that they could discuss common challenges and goals, so we were able to accomplish this by convening the Chapter Leadership Forum. Consistent with our desire to network and enjoy each others' company on a more informal level, the Non-Medical Interest Group will begin to look at ways that members can share common non-medical passions. (I learned that there is an avid sheepdog trainer, and I'm going to follow up on that, although I understand more mainstream interests such as music are also available!)

Coincidentally, we had three guests from the APA attend the meeting: Sidney Weissman, MD who is running for APA Vice-President, Michael Blumenfield, MD who is a candidate for APA President, and Bruce Hershfield, MD APA Assembly Recorder (and recently elected as Assembly Speaker-Elect). All three guests were very impressed by the way our District Branch was organized, our energy, our ability to get along even on contentious issues, and the amount of **fun** we had. Dr. Hershfield was seen on stage with the band, *NightFire*, at the Awards Banquet singing and dancing! Dr. Weissman was especially struck by the way a District Branch representing psychiatrists in such a diverse, geographically "challenged" state were able to unify and have the legislative impact that we do.

I was struck by members' willingness to step up and help. When seats were confusing at one event, a generous member gave up his seat to a guest. When we unexpectedly needed someone to chair the MIT section, Dr. Vitali stepped right up and took on the responsibility. When the band at the awards ceremony wanted another male back-up singer, Dr. Etter was there for us (although we're working on the dancing).

Finally, we had some of the best scientifc presentations I have seen in a long time. What an outstanding faculty: Kevin Gray, MD, Shawn Shea, MD, Avrim Fishfind, MD, Jeffrey Zigman, MD, Pedro Delgado, Christopher Ticknor, MD and Charlotte Brauchle, PhD. We are always so proud to see the work of young psychiatrists, and the winner of the Resident Paper Competition this year, Dr. Marlon Quinones, was no exception.

Overall, the Annual Convention was a huge success. Thank you to everyone who was there. For those of you who couldn't make it, please come to our next meeting in Houston. If everyone would call five of their colleagues, we would really be able to increase the participation at the meetings. More participation means more representation of our needs both organizationally and legislatively. ■

Scenes from the 2008 Annual Convention and Scientific Program

more photos on pages 4-8

Inside

TSPP Executive Council Actions

The TSPP Executive Council met on November 21, 2008 and considered the following:

Fellowship Committee:

Motion: Change the TSPP Annual Meeting Registration form to allow registrants to indicate their membership status. APPROVED

Motion: Provide ribbons for Fellows and Distinguished Fellows for members to place on their name tags at the TSPP Annual Meeting. APPROVED

Finance Committee:

Motion: Ask the TSPP APA Representatives to direct the APA to not raise dues. WITHDRAWN AND MADE AS INFORMATION ONLY REQUEST

Motion: TSPP study the policy of dues exempt status (ie life status, inactive etc.). WITHDRAWN AND MADE AS AN ADMINISTRATIVE REQUEST

Motion: Approve the request for Temporary Inactive Status, for a Permanent Inactive Status and a dues reduction of three members. MEMBERSHIP STATUS CHANGES WERE APPROVED AND THE REQUEST FOR A DUES REDUCTION WAS DENIED PENDING FURTHER DETAILS.

Forensic Psychiatry Committee:

Motion: The TSPP Forensic Psychiatry Committee should explore the feasibility of sponsoring a program jointly with the State Bar of Texas Section on Probate/Elder Law and state attorney associations to elevate attorneys' and physicians' knowledge on the issues associated with an individual's capacity as defined in the Texas Probate Code. APPROVED

Socioeconomics Committee:

Motion: TSPP conduct a survey of its members about their experience with managed care, including Medicaid managed care plans and Medicare Advantage plans; such survey should include: a) adequacy of reimbursement, comparing Medicaid, Medicaid Managed Care and Medicare Advantage Plans to reimbursement by commercial ("carve-out") plans; b) whether managed care problems have led to switching to cash only outpatient practice; and c) disincentives to psychiatrist utilizing psychotherapy. In addition, the results of the survey should be forwarded to APA, together with comparable available data from other states, with the intent that APA support the professionalism and viability of psychiatry by seeking reimbursement of psychiatrists that is adequate, appropriate and comparable to reimbursement received by other physicians. TABLED

Professional Practices Committee:

Motion: Distribute via email to the Executive Council for review and comment the Professional Practices Committee's Guidelines for Physicians with an Impairment from Medical or Psychiatric Conditions. APPROVED

Public Mental Health Services Committee:

Motion: TSPP recommend that the DSHS position of Medical Director report directly to the Commissioner and have a key role with authority and responsibility for policy, communication and implementation of clinical care in MHMR centers. APPROVED

Motion: Support increased funding and opportunity for psychiatric residents for public sector experience in both inpatient and outpatient public sector settings. WITHDRAWN FOR FURTHER CONSIDERATION

Motion: TSPP in partnership with the Texas Department of State Health Services Hospital Division establish an award for Hospital Quality Improvement in memory of David Pharis. This award is to be presented annually at the TSPP Business Meeting. APPROVED

Strategic Planning Committee:

Motion: Endorse the concept to recognize members who maintain membership for at least seven years. WITHDRAWN

Hospital Practices Subcommittee:

Motion: Urge legislative enactment of an amendment to the Texas Health and Safety Code to eliminate the requirement for in-person examination of a prospective patient within 72 hours prior to hospital admission, requiring instead, that after a patient is admitted by a physician's order following initial medical screen, assessment and evaluation, the patient be seen in person by a physician within 24 hours of admission. DEFEATED 11 TO 4, WITH 3 ABSTENTIONS ■

Lucile Reid Brock, a wife and mother of psychiatrists active in TSPP several decades apart, passed away November 20, 2008. She was the author of "Lament to the Wife of a Psychiatrist," an often-quoted poem that is almost never attributed to her. The poem was written during the late 1940s and presented to a Galveston meeting of the Texas-Mexico Neuro-Psychiatric Society at the request of TSPP member and former APA president (then head of Timberlawn Sanitarium), Perry Talkington, M.D. A printed version appeared in the Timberlawn newsletter, *The Happy Valley Spark* (almost certainly a reference to ECT) on October 17, 1958. It was reprinted some 45 years later in Lucile's book, *M.D. Pursuit*.

Here is the poem, which has delighted psychiatrists' spouses for decades, in its original form:

LAMENT TO THE WIFE OF A PSYCHIATRIST

Lucile Reid (Brock)

I never get mad, I get hostile;
I never feel sad; I'm depressed;
If I sew or I knit,
And enjoy it a bit,
I'm not handy, I'm merely obsessed!

If I think that a doorman was nasty,
I'm paranoid, obviously.
And if I take a drink
Without stopping to think,
It's A.A. surely for me.

I never regret, I feel guilty,
And if I should vacuum a hall,
Wash the woodwork and such,
And not mind it too much,
Am I tidy? Compulsive is all!

If I tell you you're right, I'm submissive,
Repressing aggressiveness too,
But if I disagree,
I'm defensive, you see,
And projecting my symptoms on you!

If I can't choose a hat I have conflicts,
With ambivalent feelings toward net;
I never get worried,
or nervous or hurried,
Anxiety! That's what I get!

I love you, but that's just transference,
With Oedipus rearing his head.
My breathing asthmatic
Is psychosomatic,
A fear of exclaiming, "Drop dead!"

If I'm happy, I must be euphoric;
If I go to the Stork Club or Ritz,
And I have a good time
Making puns or a rhyme,
I'm a manic, or maybe a schiz.

I'm not lonely, I'm merely dependent;
My dog has no fleas, just a tic;
So if I seem a cad,
Never mind, just be glad
That I'm not a stinker, I'm sick!

Texas Idol, Part II — Temple of TRAG

Stuart Crane, MD, President, Texas Academy of Psychiatry

Stuart Crane, MD

In the Fall newsletter I made a play for your empathy for our hundreds of colleagues seeing patients in Texas community centers after implementation of the new state Disease Management system. This system, chosen by a bizarre bureaucratic and legislative popularity contest a few years ago, designates the number of hours each provider can spend with the patient, and how to deliver the service, in order to treat those that are truly in need. In this holiday season and New Year, I propose that the clinical teams dealing with the system are also in need. I ask you to place yourselves in the position of the psychiatrists and other mental health professionals in MHMR and support them when given the opportunity. Let us resume with an in depth scrutiny of the arcane tool at the heart of Disease Management, the ongoing assessment first known as the TRAG (Texas Recommended Authorization Guidelines).

From a patient's perspective, surely when a caseworker spends more time on any one activity, that procedure should help to ease suffering and improve functioning more than any other. In the "old days" of the `90s, there was no magic. Caseworkers often knew more about that patient, their family and even their community than any other team member. Any psychiatrist worth their salt loaded up on data gleaned from the alliance formed between caseworker and patient, one that often spanned years or decades. Caseworker meetings focused on getting to the bottom of any resistance or smokescreens in order to gain clinical understanding. Patients came to see the caseworker as error-prone humans who nevertheless were not put off by behaviors or symptoms. Enter the new millennium and...

The halls of the building, no longer in the neighborhood near the patient's home, bustle with unfamiliar acolytes. They robe themselves in odd terminology and confusing roles. Many of them want signatures on myriad of forms not related to health. Those are easily dispatched with a scribble after they promise "free meds," "patient rights," and "reduced fee scales." Finally a caseworker appears, perhaps like the one the patient knew years ago. First, they say, we can do a rating scale. Little does the patient know that this very activity will absorb vast quantities of clinical time in most future encounters. Of course, the caseworker comes from a different world, where folks are happy and together. Maybe if the patient just learns to recite the 8-item litany and watch as the worker enters numbers on to the pulsing LCD screen, progress will be made. After all, the assessment and DSM diagnosis assign the patient to the Service Package ideally suited for their difficulties.

1. SELF HARM: This beginning item highlights how different clinicians and situations cause vast changes in a number. An individual with minor or no injuries calls the Chief of Police, their spouse, and three neighbors and nets a high rating, yet as we heard in our excellent CME presentation on suicide at TSPP's annual meeting, a man with a noose around his neck utters narry a peep afterward until a thorough review of behavioral incidents uncovers the data. In fact, numerous times the INVERSE of the numerical rating on this item would fit better.
2. INCARCERATIONS : Clinical people, by nature, miss antisocial behavior and thinking often. Obviously a sociopath would hit the high score on this item, as well as numerous others on the TRAG. Is it fair to add an item which treats equally those with and without mental illness? You decide.
3. NUMBER OF HOSPITALIZATIONS: From my chair, the nearest state hospital lies a mere 200 miles away (similar for private hospitals). Do you really think our patients are hospitalized identically to those in other parts of Texas? Probably those in certain urban areas could enlighten us on hurdles faced when attempting to find a bed for very sick patients.
4. SUPPORT NEEDS: Most of us when needing support are slow to get it. Yet many of the active patients at a community center rate highly on this item, so they "cooperate" with "skills training." Will this approach really improve functioning? Or provide server hours while making the patient dependent on the system? Leading to the next TRAG item...
5. FUNCTIONAL IMPAIRMENT: Yes, of course we should do better with improvement in functioning in the chronically mentally ill. However, this item clearly can't consider the reasons behind low functioning, which in my estimate gives more important (and useful) clinical information.
6. EMPLOYMENT PROBLEMS: I remember a patient who worked 15 hours a week at a local grocer for many years. He remained on disability yet MHMR services were critical for maintaining his vocational status, which restored his daily rhythm as well as enjoyment of life. Should we discriminate against him for working? His TRAG would.
7. SUBSTANCE ABUSE: Recently I saw a TRAG rating this item at the bottom. The patient forgot to mention his pending DWI case. Good data hides from experienced clinical people in this area, and as far as the "wet behind the ears" caseworker, forget it. Also, what skills will the Service Package provide those in urgent need of detox/rehab?
8. HOUSING AND STABILITY: Considering the current economic climate, perhaps we should all automatically qualify for a maximum score here. Seriously, many of the patients with ongoing Axis II Cluster B issues look identical to those with psychosis living on Lady Bird Lake's greenbelt when rating this item. Do they require the same Service Package?

As caseworkers become preoccupied with the mammoth list of "TRAGs to get done," their ability to grow through a professional relationship with the psychiatrist diminishes. For many years new caseworkers cut their teeth on the clinical leadership of the center psychiatrist. Now, the successful worker grinds out TRAGs and server hours, while the successful manager applies the whip and sorts out which workers can survive the current system. A Texas physician administrator noted that docs tend to stay where a sense of clinical "family" was felt- where the treatment team held a common philosophy on how to care for patients. Does the above system sound like fertile ground for quality teams to thrive? Primarily, it diverts our attention from too large a caseload for too few docs, nurses and caseworkers. Perhaps the most sad aspect involves the child/adolescent clinics. Where formerly experienced clinicans performed real family counseling and casework, now we have stretched workers and psychiatrists forced to overplay their biological repertoire. Again, kudos to those in TSPP who helped get the new funding for Crisis Redesign, but could not our existing treatment dollars go farther without the encumbrance Disease Management added to an already capitated system?
After all, our 40 odd community centers receive a fixed grant from the state as the bulk of their funding. Why should we review utilization if the same dollars are forthcoming?

Perhaps you have encountered a "problem" doctor at a community center, and I admit as with any staff there are a few bad apples, e.g. those that repeatedly cancel clinics on little notice, show up late or just fail to show. I am here to tell you that many of the finest psychiatrists in Texas work as unsung heroes providing excellent care at a community center year after year. To conclude, when you encounter those in the public sector, give them more respect than Rodney Dangerfield. Many times MHMR psychiatrists are playing the cards they were dealt as best they can, within the limitations of the current system, and waiting for those aces to show up down the road. I hope organized groups including TSPP and the Academy can serve as advocates for positive changes in a system which affects so many patients, families, and psychiatrists. ■

TSPP 2008 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 2008 Annual Convention and Scientific Program conducted in San Antonio on November 21-23 was no exception. Pictured on the following pages are TSPP members, and colleagues from other professional organizations, as they experienced the 2008 Annual Convention and Scientific Program.

ADVOCACY/SERVICE

























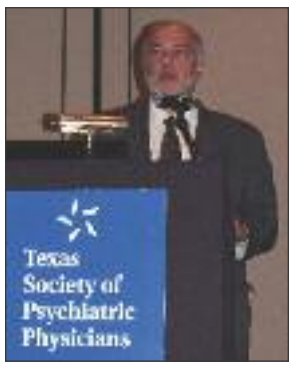




TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

TSPP 2008 Annual Convention and Scientific Program

PROFESSIONAL EDUCATION



TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

TSPP 2008 Annual Convention and Scientific Program

FELLOWSHIP





















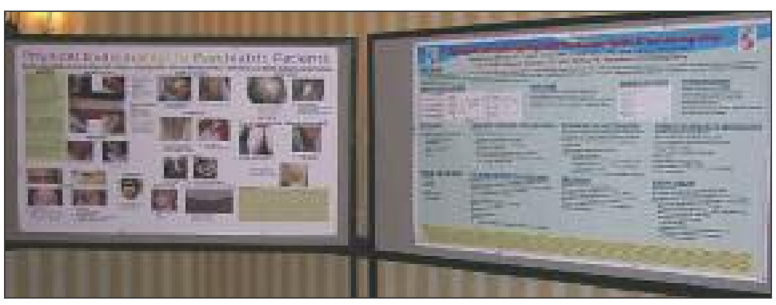
TSPP 2008 Annual Convention and Scientific Program

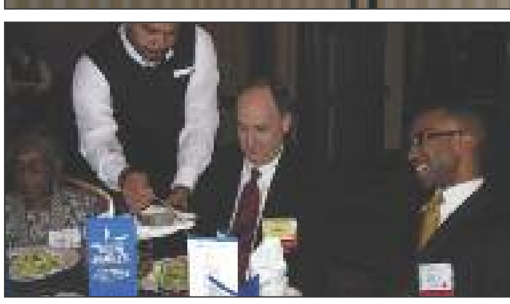
FELLOWSHIP
























A Picture Is Worth 1,000 Words

Lauren Parsons, MD, Chairman, Federation of Texas Psychiatry

Lauren D. Parsons, MD

One of our primary goals as psychiatrists is to do everything we can to decrease and to ultimately eliminate the stigma associated with mental illness. This serves a multitude of purposes including encouraging persons with mental illness to be more likely to seek treatment, assisting families of persons with mental illness to be more supportive, and working toward mental illness research dollars and treatment opportunities being on par with those for non-psychiatric medical illnesses.

So much of what the general public thinks they know of persons with mental illness comes from the movies and television, including news reports and talk shows. Of course we realize that the more sensational the image or description, the more the image "sells." Portraying mentally ill individuals as more dangerous to society as a rule than non-mentally ill counterparts is just not supported by the literature. I will not elaborate here on the particular images of which I write, but those of us who work in this field are all too familiar with them and the damage they can inflict.

With all this being said, there is a ray of hope and a bright spot in the area of decreasing the stigma and bringing back the humanity to our view of persons with mental illness. The Wichita Falls Museum of Arts is currently exhibiting a body of work from a gifted photographer, Michael Nye, which confronts stereotypes and ruptures myths surrounding mental illness and those individuals who deal with it on a daily basis. Mr. Nye sought out individuals in homeless shelters as well as mental health hospitals who were willing to share their experiences. Many, but not all, of the subjects are from Texas which helps make this project even more meaningful to those of us who call Texas home.

According to an article in the Star-Telegram, Mr. Nye first became interested in mental illness after a family friend who had struggled with schizophrenia for most of his adult life committed suicide. The original intent of this project was to honor his friend, but soon it was evident that this could be so much more and the Fine Line was born.

The Fine Line exhibit consists of 55 black and white photographs each with an audio narrative based on interviews with the individuals who were photographed. Each of these individuals has been touched in some way by mental illness and this was their opportunity to share their story. As you view the visual component of each piece you are simultaneously enveloped by their words coming through the head phones at each station. The power of these images is intense and the message they convey is even more so.

The Fine Line has been on display in over 30 cities across the country since its completion in 2003. Originally launched at the Witte Museum in San Antonio, Texas, this exhibit has been shown at museums, libraries, schools of medicine, centers for photography, as well several universities and the Substance Abuse and Mental Health Administration (SAMSA) in Washington, D. C.

According to one of the primary sponsors for this exhibit in Wichita Falls, "This has been the best attended exhibit at the museum in recent memory." One reason for this could be that in order to bring this opportunity to town, a number of interested parties teamed up in order to support the cost involved with such a project. In addition, the local community of mental health providers volunteered their time and expertise to give a series of lectures aimed at educating the public on a wide variety of mental health issues.

The diversity of individuals involved in bringing this exhibit to town has helped to raise awareness of the topic and as information is shared, ignorance is replaced with knowledge, fantasy is replaced with truth, apprehension is replaced with serenity, and stigma melts away.

I would advise anyone who is reading this newsletter to seek out and view this exhibit. Take a friend, family members, colleagues, or anyone else you can think of. If you are in a position to influence the members of your community to bring this exhibit to your town, I strongly encourage you to do so. Having experienced this exhibit while it was on display at Austin State Hospital, I can assure you, you will be changed by this experience. No matter how many years you may have been in practice or how many patients you may have treated, this is an opportunity that is not to be missed. ■

FELLOWSHIP

JOB BANK

Whether you are looking for career opportunities
or you are recruiting to fill a position in your organization,
you will want to check out the Federation's **JOB BANK**
on its website at www.txpsych.org.
The Federation's JOB BANK could be just what
you have been looking for.

The TEXAS 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.

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