



# Texas Society of Psychiatric Physicians NEWSLETTER

DECEMBER 2001 / JANUARY 2002

## The Ethics Corner

Milton Altschuler, MD

Since the publication of the initial *Ethics Corner* column, a letter was received by the *Newsletter* that felt I trivialized child/adolescent psychopathology and treatment. The letter had the following issues:

1. Whether or not the long-term hospitalization of children/adolescents during the 1980's and 90's was an ethical issue.
2. That there is a genuine necessity for long term hospitalization of severely ill child/adolescent psychiatric patients who have psychopathology across the broad spectrum of depression, acting out behavior, traumatized children, runaway and psychotic adolescents.

It is in the nature of ethics that there are only broad guidelines for the physician to follow. This allows a wide latitude of behavior. I certainly agree that patients with severe psychopathology should be treated with the best treatment possible at all times. Whether this is inpatient or outpatient is irrelevant. What is ethical deals with whether or not the physician

makes a judgment based on an adequate treatment plan that is followed or is based on issues other than psychopathology. An example that I can recall from my own practice was a young woman of eighteen years who had been hospitalized four times since the age of twelve years old by her mother. Her parents had been divorced and the patient had acted out in school and at home but not to a degree that was atypical of her peers. She would challenge her mother and her teachers. Her grades were erratic. However, during the course of six years she had been hospitalized four times at her mother's request. It seems that the mother felt that she needed a "break" from her daughter, and therefore the daughter was sent to a psychiatric hospital. I am sure that for every story such as the one that I just described there are dozens of legitimate hospitalizations. The issue is not a justification of any one or a dozen patients, but the soul of the psychiatrist who asks himself/herself, "Am I treating this patient appropriately;" and "Is there a legitimate treat-

ment plan that I can offer to aid this patient." If one can answer "yes" then the ethical question has certainly been answered. I was attempting in the first column to deal with the fact that, as any other human being, some of us succumb to issues not necessarily in our patients' best interest. When that occurs, there is an ethical question. That ethical question is whether or not we, as physicians, have exploited the patient for our own benefit.

This service to a patient takes many forms. It can be boundary violations, demeaning the dignity of a patient, exploiting information furnished by the patient, or abusing the position of power afforded to the physician by his position. Most of the above-mentioned are self-explanatory. Today's environment of managed care has made it very difficult to practice any form of medicine, not only psychiatry. The managed health care organizations attempt to compromise treatment for monetary consideration. There is no satisfactory answer as to how to develop adequate treatment plans that may fit

within the guidelines of some of the managed care organizations. However, it would behoove the physician to attempt to explain to the patient and the insurance company recommendations for optimal treatment. Today we live in an environment with split responsibility between the psychiatrist and psychotherapist. This split treatment responsibility does not exclude the psychiatrist from expending sufficient time to assure proper care is given, if the psychiatrist is in a collaborative or supervisory role with another mental health worker.

In summary, ethics is neither an ethereal subject nor one of sufficient vagueness that no conclusions can be made. Instead it is a conceptual basis of moral integrity in which a physician approaches a patient with best intentions of treatment in a competent and dignified manner. As long as these issues are addressed, many of the specific issues involved in the principles of medical ethics will be followed. This will continue to have the practice of medicine respected within our society.



## APA Fellowship Restructured

Fellowship is a national honor awarded by the APA to psychiatrists who have made and continue to make significant contributions to the profession and the community. Excellence, not mere competency, is the hallmark of the potential Fellow.

Starting in 2002, APA Fellowship will be restructured into two categories:

**FELLOW:** Members who meet the following criteria:

- Five consecutive years as an APA General Member
- ABPN, RCPS, or AOA certification
- Three letters of recommendation from APA Fellows
- Concurrence of the TSPP.

**DISTINGUISHED FELLOW:** Members who meet the following criteria:

- Eight years as an APA General Member
- Primary identification must be psychiatry for those in combined fields (e.g. psychiatry and pediatrics)
- Significant contributions in at least 5 of the areas listed below:
  - Certification by the ABPN, RCPS, or AOA;
  - Involvement in the work of the District Branch or other components of the APA;
  - Involvement in other medical and professional organizations;
  - Participation in non-compensated mental health and medical activities of social significance;
  - Participation in community activities unrelated to income-producing activities;
  - Clinical contributions;
  - Administrative contributions;
  - Teaching contributions;
  - Scientific and scholarly publications

- Three letters of recommendation from current APA Fellows.

**Those members who are currently APA Fellows will be automatically upgraded to Distinguished Fellow.**

The process of nomination for either Fellow or Distinguished Fellow starts at the District Branch. All eligible members will be identified by the TSPP with a listing provided each Chapter's Fellowship Committee representative. You should contact your Chapter representative if you are interested in applying. The TSPP Fellowship Committee will meet in Austin on February 16, 2002.

Chapter Fellowship Committee representatives are:

- Austin . . . . . James Hageman, MD
- Bexar County . . . . . Patrick Holden, MD
- Brazos Valley . . . . . David Rosen, MD

- Corpus Christi . . . . . Cecil Childers, MD
- East Texas . . . . . John Hall, MD
- El Paso . . . . . Jacob Schut, MD
- Galveston-Jefferson . . . . . Edward Gripon, MD
- Heart of Texas . . . . .
- Houston . . . . . Adib Mikhail, MD
- Lone Star . . . . .
- North Texas . . . . . Kathleen Erdman, MD
- Red River . . . . .
- South Texas . . . . . Fructuoso Irigoyen, MD
- Tarrant . . . . . Gary Etter, MD
- Victoria . . . . .
- West Texas . . . . . Tom Hanretta, MD



## Citizens Join Inpatient Mental Health Services Advisory Committee

Six people have been named to the Texas Department of Mental Health and Mental Retardation's Advisory Committee on Inpatient Mental Health Services by Board Chairman Andrew Hardin of McKinney. Hardin announced the appointments during the Texas Board of Mental Health and Mental Retardation meeting in Austin. Gayle Jensen-Savoie of Plano, director of Seay Behavioral Health Care Center, and Diana Kern of Austin, public policy assistant at the National Alliance

of the Mentally Ill of Texas, are new appointments, with terms to expire August 31, 2005. Renee Wardrum of Austin, an advocate for the mentally ill, will fill a term that will expire August 31, 2003. Three psychiatrists were reappointed to the Committee, including Larry Stone, MD, a child psychiatrist, of San Antonio; Martin Guerrero, MD, with the El Paso Psychiatric Center of El Paso; and Larry Tripp, MD of Dallas. Their terms will expire August 31, 2005. The nine-member Advisory

Committee was legislatively established to advise the Board on policies and issues related to mental health services provided in licensed inpatient settings. In addition, the committee assists in the coordination and communication between TDMHMR and the Texas Department of Health regarding consistent interpretation and enforcement of policies, rules, and training for TDH surveyors and investigators.



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# PRESIDENT'S MESSAGE

## APA Elections

I am writing to you about elections, or, more broadly the elected officials with whom we work, in two domains. The first is the election of officers for the APA. Your ballots will arrive shortly after receiving this issue of the Newsletter. This election is more important than most of the annual elections of the APA. Several structural problems have concurrently contributed to an operating deficit this year in excess of \$1 million. Having served on the Board of Trustees as Area 5 Trustee for 6 years, and on the Search Committee that elected Steve Mirin, MD Medical Director, I have some first hand understanding of the issues involved. However, the half-life of much information is short, so in many areas my knowledge is no greater than that of the average member of the APA. Those of you who attended the outstanding Annual Convention of the TSPP in Galveston had the opportunity to meet with and hear from 4 of the candidates regarding their assessments of the APA and their plans if elected (Marcia Goin, MD, Sid Weissman, MD, Barry Chaitin, MD and Herb Peyser, MD).

The difficulties I see lie in three areas. The current APA structure, which was developed over a period of a quarter century of sustained expansion of the number of members and relatively generous benefits for hospitalized care, yielded an ever expanding revenue base. This resulted in a cumbersome and expensive organizational structure. In addition to the fundamental components of a Board and state chapters, or as referred to, "district branches," the APA has an amazingly large number of committees, commissions and councils. Also, a second level of governance, the Assembly, has complex interactions with the Board and these committees. Earlier efforts to prune this structure, both for purposes of reducing expenses and also to speed the tediously slow decision making that results, were undertaken. However, many components targeted for sunseting or diminished resources have resisted the proposed changes.

The second issue is the relationship between the APA and the District Branches. My view is that a more corporate arrangement, with active information flow between "the main office and the Branch offices" is desirable. Indeed, the APA has recognized that more of the key political action now occurs at the state level, and for the first time this year shared some revenues with District Branches. However, much more needs to be done in this area, both structurally and in fund sharing.

The third area is information systems. The APA has gone through several efforts to develop an adequate data system that would link the several organizational functions within the organization. Basically, these efforts have failed, despite expenditures in excess of \$1 million. Although some elements have improved, a function such as tracking dues payment and allocating the payment to APA and District Branches is not satisfactorily accomplished. Similarly, something as straightforward as a member, or the District Branch office, being able to obtain by electronic search the names of TSPP members currently serving on APA committees is not possible.

Each of the candidates for election is well qualified. However, they differ substantially in the strategy by and degree to which they will implement structural changes that address these and related serious problems. Learn as much as you can about them. Encourage other psychiatrists to vote. Then hold those who are elected accountable. For example, an email to Jack Bonner (jbonner@ghsms.ghs.org), your current Trustee, will help Jack in representing you. Over the years I have supported members who have won and members who have lost. In nearly all instances, non-partisanship has prevailed, and the candidate elected has done his/her best to represent all members. One additional note: None of the current candidates are from Texas. Those of you reading this include the leaders of psychiatry in Texas. It is important that your influence and leadership be exercised nationally.

## State Funding and Programs for the Mentally Ill

The second front to discuss is my presidential platform of "26th by 06": How we can improve the adequacy of the embarrassing support for services for the medically indigent mentally ill in Texas. In the recent legislative session, TSPP won on the issue of prescribing authority for psychologists. However, TSPP, our patients, and other advocacy organizations lost on the issue of funding for care. The problem is not only that we rank around 47th in per capita funding, whereas the state ranks 26th in per capital income. It is not only that we rank last in tax revenues raised per dollar of income of any state. It is also a mindset that we cannot do any better, and, at least for our Governor, that we should not attempt to do so.

The Governor vetoed an Omnibus Medicaid Restructure bill that would have increased Federal funding for health care and expanded access for the severely mentally ill. The bill passed both the Senate and the House with broad bipartisan support. The Governor further hurt patient care by vetoing a prompt pay bill that also had broad bipartisan support as well as TMA and consumer organization support. Tom Hancher, President of TMA noted, "Governor Perry's veto of HB 1862 gives the profit-driven managed care industry in our state a license to steal." The Governor also vetoed another bill to provide individual consumers who desired to appeal a denial, termination, or reduction of health care services by a health benefit plan.

One consequence of this lack of resources for treatment of the mentally ill in Texas is the abysmal criminalization of mental illness, especially among young persons. As George Santos, MD, Chair of our Public Affairs Committee, put it to the Committee which met in Galveston, "Texas has had a 39% drop in psychiatric beds since 1996. We are under-bedded. MHMR services seem to have been sharply constricted because of financial mandates from the State. The safety net for indigent mental healthcare has been severely reduced. The strategy and



CHARLES L. BOWDEN, MD

message we craft for this problem could also tie in with Dr. Bowden's theme of 26th by 2006."

What you can do about this evolving tragedy is to understand some fundamentals of politics and act accordingly. Legislators will provide citizens with no more governance than we request of them. Those of you who have working relationships with a legislator need to let the legislator and his/her staff know what you believe to be needed in these areas of funding, parity of coverage, prompt payments, and accessing Federal funds for Medicaid. If a legislator is opposed to these, or falls back on the rationalization that there is just not enough money in the budget to do what is needed, consider whether you would do better to support a different person. My view is that funding for the mentally ill will not be singled out for adequate increases. Therefore, for any reasonable improvement to occur, it must be part of a broad restructuring of tax revenues in Texas, likely, eventually to include a personal income tax. Without this, Texas will lag behind all but the most backward states in the U.S. in the way we care for the mentally ill and attempt to provide equal educational opportunity to the children and young persons of this state.

A rising tide raises all ships. Unless we convey assiduously our view of the need for more adequate funds, we will all live and practice in a state that fails because it does so much less than it has resources to accomplish. To wait until the next legislative session to address these issues is to lose the opportunity by default. If you individually, and TSPP as an organization, bring a clear message on these points to politicians, and work collaboratively with our coalition partners, we will have some successes within the time frame of the next 2 years. We can then confidently seek to build on those successes in the years beyond.

Last, I just learned of the death of Jane Preston, MD. Jane was a wonderful, talented, effective, humorous psychiatrist. She was a pioneer in the development of telemedicine, and, for this was nationally recognized. She wrote me earlier this year to say that for multiple medical problems she would not be able to attend the Annual Convention, where she received the TSPP Special Service Award. She characteristically poked fun at herself, in terms of the impact of disease on her appearance and function. She wished all of us the best.



## IN MEMORIAM

Jane H. Preston, MD  
Houston

## TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

A District Branch of the American Psychiatric Association

### EXECUTIVE COUNCIL 2001-2002

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**President-Elect** . . . . . R. Sanford Kiser, MD  
**Vice President** . . . . . Karen Dineen Wagner, MD, PhD  
**Secretary-Treasurer** . . . . . J. Clay Sawyer, MD  
**Immediate Past President** . . . . . Deborah C. Peel, MD

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Gary L. Etter, MD                          Deborah C. Peel, MD  
Alex K. Munson, MD                      Margo K. Restrepo, MD

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A. David Axelrad, MD                      Priscilla Ray, MD  
Robert G. Denney, MD                      Paul H. Wick, MD  
Tracy Gordy, MD, Area V Rep.

#### REPRESENTATIVES TO APA DIVISIONS (\*)

APA Division of Government Relations . . . Leslie Secrest, MD  
APA Division of Public Affairs . . . . . Timothy K. Wolff, MD

#### COMMITTEE CHAIRS (\*)

Budget Committee . . . . . J. Clay Sawyer, MD  
Children and Adolescents Committee . . . . . Carl Pfeifer, MD  
Constitution and Bylaws Committee . . . . . Raul Capitaine, MD  
Continuing Medical Education Cmte . . . . . Rege Stewart, MD  
Early Career Psychiatrists Committee . . . . . Richard Noel, MD  
Ethics Committee . . . . . Michael R. Arambula, MD  
Fellowship and Awards Committee . . . . . Patrick Holden, MD  
Forensic Psychiatry . . . . . George A. Trapp, MD  
Government Affairs Cmte . . . . . Martha E. Leatherman, MD  
Long Range Planning Committee . . . . . Robert Denney, MD  
Managed Care Committee . . . . . Bernard M. Gerber, MD  
Members-in-Training Section . . . . . Jacquie McGregor, MD  
Membership Committee . . . . . Gary L. Etter, MD  
Newsletter & Website Committee . . . . . Edward L. Reilly, MD  
Joseph Castiglioni, MD  
Nominating Committee . . . . . Deborah C. Peel, MD  
Professional Standards Cmte . . . . . Madeline Harford, MD  
Public Affairs Committee . . . . . George Santos, MD  
Public Mental Health Services Cmte . . . . . Larry Tripp, MD  
Task Force on Addictive Disorders . . . . . Edgar Nace, MD  
UR Complaint Service . . . . . R. Sanford Kiser, MD  
Bernard Gerber, MD

#### CHAPTER REPRESENTATIVES (\*)

Austin Chapter . . . . . Kathryn McIntyre, MD  
Bexar County Chapter . . . . . Franklin C. Redmond, MD  
Brazos Valley Chapter . . . . . Joseph Castiglioni, MD  
Corpus Christi Chapter . . . . . Raul Capitaine, MD  
East Texas Chapter . . . . . James Buckingham, MD  
El Paso Chapter . . . . . Gerardo Gregory, MD  
Galveston-Jefferson Chapter . . . . . Grace K. Jameson, MD  
Heart of Texas Chapter . . . . .  
Houston Chapter . . . . . Richard Noel, MD  
Lone Star Chapter . . . . . J. Clay Sawyer, MD  
North Texas Chapter . . . . . William R. Lynch, MD  
Red River Chapter . . . . . Joseph Black, MD  
South Texas Chapter . . . . . Roberto Gonzalez, MD  
Tarrant Chapter . . . . . Edward S. Furber, MD  
Victoria Chapter . . . . .  
West Texas Chapter . . . . . Parviz Malek-Ahmadi, MD

#### MEMBER-IN-TRAINING REPRESENTATIVES (\*)

Austin State Hospital . . . . . Nazrul Islam, MD  
Baylor College of Medicine . . . . . Cindy Marshall, MD  
Baylor Child/Adolescent . . . . .  
JPS Psychiatric Residency . . . . . Sophia Encarnacion, MD  
Texas A&M, Scott & White . . . . . Suresh Durgam, MD  
Texas Tech, El Paso . . . . . Gabriel Hernandez, MD  
Texas Tech, Lubbock . . . . . Shalini Aggarwal, MD  
UTHSC, Houston . . . . . Ignacio Valdes, MD  
UTHSC, Houston, Child/Adolescent . . . . . Madhuri Kamble, MD  
UTHSC, San Antonio . . . . . Joe Hernandez, MD  
UTMB, Galveston . . . . . Trina Cormack, MD  
UTMB, Child/Adolescent . . . . .  
UT Southwestern . . . . . Daralynn Deardorff, DO  
UT Southwestern, Child/Adolescent . . . . . Michael Scott Woods, MD  
UT Southwestern, Geriatric . . . . .

#### REPRESENTATIVES FROM OTHER ORGANIZATIONS

Texas Dept. of MHMR . . . . . Steven Shon, MD  
TMA Interspecialty Society Cmte . . . . . J. Clay Sawyer, MD  
TSPP Auxiliary . . . . . Patty Tuthill  
TSCAP . . . . . Jaime Quintanilla, MD  
TFPER . . . . . Grace K. Jameson, MD  
TMHLG . . . . . Madeline Harford, MD

#### TSPP EXECUTIVE OFFICE

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

(\*) Voting member of the Executive Council



# Your Committees at Work...

TSPPs committees met in Galveston on November 2, 2001 and conducted their business, as follows:

**Budget Committee:** The committee reviewed membership data and agreed that efforts should be made to reach out to non-member salaried psychiatrists. The financial condition of TSPP was reviewed, including reports on the expenditure of funds for legal counsel. Membership status changes were reviewed and approved as well as requests for dues reductions.

**Children and Adolescents Committee:** The committee reviewed ways to disburse information to members about terrorism and treatments for patients. The planned program for the April TMA meeting was reviewed, which will include a discussion of ADHD, Depression and the Impact of Disasters on Children and Families. A number of practice issues were discussed, including the need for more support of child psychiatry in public and private settings, in addition to updates on court cases regarding Ritalin.

**Constitution and Bylaws Committee:** The committee continued its review of the Bylaws and changes needed to bring them into conformity with APAs new Bylaws. Amendments were developed for Chapters 5 through 14, including revisions recommended by APA regarding Chapter membership and officers.

**Continuing Medical Education:** The committee reviewed the excellent results of the CME audit and discussed ideas for improving member attendance at meetings. The program for 2002 in Fort Worth was reviewed as well as the upcoming TMA Section program.

**Early Career Psychiatry Committee:** The committee reviewed a listing of all ECPs in Texas and will work to involve them in TSPP activities. Members discussed topics for future meetings that would be appealing to ECPs. Discussions were conducted about developing a pamphlet for ECPs on Starting a Practice, programs to encourage a mentorship program, and ways to address issues of female ECPs.

**Fellowship Committee:** Lists of members eligible for Distinguished Fellow were distributed and plans were made to review applications at the February 16 meeting.

**Forensic Psychiatry Committee:** The com-

mittee discussed the program for the upcoming TMA Section on Psychiatry, which will feature forensic psychiatry. The committee discussed SB 553 which created a task force to study trial competency determination procedures, the insanity defense and the use of telemedicine. A discussion of physician advertising was conducted resulting from an inquiry from the Texas Attorney General.

**Government Affairs Committee:** The committee discussed major actions taken in the last Legislative Session, including the defeat of the psychologists' prescribing bill. Members were encouraged to participate in TSPPs Political Action Program which encourages member involvement with legislators and candidates during the election cycle. A geriatric Prescribing Subcommittee was formed to provide input to a State agency which is studying the prescribing of psychotropics in nursing homes. A lengthy discussion was conducted on the issue of hospital admissions, particularly whether or not physicians may delegate the in-person examination required for admission.

**Long Range Planning Committee:** The committee discussed formulating an infrastructure to facilitate the interface between TSPP and the APA. The committee also reviewed TSPPs SWOT Analysis and Strategic Plan, including components dealing with membership.

**Managed Care Committee:** The committee discussed an APA Action paper opposing behavioral health carve-outs, pharmaceutical formularies, and pharmacy management/benefit carve-outs. The committee agreed that off-label prescribing of medications by physicians should be preserved. The committee also discussed utilization review/criteria problems.

**Membership Committee:** After reviewing membership statistical information, the committee recommended that TSPP implement a study of Texas psychiatry and measure market share. The committee also discussed a decision by the APA requiring members of Chapters to be members of a District Branch. The committee also reviewed TSPPs recent action to assume responsibility for membership billing, previously done by APA through its Centralized Billing Service.

**Members-in-Training Section:** Members discussed the submission of articles to the *TSPP*

## EXECUTIVE COUNCIL ACTIONS...

The Executive Council met in Galveston on November 2, 2001 and approved the following actions:

- ★ At the request of the Budget Committee, the Council approved membership status changes and dues reduction requests of members.
- ★ Upon the recommendation of the Constitution and Bylaws Committee, the Council approved changes in the Bylaws encompassing Chapters 5 through 14.
- ★ The Executive Council approved a recommendation of the MIT Section to encourage Chapters to facilitate the membership of residents.
- ★ At the request of the Membership Committee, the Council authorized the implementation of a study to analyze TSPP membership, encompassing the cross tabulation of the list of psychiatrists registered with the State Board of Medical Examiners and with Chapter rosters.
- ★ The Professional Practices Committee's recommendations that TSPP oppose the proposed Intracorp Guidelines for the Texas Workers' Compensation Commission and that a psychiatrist be appointed to the TWCC's Medical Board were approved.
- ★ Upon recommendation of the Public Affairs Committee, the Council approved the development of a disaster response booklet for distribution to members, the media and the public.
- ★ The Council approved a recommendation of the Public Affairs Committee to draft talking points that address the diminishing number of public and private psychiatric beds.

*Newsletter* and ways to increase MIT involvement in TSPP activities. Members recommended that Chapters make an effort to involve residents in their programs and activities. Utilization of the MIT listserv was discussed.

**Newsletter and Website Committee:** The committee discussed ideas for topics for future newsletters and the possibility of incorporating more website interaction without additional burdens to the staff.

**Professional Practices Committee:** The committee reviewed the proposal by the Texas Workers' Compensation Commission to adopt the Intracorp practice guidelines and agreed that the Society should oppose their adoption. The committee also agreed that a psychiatrist should be appointed to the Medical Board of the TWCC. The committee reviewed the draft of the guidelines being developed by the TSPP Task Force on Addictive Disorders and recommended that it be coordinated with similar guidelines developed by APA, the American Society for Addictive Medication and the American Academy for Addiction Psychiatry. A

discussion with the APA candidates was conducted about developing ways to establish relationships with corporations.

**Public Affairs Committee:** The committee reviewed Chapter and individual responses to terrorism and concluded that TSPP should develop a disaster response resource book for the membership. The committee reviewed the problem of diminishing psychiatric beds in Texas and agreed that TSPP should lead a public awareness campaign about this growing problem. The committee also discussed Mental Illness Awareness Week and its effectiveness.

**Public Mental Health Services Committee:** The committee discussed best practices and funding in the public system, as topics being considered by two state appointed task forces.

**Task Force on Addictive Disorders:** The committee reviewed and edited its draft of guidelines for Alcohol Withdrawal, Anxiolytic/Sedative/Hypnotic Withdrawal, and Opiate Withdrawal.



## TSPP Annual Business Meeting

TSPP conducted its Annual Business Meeting on November 3, 2001 in Galveston in conjunction with the Annual Convention.

President Charles Bowden welcomed APA candidates attending the conference, including Marcia Goen, MD, Sidney Weissman, MD, Barry Chaitin, MD and Herbert Peyser, MD and reviewed a few highlights of FY 2000-01, including the significant legislative victory that turned back the attempt of psychologists to gain prescribing privileges.

Treasurer Clay Sawyer reported that TSPP had an operating deficit of over \$100,000 in FY 2000-01, but that TSPPs balance sheet remains strong.

The membership approved amendments to the Bylaws which were developed by the Constitution and Bylaws Committee and approved by the Executive Council. The approved Bylaws amendments were the first in a series of amendments to ensure that the

TSPP Bylaws are in conformance with APAs new Bylaws.

Elections for TSPP positions were conducted. Dr. Bowden announced that two candidates had withdrawn their names from consideration, Drs. Madeline Harford and Clifford Moy, and that one

member had never agreed to a nomination, Dr. Kathleen Erdman. No other nominations were submitted. The membership elected by acclamation the following slate of candidates:

President-Elect, 2002-2003  
**Priscilla Ray, MD** (Houston)

Secretary-Treasurer, 2002-2003  
**J. Clay Sawyer, MD** (Waco)

TSPP Councilor-at-Large, 2002-2005  
**Lynda Parker, MD** (Amarillo)

APA Assembly Representative, 2002-2005  
**Robert G. Denney, MD** (Fort Worth)

## Foundation Meets at Annual Convention

The Texas Foundation for Psychiatric Education and Research conducted its tenth Annual Membership Meeting on November 3, 2001 during the TSPP Annual Convention in Galveston.

Board Chairman Grace Jameson, MD announced that the Foundation had received 869 donations amounting to over \$205,000 since 1993 when the Foundation began raising funds. TSPP members have accounted for 56% of the donations.

Development Board President Miriam

Feaster reported that the Foundation's Annual Campaign 2000 received \$16,700 from 102 donations. She encouraged members to support Annual Campaign 2001, which had already surpassed the results of the previous year at the time of the Annual Meeting.

Dr. Jameson reported that the Foundation has made 44 grants amounting to \$37,900. She also reported on the Foundation's financial operations, citing that the Foundation's assets have grown from \$9,662 in 1992-93 to \$181,026 in 2000-2001.

Former President of the TSPP Auxiliary, Patti Tuthill, presented donations to the Foundation and to TSPP, representing the remaining assets of the Auxiliary, which has discontinued operations.

Congratulations are extended to the following members elected to serve on the Foundation's Board of Directors from May 2001 to May 2005: **David Briones, MD** (El Paso); **Edward Reilly, MD** (Houston); **Tracy Gordy, MD** (Austin); and **Arthur Farley, MD** (Austin/Houston).



# Meet the APA Candidates

The APA 2002 elections will be conducted from January 7 through February 7, 2002.

Become familiar with the candidates and exercise your responsibility and vote in the election.

## CANDIDATES FOR PRESIDENT-ELECT

**Marcia Kraft Goin, MD,**  
Life Fellow, 1963

### **A United America—A United Profession**

On a Tuesday morning in September, our lives changed. There is no hysteria or panic. The mood is sorrowful, angry, and purposeful. Americans stand united, working to create order out of the rubble. Psychiatrists, with grit and determination, have rallied on the streets, in clinics, and in the workplace, treating trauma, comforting grief and loss. We psychiatrists are united in our response to this tragedy. The importance of APA issues pales when measured against the destruction and sudden death of thousands of human beings. Setting aside my heartache, I will tell you of my plans to strengthen APA.

I am running for president-elect with the courage to take on the hard tasks that confront American psychiatry. Leading APA is a bold undertaking at a time of budget constraints, an evolving process of programmatic cutbacks, and membership problems. As trustee-at-large and then your vice president, I am deeply experienced and creative in finding solutions for difficult realities. I have played a leadership role in major initiatives. My experience will allow me to assume the responsibilities of president without a need for on-the-job training. I am optimistic, vigorous, and undaunted by new challenges.

Who am I? APA vice president and clinical professor at Los Angeles County/University of Southern California Hospital, a public sector academic institution, where I teach medical students and residents. As director of residency education in the OPD, I have preserved a training program integrating the best in clinical psychiatry, psychopharmacology, neuroscience, and psychotherapy. My private practice of dynamic psychiatry, informed by psychoanalytic training, is central to my professional life.

### **Attention Must Be Paid:**

**Patient Protection:** Managed care is failing; inequities in the system beleaguer our patients and hurt our members. We demand accountability, an end to reimbursement discrimination, with patient privacy preserved and treatment tailored to the needs of each individual patient.

**Name Change — American Psychiatric Medical Association:** Fiscal decision makers are carving psychiatry out of the House of Medicine. We are psychiatric physicians. The name change will underscore this reality as well as remind the public that we alone in the mental health field are qualified to prescribe medication.

**Outreach to Business:** I will strengthen our outreach to business, educating decision makers that it is imperative to increase mental health benefits and make effective treatment available to the workforce.

**Promoting the Bio-psycho-social Model in Psychiatric Education:** We must support research funding and preserve teaching and reimbursement of the psychotherapies.

**Increased Communication With District Branches:** I am committed to increasing communication with district branches. As president, the officers, trustees, and senior staff will make their presence felt in the field.

**Attention to Our Members:** Members are our lifeblood. With improvement in our Information Systems, a **resurgent effort** must

be made to recruit and retain members.

**Increased Public Access to Psychiatric Care:** The Los Angeles County Jail has the largest psychiatric population in the country, emblematic of a national emergency. Funds must be **diverted** from the penal system to access public and private services, especially for the seriously mentally ill.

A strong APA will preserve the best in science and treatment, and will strive for equitable reimbursement for our patients. Education and research will advance our professional knowledge base and enhance our vision for the future. I am passionately convinced that our APA can and should unite psychiatry to provide all of us with an effective and lifelong professional home.

**Sidney H. Weissman, MD,**  
Fellow, 1971

APA is in need of renewal. There are 45,000 psychiatrists practicing in the U.S. but only 32,000 are APA members (down from 35,800 in 1998). Clearly many members feel that APA is ineffective in advocating for their needs. In a decade only half of America's psychiatrists may be APA members. Only after stabilizing membership can APA effectively speak to the issues that confront psychiatry and advocate for our patients and the profession.

### **The Issues**

**APA:** APA is often seen as an outdated and costly bureaucracy. Consider the alphabet soup of APA committees, task forces, and commissions, 155 by one count. Which are useful? Do they identify and solve problems? Are they cost-effective?

**Psychotherapy and Pharmacotherapy:** APA must address how to integrate pharmacotherapy and psychotherapy into practice.

**Public Policy:** APA must be a visible participant in deliberation on mental health policy. It is often seen as silent or unclear in advocating for the abolition of mental health carveouts or in addressing managed care companies when they insist that psychiatrists can only prescribe medications.

**Relationship With District Branches:** APA must be more effective in supporting its branches and in aiding members as they deal with hospital budgetary decisions that harm practice.

**Public Perception of Psychiatry:** APA must school the American public that our unique skills are critical. Policymakers often believe that others are as qualified as we are to either prescribe medication and/or psychotherapy. APA must clarify our relationship with drug companies; often we look like their agents.

**Education and Training:** APA must ensure that psychiatrists are current in their knowledge and skills and must work to revitalize medical student education in psychiatry.

### **The Needed Actions**

**APA:** APA must be reshaped to respond to our new environment. We must study the cost, structure, and tasks of the central office to determine where essential efficiencies can be made. A similar review must be made of all APA elements.

**Psychotherapy and Pharmacotherapy:** APA must develop and promulgate a consensus on our core competencies. It must address when a psychiatrist provides both psychother-

apy and pharmacotherapy and when they can be split. Psychiatrists, not administrators, must determine treatment.

**Public Policy:** APA must develop a focused, prioritized public policy agenda. While we oppose psychologists prescribing, we must assert, "Education not legislation must determine the scope of each mental health discipline's practice."

**Relationship With District Branches:** APA must develop new ways to govern this relationship. Revenue sharing between APA and its branches must be enhanced.

**Public Perception of Psychiatry:** APA needs new strategies to communicate the differences between psychiatrists and other mental health providers. APA must cap its reliance upon drug companies and assure the public that we are not their agents.

**Education and Training:** APA must assure psychiatry adequate time in medical school. In residency pharmacotherapy and psychotherapy as well as knowledge of cultural diversity and its impact upon behavior must be taught as the basis of our field. New programs to enable non-certified psychiatrists to obtain certification must be developed.

This is only a preliminary outline of actions. We must remember, business as usual may mean no business at all.

I welcome your support.

## CANDIDATES FOR VICE PRESIDENT

**Barry F. Chaitin, MD,**  
Fellow, 1973

It is an honor to be nominated to serve as an officer of APA — particularly at this challenging time. What is it that I bring to the table that might capture your interest and vote?

I have served at virtually every level of APA and have held elected office at the chapter, district branch, and state levels. I have been in the Assembly for almost 16 years and have been the Area 6 deputy representative and representative for the last four years. In California, the Area rep is also the president of the California Psychiatric Association (CPA) and is elected in a popular election statewide. The presidency of the CPA is a challenging and stimulating position. We have a state office, staff, lobbyists, lawyers, and so on. We are involved in legislation, regulation, judicial action, and all manner of advocacy. The president functions as the chief executive with the assistance of a tremendously able staff and has the responsibility for holding the district branches together in common purpose—no mean feat. I am proud of my ability to get people to work together and treat one another collegially but also to set out some clear principles. I think these skills and experiences may be very useful at the national level and on the Board of Trustees.

In recent years, the APA vice president has had the portfolio for district branch relations. I have been an early exponent of increasing the local focus of APA, which now has been institutionalized through a variety of efforts. I have always been mindful that we are a membership organization and must look out for the welfare of our members as a high priority. I have frequently had the challenging task of calling members who have dropped out and trying to convince them of the merits of membership. I have had broad experiences in my "day jobs" that have given me a wide perspective of the

profession. I have spent many years in private practice and for the last eight years have been full time at the University of California, Irvine. For the past three years, I have served as co-chair of our department with responsibilities for administration, clinical affairs, and education and have had to cope daily with issues of diminished resources, managed care, Medicaid, Medicare, documentation demands, seclusion and restraint, and the task of mounting effective medical student and resident educational programs. Our hospital is the major safety-net hospital for a population of almost 3 million.

In addition, I continue to take care of my own patients and am sought after as a consultant. The overwhelming source of my salary is derived from clinical and contract revenues generated by our practice group and clinical enterprise. Despite my administrative roles, I see myself foremost as a clinician and am deeply sensitive to the issues that affect clinical practice and our members.

One of the things of which I am most proud relates to the incredibly high percentage of UCI medical students who choose psychiatry — more than 10 percent for the last two years. I think psychiatry is a very attractive field, and it is important for our future that we attract and nurture bright, young colleagues.

Finally, the value proposition of membership has to be continually a major focus of the APA leadership. APA has been hemorrhaging members in recent years. APA has weaknesses particularly in governance, which seems ponderous and opaque.

Major changes are required if APA is to remain the vital voice of the profession and our members. The most important attribute of our future leaders must be the ability to mobilize organizational change. I feel that I possess the skills and temperament to participate in this important effort.

I appreciate your support.

**Steven S. Sharfstein, MD,**  
Fellow, 1972

A nation confronts grief and anxiety following horrific terrorist attacks. Communities fear teenagers who commit violence in school. A psychotic mother in Texas may face the death penalty after killing her children. Never has the expertise of our profession been so needed in this country—and yet so separated by artificial barriers from the patients who need us.

In the private sector, restrictive managed care plans make it virtually impossible for millions of Americans to receive high-quality inpatient or outpatient psychiatric care. In the public sector, thousands of troubled children languish in inpatient units or detention centers simply for want of appropriate outpatient services, and countless adults roam the streets without adequate community-based treatment. Academic medical centers face a financial crisis as they are not paid enough to support their teaching and service mission.

How can we lead as a profession to break down these barriers and enhance access to quality treatment? Unfortunately, many of our past efforts to improve the mental health care system have been seen as self-serving and parochial. We must fight for coverage of psychiatric treatment for the millions who are uninsured as well as underinsured. We cannot be content to fight only for parity — when parity



still allows plans and the “carveout” managed behavioral health care organization to define the “standard of care” without attention to real outcomes that matter. We must have nondiscriminatory utilization review in addition to parity of insurance benefits.

What matters is that patients have access to the care they need to heal. This must be our message. I believe that over the coming years, APA should renew its focus on patients by highlighting the barriers to quality care. We also must build coalitions to bring about needed change. By speaking for and with patients and families, we will naturally bring to a national dialogue our unique training and the critical importance of psychiatric evaluation and treatment.

My career has prepared me for this challenge. I am a clinician who has remained active in private practice, and I have been a teacher for more than 30 years. I have also worked in the public sector, spending more than a decade directing mental health service programs around the country. My professional service has included three years as APA deputy medical director, four years as APA secretary, and many more serving on APA committees. As a researcher, I have published scores of articles and written several books on mental health economics and policy. Most recently, I have spent 15 years at the helm of the nonprofit Sheppard Pratt Health System, where I have overseen the transition to a psychiatrist-led comprehensive continuum of care for persons of all ages and socioeconomic strata throughout Maryland.

The common theme in all my professional life is access to care. This is the message I hope to bring—along with my experience and strong alliances with others in the medical and mental health field—to the service of APA. Our profession is facing immense challenges, and our patients depend on us to act. Our patients need a strong APA more than ever. Thank you very much for your consideration.

## CANDIDATES FOR TREASURER

**Carol A. Bernstein, MD,**  
Fellow, 1981

As we all struggle to cope with the catastrophic events of September 11, APA's mission to promote the delivery of the highest-quality psychiatric care has never been more significant. It is imperative that we refine and streamline our strategic goals in a fiscally prudent way so that we can continue to provide much-needed services to our patients and our members at this important moment in our nation's history. We face difficult times ahead, but we must move forward in order to provide better advocacy, increased accountability, and direction to ensure that APA is well positioned to meet these challenges.

Since 1998, we have had a 36 percent increase in our operating budget. Initially, these increases were thought to be the result of one-time expenses such as those for consultants. However, there have been ongoing expenses from the initiation of new projects, increases in personnel, and increases in both the number and cost of governance meetings. At the same time, we have had to confront a steep decline in membership and uncertainties in the stock market, which have diminished anticipated increases to our reserves.

As your treasurer over the past year and a half, I have worked diligently to clarify issues in the budget and identify possible solutions to most prudently address the deficit. I have been an active member of the work plan task force

initiated by Dr. Richard Harding, which has been charged with helping APA plan for the future by more clearly defining projects and priorities and the costs associated with them. This is a difficult task in an organization that has worked hard to be inclusive and support the many issues of value to our diverse membership. Nevertheless, APA leadership must undertake the complex chore of prioritizing what we do so that we can be both effective and fiscally responsible at the same time. We must assist the central office staff in its efforts to reduce spending and work together with them and the voluntary leadership to provide ongoing guidance as we implement further cost reductions. This may mean deferring efforts in areas that some of our members hold dear. It may also mean restructuring governance, reducing the number of meetings, downsizing, and maximizing the use of teleconferencing whenever possible. A failure to make these decisions will render APA impotent and irrelevant.

With your support, I will continue to:

**Hold** APA leadership accountable for their actions and expenses, and monitor and streamline expenditures so that priorities are met and dues are reduced.

**Fight** for universal access to health care, for parity, for confidentiality, and for the preservation of the doctor-patient relationship.

**Recruit** the best and the brightest medical students to the field and promote leadership in the next generation, ensuring that women, minorities, IMGs, and early career psychiatrists are adequately represented.

**Use** new technologies to communicate more effectively with our members and the public by finding fiscal resources that are not so dependent on pharmaceutical company support.

**Provide** the highest-quality educational programs for our membership and advocate for research programs that demonstrate the efficacy of the full spectrum of psychiatric treatments.

**Develop** effective government relations and public relations strategies to guarantee that our patients get the care they need.

**Work** tirelessly to reinvigorate our organization and increase its relevance to the next generation of psychiatrists and patients.

I would be honored to continue to work on your behalf.

**Michael J. Vergare, MD,**  
Fellow, 1976

If elected treasurer, I will dedicate myself as a member of the Board of Trustees to building a coalition between leadership, staff, and members to help move APA closer to its **core mission of advocacy for our patients and our profession.**

APA has spent much of the last decade trying to revitalize its corporate structure and management. During this same period our member numbers have continued to erode. While some of this can be attributed to economic factors, changing practice demographics, and the expansion of subspecialty organizations within psychiatry, I believe that failure to implement timely fiscal and organizational changes has accelerated APA's problems.

While there has been a reorganization of APA's corporate structure, the organization has been slow to check spending. Members continue to feel that accountability is lacking. Our Board must prioritize activities consistent with our strategic goals.

I bring to the role of treasurer **organizational experience** based in a variety of settings. Within APA I have chaired the Membership Committee, the Committee on Administrative Psychiatry, and the Ad Hoc Committee for Membership and Fiscal Planning. I have been president of the Philadelphia and the Pennsylvania psychiatric societies. During my tenure I participated in developing a linked model of membership centered on a statewide district branch with six strong chapters. This model has allowed for revenue sharing and expanded local membership participation. I have also served as a director and chair of the Board of the Mental Health Association of Southeastern Pennsylvania. Currently, I chair the Governor's Advisory Committee for Mental Health and Mental Retardation.

**Integrating clinical and academic mission with realistic budgeting** has been a major part of my professional responsibilities. Currently I serve as chair of psychiatry and chief of behavioral health services for Thomas Jefferson University, Jefferson Medical College, the Jefferson Health System and Behavioral Health Network, and the Albert Einstein Healthcare Network/Belmont Behavioral Health. In these linked roles I am responsible for a complex, multihospital network. Our clinical sites include academic, general hospital, community, and freestanding psychiatric hospital settings.

**Education is central** to my activities. Currently, I chair the APA Committee on Medical Student Education. I have directed the Graduate Medical Education program at Albert Einstein Medical Center and serve on the Executive Council and Program Committee of the Alliance of Independent Academic Medical Centers. I also chair the Committee for Graduate Medical Education of the Thomas Jefferson University Hospital.

I am confident that my experience in a variety of academic and clinical leadership roles has prepared me to serve as your treasurer. APA must change its way of conducting business. Yesterday's APA structure is no longer what members can afford.

Our membership is our strength. I feel I can be a positive force in the process of building a renewed partnership between members and APA.

## CANDIDATES FOR AREA 5 TRUSTEE

**Jack W. Bonner, III, MD,**  
Fellow, 1968

I have almost completed my initial term as a member of the APA Board of Trustees representing Area 5. I should like to have the opportunity to return for a second term. APA is facing a number of issues internally as well as externally. Reduced reimbursement for psychiatric services has resulted in diminished access to care as well as inadequate care in too many instances. The changing nature of psychiatric practice has resulted in a reversal of membership growth within APA. In the current climate we must all work together to achieve gains in the following areas:

Achievement of nondiscriminatory payment for psychiatric services

Unfettered access to psychiatric services for those in need

APA restructuring to achieve maximum organizational effectiveness

Effective recruitment and retention of psychiatrists into APA

Enhanced funding for research and education

Recruitment of “the best and brightest” into our training programs

Recognition of the diversity of APA membership with supportive programmatic development

Protection for psychiatrists' scope of practice

If returned to the Board for a second term, I shall work vigorously to achieve results in each area critical to our membership and to our patients.

**Anita S. Everett, MD,**  
Fellow, 1986

What is important? Many of us have reviewed our core personal values over the last several months. As psychiatrists, our personal values are often intertwined with professional values. We have opportunities that others do not have to promote personal and social well-being. The work that we do is valuable to our patients. The work that we do is also valuable to our society. Psychiatry is a profession that provides us with many opportunities.

Values are demonstrated or operationalized through the projects and priorities we choose to spend our time on. One is productive when working on projects that are consistent with values. Through my appointment by Gov. Jim Gilmore as inspector general to the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), I have been given the opportunity to work on projects that are important to the well-being of persons served by the state mental health, mental retardation, and substance abuse system in Virginia. My unique position involves travel to hospitals and other settings throughout our commonwealth to review and report to the governor and the citizens of Virginia on the quality of clinical services designed to meet the needs of these individuals. During the first two years in this office, over 400 recommendations for performance improvement were made and acted upon by the Virginia DMHMRSAS. This work is consistent with my professional values. These values have been refined and enhanced through active involvement in professional organizations such as APA, where I serve as an Assembly representative from Virginia; the American Association of Community Psychiatrists, where I serve as a national board member; the newly founded and vibrant Virginia Association of Community Psychiatrists; and the Psychiatric Society of Virginia.

Is APA working on projects that are concordant with APA core values and the values of its members? APA, on behalf of our profession, spent much of the Decade of the Brain fighting the imposition that managed care inflicted upon our profession. We have not clearly prevailed; however, critical advances have been made. These include support of parity, privacy, the development of practice guidelines, and a genuine effort to reorganize APA. Our profession and patients have been positively impacted by the availability of superior medication products for the treatment of many mental illnesses.

The time is right for APA to take a national proactive leadership role in the direction of clinical practice designed to treat the severely and persistently mentally ill. State mental health systems all around our nation are struggling to define how state mental hospitals are to be used if at all, and which, if any, mental health services to support. Each state government takes a different path and is influenced a great deal by funding. Increasingly the availability of federal Medicaid money defines the development of state services. APA has veered from its roots as

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an organization of state hospital superintendents who serve those with chronic mental disabilities. As your elected official to the Board of Trustees, I would like to support APA in becoming more involved in providing **national clinical leadership** through the promotion of sensible, evidence-based services for those with chronic mental disabilities. This is concordant with the core values of APA and its members. This is important for our profession and our patients.

**CANDIDATE FOR TRUSTEE-AT-LARGE**

**David Fassler, MD,**  
General Member, 1983

I'm a child and adolescent psychiatrist practicing in Burlington, Vt. Like most of us, I lead a diverse and somewhat eclectic life. I am part of a multidisciplinary group that includes 15 psychiatrists. In addition to outpatient practice, we provide psychiatric services for many area agencies, organizations, and hospitals. I am also a member of the clinical faculty at the University of Vermont College of Medicine.

Within APA, I currently chair the Council on Children, Adolescents, and Their Families. I have also served as the Assembly rep from Vermont, as chair of the Committee on Psychiatry, Mental Health, and the Schools, and as the Assembly's liaison to the Council on International Affairs. At a local level, I'm the treasurer and federal legislative rep of the Vermont Psychiatric Association and the current president of the Vermont Association of Child and Adolescent Psychiatry.

My message is fairly simple. APA needs to focus its limited resources on the things we do well.

These are challenging times for all professional organizations. In this regard, APA is no different. As trustee-at-large, I would emphasize the following priorities:

**Streamline** APA structures and **improve** communication with the membership

Make APA resources and services more **accessible** to members

Reevaluate the current dues structure with an emphasis on **value** and **flexibility**

**Support district branch** initiatives to deal with local issues

**Focus** our energy and attention on **advocacy** for our members and for our patients.

As an organization, we will thrive by paying close attention to the evolving needs of our members. We need to reach out and really represent **all** of American psychiatry. We are an increasingly diverse group of physicians. We've trained in medical schools and programs around the world, and we work in a wide variety of settings. We need to be **proactive** in our efforts to provide **practical** and **useful** tools for our members. We need to identify and **actively support** our **members-in-training** and **early career psychiatrists**. We also need to find ways to **reconnect** with our colleagues who have become disaffected with organized psychiatry. And we need to continue our efforts to secure adequate and stable funding for our **training programs** and **research agendas**. The future of our profession depends on our ability to demonstrate the effectiveness of our interventions.

Despite the challenges we face, these are also exciting times for psychiatry and for APA. It's exciting that the science of our profession is stronger than ever before. It's exciting to practice at a time when we're unraveling the genetics and the neurobiology of mental illness. And

it's exciting that we're joining forces with advocacy organizations to pass parity legislation, protect patient confidentiality, and preserve the doctor-patient relationship.

I'm honored to have been nominated to run for the position of trustee-at-large. If elected, I will do my best to represent the views, interests, and needs of our members and our patients.

**Herbert S. Peyser, MD,**  
Life Fellow, 1954

**The task:** This is a critical time for our country, and for our profession. Our insularity has been shattered, the psychological effects ripple out, the mental health crisis deepens. Our profession will now have to deal with the long-term effects of the crisis in addition to the illnesses we have always been caring for, under a health care system undermining good care.

APA fights this with strong legislative and regulatory initiatives, litigation, and public affairs, at local, state, and national levels. It intervenes with government and private industry and confronts managed behavioral care. We've had significant victories with parity, gag rules, scope-of-practice extension, patients' rights, mental health care coverage, confidentiality, and reimbursement. But there is more to be done.

Universal coverage, with adequate coverage for children.

Cultural and minority diversity in our leadership and membership to provide better care for minorities and the disadvantaged.

Support for IMGs.

Increased funding for the public sector.

More support for the academic-hospital networks that provide safety nets for the poor, do the research that creates better treatments, and teach the next generation of psychiatrists.

**The vehicle:** Essential to all this is a strong, efficient APA. Without that we are fragmented, weakened.

We must revitalize it, tighten its financial workings, cut expenditures, fix its information system, increase its efficiency, control better its entrepreneurial and commercial activities, increase the communication between central APA and the DBs and members, and retain and recruit members, especially minorities, early career psychiatrists, and the public sector.

If we can't do these core functions, we can't do advocacy.

**The work:** I've worked in the NYS Medical Society and in APA in my DB, state organization, Assembly, and the Board, as Area 2 Trustee, on APA's Committees on Finance and Budget, Revenue Sharing, DB Relations, Addiction Psychiatry, Information Technology, and other committees and task forces. APA has had its share of organizational difficulties, and I have devoted myself on the Board toward helping make APA a more effective organization. A few recent examples of some of my initiatives:

A work group developing an outside expert business and financial advisory panel to help put APA on an efficient basis and for consultation re entrepreneurial activities and commercial relationships, some troubled, some costly.

Another work group that has gotten APA management to meet with the DBs and governance to turn around our information service that had not been functioning properly, and to establish its credibility before further spending.

Helping to end automatic dues increases, prioritizing expenditures, cutting waste,

creating a functional budget, and publishing details of the medical director's contract.

Membership on task forces to reorganize APA and share APA's nondues income with the DBs.

Initiating early career and minority Board representation.

**Personal:** I'm in private practice in New York, subspecialty in addiction, on the clinical faculties of NYU-Mt. Sinai and St. Luke's-Roosevelt, board certified, APA life fellow, board examiner, NY Academy of Medicine Fellow, advocate for APA on AMA's CPT code advisory committee, founding member of my state medical society's impaired physicians program, and recipient of awards from my state medical society, DB, and state organization.

I'm running for trustee to continue the work for change, to strengthen APA for its advocacy. I'm asking for your help.

**CANDIDATES FOR MEMBER-IN-TRAINING TRUSTEE-ELECT**

**Angela D. Harper, MD,**  
Member-in-Training

My entry into the field of psychiatry is quite unique. I was born and raised in the Midwest. After obtaining an associate degree in medical assistance, I married and then moved to South Carolina. I went to work as an office manager for a psychiatric practice in Greenville, S.C., in the late 1980s. I quickly came to understand that many patients were embarrassed about their psychiatric illness and enormously valued their confidentiality. I watched and experienced the arrival and infusion of managed care into a private psychiatric office for over six years. The doctor I worked for became increasingly worried and preoccupied with paperwork, preauthorization rules, and what seemed like constant micromanagement of what he felt was best for his patients. It is because of this experience that I developed a unique perspective on the practice of psychiatry, long before I even went to medical school.

After many years of hard work, I finally made my own dream of attending medical school and becoming a psychiatrist a reality. I attended my very first APA annual meeting in 2001 as a PGY-1. My initial impression was one of overwhelming awe. I made a decision at this meeting that I wanted to become more involved with APA and considered ways in which I might do so.

I volunteered and was chosen as the MIT representative for the South Carolina Psychiatric Association. My goal for the year was to obtain 100 percent resident enrollment in APA. As I begin my career, I feel that I have a unique advantage over other residents in my understanding of the day-to-day workings of a private practice. It is this unique experience that I will bring to APA. So often, medical school and residency shelter new physicians from the realities associated with medical practice. We are insulated from the harshness of managed care, patient confidentiality violations, and stigmatization of our patients. I think that some residents believe that "this doesn't affect me yet" and therefore feel that they have plenty of time to get involved. Many don't realize that the time to get involved is now—before we are out on our own trying to balance a family and a medical practice and advocate for our patients.

If I am elected to the position of MITTE, my goal will be to focus on the issues that I feel impact psychiatry residents and APA today. First, I will focus on greater resident participation, which might be addressed through a more visible

national mailing system led by the district branch MIT representatives and overseen by the MITs serving at the national level. Second, I believe that we need to work on a more prominent advocacy plan for destigmatization of mental illness. This may be accomplished by greater resident participation with consumer-based organizations and more focus on public service announcements that would educate the public about mental illness and the treatment options available. Third, we must continue to recruit the best and brightest applicants for residency training in psychiatry. Faculty cannot bear the responsibility of recruiting alone. Residents must step forward to ensure that we actively compete with other specialties and are available to medical students to share the rewards that our specialty affords us. This can be accomplished by setting up new psychiatry interest groups in medical schools and bolstering already existing ones. Residents also need to work on acquiring good teaching skills as they work with students in their medical clerkships. We are our own best advertisements.

Additionally, I am concerned about the problems that we face while performing our jobs in difficult situations, such as crowded emergency rooms, decreased inpatient bed availability in state facilities, and inadequate treatment options available to our patients. Finally, I would advocate for increased testing sites for the clinical skills assessment exam currently being required for international medical graduates and, in the coming years, for all medical graduates.

Whatever the outcome of the election, I look forward to my continued participation in APA. I feel that the field has a bright future but can always be further enhanced by individuals who have the enthusiasm and vision to carry it forward. Thank you for your consideration.

**Sonia G. Patel, MD,**  
Member-in-Training, 1998

I am proud to be a psychiatrist, and I am proud to be a member of APA. In the wake of the tragic events that pierced our national senses on September 11, our chosen APA leaders and our national and local district branch staffs have been nothing short of heroic in their commitment, not only to our patients and our profession, but also to the community that makes up our nation and our world. Never before has APA been called upon by so many in such need, from individual patients to national governmental and business leaders. Never before has APA been called upon to participate in the healing of our nation from a crisis of such complex international influences. And yet, this is a call that APA is answering. We are nearly 37,500 skilled, talented, and dedicated physicians, and we have reason to carry ourselves with pride. We are the profession that seeks to assist healing when the factors causing pain remain hidden and when the desired information is incomplete.

I would like to participate in the shaping of the new direction our APA must take in order to assist our patients and our profession in meeting, facing, and overcoming the new constraints imposed upon us, whether by egregious managed care company practices or by international terrorism unleashed on our own shores. Throughout my life and years in training, I have set a course of dealing with routine problems routinely, but when routines do not work, considering novel strategies. Our nation

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and our APA are in a period where, as never before, novel strategies and international awareness are critical. Considering options broadly and then taking the best possible course of action is the pattern I have set during my years of training at the local, community, and state levels in Hawaii. It is this pattern that I hope to share with all of you by serving APA at the national level as a member of the Board if elected member-in-training trustee-elect.

I was born in New York and raised on Molokai, "The Friendly Isle" of the Hawaiian island chain. While serving as high school senior class president, I founded the Molokai Earth Preservation Organization, which promotes environmental preservation and restoration, and which is still in existence today. During my undergraduate years at Stanford University, I served as a peer counselor, volunteered at Napa State Hospital, and led a group of undergraduates to do volunteer work on the Zuni Pueblo Reservation. During medical school in Hawaii, I tutored high school students and researched how Native-Hawaiian health status could be improved through the health education of sixth graders. This, in turn, led to my involvement in improving the awareness of school and community child program staff on child and adolescent psychiatric needs and how these needs could be met.

During residency, as resident representative to the Hawaii Psychiatric Medical Association, I became more acutely aware of the impact of public policy on our day-to-day practice. I also learned, however, that through APA we can guide public policy toward becoming more patient and psychiatrist friendly. I have spoken with consumer groups, submitted testimony to the Hawaii state legislature opposing psychologists inappropriately attempting to prescribe medications, and with other members of APA, residents, and medical students, have personally lobbied dozens of Hawaii state legislators

on issues important to every APA member.

Access, parity, patient protection, privacy, and converting negative stigma into positive acceptance of the value of mental illness treatment by psychiatrists—these are what I will continue to work toward on behalf of our patients.

Member recruitment and retention, especially of residents, increased resident involvement in community mental health events, public policy formulation, legislative testimony submission, and increased resident training in HIV/AIDS prevention (one of my areas of active research)—these are what I will continue to work toward on behalf of our members, especially our members-in-training.

If elected to the position of member-in-training trustee-elect, I will bring the perspective of a team-playing, community-activist member-in-training to the position of member-in-training trustee-elect. I will research the issues on which I will be called upon to vote; widely solicit input, especially from my fellow members-in-training; consider options broadly; and seek consensus among the best alternative courses of action.

I believe in APA. I believe in the integrity of our members and in our ability to successfully identify and solve the problems we face, no matter how difficult.

Please vote for me as your first choice for the position of member-in-training trustee-elect in the upcoming APA election. It would be an honor to serve you in this capacity. Thank you.

**William C. Wood, MD,**  
Member-in-Training, 1997

I seek election to the member-in-training trustee-elect position with the goal of being an effective, bold representative for the MIT constituency on the APA Board of Trustees. I know how to represent individual and group interests. I listen well, and I am very approachable. I know when and when not to compromise,

and I can skillfully pursue an agenda when necessary. I can readily put myself into the shoes of another individual or group. Ultimately, I seek balance and effectiveness in my endeavors.

I had been an economist at the World Bank prior to attending medical school. Yet, while I loved working on international health policy, the intensity of this work left almost no time for direct service with the underserved. The absence of community volunteerism in my life was new for me and led to a re-evaluation of my circumstances and priorities. I made changes. After working in community health centers in Chile for one year on a Fulbright Scholarship, I headed off to medical school.

Hence, it is natural that my primary motivation in psychiatry comes from working with patients. Whether I am helping a vascular service patient to mourn the loss of her leg or working with a paranoid, hallucinating college student to feel safe enough to accept antipsychotic medication, I strive to relate with the internal world of my patients in order to facilitate their psychiatric and medical care. I work to help my patients achieve balance and growth through this process, bringing to bear an integration of all that modern psychiatry can provide in the service of regaining health and dignity.

In seeking the position of MIT trustee-elect, I hope to be the bridge between the individual and group experiences of MITs and the broader organizational network of the American Psychiatric Association. Specific areas I would address include:

**Promotion and Protection of MIT Interests**, with emphasis on curriculum content, resources, and the balance of education needs with service requirements in our training programs.

**Attention to MIT Developmental Needs in Our Transition to Early Career Psychiatry**, with initiatives to raise MIT awareness of the range of

career possibilities in psychiatry.

**Advocacy for Patient Care and Expanded Access to Psychiatric Services**, particularly for underserved and marginalized groups.

**Financial Management of APA**, to eliminate any deficit in the APA budget.

Together, we can define our concerns and agenda as MITs and as nascent early career psychiatrists. How should our curriculum be designed to ensure our competence as well-rounded psychiatry practitioners? What special considerations must be addressed for our career development? How can we most effectively advocate for our patients? What trade-offs will have to be made to ensure the financial viability of APA?

As your MIT representative, I will work very hard to articulate our diverse viewpoints and to present innovative proposals that coherently integrate these viewpoints. I will advocate for training resource requirements so we can develop skills that match career interests, whether as hospitalist, psychoanalyst, or neuroscience researcher. I will insist that we analyze the design and financing of services for underserved groups, such as minorities and children, and that we develop programs and policies that confront the gross inequities that have been documented in mental health service provisions and outcomes. I timed my candidacy for the trustee position to be my fourth year of residency, when I will have significant time to connect with other MITs, listen to your concerns, develop proposals, and present our agenda to the Board. Please call or e-mail me if I can clarify anything for you before voting.

As members-in-training, we have a tremendous potential to influence the mission of APA. In recognizing and fulfilling this potential, we can significantly shape the profession into which we are entering. I would be honored to participate in this process as your MIT representative to the APA Board of Trustees.



## Request for Proposals

# American Psychiatric Foundation

The psychiatric and emotional toll of the terrorist attacks of September 11th are enormous, impacting the mental health of millions of people in New York, Washington and across the nation. The trauma of that day's events will be felt for months and years to come. In the wake of these attacks, the American Psychiatric Foundation, the charitable arm of the American Psychiatric Association, is seeking to provide grant support to community and local organizations that are providing psychological support and counseling to those affected by the terrorist attack. Specifically, the Foundation desires to provide support to organizations in the following areas:

- Activities that link communities and organizations together to provide support networks for individuals coping with the psychiatric and emotional impact of the attacks. Innovative programs that use technologic advancements such as teleconferencing to reach broader audiences are of special interest to the Foundation.
- Activities that educate the public about the psychiatric and emotional impact of the attacks, the importance of seeking help, where they can seek support, and promote cross cultural understanding.
- Activities that help educate teachers, guidance counselors, religious leaders, police and other community leaders to recognize individuals in emotional distress, provide support, and provide referrals to the appropriate mental health practitioners.

- School and community based activities geared specifically toward helping children understand the psychiatric and emotional impact of the attacks, the importance of seeking help, and where and how they can seek support.

### Application Process

Grants will be awarded to organizations designated as 501 (c) (3) organizations by the IRS. The Foundation will consider grant requests up to \$35,000. Proposals should be no more than three pages in length (excluding CV's, budget and other attachments) and should include the following:

- Description of the project, including its methodology, its significance, and intended audience.

- Background information on the requesting organization, including evidence of 501(c)(3) status.
- Detailed budget.
- CV's of key project staff.

One original and six copies of the proposal should be sent to: Barbara Matos, American Psychiatric Foundation, 1400 K Street NW, Washington DC 20005. Faxes and e-mails of proposals cannot be accepted.



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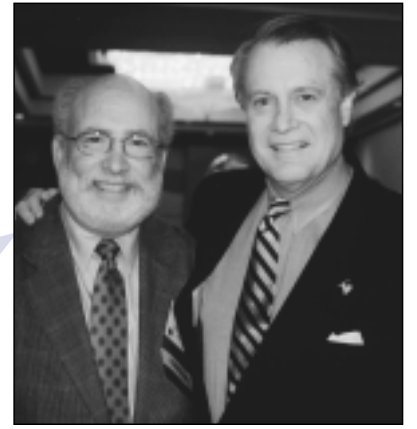
Interested candidates send vita to: Paul Meeks, Assistant Executive Director, Professional Counseling Associates, PO Box 24210, Little Rock, AR 72221. Phone: (501) 221-1843; Fax: (501) 221-2376; email to pcaed@aristotle.net. EOE. Women and minorities are encouraged to apply.

# Scenes from the Annual Convention

Tracy Gordy, MD (left) visits with APA candidate Barry Chaitin, MD



(left to right) Rege Stewart, MD, APA candidate Sidney Weissman, MD, Karen Dineen Wagner, MD and Robert Hirschfeld, MD



David Axelrad, MD (left) with Executive Director John Bush

APA candidate Herb Peyser, MD addresses the Executive Council



Wayne Goff, MD with George Constant, MD (left to right)



(left to right) Ignacio Magana, MD and Fructuoso Irigoyen, MD



APA candidate Marcia Goen, MD (right) visits with Martha Leatherman, MD and daughter Rachel



Lynda Parker, MD (left) and Wendy Burke, MD visit during a reception

(left to right) D'Anna Wick, Virginia Bowden, Reba Jones, Mary Lou Reilly, and Mary Nell Tripp



(left to right) Richard Noel, MD, Gary Miller, MD and Karen Miller

## CALENDAR OF MEETINGS

### FEBRUARY, 2002

- 16 TMA Winter Conference**  
Renaissance Austin Hotel, Austin, Texas  
Contact: 800/880-1300, ext. 1346
- 16 TSPP Committee Meetings**  
Austin, Texas  
Contact: Debbie Sundberg, TSPP Assistant Director, 512/478-0605
- 17 TSPP Executive Council Meeting**  
Austin, Texas  
Contact: Debbie Sundberg, TSPP Assistant Director, 512/478-0605

### APRIL, 2002

- 20-21 TSPP Committee and Executive Council Meetings**  
Dallas, Texas  
Contact: Debbie Sundberg, TSPP Assistant Director, 512/478-0605

*Happy Holidays*

## TSPP MEMBER INFORMATION UPDATE

NAME \_\_\_\_\_

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( ) ( )

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Austin, Texas 78701  
512/478-5223 (fax)/TSPPofc@aol.com (E-mail)

The TSPP NEWSLETTER is published six times a year for its membership in February, April, June, August, October, and December. *Members are encouraged to submit articles for possible publication.* Deadline for submitting copy to the TSPP Executive Office is the first day of the publication month.

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