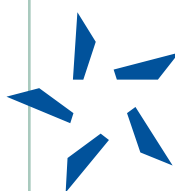


# Texas Psychiatrist



## A Question of Quality

George D. Santos, MD, President, Texas Society of Psychiatric Physicians

This past month the American Board of Psychiatry and Neurology held the General Psychiatry Part II oral examinations in Houston. These exams are always interesting for the sheer anxiety they seem to cause those mostly young physicians seeking board certification. Examination hotel lobbies sometimes look like a scene from some movie featuring zombies wandering about looking frightful. I know I was nervous when I took my oral board exam and I was lucky enough to take them in my home town, San Antonio. It does make you appreciate, however, the arduous process we all go through to do the work of caring for patients. It also brings to the forefront issues of quality and maybe even public trust. These have been discussed for some years now at ABPN and they bring forth more questions than clear answers.

How does anyone know the quality of their physician? Certainly, there are many excellent physicians who are not board certified. Is quality as simple as either a patient improves or does not? There are so many factors which play into the clinical outcome of any physician-patient interaction. Successful completion of accredited training programs certainly is a measure, but not a guarantee. Is being Board certified a guarantee? I don't think we can ever hold it to that standard, but it is a relatively objective measure of competence. The board exams as we have known them are changing. The oral examinations will no longer

exist as they are currently administered after 2016. They are being incorporated into psychiatry training programs. Going forward, there will still be a set of written examinations.

As we all know, those physicians board certified after 1993, I think, have time-limited certificates and must re-certify every seven years.

Those of us board certified before that time get to keep our board certifications, (and AARP cards), for life.

As a question of quality, is a single competency examination in a professional lifetime sufficient? It is an interesting question which is reluctantly asked. Can we reasonably assume physicians keep up with medical knowledge? Most of the organizations with which we interact have their own processes to prove competency. State licensing boards, such as the Texas Medical Board, have standards. The hospitals where we work have to demonstrate ongoing competencies of the clinicians working in those facilities. Usually all we have to do is demonstrate we have attended CME lectures or courses. Of course, we all have to obtain a certain number of CME hours every year for our license renewals, but there is no real standard measuring the impact of that form of learning as it affects clinical care. We know that CME certification is becoming increasingly complicated as an effort to improve the take-home quality of CME educational programs.

We have seen this with our own quality programs within TSPP. By the way, thanks to the tireless efforts of John Bush and Debbie Sundberg, TSPP has achieved a unique CME re-certification with an extension of our certification credentials. "Accreditation with Commendation" sets our organization apart from other accredited organizations and it is a testament to the quality of our educational programs and the excellent work done by Debbie and John.

We are still left with the issue of physician quality. The ABPN is encouraging everyone to take the "Maintenance of Certification" examination whether you hold a time-limited board certification, in which case you have no choice, or you are lifetime board certified. The MOC examination is geared much more toward patient care than the more academic-didactic content of the primary board certification examination. There is concern state medical boards may require some form of recertification in the future. The ABPN suggests recertification may be sufficient to meet state licensing board future expectations. There is some strength to this argument.

After a couple of years of hearing the ABPN points regarding the value of recertification, I took the "Maintenance of Certification" examination voluntarily and happily passed. Taking the examination, by the way, does not alter or diminish your lifetime board certification. (I checked that



George D. Santos, MD

out first) It is, however, an objective measure to demonstrate current competency in your field.

I do think they need to work to bring down the cost of the 200 question computer examination, but it is hard to argue against the value of having re-certification. My patients like it. The courts and lawyers like it. Joint Commission liked it when they surveyed our hospital. I don't mean to suggest we all have to run out and take this examination, but we need to consider the question of competence and quality carefully and honestly. I will suggest those who are board certified consider looking over the ABPN website regarding the MOC exam as one option to demonstrate ongoing quality credentials.

I look forward to seeing everyone at the TSPP and Academy Spring Joint Sponsored CME Program on April 17 in Austin at the new Westin at the Domain Hotel (see details inside). Please make every effort to attend. ■

## Congratulations!! TSPP Achieves Highest Recognition for CME

As was reported in the August/ September 2009 Texas Psychiatrist Newsletter, TSPP underwent a rigorous Re-Accreditation process in 2009 with the Texas Medical Association (TMA) and the Accreditation Council for Continuing Medical Education (ACCME), to continue TSPP's ability to be a provider of continuing medical education activities. The process included compiling a 500+ page Self-Study Report covering the past 4 years of CME activities and a CME accreditation site survey and interview.

In July, TMA announced its decision based

on the review of the organization's self study report, evidence of performance-in-practice, and the accreditation interview and awarded TSPP another four year Full Accreditation term. TSPP was also provided the opportunity to submit a progress report in January, 2010 for consideration of change in status to Accreditation with Commendation.

Although a somewhat daunting task, TSPP's Continuing Medical Education Directors, Debbie Sundberg and John Bush, completed an additional 200+ page 'progress report' and submitted it for the TMA Subcommittee and Committee on Continuing Education's review.

As a result, TSPP is extremely pleased to report that both the Texas Medical Association Subcommittee and Committee on Continuing Education were very impressed with the work TSPP has done to ensure the CME program is of benefit to the members and to ensure full compliance with accreditation standards and changed the accreditation status of TSPP to ACCREDITATION WITH COMMENDATION, a 6 year term, with accreditation expiring in July 2015.

Currently, TMA accredits 68 providers of which 13 have Accreditation with Commendation, and of the 13, only 3 (one of which is TSPP), were reviewed and



Pictured at the CME accreditation site survey in June (left to right): Leslie Secrest, MD, CME Committee Vice Chair, Jefferson Nelson, MD, CME Committee Chair, Fred Bishop, MD, TMA/ACCME surveyor, Armin Weinberg, PhD, TMA/ACCME surveyor, Billie Dalrymple, TMA Director of CME, and Debbie Sundberg, TSPP Assistant Director. Not pictured: John Bush, TSPP Executive Director (photographer).

approved for Accreditation with Commendation under the Updated Accreditation Criteria. ACCME accredits 38 providers in Texas of which 7, (one of which is the Texas Medical Association), is Accredited with Commendation.

This well deserved recognition underscores the dedication and efforts of TSPP; the CME Committee Chair, Dr. Jefferson Nelson; Vice-Chairs, Drs. Leslie Secrest and Patrick Holden; CME Committee Members and CME Directors Debbie Sundberg and John Bush to continue to design and implement

outstanding CME activities in full compliance with the TMA and ACCME accreditation standards. The CME activities created address the professional practice gaps and advance physician competence and provide strategies for patient care and safety that result in change, development and improvement in the Texas healthcare system. TSPP members should be very proud of these achievements.

For additional information about the ACCME and the CME Accreditation Guidelines please visit [www.accme.org](http://www.accme.org). ■

### INSIDE

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# A Successful 2011 Legislative Session Begins Today

Leslie H. Secrest, MD, Chairman, Federation of Texas Psychiatry



Leslie H. Secrest, MD

**T**he Legislative process of Health Care Reform has forced me to acknowledge the absolute significance of the election process. The result of an election trumps and drives every legislative process. Motivated by this conclusion, it seemed important to understand the campaign for office from the point of view of a candidate. What does a candidate need? What keeps a candidate awake at night besides too much caffeine? What makes a successful campaign? Hopefully, the answers to such questions would make me a more effective and valuable volunteer and better able to encourage other psychiatrists to become a valued volunteer and thus a valued resource whose views are included during a legislative session.

Attending the TMA candidate school, a school for physicians interested in running for public office, seemed to be a good place to begin my education and satisfy my curiosity. Understanding the process that each candidate must embrace seemed critical to me. The candidate school enlightened me, answered some of my questions, and strengthened my belief that every psychiatrist has something to offer and is able to help their candidate in significant ways on the path to success. The school relied upon current legislators to discuss their campaigns for elected office. Quickly it was clear that each legislator approached their candidacy with their personal philosophy of how best to meet the voters in their district and to motivate each voter to take all their friends and relatives to the poll and vote.

As might be expected in any campaign, time is the rate limiting step. From the moment the decision is made to run for office, the clock is ticking. Each candidate has to decide how to use the available time to build a campaign infrastructure and to construct and deliver their distinct and unique message that will motivate people to actually take time to vote. The

strategies that worked best for each candidate varied. Some walked their district knocking on doors to introduce themselves to each person who answered the door. This strategy is labor intensive and requires a daily commitment to spend a set number of hours walking and greeting people. Others preferred to be invited to a home in a neighborhood where friends and neighbors could gather to meet and discuss the issues. This becomes an effective venue to solicit others to carry the candidates' message and get voters to the polls. Gatherings in homes appear to be an efficient use of time because a person's attendance would seem to imply an interest in the candidate and an interest in casting a vote. Hosting a meeting is a gift that cannot be forgotten and an opportunity that a candidate cannot create alone. Every committed vote produced from this encounter is significant in the race against time and the candidate will attribute those votes to the host.

All candidates need volunteers who are loyal, trust worthy, and willing to help with what ever task is needed at the time. Some volunteer tasks are mundane; others are exciting, and a few memorable. What ever the task, someone must be willing to take it on and will hopefully be rewarded by being remembered favorably by the candidate, during the legislative session. Fund raising is often the only volunteer task that people envision a candidate needing. Raising money may in fact be the easiest part of the campaign but may also represent some voters who are the least committed to the candidate. Donated dollars does not imply motivation to vote or to get others to vote. It was interesting to realize that every dollar is important but most important is many small donations. This implies wide voter distribution and voters commit to actually vote for the candidate. Another aspect to many small donations is the important data base that it generates.

The emergence of technology with email, social networking, facebook, twittering and blogs has begun to change how candidates conceptualize communicating their message. However there still remains the major dilemma of how to get people to give a candidate the time involved to cast their vote.

Each legislator who presented at the candidate school was very concerned about this next election. Party affiliation did not prevent the concern that voter frustration with the current Congress, President, State Legislature, and Governor, could seriously impact their candidacy. Each legislator needed and wanted all the help they could get to continue to motivate previous supporters and to develop new voter support.

Time factors are very important. For example, the Republican and Democratic primary elections will be in March, a very short time to communicate a message that translates into votes. The race for Governor is a great example of the intensity that a short timeframe produces. The various strategies the two Republican candidates might employ were interesting speculation. Staying on a clear concise message is extremely important. There were many examples to support the rule of not attacking your opponent when you are leading in the polls. Those who are ahead in the polls who deviate from their message to attack their opponent will invariably begin to loose ground in the polls which implies loss of voter support. When the time frame is short, the volunteers who are able to lead and follow become extremely important and valuable. Needless to say, from March

to November is not a particularly long time for a major campaign.

What do you and I need to do? We need to pick a candidate for Governor, a candidate for our Legislative Representative, a candidate for our State Senator, a candidate for our congressional district and possibly a candidate for Senator for Texas. Next, we need to identify the person who is managing their campaign, contact the campaign manager and volunteer to do something that will meet a need. Next, we must show up at the agreed time and responsibly do the job. Next, attend a reception or hold a neighborhood meeting for the candidate and tell your candidate all the things you have done for their campaign no matter how insignificant the task seems to you. Lastly when attending a legislative advocacy function at the capital in Austin or Washington D.C. briefly remind them of your volunteer activities on their behalf.

Remember, a successful legislative session begins now in the election cycle; time is the rate limiting step and no financial contribution is too small.

Let's hear about your volunteer experience. ■

## Congratulations.....

*The following members have achieved recognition as TSPP/APA 50-Year Members as of January, 2010:*

**Richard James Alexander, MD**, Distinguished Life Fellow (1959), Austin

**Roy N. Aruffo, MD**, Distinguished Life Fellow (1960), Houston

**Hugh Edward Chavern, MD**, Distinguished life Fellow (1960), Fort Worth

**Theodore H. Greiner, MD**, Distinguished Life Fellow (1960), Victoria

**Harris M. Hauser, MD**, Distinguished Life Fellow (1960), Bellaire

**W. Mitchell Jones, Jr., MD**, Distinguished Life Fellow (1960), Amarillo

**Wade H. Lewis, MD**, Distinguished Life Fellow (1960), San Antonio

**Louis A. Faillace, MD**, Inactive Fellow (1960), Houston

**David S. Fuller, MD**, Inactive Fellow (1960), San Antonio

**Noe Neaves, MD**, Life Member (1960), Garland

### THANK YOU TSPP MEMBERS!

The Texas Society of Psychiatric Physicians expresses sincere appreciation to all of the members who have signed up to participate on TSPP's 14 active committees and are devoting their time and energy to TSPP's activities! TSPP is YOUR organization and needs your expertise and involvement!

As a reminder, TSPP's committees will be meeting in conjunction with the joint sponsored TSPP and Texas Academy of Psychiatry Spring CME Program on Saturday, APRIL 17, from 9:00 am - 4:00 pm at the NEW Westin Austin at the Domain Hotel, 11301 Domain Drive, Austin, Texas.

Haven't registered for a committee assignment yet?? Please register today and plan to attend the committee meetings of interest to you on Saturday and stay for the Continuing Medical Education Program! (NOTE: Members of TSPP, the Texas Academy of Psychiatry AND the Texas Society of Child and Adolescent Psychiatry may register for the CME Program at the same discounted 'Member' meeting rate). Committees will be meeting in an interactive format in the ballroom to enable members to 'float' from one committee to another and learn more about TSPP's numerous activities and business.

The Spring CME Program and schedule of events is available online at [www.txpsych.org](http://www.txpsych.org) or email [tsppofc@aol.com](mailto:tsppofc@aol.com) or call 512-478-0605 for additional information.

**NOT A MEMBER OF TSPP and APA?? Join Today!**

Membership applications are available online at [www.psych.org](http://www.psych.org)



# Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry Spring Continuing Medical Education Program

April 17 • Westin Austin at the Domain Hotel, Austin, Texas

You are cordially invited to join your colleagues at the 2010 Spring Joint Sponsored CME Program of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry on April 17 at the NEW!! Westin Austin at the Domain Hotel, 11301 Domain Drive, Austin, Texas.

## MEETING LOCATION / INFORMATION



Located within one of Austin's premier destinations, The Westin Austin at the Domain is centrally located amongst 1.3 million square feet of retail, dining and entertainment venues. Easy steps from the hotel door you will find Neiman Marcus, Macy's, Dillard's, Tiffany &

Company, Louis Vitton along with dining options such as Joe DiMaggio's, McCormick & Schmicks, Kona Grill, Cru-A Wine Bar and Flemings. For additional information visit [www.westin-austinatthedomain.com](http://www.westin-austinatthedomain.com). And, be sure to make time to visit Spa Reveil, an exclusive spa sanctuary dedicated to creating a memorable experience for every guest. Spa Reservations may be placed by calling 1-512-339-7000 or visit [www.SpaReveil.com](http://www.SpaReveil.com)

## MEETING HIGHLIGHTS

- TSPP & TAP Spring CME Program (4 Hours of Category I CME Credit)
- Complimentary Program for MITs "A Resident's Guide to Starting a Medical Practice"
- Committee Meetings
- Networking with Colleagues & Exhibitors
- TSPP Government Affairs Committee & Membership Luncheon
- Complimentary Reception
- TSPP Executive Council Meeting - Installation of 2010-2011 Officers

## Texas Society Of Psychiatric Physicians & Texas Academy of Psychiatry Continuing Medical Education Program Saturday, April 17

4:00 pm - 6:00 pm

### "The Stimulus Bill and the 'Free' Electronic Medical Record / Avoiding Risk Issues"

**Objectives:** At the conclusion of this presentation, participants will be able to:

- Relate the provisions of the ARRA/Stimulus Act and the accompanying HITECH Act to their practice, and,
- Be able to implement documentation strategies to enhance patient safety and reduce risk.

#### SCIENTIFIC PROGRAM SPEAKER

**Carol Murray, RHIA, CPHRM**  
Account Executive Patient Safety / Risk Management  
The Doctors Company

6:00 pm - 6:30 pm - Reception And Refreshments

6:30 PM - 8:30 PM

### "Psychopharmacology: Using the Evidence to Optimize Treatment"

The presentation will address, in part, the questions raised in 3 recent papers: Antidepressant Drug Effects and Depression Severity. JAMA.2010;303(1):47-53. Fournier JC, et al. National Trends in Psychotropic Medication Polypharmacy in Office-Based Psychiatry. Arch Gen Psychiatry. 2010;67(1):26-36. Mojtabai R, Olfson M. Depression Care in the United States. Arch Gen Psychiatry. 2010;67(1):37-46. Gonzalez HM, et al.

**Objectives:** At the conclusion of this presentation participants will be able to use current evidence from the medical literature to:

- Reduce irrational polypharmacy involving antidepressants and antipsychotics and thereby improve patient outcomes and reduce patient risks, and
- Use appropriate and effective treatments for major depression based on current evidence based guidelines.

#### SCIENTIFIC PROGRAM SPEAKER

**Michael Alan Schwartz, M.D.**  
Staff Psychiatrist, Austin State Hospital  
Adjunct Clinical Faculty, Austin Medical Education Programs  
Clinical Professor of Psychiatry, University of Hawaii

"Psychopharmacology: Using the Evidence to Optimize Treatment"  
is supported by an educational grant from Lilly USA, LLC.

For further information concerning Lilly grant funding visit [www.lillygrantoffice.com](http://www.lillygrantoffice.com)

#### SCIENTIFIC PROGRAM ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of four (4) AMA PRA Category I Credits.™ Participants should only claim credit commensurate with the extent of their participation in the activity.

The presentation "The Stimulus Bill and the 'Free' Electronic Medical Record / Avoiding Risk Issues" has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

#### TARGET AUDIENCE / PROGRAM GOALS AND OBJECTIVES

This CME program is designed with didactic lectures supplemented with audiovisual presentations and direct discussion. The program is designed to provide its' primary target audience of Psychiatrists and other specialties of medicine in the State of Texas, with clinically-relevant information to advance the physician's competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.

## HOTEL RESERVATIONS

BEGINNING MARCH 1 you may place your hotel reservations at the TSPP Group Rate of \$149.00 by calling 1-800-937-8461. **Cut-off date for discounted room reservations is MARCH 26 so reserve early to take advantage of the discounted rate!**

## EXHIBITS

Special thanks to the following Exhibitors for their support of the TSPP/TAP Spring Meeting. Please make plans to visit with them on Saturday, April 17 in Camilia AB:

**Neuronetics, Inc.**  
**Texas Foundation for Psychiatric Education and Research**

## REGISTRATION

NAME:

E-MAIL ADDRESS FOR MEETING CONFIRMATION

ADDRESS / CITY / STATE / ZIP:

PHONE/FAX

## CME PROGRAM/COMMITTEE MEETINGS/GOVERNANCE MEETINGS

Check all of the activities you are planning on attending and enclose payment for the luncheon, color meeting syllabus or CME Program, if applicable.

### SATURDAY, APRIL 17

<input type="checkbox"/> 7:30 am- 9:00 pm	Registration	<i>Camilia Pre-Function</i>
<input type="checkbox"/> 8:00 am - 9:00 pm	Exhibits / Hospitality Room	<i>Camilia AB</i>
<input type="checkbox"/> 7:30 am -8:45 am	Foundation Board Of Directors Meeting	<i>Bluebonnet</i>
<input type="checkbox"/> 9:00 am-10:30 am	Council On Organization Meetings (Ethics, Fellowship, Finance, Strategic Planning)	<i>Primrose CD</i>
<input type="checkbox"/> 10:30 am-10:45 am	Break	
<input type="checkbox"/> 10:45 am -12:15 pm	Council On Service Meetings (Academic Psychiatry, Children & Adolescents, Forensic Psychiatry, Public Mental Health Services)	<i>Primrose CD</i>
<input type="checkbox"/> 12:15 pm -12:30 pm	Break	
<input type="checkbox"/> 12:30 pm -2:00 pm	Council On Advocacy & Membership Luncheon (Government Affairs)	<i>Primrose AB</i>
<input type="checkbox"/> 2:15 pm -3:45 pm	Council On Education Meetings (CME, Members In Training, Professional Practice Management)	<i>Primrose CD</i>
<input type="checkbox"/> 2:15 pm - 3:45 pm	Members In Training Program: 'A Resident's Guide To Starting A Medical Practice'	<i>Verbena AB</i>
<input type="checkbox"/> 3:45 pm -4:00 pm	Break	
<input type="checkbox"/> 4:00 pm - 8:30 pm	CME Program	<i>Primrose AB</i>
<input type="checkbox"/> 6:00 pm - 6:30 pm	See Registration Below For CME Program Registration Fees Reception & Refreshments	<i>Primrose Foyer</i>

### TSPP & ACADEMY SPRING CME PROGRAM

<input type="checkbox"/> 4:00 pm -6:00 pm	SESSION I "The Stimulus Bill and the "Free" Electronic Medical Record / Avoiding Risk Issues" <b>Speaker: Carol Murray, RHIA, CPHRM</b>	<i>Primrose AB</i>
<input type="checkbox"/> 6:00 pm -6:30 pm	Reception & Refreshments	<i>Primrose Foyer</i>
<input type="checkbox"/> 6:30 pm -8:30 pm	SESSION II & DINNER "Psychopharmacology: Using the Evidence to Optimize Treatment" <b>Speaker: Michael Alan Schwartz, M.D.</b>	<i>Primrose AB</i>

("Psychopharmacology: Using the Evidence to Optimize Treatment" is supported by an educational grant from Lilly USA, LLC. For further information concerning Lilly grant funding visit [www.lillygrantoffice.com](http://www.lillygrantoffice.com))

#### Meeting Syllabus Order

Meeting Syllabus In Color	<b>Prior To April 1</b>	<b>After April 1</b>
Meeting Syllabus In Black/White	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$25.00
	Free	Free

NOTE: All CME program registrants will receive at No Additional Charge a black and white printed copy of the speakers' presentation. Due to the higher cost of color copying, IF you wish to receive the syllabus in color you may purchase a color copy of the speakers' syllabus by checking the box and including the additional charge. The color copy will be provided to you upon check-in the day of the program.

#### CME Program

<input type="checkbox"/> TSPP/Academy/TSCAP Member	<b>Prior To April 1</b>	<b>After April 1</b>
<input type="checkbox"/> MIT TSPP/Academy/TSCAP Member	\$75.00	\$115.00
<input type="checkbox"/> Non-Member Physician	\$10.00	\$25.00
<input type="checkbox"/> Non-Member MIT Physician	\$125.00	\$165.00
<input type="checkbox"/> Allied Health Professional	\$15.00	\$30.00
<input type="checkbox"/> Spouse / Guest (No CME Credit)	\$50.00	\$75.00
<input type="checkbox"/> Advocacy Organization (No CME Credit)	\$50.00	\$75.00

Note: Registration fee for the CME Program includes both presentations, reception and dinner.

### SUNDAY, APRIL 18

<input type="checkbox"/> 9:00-12:00	Executive Council Meeting	<i>Lantana AB</i>
<input type="checkbox"/>	<b>Vegetarian Plate Requested.</b> No additional fee if requested prior to April 1, otherwise there will be an additional fee of \$15.00.	



If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-0605.

#### METHOD OF PAYMENT:

Check in the Amount of \$ \_\_\_\_\_ *Make Checks Payable to Texas Society of Psychiatric Physicians*  
Please Charge \$ \_\_\_\_\_ To My:  VISA  MasterCard  American Express  
Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
3 Digit Code on Back of Card on Right of Signature Panel \_\_\_\_\_  
Name of Cardholder (as it appears on card) \_\_\_\_\_  
Signature \_\_\_\_\_  
Address where you receive your credit card statement (include 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, 2010, less a 25% handling charge. No refunds will be given after April 1.

#### RETURN TO:

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET, SUITE #675,  
AUSTIN, TX 78701; PHONE (512) 478-0605 FAX (512) 478-5223 EMAIL [TSPPofc@aol.com](mailto:TSPPofc@aol.com)





# Texas Society of Child and Adolescent Psychiatry 2010 Annual Meeting And Scientific Program

*"Addressing Substance Abuse In Child And Adolescent Psychiatry: Prevention, Diagnosis And Treatment"*

July 23-25, 2010 • Moody Gardens Hotel • Galveston, Texas

## LOCATION / HOTEL RESERVATIONS

All events will take place at the Moody Gardens Hotel, Seven Hope Blvd., Galveston, Texas. 409-741-8484 or 800-582-4673. A special TSCAP discounted single-quad room rate of \$189 is available to TSCAP program registrants before June 27, 2010 or upon sell-out whichever occurs first. **Hotel rooms will sell out quickly so please make your hotel reservation as early as possible by calling 1-888-388-8484.**

Surrounded by 242 acres of breathtaking gardens and majestic pyramids, Moody Gardens Hotel, Spa and Convention Center is Galveston's premier meeting destination. Moody Gardens features:

- Full Service Spa and Fitness Center, complete with indoor lap pool
- Rain Forest Pyramid – a ten story pyramid featuring primitive rainforests with plants and exotic fish and animals.
- Discovery Pyramid – Experience mysteries of science with traveling and interactive exhibits.
- Aquarium Pyramid – Oceans of the world are represented in a 1.5 million gallon aquarium teeming with creatures from penguins to stingrays, sharks and more.
- IMAX 3D Theater – Be a part of the action at the IMAX 3D Theater featuring amazing 3D and 2D films on a giant six-story screen.

## MEETING REGISTRATION

See Registration Form at [www.txpsych.org](http://www.txpsych.org) for special discounted meeting registration fees for this year's meeting. The earlier you register, the greater the savings!

## OPENING WELCOME RECEPTION WITH EXHIBITORS

Check in early and join your friends and colleagues for a special complimentary Welcome Reception for all TSCAP attendees! The welcome reception will be held Friday, July 23, 6:30 - 8:30 pm in the Floral A Ballroom. Visit with the exhibitors in a relaxing atmosphere and become eligible for special door prize drawings to be awarded throughout the meeting!

## MEETING SYLLABUS IN COLOR

All CME program registrants will receive at No Additional Charge a black and white printed copy of the speakers' presentation (if copy is submitted by speaker). Due to the higher cost of color copying, IF you wish to receive the syllabus in color you may purchase a color copy of the speakers' syllabus by checking the box on the Registration Form and including the additional charge. The color copy will be provided to you upon check-in the day of the program.

## EXHIBITORS

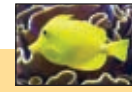
Special Thanks to the following Exhibitors who are supporting the TSCAP Annual Meeting!

Cedar Crest Hospital & RTC, Belton

Meridell Achievement Center, Liberty Hill

Southwest Mental Health Center, San Antonio

Texas NeuroRehab Center, Austin



## PROGRAM AT A GLANCE

### Friday, July 23

1:00 pm - 5:30 pm  
4:00 pm - 5:30 pm  
6:30 pm - 8:30 pm

Exhibit Set-Up  
TSCAP Executive Committee Meeting  
Welcome Reception with Exhibitors

### Saturday, July 24

7:30 am - 8:10 am  
8:15 am - 2:30 pm  
10:30 am - 10:50 am  
11:50 am - 12:10 pm  
1:10 pm - 1:30 pm

Continental Breakfast w/ Exhibitors  
Scientific Program  
Refreshment Break  
Refreshment Break  
Refreshment Break & Final Visit with Exhibitors

### Sunday, July 25

8:00 am - 9:00 am  
9:00 am - 12:30 pm  
10:15 am - 10:30 am

TSCAP Annual Business Meeting Breakfast  
Scientific Program  
Refreshment Break

## EXHIBITS

TSCAP's Welcome Reception, Continental Breakfasts and Refreshment Breaks, will be held in the Floral Hall A Room of the Moody Gardens Hotel. Please make plans to visit with the Exhibitors during the following hours:

Friday, 6:30 pm - 8:30 pm

Welcome Reception

Saturday, 7:30 am - 8:10 am

Continental Breakfast

Saturday, 10:30 am - 10:50 am

Refreshment Break

Saturday 11:50 am - 12:10 pm

Refreshment Break

Saturday 1:10 pm - 1:30 pm

Refreshment Break

Saturday, 3:30 pm - 4:30 pm

Exhibitors Tear Down and Depart

## ANNUAL MEETING BREAKFAST

The Annual TSCAP Business Meeting will be held Sunday, 8:00 am - 9:00 am in the Floral Hall A1 Room. All members are encouraged to register and attend. ■

## SCIENTIFIC PROGRAM SCHEDULE

### SATURDAY, JULY 24 (5 HOURS CATEGORY 1 CREDIT)

8:15 am-8:30 am **Welcome and Opening Remarks**  
8:30 am-10:30 am **Best Practices for the Assessment and Treatment of Adolescents with Substance Use Disorders**  
*Oscar G. Bukstein, M.D., M.P.H.*

- OBJECTIVES:** At the conclusion of the program, participants will be able to:
- Describe the presentation of substance abuse and dependence in children and adolescents.
  - Discuss the age related diagnostic issues for substance use disorders in children and adolescents.
  - Display the ability to discuss screening and prevention practices in their daily clinical work.
  - Apply current psychopharmacologic options for treating children and adolescents with substance use disorders.
  - Apply current psychosocial approaches to addressing substance abuse and dependence in children and adolescents.
  - Display the capacity to develop sophisticated, comprehensive biopsychosocial treatment plans for children and adolescents with substance use disorders.

10:30 am-10:50 am **Refreshment Break in Exhibit Hall**  
10:50 am-11:50 am **Treatment of ADHD in Patients with Substance Abuse Problems: Balancing Risks and Benefits**  
*Steven R. Pliszka, M.D.*

- OBJECTIVES:** At the conclusion of the program, participants will be able to:
- Understand current biological and psychosocial data in children and adolescents with substance use disorders.
  - Discuss the impact of substance use disorders on comorbid psychiatric illnesses (such as ADHD, Mood Disorders, and Anxiety Disorders).
  - Apply current psychopharmacologic options for treating children and adolescents with substance use disorders.

11:50 am-12:10 pm **Refreshment Break in Exhibit Hall**  
12:10 pm-1:10 pm **Resident / Faculty Clinical Case Presentation Working with an Adolescent with Substance Abuse: Focus on More Factors**  
*Peter Ly, M.D. and Dawnelle J. Schatte, M.D.*

- OBJECTIVES:** At the conclusion of the program, participants will be able to:
- Recognize early signs and symptoms of substance in adolescents.
  - Discuss the use of motivational interviewing in the treatment of substance abuse in adolescent.
  - Identify motivational factors leading to adolescent substance abuse.
  - Devise and apply developmentally appropriate treatment interventions for adolescent substance abuse.

1:10 pm-1:30 pm **Refreshment Break in Exhibit Hall**  
1:30 pm-2:30 pm **What is the Relationship Between Attachment Disorders and Substance Use Disorders?**  
*Lois M. Jordan, LCSW, LCDC*

- OBJECTIVES:** At the conclusion of the program, participants will be able to:
- Understand the developmental relational patterns and relevant psychosocial factors associated with substance use disorders.
  - Demonstrate the ability to discuss relational factors associated with new and ongoing substance use disorders and apply the ability to integrate this awareness into clinical practice to optimize the mental health treatment of patients with substance use disorders.

### SUNDAY, JULY 25 (3 HOURS CATEGORY 1)

8:00 am-9:00 am **TSCAP Annual Business Meeting Breakfast**  
9:00 am-9:15 am **Scientific Program Welcome and Opening Remarks**  
9:15 am-10:15 am **Evidence-Based Psychosocial Interventions for Adolescent Substance Abuse**  
*Joy M. Schmitz, Ph.D.*

- OBJECTIVES:** At the conclusion of the program, participants will be able to:
- Understand and apply evidenced-based treatments (EBT) tailored for adolescents with substance use disorders (SUD).
  - Understand and apply key elements of specific psychosocial treatments shown to be efficacious in treating adolescents with SUD, including behavioral therapy, cognitive-behavioral therapy, contingency management, motivational enhancement therapy, and family-based interventions.
  - Discuss challenges in the dissemination of EBT for adolescent SUD.

10:15 am-10:30 am **Refreshment Break**  
10:30 am-12:30 pm **Ethical and Legal Issues in the Treatment of Children and Adolescents with Substance Abuse**  
*Christopher R. Thomas, M.D.*

- OBJECTIVES:** At the conclusion of the program, participants will be able to:
- Discuss ethical issues in the diagnosis and treatment of substance abuse in children and adolescents.
  - Discuss legal requirements in the diagnosis and treatment of substance abuse in children and adolescents
  - Display the capacity to develop sophisticated, comprehensive biopsychosocial treatment plans for children and adolescents with substance use disorders.

## PROGRAM SPEAKERS

**Oscar G. Bukstein, M.D., M.P.H.**  
Professor of Psychiatry,  
University of Pittsburgh  
Medical Director, Adolescent  
Substance Abuse, Treatment Program  
Western Psychiatric Institute and Clinic  
Medical Director, ADHD Specialty Program  
Western Psychiatric Institute and Clinic  
Pittsburgh, PA

**Lois M. Jordan, LCSW, LCDC**  
Owner and Program Director  
Solutions Outpatient Services, Intensive  
Evening Outpatient Treatment Program for  
Alcohol/Drugs and other Addictive Disorders  
Former Executive Director of the  
Chemical Awareness Council  
Past Board Member of the Greater Dallas  
Council on Alcohol and Drug Abuse  
Dallas, TX

**Peter Ly, M.D.**  
Child and Adolescent Psychiatry Fellow  
The University of Texas Health Science  
Center at Houston Medical School  
Department of Psychiatry  
and Behavioral Sciences  
Houston, TX

**Steven R. Pliszka, M.D.**  
Professor and Vice Chair  
Chief, Division of  
Child and Adolescent Psychiatry  
Department of Psychiatry  
The University of Texas Health Science Center  
San Antonio, TX

**Dawnelle J. Schatte, M.D.**  
Assistant Professor  
Department of Psychiatry  
UT Health at Harris County Psychiatric Center  
Houston, TX

**Joy M. Schmitz, Ph.D.**  
Professor  
Department of Psychiatry and  
Behavioral Sciences  
University of Texas Medical School at Houston  
Houston, TX

**Christopher R. Thomas, M.D.**  
Robert L. Stubblefield Professor  
of Child Psychiatry  
Director, Child & Adolescent Psychiatry  
Residency Training  
Department of Psychiatry  
& Behavioral Sciences  
University of Texas Medical Branch  
at Galveston  
Galveston, TX

## CME ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

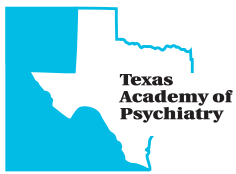
The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of eight (8) *AMA PRA Category I Credits*. Participants should only claim credit commensurate with the extent of their participation in the activity.

The presentation "Ethical and Legal Issues in the Treatment of Children and Adolescents with Substance Abuse" has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

## TARGET AUDIENCE/PROGRAM GOALS & OBJECTIVES

This CME program is designed with didactic lectures supplemented with audiovisual presentation and direct discussion, panel discussion and a case study presentation in multiple educational sessions. The program is designed to provide its primary target audience of Child and Adolescent Psychiatrists, General Psychiatrists and other specialties of medicine in the State of Texas, with clinically-relevant information to advance the physician's competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.





# The Mental Health Parity and Addiction Equity Act of 2008

Arthur J. Farley, MD, President, Texas Academy of Psychiatry



Arthur J. Farley, MD

Implementation of insurance parity for psychiatric illnesses, contained in a bill passed on October 3, 2008, is evolving. The Departments of Health and Human Services (HHS), Labor (DOL), and the Treasury published in the Federal Register the interim final rule implementing the provisions of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) on February 2, 2010. The regulation is effective on April 5, 2010, and applicable to plan years beginning on or after July 1, 2010. The regulation may be viewed or downloaded from the Federation's website ([www.txpsych.org](http://www.txpsych.org)). The following information is provided by the US Department of Health and Human Services about MHPAEA.

## Background

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. MHPAEA, which amended the Public Health Service Act, the Employee Retirement Income Security Act (ERISA) and the Internal Revenue Code, generally is effective for plan years beginning on or after October 3, 2009. For calendar year plans, the effective date is January 1, 2010.

MHPAEA applies to plans sponsored by private and public sector employers with more than 50 employees, including self-insured as well as fully insured arrangements. MHPAEA also applies to health insurance issuers who sell coverage to employers with more than 50 employees. The DOL and the IRS generally have enforcement authority over private sector employment-based plans that are subject to ERISA. HHS has direct enforcement authority with respect to self-funded non-Federal governmental plans. While State insurance commissioners have primary authority over issuers in the large group market, HHS has secondary enforcement authority.

MHPAEA supplements prior provisions under the Mental Health Parity Act of 1996 (MHPA), which required parity with respect to aggregate lifetime and annual dollar limits for mental health benefits. HHS, DOL and Treasury issued regulations under MHPA in 1997. The MHPAEA interim final rule amends and modifies certain provisions

in the MHPA regulations.

Although MHPAEA provides significant new protections to participants in group health plans, it is important to note that MHPAEA does not mandate that a plan provide MH/SUD benefits. Rather, if a plan provides medical/surgical and MH/SUD benefits, it must comply with the MHPAEA's parity provisions. Also, MHPAEA does not apply to issuers who sell health insurance policies to employers with 50 or fewer employees or who sell health insurance policies to individuals.

## MHPAEA Continues and Expands MHPA

As noted above, MHPA required parity with respect to aggregate lifetime and annual dollar limits. However, MHPA did not apply to substance use disorder benefits.

MHPAEA continued the MHPA parity rules as to limits for mental health benefits, and amended them to extend to substance use disorder benefits. Therefore, plans and issuers that offer substance use disorder benefits subject to aggregate lifetime and annual dollar limits must comply with the MHPAEA's parity provisions. The regulations demonstrate how the expanded rules apply, and update certain defined terms and examples as necessary.

## Additional MHPAEA Protections Relating to Financial Requirements.

Under MHPAEA, if a plan or issuer that offers medical/surgical and MH/SUD benefits imposes "financial requirements" (such as deductibles, copayments, coinsurance and out of pocket limitations), the financial requirements applicable to MH/SUD benefits can be no more restrictive than the "predominant" financial requirements applied to "substantially all" medical/surgical benefits. The regulations provide that the "predominant/substantially all" test applies to six classifications of benefits on a classification-by-classification basis. The regulation also includes other rules and definitions that are necessary in order for plans, issuers and their advisers to apply this general parity test.

## Additional MHPAEA Protections Relating to Treatment Limitations

MHPAEA also provides similar protections for treatment limitations. "Treatment limitations" mean limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment. The regulation clarifies that there may be both quantitative and nonquantitative treatment limitations, and provides rules for each. Since they are similar to financial requirements, quantitative

treatment limitations are subject to the same general test as the financial requirements discussed above. Because nonquantitative treatment limitations (such as medical management standards, formulary design, and determination of usual/customary/reasonable amounts) apply differently, the regulation includes a separate parity requirement for them.

## Parity with Respect to Out of Network Benefits

If a plan or issuer that offers medical/surgical benefits on an out-of-network basis also offers MH/SUD benefits, it must offer the MH/SUD benefits on an out-of-network basis as well.

## MHPAEA Availability of Plan Information Requirements

MHPAEA requires that plans make certain information available with respect to MH/SUD benefits. First, the criteria for medical necessity determinations with respect to MH/SUD benefits must be made available to any current or potential participant, beneficiary, or contracting provider upon request. MHPAEA also provides that the reason for any denial of reimbursement or payment for services with respect to MH/SUD benefits must be made available, upon request or as otherwise required, to the participant or beneficiary. The regulation clarifies that, for non-Federal governmental plans (which are not subject to ERISA), and health insurance coverage offered in connection with such plans, compliance with the form and manner of the ERISA claims procedure regulations for group health plans satisfies this disclosure requirement.

## Exemptions from MHPAEA

MHPAEA retains the exemption for small employers contained in MHPA. MHPAEA modified the exemption contained in MHPA based on increased cost in several respects, which are explained in the statute. The MHPAEA regulation updates the small employer exemption, withdraws the MHPA regulations concerning the increased cost exemption, and reserves paragraph (g) for additional future guidance.

## Additional Issues

The MHPAEA interim final rule is intended to address the most pressing issues that affect the ability of plans and issuers to comply in the near term. The Departments noted several issues in the preamble, and specifically requested comments on:

- Whether additional examples would be

helpful to illustrate the application of the nonquantitative treatment limitation rule to other features of medical management or general plan design;

- Whether and to what extent MHPAEA addresses the "scope of services" or "continuum of care" provided by a group health plan or health insurance coverage;
- What additional clarifications might be helpful to facilitate compliance with the disclosure requirement for medical necessity criteria or denials of MH/SUD benefits; and
- Implementing the new statutory requirements for the increased cost exemption under MHPAEA, as well as information on how many plans expect to use the exemption.

The agencies have requested input on the interim final rules, which become effective on April 5, 2010. Comments on the regulation must be submitted on or before May 3, 2010 to the Department of Health and Human Services as follows:

- All submissions must refer to file code CMS-4140-IFC. All comments will be posted on the Internet exactly as received. Comments may be submitted anonymously.
- To submit comments electronically, you may submit comments to <http://www.regulations.gov>. Follow the instructions under the "More Search Options" tab.
- To submit comments by mail, you may mail written comments to the following address ONLY: Centers for Medicare & Medicare Services, Department of Health and Human Services, Attention: CMS-4140-IFC, PO Box 8016, Baltimore, MD 21244-1850.

## The Academy's CME Program

The Texas Academy of Psychiatry's first CME activity will be a Spring CME Program on April 17 that is joint sponsored with TSPP. The TSPP/Academy Spring CME Conference will be conducted at the Westin at the Domain Hotel in Austin. Please plan to attend. ■

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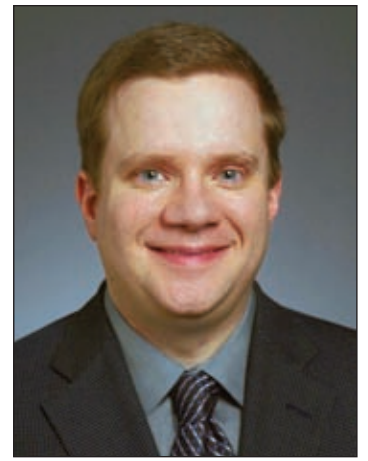
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# Antipsychotics and Young Children

Paul Croarkin, DO, President, Texas Society of Child and Adolescent Psychiatry



Paul Croarkin, DO

Hopefully, you are aware that House Bill 2163 (81st Legislature, Regular Session, 2009) mandated that the Texas Health and Human Services Commission (HHSC) shall perform a study and submit a report in late 2010 regarding the “appropriateness and safety of providing antipsychotic medications through Medicaid vendor drug program to children younger than 16 years of age.” This review is to carefully consider various factors relevant to the “appropriateness and safety of providing medications to children.” This includes medical and psychiatric diagnoses, U.S. Food and Drug Administration (FDA) approval for the respective medications and age range of approval, a child’s previous response to psychotropic medications, the quality of medical care for a child receiving benefits, the standard of care in medicine, and other factors deemed relevant to HHSC. Currently an exhaustive review is underway and this report is pending.

My thoughts, questions, and reactions to this may be similar to yours. First of all, frustration with the idea that our legislators wish to scrutinize, regulate, or usurp the practice of child and adolescent psychiatry. Secondly, “Why has this happened?” Financial pressures and idiosyncratic inter-

ests may drive this process. However, it is also hard to avoid the perception that perhaps collectively, we have failed to some degree in establishing or maintaining the public trust. Researchers have suggested that over the past decade there has been an increase in the use of antipsychotic medications in both publicly and privately insured preschool aged children.<sup>1,2</sup> More troubling is the implication that in many instances, these children have not had comprehensive psychiatric evaluations or multimodal treatment plans with quality psychotherapy or psychosocial interventions. If these assumptions are correct, current work fails to disentangle potential sources of this. Increasing recognition of autism and related disorders, a troubled healthcare delivery system, a fragmented mental health system, decreased access to other modalities (such as partial hospitalization programs and ample time in an inpatient facility), and limited resources in general have been pondered in this regard. Even more concerning is the paucity of scientific studies which examine the neurologic, metabolic, and endocrinologic implications of treating very young children with antipsychotic medications.

It is unlikely that House Bill 2163 will solve any of this. However, it does serve to

remind us not to become complacent in terms of legislative and professional advocacy. Beyond that perhaps the best course of action is to think critically about what we do as individuals and as a guild each and every day. A recent editorial in the Journal of the American Academy of Child and Adolescent Psychiatry by Dr. Helen Egger nicely summarizes suggested “best practices” approach to the use of psychotropics in children less than six years of age. This includes a meticulous and written parental informed consent process, initiating treatments at low doses with vigilant monitoring, comprehensive assessments of effectiveness on an individual level, a discontinuation trial upon reaching 6 to 9 months of continuous use, ongoing psychosocial and psychotherapeutic interventions concurrently with pharmacotherapy, monotherapy as the rule rather than the exception and reserving the use of psychotropics for children under the age of 2 for “rare and extenuating” circumstances.<sup>3</sup>

On another note, join me in thanking and congratulating John Bush and Debbie Sundberg for their diligent efforts and dedication. Their work has culminated in exemplary compliance with CME accreditation standards. Specifically, TSPP has

“Accreditation with Commendation” through July 2015. This is equivalent to the accreditation status of the American Psychiatric Association and the Texas Medical Association.

Also, please make or finalize plans now to attend the TSCAP Summer Conference and Scientific Program July 23-25, 2010. ■

1. Patel NC, Crimson ML, Hoagwood K. et al. Trends in the use of typical and atypical antipsychotics in children and adolescents. J Am Acad Child Adolesc Psychiatry. 2005;44:548-556.
2. Olfson M, Crystal S, Huang C. et al. Trends in antipsychotic drug use by very young, privately insured children. J Am Acad Child Adolesc Psychiatry. 2010;49:13-23.
3. Egger H. A perilous disconnect: antipsychotic drug use in very young children. J Am Acad Child Adolesc Psychiatry. 2010;49:3-6.

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## CALENDAR OF MEETINGS

### APRIL

**17-18 Texas Society of Psychiatric Physicians & Texas Academy of Psychiatry Spring Continuing Medical Education Program / Committee Meetings / Governance Meetings “The Stimulus Bill and the ‘Free’ Electronic Medical Record / Avoiding Risk Issues” AND “Psychopharmacology: Using the Evidence to Optimize Treatment”**  
NEW!!!! The Westin Austin at the Domain Hotel, Austin, Texas  
TSPP Discounted Room Rate \$149 / Hotel Reservations until March 26 or Upon Sell-Out, whichever occurs first / 1-800-937-8461  
For additional information please visit [www.txpsych.org](http://www.txpsych.org) or call 512-478-0605  
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**30 TMA Section on Psychiatry Program**  
TEXMED 2010, Fort Worth Convention Center  
For additional information visit [www.texmed2010.org](http://www.texmed2010.org)

### MAY

**22-26 American Psychiatric Association Annual Meeting**  
New Orleans, LA  
For additional information visit [www.psych.org](http://www.psych.org)

### JULY

**23-25 Texas Society of Child & Adolescent Psychiatry Annual Meeting & Scientific Program “Addressing Substance Abuse in Child and Adolescent Psychiatry: Prevention, Diagnosis and Treatment”**  
Moody Gardens Hotel, Galveston, Texas  
TSCAP Discounted Room Rate \$189 / Hotel Reservations until June 27 or Upon Sell-Out, whichever occurs first / 1-888-388-8484  
For additional information please visit [www.txpsych.org](http://www.txpsych.org) or call 512-478-0605

### NOVEMBER

**12-14 Texas Society of Psychiatric Physicians 54th Annual Convention & Scientific Program**  
Westin LaCantera Hotel, San Antonio, Texas  
TSPP Discounted Room Rate \$165 (and no additional Resort Fee!) / Hotel Reservations Until October 12 or Upon Sell-Out, whichever occurs first / 1-937-8461  
For Additional Program Information / Registration 1-512-478-0605 or email [tsppofc@aol.com](mailto:tsppofc@aol.com)

## JOB BANK

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