

Texas Psychiatrist

Legislative Update

The Texas Legislature convened on January 11 for the 140-day 79th Texas Legislative Session. Already, the Federation of Texas Psychiatry, on behalf of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry, is tracking 62 bills that could impact psychiatric care or the practice of psychiatry.

Anticipating legislative initiatives by allied health professionals to expand their scopes of practice, the Federation joined nine other physician organizations in forming the **PatientsFIRST Coalition**. The Coalition will oppose all efforts to expand any medical scope of practice. Coalition members, representing over 41,000 Texas physicians, includes the Texas Association of Obstetrics/Gynecology, the Texas College of Emergency Physicians, the Texas Ophthalmological Association, the Texas Osteopathic Medical Association, the Texas Orthopaedic Medical Association, the Texas Pediatric Society, the Texas Society of Anesthesiology, the Texas Society of Plastic Surgeons, the Texas Medical Association, and the Federation of Texas Psychiatry. (For more on the PatientsFIRST Coalition, see page 5).

On January 25-26, the Texas Society of Psychiatric Physicians sponsored Capitol Day for the Texas Mental Illness Awareness Coalition which included extensive communications training provided by Joel Roberts and visits with legislators and staff at the Capitol. The Coalition includes NAMI Texas, Texas Depression and Bipolar Support Alliance, Mental Health Association in Texas, Texas Mental Health Consumers, and TSPP (for more, see page 8).

Reforming the State's child protective services will be a major legislative priority this Session. Considerable Federation resources have been expended since August to help shape the outcome of this needed reform. The Federation's lobbyist, Steve Bresnen, has led this effort by working closely with the Governor's Office, the Comptroller's Office, legislators and several agencies including the Health and Human Services Commission and the Department of State Health Services to define issues and possible remedies. To assist in this effort, the Federation formed a coalition of physician organizations, foster



This outstanding and impressive group of residents participated in TSPPs Capitol Day on January 25-26. These residents joined by other TSPP members and partners in the Texas Mental Illness Awareness Coalition provided valuable input to legislators about psychiatric illness and care. For more on Capitol Day, see page 8.

care providers and mental health advocates to work on issues involving foster care. TSPP formed a work group of members, comprised mostly of child psychiatrists, to provide guidance on medical issues involving foster children. TSPP assisted in the appointment of psychiatrists to several advisory committees formed by state agencies to develop practice guidelines and medical oversight of foster care. When the major bills were filed addressing the reform of protective services (SB 6 by Senator Jane Nelson and HB 6 by Rep. Suzanna Gratia Hupp), the Federation was well positioned to help shape the eventual outcome.

Prior to the Legislative Session, the foster care issue received considerable media attention. Unfortunately, many articles and TV spots around the state highlighted issues involving the administration of psychotropic medicines to children. The public media was influenced by the usual anti-psychiatry groups who seized this issue to promote their agenda of placing barriers to psychiatric care. These opportunistic anti-psychiatry organizations used the FDA decision to place a black box warning on antidepressants and controversies about off-label use of psychotropic medicines to shape many negative media spots. The mostly negative media coverage made the task of defining the real issues even more difficult.

However, the Federation and its allies have prevailed thus far in defining the important issues involving medical care for foster children by promulgating the following principles:

- Every child in the care, custody and control of the state has a constitutional and moral right to appropriate medical care.
- The Legislature and state agencies have a duty to put into place a system that ensures the provision of appropriate health care to every foster child, including establishing the standard of care expected for children in its custody, methods for overseeing medical care in a large population of transient children and processes for appropriately responding to deviations

from the standard of care.

- Medical care includes routine procedures, childhood immunizations, emergency care, mental health care and treatment for diseases experienced by children in the state's care.
- Mental health care should not be singled out among other kinds of medical care in any system used by the state to ensure that every foster child receives appropriate medical care.
- Access to appropriate medical care should not be blocked by arbitrary statutory or bureaucratic barriers or by an overly litigious system.
- Standards of care, oversight procedures and regulatory details are best defined by state agency administrative processes that can be readily modified depending on changing medical and scientific knowledge. The Legislature should direct the agencies to establish a system that effectively implements these functions and maintain legislative oversight. The Legislature should not place arbitrary limits on medical care for children based on age group, medication type, medical conditions, etc.
- Good medical decisions for foster care children require effective collaboration between caseworkers, foster care providers and physicians. Caseworkers and foster care providers must be trained to participate in decision making regarding medical care for children in their custody. Physicians need access to all medical records for foster children to provide the best medical advice and treatment.
- The Legislature, state agency management, the courts, parents, children, physicians and guardians ad litem must know at all times who is responsible for consenting to medical treatment. The agency or persons responsible for consenting to medical treatment for foster children must have the knowledge to perform that function, assisted by physicians.
- State agencies, courts, caseworkers, parents and children (where appropriate) and

guardians ad litem must have access to information regarding all medical care provided to foster children. After custody issues are determined by the courts and the power and responsibility for informed consent are established, state agencies, courts, guardians ad litem and parents (where appropriate) should be kept informed at reasonable intervals so each can do their jobs. Litigation involving health care provided to foster care children should be entered into only when the best interests of the child are threatened by a health care decision made by the consenting party.

The principles for foster care reform were highlighted in a letter prepared by the Federation and delivered to legislators signed by officers of the following organizations: the Federation of Texas Psychiatry, the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry, the Texas Society of Child and Adolescent Psychiatry, the Texas Pediatric Society, the Texas Academy of Family Physicians, the Texas Medical Association, NAMI Texas, the Depression and Bipolar Support Alliance, the Mental Health Association in Texas, the Mental Health Association of Tarrant County, the Mental Health Association of Harris County, and the Mental Health Association of Greater Dallas. After a lot of hard work, these principles are beginning to appear as legislative language in bills that will be eventually passed. Senators Jane Nelson and Kyle Janek and others have been especially receptive to the Federation's input on the foster care issue.

On February 8, Alex Kudisch, MD (McAllen) and George Santos, MD (Houston) were invited to provide testimony to the Senate Health and Human Services Committee on SB 6. Their testimony on behalf of the Federation was well received and there is optimism at this time that the foster care reform bill will improve the medical care for all children in the foster care system in Texas without placing barriers to psychiatric care.

INSIDE

| | |
|---|--------|
| Academy President Message |2 |
| Calendar of Meetings |8 |
| Capitol Day |8 |
| Congratulations |5 |
| Distinguished Fellowship Guidelines |6 |
| Editors |8 |
| PatientsFIRST Coalition |5 |
| Psychology Prescribing |4 |
| TSPP Committee/Council Meetings with CME Dinner Program |3 |
| TSPP 2005 Annual Convention and Scientific Program |7 |
| TSPP President Message |2 |
| Welcome New Members |6 |
| Why Join NAMI? |7 |

It Takes A Physician....

J. Clay Sawyer, MD, President, Texas Society of Psychiatric Physicians

"Whatever is rightly done, however humble, is noble." – Sir Henry Royce

It is hard to believe that February has arrived – harder still to believe that my year as President of TSPP is nearly at an end. The time has arrived to begin updating the events of this soon-to-be-completed year.

The 2005 Texas Legislative Session: The new session has just begun. I want to thank everyone who participated in our recent TSPP Capitol Day Program (January 25-26). This program featured the instruction of master media consultant Joel Roberts. As most of you know, Joel has led several TSPP Summer Leadership Conferences (including the most recent Conference last August). You also know how effective Joel is in teaching us to more effectively communicate our positions and our needs to our legislators. Joel came through again during the Capitol Day program, and we all owe him a debt of gratitude. Our state representatives and state senators could not have helped but be impressed by what they heard, by what they saw, and by how our message was presented.

I must also thank several TSPP leaders for their presence, their hard work, and the examples they set. These talented people include Les Secrest, MD (who not only will soon be installed as President-elect of TSPP, but who also was recently installed as President of the Dallas County Medical Society—6,000+ members and the third largest society of its kind in the nation. Congratulations, Les!); Martha Leatherman, MD (Chair of TSPP's Government Affairs committee and a most effective force in dealing with the state legislature); George Santos, MD (Secretary-Treasurer of TSPP and no stranger to legislators of all stripes); and, Sylvia Muzquiz-Drummond, MD (Medical Director for Mental Health Services of MHMRA of Harris County and well-experienced in dealing with the various bureaucracies in the state health system). TSPP is most fortunate to have these leaders, officers, and future officers in our ranks.

Speaking of the future, I must give special thanks to the many resident physicians who came to the Capitol Day program (and to David Huang, MD, who organized and achieved this great resident presence). The residents were most impressive, thoughtful,

and engaging. They applied themselves well to learning the skills necessary to be able to deliver psychiatry's messages to the legislature succinctly, completely, effectively, and accurately. They succeeded admirably. With these leaders in our future, TSPP's destiny is bright indeed.

I would be remiss if I did not also thank all of our members who make the Political Task Force program work. If you haven't already, get to know your state and local lawmakers on a personal basis. Developing friendly relationships with our legislators and being readily available to them as reliable and knowledgeable health-care resources are the best and the most effective tools we have in advancing the interests of our field and of our patients.

Why does TSPP make this advocacy effort? **Because it is the right thing to do.**

The Federation and the Academy: TSPP has received accolades from psychiatrists around the state for encouraging the formation of the Texas Academy of Psychiatry (a membership-driven organization) and the Federation of Texas Psychiatry (which is simply a coalition of organizations devoted to furthering the aims of organized psychiatry). The ideas leading to the formation of these organizations were also membership-driven and welcomed by members and non-members alike who realized the fallacy of any organization claiming to speak for any significant group (like psychiatrists!) while having membership numbers of only a portion of that group. In dealing with the Texas Legislature, clout is vital. Over the past ten years, TSPP has lost much of its membership and clout due to policies which are beyond our control. These policies were clearly identified as reasons for non-membership both by psychiatrists who had been members and by those who have never been members. These physicians have expressed their gratitude at being given the opportunity to have a voice. As a result, TSPP enjoyed the most successful annual meeting in many years last November, and interest in joining TSPP has actually increased as a result. Since the formation of the Federation, TSPP's monthly membership enrollments have increased

from the single digits to double digits. And, psychiatrists who have been out of organized psychiatry for years, have returned by becoming members of the Academy.

Expanding psychiatry's voice is the right thing to do, and it is working.

Chapter Visits: I promised TSPP that I would visit all eighteen of our Chapters and all of our residency training programs during my three-year commitment as President-elect, as President, and as immediate Past President. I have now visited seven of our Chapters and I have been welcomed most graciously at them all. It is vital that TSPP officers be available to all of our members and know the needs and the problems in each area of the state. Communication must not just be a one-way street—an effective dialog must be attained for any organization to truly be membership-driven. **Being membership-driven is the right thing to do.**

I have always been proud to be a member of TSPP for that very reason, and I am deeply proud to be able to serve as President of what has to be the finest membership-driven psychiatric organization in the country. I will eventually make it around the state, but please understand that I have been distracted for much of my term by the next situation.

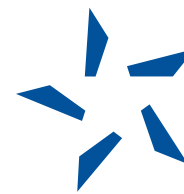
The APA Board of Trustees: I took office in April of 2004. Allow me to revisit a pertinent portion of my first column, which was written shortly thereafter:

The Executive Council, which directly represents all psychiatrists in Texas (public, private, and academic), voted at its April 4 meeting to form a separate corporation to implement and to administer this new program. Certain APA officials expressed reservations about our original program. However, our April 4 meeting was also attended by Marcia Goin, M.D., APA President, and by Jack Bonner, M.D., Area V Trustee. Both physicians stated that we have now found common ground with APA with this new concept and that we should have no further difficulties from those who disapproved of our earlier efforts.

Given the above, the arrival of "the letters" from the APA Board last October continues



J. Clay Sawyer, MD, DFAPA



to baffle. Despite this, TSPP has negotiated in good faith with the Board's representatives and has presented volumes of facts in an attempt to help the Board to understand that they have nothing to fear from either the Federation or the Academy. TSPP has expended great effort, with advice from legal and business consultants, to ensure that no bylaws have been violated, that TSPP continues to be *the* strong and preeminent voice in Texas psychiatry, that TSPP's representatives and administrators have no conflicts of interest with other organizations, and that TSPP continues to provide programs and benefits which add value to TSPP and APA membership. TSPP has always shared these concerns and the facts show that the existence of these new organizations does not place any of these issues at risk. In fact, TSPP has not lost its identity and has increased its growth and its voice for Texas Psychiatry. TSPP works hard to grow the membership of APA and TSPP. TSPP supports the APA dual membership policy, which we strictly enforce. TSPP has been a loyal District Branch of the APA for many decades, and we expect this relationship to continue. TSPP wants both organizations to be successful.

Negotiations with APA continue.

In summary, this year has been a bit different than what I originally anticipated. Still, we have undertaken new paths toward several different and significant goals, all of which stem from these basic facts: that we are physicians above all, that it takes a physician to be a psychiatrist, and that all physicians have the right to be heard. Humble ideas, perhaps, but noble in their own way.

Auschwitz in Texas

R. Sanford Kiser, MD, President, Board of Trustees, Texas Academy of Psychiatry

In January 2005 the world marked the 60th anniversary of the liberation of Auschwitz, the infamous Nazi concentration camp of World War II. Over a million people, mostly Jews, were killed there. Other victims included political prisoners, Russian prisoners of war, protestant fundamentalists, Poles, or persons considered "deviant," "unnecessary," or "inconvenient." Those that survived had been starved, beaten, abused, and demeaned to a subhuman level.

We shudder when we contemplate the atrocities committed at Auschwitz and the other Nazi death camps. We like to tell ourselves that Auschwitz was a historical aberration, a deviant event that will never happen again. We like to say that it happened a long time ago and in a place far away. We convince ourselves that Auschwitz was perpetrated by a megalomaniac madman, the likes of which the world will never see again.

But the simple fact is that these inhuman acts to other human beings occurred — not in some crude, unsophisticated primitive backwater — but in the heart and soul of Europe, in the best that human civilization had to offer in the arts, literature, theology, and science.

How could this be? How could this be?

The answer is that dark beasts were lurking within the shadows of the culture. The beasts have names. Apathy and Indifference.

What were the common people thinking and doing or not thinking and not doing to allow these beasts to run wild? The answer is straightforward. They were turning a deaf ear and a blind eye to events around them. They held firm to the notion of their good life and shut out any evidence that would threaten that illusion or their position in it.

In Texas today, we are similarly proud of our culture and our contribution to the advance of civilization. Could we be simi-

larly deaf, blind, and dumb to an Auschwitz in our midst?

Mental illness is a living hell that can put even Auschwitz into the pale background. How many of our fellow Texans are trapped in the confines of mental illness without adequate access to care? Without the knowledge that their misery is treatable? Without even knowing that their agony is an illness?

If you believe that an analogy between mental illness and internment at Auschwitz is far-fetched, consider the numbers of the mentally ill incarcerated in jails and prisons due to lack of treatment facilities or proper triage methods. (Remember the dark beasts from the

shadows, Apathy and Indifference.)

If you maintain that the horrors at Auschwitz are far beyond those of mental illness in Texas, remember recent events of mentally ill parents drowning their children, stoning them to death, and dismembering their arms.

The dark beasts are with us, but they do not have to control us. The Texas Legislature is now in session, and we, as Texas psychiatrists, have the power to speak out to our legislators about these issues. At this point in time, we have the opportunity to break the choke hold of Apathy and Indifference upon the human condition in Texas.



R. Sanford Kiser, MD



TSPP Committee/Council Meetings and CME Dinner Program

April 16-17, 2005 • Westin Galleria Hotel • Dallas, Texas

SAVE THE DATE and make plans to join members of the Texas Society of Psychiatric Physicians, Texas Academy of Psychiatry and Texas Foundation for Psychiatric Education and Research at the April 16-17, 2005 meetings at the beautiful Westin Galleria Hotel, Dallas.

Highlights of the weekend's activities include meetings of all of the TSPP committees, including two new special interest committees on Academic Psychiatry and Institutional Psychiatry; a special risk management luncheon; a two hour Continuing Medical Education Program; Executive Council business and installation of TSPP's new officers for 2005-06.

Be sure to make your hotel room reservations early to receive the special discounted Texas Society of Psychiatric Physicians' room rate of \$129.00 at the Westin Galleria hotel. We look forward to seeing you at the meetings!

MEETING LOCATION

The TSPP, Texas Academy of Psychiatry and the Texas Foundation for Psychiatric Research and Education meetings will be held April 16-17 at the beautiful Westin Galleria Dallas Hotel, 13340 Dallas Parkway, Dallas.

A special discounted rate for program attendees has been arranged at the rate of \$129 single or double if reservations are placed before March 25. All guests

may make reservations online at www.starwoodmeeting.com/book/tsppcmtgs or 1/999/627-8536 or 1/800/WESTIN-1 and identify yourself as attending "Texas Society of Psychiatric Physicians - Committee and Executive Council Meetings". The Westin is connected to the prestigious Galleria Shopping Complex and is easily accessible to I-75 (Central Expressway) and 635 (LBJ Freeway). The hotel is approximately 10 minutes to Love Field Airport and 20 minutes to Dallas/Fort Worth International Airport. Valet parking or free self-parking is available to attendees.

DISCOUNTED REGISTRATION FEES

Attendees who register BEFORE April 1 will receive the special discounted meeting registration rates. After April 1 and on-site registration will be at a higher registration rate.

Additional program information and registration is available on the TSPP website www.txpsych.org or contact TSPP, 401 West 15th Street, Suite #675, Austin, TX 78701, ph: 512/478-0605 or fax 512/478-5223.

Cancellation policy: In the event of cancellation, a full refund will be made if WRITTEN notice is received in the TSPP office by April 7, 2005, less a 25% handling charge. NO REFUNDS will be given after April 7.

DAILY SCHEDULE

SATURDAY, APRIL 16

| | |
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| 7:00 AM - 7:00 PM | Registration, <i>Johnson Foyer (2nd Floor)</i> |
| 7:30 AM - 8:55 AM | Foundation Bd of Directors Breakfast Mt, <i>Johnson 1 (2nd Floor)</i> |
| 8:30 AM - 4:30 PM | Committee Hospitality, <i>Johnson 2 (2nd Floor)</i> <i>Refreshments & Light Hors D'oeuvres For Committee Members</i> |
| 9:00 AM - 10:30 AM | Socioeconomics, <i>Dallas (2nd Floor)</i> Fellowship, <i>Denton (2nd Floor)</i> Budget, <i>Board Room (2nd Floor)</i> Institutional Psychiatry, <i>Fannin (2nd Floor)</i> Texas DBSA, <i>Collin (2nd Floor)</i> |
| 10:30 AM-12:00 PM | Membership, <i>Johnson 1 (2nd Floor)</i> Professional Practices, <i>Dallas (2nd Floor)</i> Continuing Medical Education, <i>Denton (2nd Floor)</i> Texas Academy of Psychiatry, <i>Fannin (2nd Floor)</i> |
| 12:00 PM - 1:15 PM | Luncheon Program / Risk Management Tips <i>Panorama East (21st Floor)</i> \$15 per person / \$20 on-site |
| 1:15 PM - 2:45 PM | Strategic Planning & Coordinating, <i>Denton (2nd Floor)</i> Public Mental Health Services, <i>Dallas (2nd Floor)</i> Children and Adolescents, <i>Fannin (2nd Floor)</i> Ethics, <i>Johnson 1 (2nd Floor)</i> |
| 2:45 PM - 4:15 PM | Members in Training, <i>Johnson 1 (2nd Floor)</i> Forensic Psychiatry, <i>Dallas (2nd Floor)</i> Academic Psychiatry, <i>Denton (2nd Floor)</i> Constitution & Bylaws, <i>Board Room (2nd Floor)</i> |
| 4:30 PM - 6:00 PM | Government Affairs, <i>Johnson I&II (2nd Floor)</i> |
| 6:00 PM - 6:30 PM | Welcome Reception, <i>Consular/Congressional (21st Floor)</i> |
| 6:30 PM - 8:30 PM | CME Dinner/Program, <i>Governors (21st Floor)</i> Mental Health Care and Depression in the 21st Century: "Norepinephrine in the Brain: Neurobiology and Therapeutics for the 21st Century" <i>Michael Alan Schwartz, MD</i> See CME Registration Form for Registrant Fees |

SUNDAY, APRIL 17

| | |
|--------------------|---|
| 7:00 AM - 8:30 AM | Federation Delegate Assembly Breakfast Mtg, <i>Denton (2nd Floor)</i> |
| 9:00 AM - 12:00 PM | Executive Council, <i>Johnson I&II (2nd Floor)</i> Executive Council Business and Installation of Officers for 2005-2006 |

TSPP CME PROGRAM • Saturday, April 16 • 6:30 pm - 8:30 pm • Westin Galleria Hotel • Dallas, Texas

Mental Health Care and Depression in the 21st Century Norepinephrine in the Brain Neurobiology and Therapeutics for the 21st Century

ACCREDITATION

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of two (2) Category I credits toward the AMA Physicians' Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

SCIENTIFIC PROGRAM TARGET AUDIENCE AND PROGRAM OBJECTIVES

This continuing medical education activity will be presented in a lecture with discussion format. It is designed to provide psychiatrists and other physicians with clinically relevant information in new developments in mental health care and depression in the 21st century. At the conclusion of this program, participants should be able to:

- Understand the paradigmatic neuromodulating neural systems - dopamine, norepinephrine, acetylcholine, histamine and serotonin, their role as "fine tuners" of other systems (e.g., glutamate and GABA) and the behavioral and physiological consequences of such interactions.
- Recognize the noradrenergic properties of common psychiatric medications.
- Incorporate this knowledge into daily practice.

ABOUT THE SPEAKER

Michael Alan Schwartz, M.D.

Recently relocated to Austin, Texas, Dr. Schwartz is an Adjunct Professor of Philosophy and also an Adjunct Professor of Psychiatry at the University of Louisville. His appointment as Clinical Professor at the University of Hawaii is pending. A medical educator for most of his career, he has a long standing interest in the practical application of emerging knowledge about neural functioning to the understanding and treat-

ment of psychiatric disorders. Married to Joan Clayton Schwartz, Ph.D. and the father of three children, Dr. Schwartz is a graduate of Princeton University and the Cornell University School of Medicine. His residency training was in psychiatry at the New York Hospital-Cornell Medical Center. Subsequently, he was at NIMH, Cornell Medical School, New York Medical College, and Case Western Reserve. Dr. Schwartz

served as psychiatric residency training director and Vice Chair for Psychiatric Education for many years at university programs in New York and Ohio. He is also Founding President of the *Association for the Advancement of Philosophy and Psychiatry*. Dr. Schwartz is author of numerous journal articles, chapters, monographs and books. In 1998, he received the Dr. Margrit Égnér Prize at the University of

Zurich in Switzerland for "contributing to a more human world in which human beings with their mental needs stand in the center." In June 2000, Dr. Schwartz was designated as an "Exemplary Psychiatrist" by the National Alliance for the Mentally Ill.

TSPP Acknowledges with Appreciation an Unrestricted Educational Grant in support of this CME Accredited Independent Scientific Education Program by GlaxoSmithKline

CME DINNER PROGRAM REGISTRATION FORM

NAME (PLEASE PRINT OR TYPE) _____ PHONE OR EMAIL _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____

Name(s) of Additional Registrants (for name badges) _____

Indicate the NUMBER of individuals you are registering in the appropriate enrollment category.
Please note the fees are PER PERSON and your payment should reflect the proper fee.

| | Discounted Registration If postmarked before 4/1 | After 4/1 | _____ |
|--|---|--------------|-------|
| # <input type="checkbox"/> TSPP/Texas Academy of Psychiatry Member | \$25.00 | \$35.00 | _____ |
| # <input type="checkbox"/> TSPP/Texas Academy of Psychiatry MIT/ Medical Student | \$10.00 | \$15.00 | _____ |
| # <input type="checkbox"/> Non-Member | \$35.00 | \$45.00 | _____ |
| # <input type="checkbox"/> Non-Member MIT/Medical Student | \$20.00 | \$30.00 | _____ |
| # <input type="checkbox"/> Allied Health Professional | \$15.00 | \$25.00 | _____ |
| # <input type="checkbox"/> Spouse/Significant Other | \$15.00 | \$25.00 | _____ |
| # <input type="checkbox"/> Advocacy Organization Leadership | \$15.00 | \$25.00 | _____ |

METHOD OF PAYMENT - Make checks payable to "Texas Society of Psychiatric Physicians"

Check VISA MasterCard Credit Card # _____ Exp. _____

Date _____

Name of Cardholder (as it appears on card) _____ Signature _____

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ADDRESS _____ CITY _____ STATE _____

ZIP _____

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by April 1, 2005, less a

Psychology Prescribing

For the third consecutive Legislative Session, the Texas Psychological Association will file a bill asking the Legislature to grant psychologists prescribing privileges. Similar psychology prescribing bills have already been filed this year in other 6 states. When the bill is eventually filed in the Texas Legislature, the Federation will send details about the bill to members of TSPP and the Academy. Until then, please consider using the following talking points in your communications to legislators when the bill is filed.

ALLOWING PSYCHOLOGISTS TO PRESCRIBE MEDICATIONS WOULD BE DANGEROUS AND WOULD BE A PRESCRIPTION FOR DISASTER!

Texas should reject psychology's attempts to gain prescribing privileges by the Texas Legislature because psychologists do not have the medical background necessary to safely prescribe medications for patients. Texas physicians, many psychologists and mental health patient advocacy groups oppose the legislation. Allowing psychologists to *practice medicine without a medical degree* would be a high-risk experiment and would be a **PRESCRIPTION FOR DISASTER**.

THE CENTRAL ISSUE IS THE QUALITY CARE AND SAFETY OF PATIENTS.

- Legislation to give psychologists prescribing authority would be a high-risk experi-

ment in which one of the state's most vulnerable populations — persons with mental illnesses — would be subjected to substandard health care by a group of inadequately trained providers who want to be physicians without the requisite medical training and education.

THERE IS NO DEMONSTRATED HEALTH CARE NEED TO GRANT PSYCHOLOGISTS PRESCRIBING AUTHORITY.

- In a statewide survey taken in February 2000, the vast majority of Texans (72%) opposed legislatively granting prescription privileges to psychologists, *even if this measure would expand access to care*.
- Psychologists have failed to demonstrate an actual health care need to justify their being granted prescribing authority. There is no evidence of consumer demand for prescribing psychologists. In Texas, physicians and psychiatrists far out number psychologists, including in rural areas. There are even more psychiatrists than psychologists licensed as Health Service Providers, a designation which permits a psychologist to practice in a clinical setting. In Texas, the practice locations of psychiatrists and psychologists are similar, except that psychiatrists are located in 15 more counties.
- Rather than by giving psychologists prescribing authority, the health care needs of underserved populations (e.g., rural

communities) are better served by improving the mental health training of primary care providers (e.g. family physicians) who have better and broader health training and are more widely distributed than psychologists.

- Granting psychologists prescribing authority will increase health care costs with no apparent benefit to society. More providers prescribing medications means more prescriptions being written, added cost to the State and to the consumer. Prescribing psychologists would not be able to safely treat psychiatric patients with multiple medical illnesses, which constitute over 50% of the patient population. Patients with multiple medical conditions would have to be referred to a physician, increasing the cost of care and disrupting the continuity of care. Also, granting psychologists prescribing authority would entail increases in, for example, state regulatory costs and liability insurance rates. Ultimately, these costs are borne by all taxpayers.
- Texans are concerned about medical errors. Certainly, giving prescribing authority to non-physicians, such as psychologists, would add to this concern.

MEDICATIONS FOR THE TREATMENT OF MENTAL ILLNESSES ARE AMONG THE MOST POTENTIALLY DANGEROUS DRUGS FOR PATIENTS, REQUIRING THE UTMOST CARE AND TRAINING IN THEIR USE.

- If not appropriately prescribed and monitored, these medications — also known as psychotropics — could have potentially disabling and life-threatening side effects. For example, many anti-depressants can cause stroke, coma, seizures and tremors. Other possible significant problems with psychotropic medications are: convulsions, epilepsy, blood diseases, irregular heartbeat, and severe high or low blood pressure. Psychotropic medications often are particularly vulnerable to drug abuse.
- An estimated 50% of persons whose mental illnesses require psychotropic medications also have other serious medical conditions requiring additional medications. This interaction of different medications, which can magnify or nullify the effects of certain drugs or even result in a deadly combination, presents

an extremely complex challenge to the most knowledgeable and skilled physicians. Unlike physicians, psychologists simply do not have the broad-based medical education and clinical experience that is needed to safely and appropriately integrate treatments for mental illnesses and other medical conditions.

PSYCHOLOGISTS LACK THE EDUCATION AND TRAINING TO PRESCRIBE SAFELY.

- A physician's medical degree is clinically-focused, emphasizing the critically important physical sciences (e.g., biology, chemistry, anatomy, physiology, pharmacology, neurology) and earned in the context of hands-on evaluation and treatment of ill persons under the supervision of experienced physicians. Following medical school, medical residents specializing in psychiatry complete at least four additional years of medical training, which occurs in a hospital and other clinical settings. A psychiatric physician resident, for example, will manage the care of about 2,000 patients with a range of emotional and other physical disorders. Management of care includes performing physical examinations, ordering and evaluating medical tests, making medical diagnoses, prescribing medication and other treatments, and monitoring the effects of such treatment.

- In contrast, a psychologist's Ph.D. is an academic degree with course work in the social and behavioral sciences. They are primarily trained to do psychotherapy and psychological testing. Psychologists can obtain their degree by taking only one or two courses in the biological bases of behavior. Their training typically occurs in a non-medical setting in which they do not observe or participate in the treatment of patients with medical illnesses other than mental disorders. This limited training does not adequately prepare psychologists to detect and treat concomitant non-mental illnesses or to understand and deal with the interactions of psychotropics with other medications prescribed to help other body systems.

- As part of their legislative strategy, psychology associations have arranged for correspondence courses and in some instances, institutions of higher education, to offer "pharmacology" courses for psychologists to demonstrate to legislators that psychologists are ready to prescribe medications, presuming that the legislature will pass their prescribing bill. The Texas Psychological Association has convinced Texas A&M University College of Education to provide such a course. According to the TPA literature about the course, it will "allow psychologists to expand diagnostic and referral options; educate patients for improved compliance; and, enhance consultation skills." The promotional literature says "this special type of training is based on a psychological model rather than a medical model." The course is offered on the weekends to participants via video conference. TPA is actively recruiting faculty for the course from the Texas A&M College of Veterinary Medicine. While the psychology association privately touts to its members that this course will prepare psychologists to prescribe medications pending legislative approval of their prescribing initiative, the administration of Texas A&M University disagrees.

CIGNA GROUP INSURANCE
Medical Director
Dallas, TX

MINIMUM QUALIFICATIONS: Board Certified Psychiatrist with Texas Licensure and 3+ years post-residency experience. Managed care experience preferred.

PRACTICE DESCRIPTION: Provides overall direction and guidance for the behavioral/psychiatric components of disability claims to ensure appropriate, professional application of mental health/substance abuse disability benefits.

- Provides medical expertise on assessment/referral teams psychiatric disability cases.
- Collaborates with behavioral health team regarding the clinical and non-clinical triage and referral activities of the claims teams to ensure protocols are followed and decisions are timely, consistent, and appropriate.
- Provides liaison to medical community to ensure appropriate and professional relations with medical, psychiatric and substance abuse physicians and providers.
- Provides occasional staff development and continuing education.
- Participates with and assists the management team with the development of goals, plans, strategies, and policies for CGI to administer and monitor comprehensive up-to-date mental health/substance abuse disability review programs.
- Participates in recruitment, interviewing, selection and training of psychiatrists and mental health/substance abuse behavioral health specialists as requested by management.
- Represents the organization in the liaison role with corporations, customers, potential customers and other agencies and individuals as apparent or requested.

COMPENSATION AND BENEFITS: Competitive base salary with adjustments for work experience and annual bonus opportunity. Occurrence based ("no tail") liability insurance; health, dental, life, disability insurance; 23 paid days off per year; Initially one week paid CME/year + up to \$2000 yearly educational stipend with increases based on years of employment; 8 paid holidays/year; 401K retirement savings plan; Pension plan; Relocation; Interview expenses.

CONTACT INFORMATION: To apply for this position please email your resume as a Word attachment to: stephen.turner@cigna.com, fax your resume to: (602) 371-2526 or call Stephen Turner, CIGNA, Sr Staffing Consultant at (602) 371-2325.


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continued on page 5

A Message to Legislators

PatientsFIRST Coalition

A Coalition for the Protection of Texas Patients!

Alarmed by proposals to lower the standards of medical care, Texas physicians have united to form **PatientsFIRST**. Medical and osteopathic physicians created **PatientsFIRST** to protect patient safety and ensure that Texas patients receive the best medical care. *Allowing non-physicians to practice medicine lowers the standard of medical care and places patients at risk.*

Allied health professionals, including optometrists, podiatrists, psychologists, nurses, nurse anesthetists, midwives and chiropractors, seek to expand the respective scopes of practice, without regard for the risk to Texas patients. Any expansion of the medical scope of practice will place undue risks on the families of Texas. *The allied health professionals will ask legislators to unnecessarily put the safety of their constituents and family members at risk.*

Texas physicians have always made

patients' health and safety their top priority, and have worked to deliver the highest quality of care for all patients. Physicians have and will continue to demand that medicine be practiced by the most qualified and competent physicians. *The allied health professionals will ask legislators to lower the standard of medical care that their constituents and family members receive in Texas.*

The attack on patients' safety in Texas will take many forms. Here are just a few indefensible positions the allied health professionals will ask legislators to vote for, against the health and safety of their constituents:

- optometrists who want to perform surgery on the eye and eliminate any medical input in the treatment of eye disease;
- psychologists who want to prescribe psychotropic medicine;
- chiropractors who want to be "primary

care physicians."

- podiatrists who want to operate on the leg, as defined by their trade association;
 - nurses who want to independently practice medicine; and
 - midwives who want to prescribe and administer dangerous drugs.
- The allied health professionals call themselves "doctors," but that does not make them "physicians." *Their approach is politically ambitious, but dangerous to legislators' constituents and family members; none of the allied health professionals went to medical school to be a Physician.*

Through the **PatientsFIRST** coalition, physicians will vehemently oppose all efforts to expand any medical scope of practice. The legislature must protect patients by restricting allied health professionals to services that are within the scope of their education and training. The pri-

mary consideration for all involved in regulating the scope of medical practice is and should be the health and safety of the patient. *Only physicians are qualified to practice medicine and to exercise independent medical judgement, plain and simple!*

Don't create shortcuts – it's not about competition, it's about competence!

Don't jeopardize patient safety by substituting legislation for medical education!

Don't LOWER the standard of medical care our Texas patients deserve!

Distributed to the members of the Texas Legislature by the PatientsFIRST Coalition. PatientsFIRST is comprised of ten physician organizations representing over 41,000 Texas physicians, including the Texas Association of Obstetrics/ Gynecology, the Texas College of Emergency Physicians, the Texas Ophthalmological Association, the Texas Osteopathic Medical Association, the Texas Orthopaedic Association, the Pediatric Society, the Texas Society of Anesthesiology, the Texas Society of Plastic Surgeons, the Federation of Texas Psychiatry and the Texas Medical Association.

Psychology Prescribing continued from page 4

- According to the Texas Occupations Code which is the psychologists' licensure act, the "practice of psychology" is limited to: 1) using projective techniques, neuropsychological testing, counseling, career counseling, psychotherapy, hypnosis for health care purposes, hypnotherapy, and biofeedback; and, 2) evaluating and treating mental or emotional disorders and disabilities *by psychological techniques and procedures.* They are not permitted to "practice medicine."

PSYCHOLOGISTS DO NOT HAVE THE MEDICAL MODEL TRAINING OF NON-PHYSICIAN PROVIDERS WHO HAVE LIMITED PRESCRIBING AUTHORITY.

- Psychologists' argue that just as other non-physician health providers (e.g., nurses, physicians' assistants, optometrists) prescribe, psychologists can easily and readily prescribe medication. This argument fails because these other providers have substantial training in the medical model, which psychologists do not. Would you feel comfortable sending your child or family member to a health care provider for prescription medications who had been trained using the "psychological" model rather than the "medical model?" In most states, nurses and physicians' assistants are authorized to dispense limited types of medications (e.g., birth control pills; antibiotics; topical skin medications) only under physician supervision.

THE U.S. DEPARTMENT OF DEFENSE'S PSYCHOPHARMACOLOGY DEMONSTRATION PROGRAM (PDP) WAS TERMINATED BY CONGRESS IN 1996.

- At a cost of more than \$6 million, the PDP resulted in 10 prescribing psychologists in the military health service. The Congressional "watchdog" agency, the General Accounting Office, strongly criticized the PDP as "not adequately justified because the [military health system] has not demonstrated need for them [the prescribing psychologists], the cost is substantial, and the benefits uncertain."
- Reflecting their limited training, these psychologists needed to rely on supervision and backup of physicians to ensure they weren't missing underlying serious medical problems in the PDP. Also, for

patient safety reasons, these psychologists were not permitted to treat certain categories of patients (e.g., children; elderly patients).

- The training requirements in the PDP were downgraded from over 1,400 hours to 700+ hours when 50% of the initial class failed. The discontinued and terminated PDP's training requirements are significantly more stringent than the 300+ hours of instruction (unsupervised weekend courses) sought by psychologists who are supporting prescription authority from state legislatures.

PRESCRIBING IS STRONGLY OPPOSED BY INFLUENTIAL ELEMENTS WITHIN THE PROFESSION OF PSYCHOLOGY.

- Many psychologists, including practitioners and academicians, vigorously oppose prescribing authority for psychologists. Most psychologists oppose prescribing privileges because it would adversely redefine the practice of psychology. Further, according to a report of The American Association of Applied and Preventive Psychology (AAAPP), this prescribing movement "seemingly derives from precipitous guild concerns" of practitioners [clinical psychologists]."
- The clinical affiliate of the American Psychological Society, the AAAPP, passed a resolution in 1995 to oppose prescription privileges for psychologists and continues to lead the opposition within psychology. Commenting on the resolution, the AAAPP president noted, "We are proud of the work we [psychologists] do. We will continue to work with physicians when medication is needed. We don't want to see psychologists become just 'junior doctors.'"

PSYCHOLOGISTS PRESCRIBING IS ALSO OPPOSED BY INFLUENTIAL MENTAL HEALTH ADVOCACY ORGANIZATIONS.

- National Alliance for the Mentally Ill (NAMI) does not currently endorse proposals before state legislatures to expand prescribing privileges to psychologists. NAMI acknowledges that serious shortages exist in the mental health professional workforce, particularly in public mental health systems and in rural and medically under-served regions of the country. However, there is no current evidence that expanding prescribing privi-

leges to psychologists will address these shortages. (January 16, 2002)

- The National Depressive and Manic-Depressive Association (National DMDA), the nation's largest patient-directed, illnesses-specific advocacy organization, believes it is in the patient's best interest to restrict psychotropic medication prescription to medical doctors. The experience, broad knowledge base, standards of care, and expertise make medical doctors

the only professionals National DMDA believes should be sanctioned to prescribe psychotropic medications. (August 2002) (Following the passage of this position statement, the organization changed its name to the Depression and Bipolar Support Alliance).

PSYCHOLOGY PRESCRIBING IS NOT GOOD MEDICINE AND POSES A THREAT TO PATIENT SAFETY

Congratulations...

The Texas Society of Psychiatric Physicians congratulates the following members for achieving the following membership recognition:

Distinguished Life Fellows

Frederick Brown, MD
Lida Lacy Edmundson, MD
Joel S Feiner, MD
Robert M A Hirschfeld, MD
Adib R Mikhail, MD
Theodore Pearlman, MD
Franklin C Redmond, MD
Margo K Restrepo, MD
Mary L Scharold, MD
John R Stafford, MD
Stuart W Twemlow, MD

Distinguished Fellows

Emilie Attwell Becker, MD
Christopher Thomas, MD
Madhukar Trivedi, MD

Fellows

Ronald Garb, MD
Jose Gutierrez, MD
Allan Thomas Hanretta, MD, PhD
Elvira Pascua-Lim, MD

Krishnaiah Rayasam, MD
Pedro Ruggero, MD
Edward Tobey, MD

50 Year Distinguished Life Fellows & Members

John D. Ainslie, MD
George A. Constant, MD
William B. Langston, MD
Jaime Quintanilla, MD

Life Fellows

Timothy L Sharma, MD

Life Members

Donald L. Thomasson, MD
Ramon M Rubio, MD
Louis F Fabre, MD
Paul A Grandy, MD
Irving L Humphrey, MD
Jason Dennis Baron, MD
Claudio Cepeda, MD
Estrella DeForster, MD

The Federation, TSPP and the Academy wish to congratulate **Les Secrest, MD** for his recent installation as President of the Dallas County Medical Society.



TSPP President Clay Sawyer, MD (left) and TSPP President-Elect Gary Etter, MD (right) congratulate Les Secrest, MD during his installation ceremonies in Dallas as President of the Dallas County Medical Society. Dr. Secrest will be installed as TSPP President-Elect in April.

Guidelines for Election to APA Distinguished Fellowship

All nominations for the honor of Distinguished Fellowship are reviewed by the APA Membership Committee, which then submits its recommendations to the Board of Trustees for final approval. Nominations for Distinguished Fellowship are primarily the responsibility of the District Branches. The procedure is as follows:

1. The APA Membership Department annually sends to each District Branch a list of its members who have been APA General Members or Fellows for a combination of at least eight years. The branch should check the list carefully for years of General Membership or Fellowship.
2. The District Branch nominates from the list and asks only those members meeting the following requirements to complete the Distinguished Fellowship application:
 - a) Not less than eight years as a General Member or Fellow of APA
 - b) Primary identification must be psychiatry for those in combined fields (e.g., psychiatry and pediatrics).
 - c) The District Branch should not resubmit the names of members who were nominated but not approved the preceding year. The purpose of this requirement is to allow time for members being re-nominated to improve their qualifications in areas where previously they did not show adequate strength. While a waiver of the two-year requirement is possible, there must be compelling reasons adequately documented by the branch.
 - d) The General Member or Fellow should be an outstanding psychiatrist who has made and continues to make significant contributions in at

least five of the areas listed below. **Excellence**, not mere competence, is the hallmark of a Distinguished Fellow.

- (1) **Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or equivalent certifying board.** If certified by another Board, details of the certification standards and process should be submitted so that the Committee might evaluate the equivalence of that certification. Additional credit is given for certification by other medical boards, sub-specialty boards, or psychoanalysis, or for a Ph.D. or Masters degree in a related field. Training without certification warrants no additional credit.
- (2) **Involvement in the work of the District Branch or other components of the APA.** Since Distinguished Fellowship is an APA honor, the Committee feels very strongly that participation in this category is extremely important. Length and quality of service, as documented by the supporting letters, are taken into consideration. No credit is given for membership alone in the APA and its district branches and chapters. Elected offices, appointments as chairs or members of national or district branch/chapter components, and special projects earn credit. Presentations at APA meetings are usually considered under teaching activities.
- (3) **Involvement in other medical**

and professional organizations. Activities in such organizations as the AMA, state/county medical societies and professional organizations are included under this category. Again, no credit is given for membership alone. Length and quality of service as documented by supporting letters, as well as positions held, determine credit given.

- (4) **Participation in non-compensated mental health and medical activities of social significance.** Activities demonstrating the physician's social responsibility and humanitarian concerns, such as work with disaster victims, mental health patient advocacy groups (AMIs) or with AIDS service organizations are included in this criterion. Letters from individuals (medical or non-medical) directly involved, specifically documenting the type, quality and length of involvement, are extremely important.
- (5) **Participation in community activities unrelated to income-producing activities.** The Committee looks for outstanding contributions to the political, religious, charitable, artistic or ethnic life of the community, i.e., contributions unrelated to income-producing activities. Mere membership in, or financial donation to, a community service organization earns no credit. Supporting letters detailing contributions from persons directly involved with these activities are very important in

documenting this category.

- (6) **Clinical contributions.** Letters attesting to and detailing exemplary skill, knowledge, diagnostic ability and therapeutic expertise are necessary. In addition to the nominee's other customary work settings, the Committee takes special note of work in public service settings. Service on hospital committees and other medical administrative work may be listed here or under (7) below.
- (7) **Administrative contributions.** In this category the Committee looks for advancement in administrative positions in institutional, community/public, or private settings, as well as the level of responsibility associated with the position(s). Letters giving the specifics, as well as the quality of the nominee's achievements in this area are needed.
- (8) **Teaching contributions.** Teaching in all settings is acceptable. In university settings, advancement in academic rank is taken into consideration, as is the extent and quality of teaching activities in other settings. There should be letters from faculty members, heads of departments or others familiar with the nominee's work. Teaching in non-institutional, non-professional settings should be supported by letters from individuals directly involved. As indicated above, presentations at scientific meetings should be included under this category.
- (9) **Scientific and scholarly publications.** Books (other than privately published), book chapters and articles in refereed journals earn credit in this category. No credit is given for unpublished research. Both number and quality of publications are considered in evaluating this category.

3. In order that the Membership Committee may arrive at the correct decision, **detailed** comments must address the quality of nominee's accomplishments in the categories in paragraph d(2). At least three of the letters must be from Distinguished Fellows of the APA; however, letters from other individuals (other members or non-psychiatrists) are **strongly** encouraged. Letters that amplify and delineate the quality of each activity reported on the nomination form are crucial to the Committee in its evaluation of the nominee. Each person asked to comment on a nominee should have a copy of these guidelines. **All letters must be typewritten or computer-generated.**
4. Nominations **must** be typed on the approved form supplied by the APA. *Space on the nomination form must be used first; attach addenda only if necessary.* If nominee completes the form using the electronic template, please refer to "How to Use the Template" document that can be obtained from either the District Branch or the APA. Nominations **will be returned** if completed incorrectly. These forms can be completed by either the District Branch or the nominee. However, all nominations are the responsibility of the District Branch and nomination packets **must be submitted by a District Branch.**
5. Curriculum vitae in lieu of, or as supplements to, completed nomination forms are not acceptable.
6. Distinguished Fellows will be expected to maintain the dignity of their profession and the practice of medicine including all relevant ethical guidelines.
7. The District Branch Distinguished Fellowship Chairperson shall forward nominations to the APA Membership Committee by the **1st of July.**

Welcome New Members

TSPP NEW MEMBERS

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

General Member

Bailey, Julia, MD
Blum, Brian, MD
Day, Hemant, MD
Hamaoka, Derrick, MD
Harrell, Angelica, MD
Herron, Jannifer, MD
Stonedale, Judi, MD
Unsell, Randal, MD

Change in Status from MIT to General Member

Gautam, Mickey, DO
Pate, Jennifer, MD
Tukdi, Shakil, MD
Vittone, Alicia, MD

Member in Training

Blois, Erik, MD

Hafeez, Zeba, MD
Haider, Kanwal, MD
Hudson, Karma, MD
Mummert, Diana, MD
Siddiki, Lubna, MD
Swafford, Erikh, MD
Wong, Vanessa, MD
Yen, Kathleen, MD

Transfer from Other District Branches

Denton, Wayne, MD
Riley, Shelly, MD
Sfeir, Mouna, MD
Symons, Symantha, MD

ACADEMY NEW MEMBERS

General Member

Carrick, John, MD
Janarthanan, Vasanthi C., MD
Heath, Jennifer C., MD

Loving, William M., MD
Robinson, Roger R., MD
Rust, John B., MD
Sommerfelt, Kathryn A., MD

True, Janet E., MD
Wagner, Peter J., MD

Associate Member

Sawyer, J. Clay, MD

You have just been subpoenaed.

Do you know how to respond?

If you have your malpractice insurance through The Psychiatrists' Program you can rest assured. With a simple toll-free call, a risk manager can assist you with the immediate steps you need to take to protect your practice.

As a Program participant, you can call the **Risk Management Consultation Service (RMCS)** to obtain advice and guidance on risk management issues encountered in psychiatric practice. Staffed by experienced professionals with both legal and clinical backgrounds, the RMCS can help prevent potential professional liability incidents and lawsuits.

If you are not currently insured with The Program, we invite you to learn more about the many psychiatric-specific benefits of participation. **Call today to receive more information and a complimentary copy of "Six Things You Can Do Now to Avoid Being Successfully Sued Later"**

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A++

(Superior)

2005 Annual Convention & Scientific Program

November 5-6, 2005 • Hyatt Regency Austin Hotel • Austin, Texas

MEETING LOCATION

The Annual Convention and Scientific Program will be held November 5-6, 2005 at the Hyatt Regency Austin Hotel, 208 Barton Springs Road, Austin, Texas. Conveniently located in the heart of Austin's business district near the State Capitol, the hotel offers breathtaking views of Town Lake and the

glittering Austin skyline. Make plans for a relaxing and stimulating weekend enjoying the many activities TSPP has arranged, including an outstanding CME program. During your leisure time, enjoy the outdoor heated pool and spa, fitness center and nine miles of beautifully landscaped hike n' bike paths on the shores of Town Lake. A

short distance away is shopping, historic 6th Street and the Warehouse Entertainment District. We know this will be a meeting and weekend you will not want to miss!

DISCOUNTED REGISTRATION FEES

TSPP has arranged a special discounted rate for program registrants at the rate of \$149.00 single or double occupancy. Hotel reservations may be made by referring to the group name "Texas Society of Psychiatric Physicians" and calling the Hyatt Reservations Department at 512/477-1234 or toll free 1/800-233-1234.

Discounted room rates are only available if reservations are made BEFORE October 13.

Discounted meeting registration fees are available to individuals who register BEFORE October 24.

Registration forms available online at www.txpsych.org or to request additional information, contact TSPP at tsppofc@aol.com or 512/478-0605.

Cancellation policy: In the event of cancellation, a full refund will be made if WRITTEN notice is received in the TSPP office by October 24, 2005, less a 25% handling charge. NO REFUNDS will be given after October 24, 2005.

SOCIAL ACTIVITIES

The weekend's activities kick off with a complimentary wine and cheese reception with exhibitors for convention registrants and their spouse/guest. Following the reception, the TSPP Annual Awards Banquet will be held honoring the 2005 TSPP Award Recipients in recognition of their outstanding contributions to Psychiatry.

DAILY SCHEDULE

FRIDAY, NOVEMBER 4

7:00 am - 8:00 pm
Registration/Information
7:30 am - 6:00 pm
Committee Meetings
12:00 pm - 1:15 pm
Member Luncheon
12:00 pm - 5:00 pm
Exhibits Set-Up
6:00 pm - 7:30 pm
Exhibits Open / Welcome
Reception with Exhibitors
7:30 pm
Annual Awards Banquet

SATURDAY, NOVEMBER 5

7:30 am - 6:00 pm
Registration / Information
7:30 am - 8:30 am
Complimentary Continental
Breakfast for Program
Registrants with Exhibitors
7:30 am - 5:30 pm
Exhibits
8:45 am - 5:15 pm
Scientific Program
10:30 am - 10:50 am
Refreshment Break w/Exhibitors
12:20 pm - 2:00 pm
Annual Business Meeting /
Luncheon w/Exhibitors
4:00 pm - 4:15 pm
Refreshment Break w/Exhibitors
5:30 pm
Exhibits Tear Down
5:40 pm - 7:00 pm
Executive Council

SUNDAY, NOVEMBER 6

7:30 am - 1:00 pm
Registration / Information
7:30 am - 9:00 am
Complimentary Continental
Breakfast for Program Registrants
8:00 am - 12:20 pm
Scientific Program

SCIENTIFIC PROGRAM AGENDA

SATURDAY, NOVEMBER 5 6 Hours Category I CME Credit

8:45 am - 9:00 am **Opening Remarks/Welcoming**
9:00 am - 10:30 am **"Antipsychotic Dosing - Individualizing Medication Treatment"**
Larry Ereshefsky, Pharm.D., FCCP, BCPP, Executive Vice President and Chief Scientific Officer, California Clinical Trials (CCT), Los Angeles, California
10:30 am - 10:50 am **Refreshment Break**
10:50 am - 12:20 pm **"Mind-Body Perspectives on the Development and Treatment of Depression"**
Charles L. Raison, MD, Assistant Professor, Director, Behavioral Immunology Clinic, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia
12:20 pm - 2:00 pm Annual Business Meeting Luncheon
2:00 pm - 4:00 pm **"Ethics"**
Laurence McCullough, PhD, Professor of Medicine and Medical Ethics, Center for Medical Ethics and Health Policy, Baylor College of Medicine, Houston, Texas
4:00 pm - 4:15 pm Refreshment Break
4:15 pm - 5:15 pm **Resident Paper Competition Paper**

SUNDAY, NOVEMBER 6 4 Hours Category I CME Credit

8:00 am - 9:00 am **"Child and Adolescent Topic"**
Karen Dineen Wagner, MD, PhD, Clarence Ross Miller Professor and Vice Chair, Department of Psychiatry and Behavioral Sciences, Director, Division of Child and Adolescent Psychiatry, University of Texas Medical Branch, Galveston, Texas
9:00 am - 9:10 am Refreshment Break
9:10 am - 10:40 am **"Psychiatric Medications & Pregnancy"**
Zachary N. Stowe, MD, Director, Pregnancy & Postpartum Pregnancy & Lactation Mood Disorders Clinic, Dept of Psychiatry & Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia
10:40 am - 10:50 am Refreshment Break
10:50 am - 12:20 pm **"Geriatric Psychiatry Topic"**
Kevin Gray, MD, Director, Geriatric Neuropsychiatry Clinic, Veterans Affairs North Texas Health Care System, Assistant Professor of Psychiatry & Neurology, University of Texas Southwestern Medical School, Dallas, Texas

Why Join NAMI?

Jerry Fulenwider

Ever think about who is the best known lobbying group in America? If you guessed AARP you are right. They have several million members with a multi-million dollar budget, so they have huge influence with

the public policy makers of this nation. The National Alliance for the Mentally Ill has been called one of the most effective volunteer lobbying groups in America with our 220,000 members, but not enough to get the Wellstone Mental Health Equitable Treatment Act passed. NAMI invites all psychiatrists, patients and families to join our group. When you consider there are 50 million people with mental illness in this country today, our membership should be in the millions. There is definitely strength in numbers when dealing with public policy makers, and this is where your membership would really count. Your \$35 membership fee entitles you to membership in your local NAMI affiliate, NAMI Texas and NAMI National as well. Your patients and their families would have access to our educational programs free of charge such as Journey of Hope, Family to Family, Visions for Tomorrow and Peer to Peer as well as regularly scheduled support groups. These programs are not available anywhere else. It is easy to join NAMI. You can join on line by going to <http://texas.nami.org> and clicking on to join, and then join NAMI Texas on line. You can pay by credit card or download the application form if you desire.

THE INSTITUTE OF CONTEMPORARY PSYCHOANALYSIS

offers a Weekend Psychoanalytic Training Program

Courses are held at 12121 Wilshire Blvd. #505, Los Angeles, CA 90025
Application deadline is July 15, 2005

Saturday and Sunday

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

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

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

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

INSTITUTE OF **ICP** CONTEMPORARY PSYCHOANALYSIS

Advocacy in Practice Capitol Day

Over 120 participants attended TSPPs Capitol Day in Austin on January 25-26 conducted for the Mental Illness Awareness Coalition (NAMI Texas, Depression and Bipolar Support Alliance of Texas, Texas Mental Health Consumers, Mental Health Association in Texas, and the Texas Society of Psychiatric Physicians). Members of the Coalition benefitted from a dynamic and informative communications training workshop provided by Joel Roberts of Los Angeles, a nationally recognized communications expert, consultant and trainer. Coalition members spent two days discussing key legislative issues, practicing the delivery of concise messages with impact and concluded by visiting the Capitol to meet with legislators and legislative staff about issues of importance to the Coalition.

Joel Roberts received glowing evaluations from participants, such as: Very dynamic (TMHC); I thought he was fabulous and I learned a lot from him (NAMI); Best communication trainer I've heard (NAMI); Superb! (TSPP); Joel Roberts was an energetic, humorous and knowledgeable speaker. I really enjoyed his presentation while learning at the same time (NAMI); Very effective and focused (NAMI); Joel Roberts does an excellent job in teaching effective communication about complex issues (TSPP); Good, caring, sincere speaker who knows how to teach and critique others without pressure, stress or humiliation (DBSA); Fantastic! (TMHC); I love the way he drills us, making us improve on the spot (TSPP); Pulls out the best of each participant (DBSA); Outstanding, dynamic speaker (TSPP); Humanity and expertise all wrapped up into one package (NAMI); Very effective speaker. Information was vital to

my organization (NAMI); Compassionate and knowledgeable with a deep interest in advocacy (DBSA); and Excellent! (MHAT).

Every participant recommended that TSPP repeat this conference in the future.



DBSA's Jim Swinney outlines the legislative agenda of his organization.



Cliff Gay of NAMI Texas summarizes his organization's legislative priorities.



Federation lobbyist, Steve Bresnen, briefs the conference on legislative issues.



Argelio Lopez-Roca, MD, a resident from San Antonio, practices the delivery of his message.



Residents practice with Joel Roberts (r Melissa Watson, MD, Dave Walik, MD, Marisa Giggie, MD, Erica Montgomery, MD and Joel Roberts).



Joel Roberts (right) with Roy Strain of the Texas Mental Health Consumers.

CALENDAR OF MEETINGS

MARCH

- 17-20 American Society for Adolescent Psychiatry Annual Meeting**
JW Marriott Hotel at the Galleria
5150 Westheimer, Houston, TX
Contact: Frances Roton, 972/686-6166

APRIL

- 16-17 TSPP Committee and Executive Council Meetings and CME Program**
See page 3 for the Schedule of Events and more details
For Committee Meetings sign up sheet and registration form, download form at <http://www.txpsych.org>.

MAY

- 13 TMA Section on Psychiatry Program "Update on Childhood Psychiatric Disorders"**
Gaylord Texan Hotel, Grapevine, Texas.
Registration information, contact Texas Medical Association, 512/370-1300.

NOVEMBER

- 4 TSPP Committee Meetings**
Member Luncheon
Welcome Reception with Exhibitors
Annual Awards Banquet
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