

Texas Psychiatrist



It Takes a Physician

J. Clay Sawyer, MD, President, Texas Academy of Psychiatry

Welcome to my column for this edition. In past columns, I have expounded on the history of the various organizations related to Texas psychiatry, I have illustrated how these organizations work to provide a voice for us in legislative bodies at all levels, and I have stressed not only the vital importance of membership but also how easy it is to join and to become involved. Involvement is of the utmost importance — allow me to explain why.

1). APA elections are currently in full swing. Several good people are running for various offices, but the election process will be over earlier this year than ever before (January 31) and may already be over by the time this column appears in print. If you are an APA member, please vote. Vote and let your voice be heard — this is a vital way for the APA (or any other organization, for that matter) to know what you want!

2). Not every organization is perfect. I mentioned this fact in my last column. I have long felt that the APA Assembly of Delegates should be the decision-making body for the APA, with the Board of Trustees carrying out these decisions. This type of structure would truly represent a membership-driven organization since elected delegates from each District Branch (of which

TSPP is the fourth-largest of the seventy-six) would govern the APA based upon “marching orders” given from the various DB memberships. Regrettably, the APA is the only medical organization to which I belong which is not structured in this manner.

3). Change is needed. Two vital issues have risen repeatedly in the past — these issues involve revenue sharing from the APA to the district branches, and how the general voice of the membership will be heard. Both issues for change passed essentially unanimously at the May 2011 meeting of the APA Assembly of Delegates. At the November 2011 meeting (the Assembly meets twice each year), these changes seemed to have been forgotten. While revenue sharing is more vital than ever for district branches to survive, and while the referendum process needs to be changed so that APA members can also have direct input on APA policy, the most important underlying factor that must change is the fact that the Board of Trustees can, if it chooses to do so, ignore the will of the Assembly (and, therefore, the will of the general membership) because no system of checks and balances exists to prevent this from happening.

How do we solve this problem?

4). Join and let your voice be heard so that change can occur! It is worth the work involved to make meaningful change, but it takes numbers to do so. The TSPP delegation to the APA Assembly now consists of three representatives, based upon membership numbers. TSPP is within striking distance of returning to a delegation of four representatives, as was the case for many years. While TSPP is already the fourth-largest district branch in the APA, another representative would enhance even more our efforts to bring about meaningful change.

So, why am I spending so much time on issues concerning the APA in this column? It's simple — the APA is the major voice advocating for psychiatry and for our patients on a national level, just as TSPP and the Academy do here in Texas (both individually and through the Federation). Therefore, actions of the APA affect us all, members or not.

TSPP needs our help in making the APA a better, more member-responsive organization. How can we help? By supporting the Texas Academy of Psychiatry with our membership and our dollars, we make it possible for the Federation of Texas Psychiatry to continue its highly-effective work advocating for psychiatry and for our



J. Clay Sawyer, MD

patients before the Texas legislature. The more effective the Federation is in Texas, the more man-hour resources TSPP can devote to improving the APA and helping that organization to focus on its primary mission of advocacy.

The results of this approach will help us all, and ultimately help our patients. I therefore urge non-members in Texas to join, and to become involved, at whatever level fits best. Remember, the Texas legislature will be in session again next year, so 2012 is the year when we all must redouble our efforts to develop and to maintain our relationships with our representatives and our senators so that psychiatry's voice will be heard. Help us to do so!

Have a voice in determining your own future! ■



Legislative Update

Eric Woomer, Public Policy Consultant, Federation of Texas Psychiatry

The new year marks a renewed commitment to protect patients and the psychiatric profession. The Federation of Texas Psychiatry is actively monitoring a variety of issues that impact mental health care in this state, and we welcome the opportunity to update you. If you have any questions or concerns about these items, please don't hesitate to contact the Federation.

Medicare Cuts

One of the negative outcomes of the 82nd Legislature was a mandate to implement “Medicare equalization” rules that eliminate Medicaid payments for the Medicare Part B co-insurance and deductibles for dual-eligible patients, if making the payment would result in the state paying more than the Medicaid allowable for the same service. This may result in a 20% payment reduction on physicians treating our state's most vulnerable population.

Compounding the problem is the disparate treatment under Medicare for mental health services, meaning these cuts could have a disproportionate impact on patients

residing in nursing homes who are dealing with mental disorders. When coupled with cuts to reimbursements for psychotherapy treatment under Medicare since 2006, the impact of this policy change could be devastating. The new rules effectively penalize psychiatrists who treat the sickest of Medicare patients, very often in nursing facilities, and many of these doctors would quickly curtail or end their treatment of dually-eligible patients.

The Federation, along with the Texas Medical Association and other medical societies, met with State Medicaid Director Billy Millwee in early January 2012, to investigate ways to minimize the impact of these new rules. While the cuts to Medicare reimbursement are required by state law, the proposed policy change saves millions more in general revenue than the law requires. No immediate relief resulted from our conversations with HHSC, but Mr. Millwee is open to exploring ideas to mitigate the negative consequences of the new law by reducing the payment reduction. The Federation will keep you advised as this critical issue develops.

Physician Employment / Abuse at State Hospitals

Psychiatrists at two state hospitals have been fired in recent weeks amidst allegations of sexual misconduct and abuse of patients in their care, and newspaper investigations have found other psychiatric physicians and mental health workers who have been hired despite documented history of questionable behavior with patients. In October 2011, state and federal inspectors encamped at the Parkland Hospital Psychiatric Emergency

Room to review allegations of improper restraint of a psychiatric patient. A U.S. Justice Department investigation is pending.

As a result of these incidents, the House of Representatives' Public Health Committee held a January hearing to review the Department of State Health Services policies and procedures for hiring personnel and monitoring patient safety at state hospitals. DSHS leadership conceded that hiring practices may not have been as stringent as they needed to be, but indicated that the agency was adopting new rules that require a staffer accused of abuse to be moved to another unit, as well as prohibiting after-hours psychiatric consultations without supervision and counseling sessions being held behind locked doors. DSHS is also spending more than \$100,000 to retrofit more than 300 doors at psychiatric hospitals with windows.

It is likely that additional legislative mandates with regard to hiring in state hospitals will be considered during the next session of the legislature. Historically, DSHS has had a difficult time recruiting and retaining psychiatrists to work in Texas State Hospitals, and is not always successful in steering clear of mental health workers with blemished records.

DSHS requires psychiatric candidates to undergo criminal background checks and drug screenings, and officials review records for abuse and neglect allegations, as well as checking a physician's medical license and disciplinary history nationwide. However, finding doctors remains a challenge, and as many as a fifth of the currently funded psychiatric positions at all ten state hospitals are vacant. Annual salaries at state hospitals typically begin in the \$160,000 – well behind



Eric Woomer

the private sector, or even within the Texas prison system, although in 2011 DSHS sought (and the Federation supported) an additional \$5 million in state funding to supplement psychiatric salaries at DSHS.

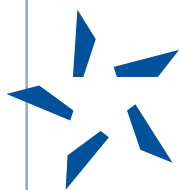
Mental Health Workforce Shortage

The Texas Tribune has published a series of articles lamenting the severe shortage in mental health workers plaguing the State of Texas. This includes psychiatrists, psychologists, social workers, licensed professional counselors and advanced practice nurses. According to state records, less than one-third of Texas children with severe emotional disturbance though community mental health services. Adults with serious and persistent mental illness fare better, but only slightly.

Many factors contribute to the problem, chief among them being inadequate pay and reimbursement in the public mental health

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Challenging Cases in Challenging Times

Patrick Holden, MD, President, Texas Society of Psychiatric Physicians



Patrick Holden, MD

Psychiatrists are well equipped to deal with complex patients, in whom there are complicated family dynamics, confusing diagnostic issues, limited mental health resources, and family denial. Understanding family dynamics are the key to treatment in many cases. Sometimes the dynamics are not revealed at the start of treatment. The psychiatrist must be patient and tolerate the family's defenses during the initial treatment phase. The following case illustrates the challenges facing the psychiatrist dealing with a complex case. The identity of the patient and family are disguised.

Leo is a 13-year-old youth with a very complicated psychiatric and social history. At the first clinic visit, his mother reported that patient was continuing to act out by tearing up things, arguing with her, feeling depressed and saying he was "frustrated" about losing his biological father 11 years ago.

He reportedly "identifies" with his father. He wants to visit his father's grave but she refuses to take Leo to his grave, saying it is too far and that it would hurt Leo to visit his father's grave. At different times in the past he has claimed sadness, irritability, and elated mood; he reported that he did not trust anyone, did not get along with anyone and that people called him the devil. He tells his mother that he thinks of himself as crazy and a demon. She tries to disabuse him of such notions by arguing with him and/or cajoling him to stop thinking like that. At the end of last school year he was hospitalized at the state hospital for suicidal ideation and cutting behavior. He was discharged on fluoxetine, paliperidone, and clonidine.

His past psych history was significant for 6 hospitalizations over 3 years for suicidal

ideation, sexually inappropriate behavior, physical and verbal aggression, auditory and visual hallucinations with commands to kill his mother and cutting himself superficially. The mother stated his medications were ineffective. However, medications were not continued in between hospitalizations.

He lives in a working class family with his mother, stepfather and older brother. He was removed from the home by CPS at age 3 yrs. for one year and was molested while in foster care. His biological father had a severe illness and killed himself when the patient was 2 years old.

On initial MSE, Leo's speech was of average volume and rate. He related in an immature, demanding and somewhat intrusive manner. His mood was neither depressed nor elated. His affect had normal range and was appropriate to thought content. He was fully oriented with an intact recent and remote memory. Intelligence was average. His thought processes were logical, coherent and goal directed. He had no auditory, visual, tactile, or gustatory hallucinations. No delusions, suicidal Ideation or homicidal Ideation were present. When he did not want to answer a question about a sensitive topic he detoured the conversation by talking about something else or by deferring to his mother or grandmother.

The interaction between Leo and his mother was striking; they argued and bickered like a dysfunctional couple. For example at one point Leo said "she doesn't take me anywhere;" his mother responded, "Let me tell you the truth." He was able to provoke her on a predictable basis, causing her to respond in an impulsive manner. He was able to engage her in long discussions about

missing his father even though his father died when he was 2 years old. He made demands for things and got upset if not given exactly what he wanted. He was able to manipulate his mother and she has been unable to set limits on Leo. His stepfather was clearly the disciplinarian in the house. Leo resented his authority and told his mother that she should divorce her husband. When the stepfather was present, Leo did not talk. The stepfather was distant with Leo and blamed him for the problems. Mother supported her husband and denied any family problems.

Previously he was diagnosed with Bipolar Disorder NOS, ADHD, Oppositional Defiant Disorder and a History of Child Sexual Abuse in the past. It was unclear if he truly had Bipolar Disorder as he showed no such symptoms during this time.

The initial treatment plan focused on the apparent depression and the continuing issues about the death of his father. Because he had complained about sadness, he was referred for individual therapy with the school psychologist. What became apparent were his very conflicted relationships with his mother and stepfather and the complicated bereavement. Efforts were made to refer the patient and family for family therapy more than once but the mother responded with a resounding "No!" each time.

During the course of treatment he continued to complain about feeling depressed and his mother complained that the SSRI was not working. The dosage and type of SSRI were changed without much effect. Therapy continued with the psychologist. A careful review of symptoms revealed that he was not actu-

ally depressed but was using the term "depression" as a proxy for his anger about the conflict with his mother and stepfather. She then admitted her difficulty dealing with Leo, "He puts a guilt trip on me." The focus of treatment then shifted to working with the mother, more particularly to understanding her distress about him and conveying that understanding back to her. She began to talk about how often she had guilt trips. It was suggested that she needed to find a way to get off that "guilt train." She commented that it was hard to change, to give up something she had done for a long time. The suggestion was made that sometimes a person needs help to change and at some point she might consider family therapy. She did not reject that recommendation this time.

The resolution of the problems facing Leo and his family is unclear because treatment is ongoing. However, the direction for treatment is becoming more clear as the dynamics are unfolding. Sometimes patience and tolerance of defenses are the keys to working with patients and their families. ■

Legislative Update continued from page 1

system, and challenges recruiting psychiatric physicians to underserved communities around the state. Nevertheless, despite these hurdles, psychiatry in Texas continues to grow. According to data obtained by the Texas Medical Board, the number of physicians licensed in Texas who indicated Psychiatry as a Primary or Secondary specialty has increased 23% since 1996. The growth among child and adolescent psychiatrist is even more striking - considering psychiatrists who list Child Psychiatry as either a Primary specialty or a Secondary specialty, the growth rate over the past fifteen years has been 208%.

1115 Waiver

In December, the State of Texas received approval from the Centers for Medicare and Medicaid Services in Washington, D.C. for a waiver that allows the state to expand Medicaid managed care across the state. Under this so-called 1115 waiver, communities and hospitals will form regional health partnerships that support locally developed health care solutions. The waiver also includes plans to divert savings generated by the proposed changes into a pool to cover uncompensated care costs for hospitals and other providers.

Behavioral Health System Review

The state legislature directed DSHS to undertake a review of the state's behavioral health system. The effort is being conducted by the Public Consulting Group (PCG) and will include a review of the programmatic structure of the system. This work includes the identification of various provider types delivering services, service delivery mechanisms, service offerings, and the various populations receiving services throughout the behavioral system.

PCG will also review the financial struc-

ture of the current behavioral health system, as well as a review of other states' behavioral health systems to identify potential options for Texas to improve their behavioral health service delivery system. When concluded, PCG will issue a comprehensive report to DSHS on the current state of the public behavioral health system in Texas and recommendations to improve access, service utilization, patient outcomes, and system efficiencies.

In January 2012, a series of stakeholder meetings were being hosted by PCG to provide stakeholders with an overview of the engagement and to gather stakeholder input on the current behavioral health system. Stakeholders will be encouraged to provide feedback on topics including, but not limited to, access to services, service delivery models, current service array, and funding for services. Information about this process can be found at the following website: <http://www.dshs.state.tx.us/mhsa/mhsa-analysis.aspx>

DSHS Restraint Rules

DSHS has been considering changes to the current rules and regulations relating to restraint and seclusion of mental health patient in Texas. As the Federation reported earlier, DSHS has been contemplating new draft rules for four years, but for each of the last two legislative sessions, the rules have been put on hold to see if related legislation could impact the process.

DSHS has indicated they are backing off making controversial changes to current rules at this time, but will circulate non-substantive revisions for public comment in the near term. However, DSHS continues to believe that a total rewrite of the rules may be necessary in the not-too-distant future. At that time, it is expected that a more comprehensive discussion would take place,

involving issues such as reducing time-frames for restraint, allowing RNs to conduct the face-to-face evaluation, and developing additional safety plans.

Redistricting Confusion

Texas elections are currently in limbo pending a series of upcoming court hearings. Last fall, a panel of three federal judges in San Antonio tossed out the Texas House, Senate, and Congressional maps drawn by the Texas Legislature, and drew new maps for the 2012 election cycle. The state appealed this decision, alleging that the San Antonio court exceeded its judicial authority and attempted to usurp the duties of the state legislature. In December, the U.S. Supreme Court sided with the State and blocked the use of the maps drawn by the three-judge panel. As of this writing, a series of court hearings are underway, to determine which maps are to be enforced.

As a result of this activity, a Federal court in San Antonio has moved the Texas Primary election date from March 6, 2012 to April 3, 2012. However, the new legal developments have put that date in jeopardy - the court directed parties to settle on temporary maps if they want to keep April 3rd as the primary date. If parties cannot reach consensus, the primary will likely be split - an earlier date for statewide and local offices, including the presidential primary, and a later date for congressional and state house and senate contests.

The initial candidate filing period was held from November 28 - December 19, 2011, but the filing period will be re-opened allowing candidates to amend, withdraw, or file new application for the ballot once legislative and congressional maps are settled. Many GOP office holders strongly oppose a split primary, concerned that moderate Republican voters will stay home on election

day and ultra conservative activists will turn out in droves.

In reviewing the difference between the legislatively-passed map and the three-judge federal court map, one can observe the following differences:

Texas House (150 members): The Legislative map would elect 99 Republicans and 51 Democrats. The Federal Court map moves slightly to the left, electing 91 Republicans and 59 Democrats. As of the close of the initial filing period, 28 sitting Representatives are not seeking re-election. Among those that are pursuing re-election, 38 have primary election opponents only, 22 have general election opponents only, and 3 have both a primary and a general opponent. Sixty members have no major party opposition thus far.

Texas Senate (31 members): Both the Court plan and the Legislative plan are predicted to elect 20 Republicans and 11 Democrats. At the closing of the initial filing period, four Senators are retiring, six have primary opponents only, four have general opponents only, but none have both. Seventeen sitting Senators are unchallenged by a major party opponent.

U.S. Congress (Currently 32 members, but the U.S. Census added four seats, for a total of 36 seats): The Court map would be expected to have a 24-10 partisan split in favor of the GOP. The Legislative map would likely elect 26 Republicans and ten Democrats. Only two Congressmen are retiring. Among those seeking re-election, three face a primary opponent only, 12 face a general opponent only, ten have both, and five are currently unopposed.

As always, if you have questions about these or any other topics related to the practice of psychiatry in Texas, please don't hesitate to contact the Federation. ■



Correctional Managed Care

OPPORTUNITIES FOR PSYCHIATRISTS

UTMB-CMC has a few select opportunities in Texas for Psychiatrists to work with adults and/or adolescents.

Current Opportunities Available

- ✓ **Staff Psychiatrist** - Telemedicine Suites
Houston, Texas
- ✓ **Staff Psychiatrist** - Juvenile Justice
Populations, Corsicana, Texas
- ✓ **Staff Psychiatrist** - Inpatient Psychiatry
Rusk, Texas

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Compare our Benefits with other Organizations

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- ✓ Paid vacation, holidays and sick leave
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Kevin Martin 409-747-2694 or kelmarti@utmb.edu

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Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry
Spring Committee Meetings, CME Program
April 20-22, 2012 • Westin Austin at the Domain Hotel • Austin, Texas



Register early and plan to attend the 2012 Committee Meetings and Joint Sponsored Spring CME Program of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry April 21-22 at the Westin Austin at the Domain Hotel in Austin, Texas, 11301 Domain Drive, Austin.

MEETING LOCATION / INFORMATION

Located within one of Austin's premier destinations, the Westin Austin at the Domain Hotel is centrally located amongst 1.3 million square feet of high-end shopping and local music, fine dining, an upscale movie theater featuring independent and major films, and jogging paths offering a taste of the calming greenery found nearby. Easy steps from the hotel door, or a complimentary Westin golf cart shuttle away, you will find Spa Reveil, an exclusive spa sanctuary dedicated to creating a memorable experience for every guest (Spa Reservations 1-512-339-7000), outstanding shopping choices including Neiman Marcus, Tiffany & Company, Louis Vitton, Dillards and numerous dining options such as Flemings, Jaspers, Kona Grill, Cru Wine and many others. Or, plan to remain in the hotel and enjoy fine dining in a relaxed atmosphere celebrating premium meat and seafood, great wine, and fresh produce and relax in the warm retreat of the lobby offering live music on most weekday afternoons.



MEETING HIGHLIGHTS

- TSPP & TAP Spring CME Program (4 Hours of Category 1 CME Credit)
- TSPP Committee Meetings
- Networking with Colleagues from Around the State of Texas
- Exhibits that Offer Business Practice Tools and Employment Opportunities
- TSPP Government Affairs Committee & Luncheon Program
- Complimentary Reception
- TSPP Executive Council Meeting and Installation of Officers for 2012-13

HOTEL RESERVATIONS

TSPP has negotiated a small block of rooms with a discounted room rate of \$145.00. To take advantage of this rate, please call 1-800-937-8461 (PRIOR TO MARCH 29) and ask for the group name "Texas Society of Psychiatric Physicians" for reservations at the Westin Austin at the Domain Hotel in Austin. Discounted room rates are available until March 29 **or upon sell-out, whichever occurs first** so please call and make your reservation early!

EXHIBITS

Complimentary refreshments and snacks will be provided in the Camellia and Primrose Foyer for registered attendees. Exhibits will be open throughout the day Saturday to provide you with information designed to enhance your practice and improve the delivery of medical care to your patients. In addition there will be 'job fair' exhibitors who have employment opportunities for Psychiatrists in the State of Texas.

EXHIBITORS

(Confirmed to Date)

For Complete Listing Visit www.txpsych.org

American Professional Agency, Inc.

Clarity Child Guidance Center, San Antonio

Professional Risk Management Services

Sante Center for Healing, Argyle, TX

Texas Star Recovery Program, Austin

PROGRAM SCHEDULE

FRIDAY, APRIL 20

6:00 pm - 7:30 pm	TSCAP Executive Committee MeetingBluebell
7:30 pm - 9:00 pm	Federation Delegate Assembly MeetingBluebell
9:30 pm	Exhibit Set-UpCamellia and Primrose Foyer
9:30 pm	Committee Set-UpPrimrose D

SATURDAY, APRIL 21

7:30 am - 9:00 pm	RegistrationPrimrose Foyer
7:30 am - 8:45 am	Foundation Board of Directors Breakfast MeetingBluebell
8:00 am - 7:00 pm	ExhibitsPrimrose Foyer / Camellia
9:00 am - 10:30 am	Council on Leadership MeetingsPrimrose D (Ethics, Distinguished Fellowship, Finance, Strategic Planning)
9:00 am - 10:30 am	Meeting Space ContingenciesVerbena A, Verbena B
10:30 am - 10:50 am	Refreshment BreakPrimrose Foyer / Camellia
10:50 am - 12:15 pm	Council on Service MeetingsPrimrose D (Academic Psychiatry, Children & Adolescents Psychiatry, Forensic Psychiatry, Public Mental Health Services)
12:15 pm - 12:35 pm	Refreshment BreakPrimrose Foyer / Camellia
12:35 pm - 2:00 pm	Council on Advocacy/Government AffairsPrimrose C Lunch Program
2:00 pm - 3:30 pm	Members in Training ProgramVerbena A
2:15 pm - 3:45 pm	Texas Academy of PsychiatryVerbena B Board of Directors Meeting
2:15 pm - 3:45 pm	Council on Education MeetingsPrimrose D (Continuing Medical Education, Professional Practice Management)
3:45 pm - 4:00 pm	Refreshment BreakPrimrose Foyer / Camellia
4:00 pm - 6:00 pm	CME Program:Primrose C "The Assessment and Treatment of Pain in Adults: Clinical and Ethical Considerations" Panel: Howard M. Cohen, MD, Dallas, TX Peter B. Polatin, MD, MPH, Washington, DC
6:00 PM - 6:30 pm	Refreshment BreakPrimrose Foyer/ for CME Program Attendees, with Exhibitors Camellia
6:30 PM - 8:30 pm	DinnerPrimrose C and Continuation of CME Program Panel Presentation

SUNDAY, APRIL 22

9:00 am - 12:00 pm	Executive Council Meeting,Primrose D Continental Breakfast and Installation of Officers for 2012-13
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CME PROGRAM SCHEDULE
**"The Assessment and Treatment of Pain in Adults:
Clinical and Ethical Considerations"**

SATURDAY, APRIL 21 (4 Hours of Category I Credit)

4:00 PM - 6:00 pm	CME Program Panel Presentation: Howard M. Cohen, MD, Dallas, TX Peter B. Polatin, MD, MPH, Washington, DC
6:00 PM - 6:30 pm	Refreshment Break (for Program Attendees) with Exhibitors
6:30 PM - 8:30 pm	Dinner and Continuation of CME Program Panel Presentation: Howard M. Cohen, MD, Dallas, TX Peter B. Polatin, MD, MPH, Washington, DC



“The Assessment and Treatment of Pain in Adults: Clinical and Ethical Considerations”

Pain continues to be one of the most difficult of medical conditions to treat effectively and safely. Use of state of the art knowledge in clinical practice is lacking in some areas and disciplines. Recent reports recommend extensive education or re-education of physicians and other professionals in the treatment of pain (Institute of Medicine Report on Pain, 2011). Chronic pain affects tens of millions of adults in the US and costs billions of dollars in medical costs and lost productivity. According to the Institute of Medicine “Enhanced continuing education and training are needed for healthcare professionals to address gaps in knowledge and competencies related to pain assessment and management, cultural attitudes about pain, negative and ill-informed attitudes about people with pain, and stereotypes and biases that contribute to disparities in pain care.”

About the Speakers

Howard M. Cohen, MD

Associate Medical Director, PRIDE (Productive Rehabilitation Institute of Dallas for Ergonomics)
ABPN Certified in Pain Medicine, Psychiatry, Psychosomatic Medicine,
Addiction Psychiatry & Geriatric Psychiatry
Dallas, TX

Peter B. Polatin, MD, MPH

Senior Health Advisor
International Division
Rehabilitation and Research Center for Torture Victims
Copenhagen, Denmark (based in Washington, DC)
Medical Director
Paradigm Health Services
Staff Outpatient Psychiatry Consultant
Providence Hospital, Washington, DC

CME PROGRAM GOAL / TARGET AUDIENCE / LEARNING OBJECTIVES

This live activity has been designed in a format consisting of panel presentations and direct discussion to provide its’ primary target audience of Psychiatrists, as well as other specialties of medicine, with the most up-to-date, evidence-based data that can be translated into clinical practice.

Information and data will address, new developments in treatment and new directions in research to address the professional practice gaps of the learners and advance the physician’s competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgement of the information presented in the educational activity into their practice.

The learning objectives for this activity have been designed to address clinician competence. Upon conclusion of this presentation participants should be able to achieve the following objectives and have increased competence in:

- the assessment of pain in adults
- the treatment of pain in adults
- the appropriate referral of patients to pain management
- making ethical decisions concerning the use of opiates in patients with pain

NEEDS ASSESSMENT

TSPP has incorporated into this CME activity the relevant educational needs concerning competence that underlie the professional practice gaps of our participants.

ACCREDITATION STATEMENT

This Live 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 Live Activity for a maximum of four (4) AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

A portion of each segment of the panel presentation: “The Assessment and Treatment of Pain in Adults: Clinical and Ethical Considerations” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

FACULTY AND STAFF DISCLOSURE POLICY

The Texas Society of Psychiatric Physicians will disclose to participants the existence of any relevant financial relationships between faculty members, TSPP staff and members, who planned, authored, contributed to, and/or reviewed the content of this activity, and any commercial interest discussed in this educational activity. Disclosure will occur prior to the presentations either through oral communication to the audience by the moderator or chair, or written communication in the syllabus or handout material.



Spring Committee Meetings, Continuing Medical Education Program

April 20-22, 2012 • Westin Austin at the Domain Hotel • Austin, Texas



REGISTRATION

NAME E-MAIL ADDRESS FOR MEETING CONFIRMATION

ADDRESS / CITY / STATE / ZIP:

PHONE/FAX

PROGRAM SCHEDULE

FRIDAY, APRIL 20

- 6:00 pm - 7:30 pm TSCAP Executive Committee Meeting
- 7:30 pm - 9:00 pm Federation Delegate Assembly Meeting
- 9:30 pm Exhibit Set-Up

SATURDAY, APRIL 21

- 7:30 am - 9:00 pm Registration
- 7:30 am - 8:45 am Foundation Board of Directors Breakfast Meeting
- 8:00 am - 7:00 pm Exhibits
- 9:00 am - 10:30 am Council on Leadership Meetings (Ethics, Distinguished Fellowship, Finance, Strategic Planning)

- 9:00 am - 10:30 am Meeting Space Contingencies
- 10:30 am - 10:50 am Refreshment Break
- 10:50 am - 12:15 pm Council on Service Meetings (Academic Psychiatry, Children & Adolescents Psychiatry, Forensic Psychiatry, Public Mental Health Services)

- 12:15 pm - 12:35 pm Refreshment Break
- 12:35 pm - 2:00 pm Council on Advocacy/Government Affairs Lunch Program

- 2:00 pm - 3:30 pm Members in Training Program
- 2:15 pm - 3:45 pm Texas Academy of Psychiatry Board of Directors Meeting
- 2:15 pm - 3:45 pm Council on Education Meetings (Continuing Medical Education, Professional Practice Management)

- 3:45 pm - 4:00 pm Refreshment Break
- 4:00 pm - 6:00 pm CME Program – See Registration Categories / Classifications & Fee Schedule

- 6:00 PM - 6:30 pm Refreshment Break for CME Program Attendees, with Exhibitors
- 6:30 PM - 8:30 pm Dinner and Continuation of CME Program Panel Presentation

SUNDAY, APRIL 22

- 9:00 am - 12:00 pm Executive Council Meeting, Continental Breakfast and Installation of Officers for 2012-13



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

CONTINUING MEDICAL EDUCATION PROGRAM SCHEDULE

SATURDAY, APRIL 21 (4 Hours of Category I Credit)

- 4:00 PM - 6:00 pm CME Program Panel Presentation: Howard M. Cohen, MD, Dallas, TX Peter B. Polatin, MD, MPH, Washington, DC
- 6:00 PM - 6:30 pm Refreshment Break (for Program Attendees) with Exhibitors
- 6:30 PM - 8:30 pm Dinner and Continuation of CME Program Panel Presentation: Howard M. Cohen, MD, Dallas, TX Peter B. Polatin, MD, MPH, Washington, DC

REGISTRATION FEE SCHEDULE

	Before Mar. 29	After Mar. 29
COUNCIL ON ADVOCACY PROGRAM/LUNCH	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$25.00
MEETING SYLLABUS ORDER		
Meeting Syllabus in Color	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00
Meeting Syllabus in Black & White	<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge
CME PROGRAM		
TSPP / ACADEMY / TSCAP Member	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$125.00
MIT TSPP / ACADEMY / TSCAP Member	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$25.00**
Non-Member Physicians	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$155.00
Non-Member MIT Physician	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30.00
Allied Health Professional	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$75.00
Spouse / Guest (no CME credit)	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$75.00
Advocacy Organization (no CME credit)	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$75.00

** NO CHARGE, if your Program Training Director registers for the CME Program. Enter Program Director's name here:

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

- ☐ Vegetarian Plate Requested. No additional fee if requested prior to April 1, otherwise there will be an additional fee of \$15.00.

Total Registration Fees

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 _____

Zip code where you RECEIVE your credit card statement: _____

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by March 29, 2012, less a 25% processing charge. NO REFUNDS will be given after March 29, 2012.

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



Texas Society of Child and Adolescent Psychiatry

Annual Convention and Scientific Program

Attention Deficit Hyperactivity Disorder: Where Are We Now?

July 20-22, 2012 • Sheraton Arlington Hotel • Arlington, Texas

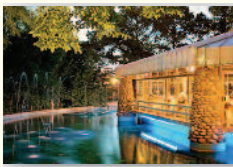
GENERAL INFORMATION

LOCATION / HOTEL RESERVATIONS

All events will take place at the Sheraton Arlington Hotel (formerly known as Seven Seas Water-Themed Amusement Park) 1500 Convention Center Drive, Arlington, Texas, in the heart of the Arlington entertainment district.



The hotel is located off of I-30 and offers Complimentary shuttle service to and from DFW International Airport; Complimentary transportation within 3 mile radius of the hotel to attractions, local shopping and restaurants; Complimentary self-parking with valet offered as an option, and Compliments of TSCAP, Complimentary high-speed internet in all guest rooms!



The 'savings' are adding up and due to the special, negotiated TSCAP Convention Rate of only **\$135** (current Corporate Rate is \$269), the hotel rooms are guaranteed to sell out quickly! The discounted rate will be available for TSCAP attendees who place their hotel reservation **BEFORE June 27, 2012 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 **1-800-442-7275**.

The Sheraton Arlington Hotel offers on-site experiences for all ages:

- * Rangers Ballpark in Arlington
- * The Rangers Hall of Fame Museum
- * Cowboy Stadium
- * Hurricane Harbor Water Park
- * Six Flags Over Texas Amusement Park
- * Dive-In Movie Nights by the Pool
- * Outdoor Pool and Spa with lush landscaping, lagoons and waterfall
- * Fitness Center, Jogging Paths and Trails, The Links at Waterchase Golf Course



MEETING REGISTRATION

The earlier you register, the greater the savings on meeting registration AND hotel reservations! To take advantage of the Special Discounted Registration Fees, please remit your meeting registration PRIOR TO JUNE 20. If paying by credit card you may fax your meeting registration form to 512-478-5223. A confirmation of your registration will be sent IF you include your email address.

OPENING WELCOME RECEPTION WITH EXHIBITORS

Check in early and join your friends and colleagues at the complimentary Welcome Reception for all TSCAP attendees! The welcome reception will be held Friday evening, July 20. Visit throughout the evening with your friends, colleagues and exhibitors in a relaxing atmosphere and become eligible for special door prize drawings to be awarded on Saturday!

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 color 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

(PENDING CONFIRMATION)

EXHIBITS

TSCAP's Welcome Reception, Continental Breakfasts and Refreshment Breaks, will be held in the Hall of Fame Ballroom in the Sheraton Arlington Hotel. Please make plans to visit with the Exhibitors during the Friday Welcome Reception AND enter to win the drawings for door prizes to be awarded throughout the day on Saturday. Exhibit hours:

- Welcome Reception— Friday - 6:30 pm - 8:30 pm
- Continental Breakfast — Saturday - 7:30 am - 8:10 am
- Refreshment Break — 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
- Exhibitors Tear Down and Depart — Saturday - 2:00 pm - 3:00 pm

ANNUAL MEETING BREAKFAST

The Annual TSCAP Business Meeting will be held Sunday, 8:00 am - 9:00 am in the World Series I & II Room. All members are encouraged to register and attend.

PROGRAM AT A GLANCE

Friday, July 20

1:00 pm - 5:30 pm	Exhibit Set-Up	Hall of Fame
4:00 pm - 5:30 pm	TSCAP Executive Committee Meeting	Yacht Club
6:30 pm - 8:30 pm	Welcome Reception with Exhibitors	Hall of Fame

Saturday, July 21

7:30 am - 8:10 am	Continental Breakfast with Exhibitors	Hall of Fame
8:15 am - 2:30 pm	Scientific Program	Champions II & III
10:30 am - 10:50 am	Refreshment Break	Hall of Fame
11:50 am - 12:10 pm	Refreshment Break	Hall of Fame
1:10 pm - 1:30 pm	Refreshment Break & Final Visit with Exhibitors	Hall of Fame

Sunday, July 22

8:00 am - 9:00 am	TSCAP Annual Business Meeting Breakfast	World Series 1 & II
9:00 am - 12:30 pm	Scientific Program	Champions II & III
10:15 am - 10:30 am	Refreshment Break	Champions Foyer



Texas Society of Child and Adolescent Psychiatry

Annual Convention & Scientific Program

Attention Deficit Hyperactivity Disorder: Where Are We Now?

July 20-22, 2012 • Sheraton Arlington Hotel • Arlington, Texas

REGISTRATION

NAME	DEGREE
MAILING ADDRESS	CITY
STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER
E-MAIL	

SCIENTIFIC PROGRAM REGISTRATION

(includes Scientific Program & Syllabus, Saturday continental breakfast; Saturday & Sunday refreshment breaks)

	Before June 27	After June 27
TSCAP Member Physician	\$195	\$215
Non-Member Physician	\$250	\$270
Spouse / Guest Claiming CME Credit	\$195	\$215
Allied Health Professional / Spouse / Guest	\$180	\$200
TSCAP Member Trainee	\$15	\$30
Non-Member Trainee	\$25	\$50
Medical Student	\$0	\$15

SOCIAL EVENTS

Friday Welcome Reception

☐ Friday Welcome Reception

Name(s) Attending Reception: _____

☐ Sunday Membership Business Breakfast

TSCAP Member

\$15

\$20

Non-Members/Guests/Spouse/Child

\$20

\$25

Name(s) Attending Breakfast: _____

MEETING SYLLABUS ORDER

☐ Color Printed Copy

\$50.00

\$75.00

☐ Black & White Copy

FREE

FREE

Color copy will be provided on-site at the Registration Desk the day of the meeting for those that have remitted payment in advance. B & W copy will be provided on-site at the program at no Add'l Charge.

☐ Vegetarian Plate Requested. No additional fee if requested prior to June 13, otherwise there will be an additional fee of \$15.00.

TOTAL REGISTRATION



If you require any special assistance to fully participate in this conference, please contact TSCAP via e-mail tscapofc@aol.com or 512/478-0605.

PAYMENT INFORMATION

☐ Check in the Amount of \$ _____ Make Checks Payable to Texas Society of Child and Adolescent Psychiatry

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) _____

CANCELLATIONS – Deadline for cancellation is June 27, 2012. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by June 27, 2012, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER June 27, 2012.

RETURN TO: TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY,
401 WEST 15TH STREET, SUITE #675, AUSTIN, TX 78701; PHONE (512) 478-0605 • FAX (512) 478-5223



Texas Society of Child and Adolescent Psychiatry

Annual Convention and Scientific Program

Attention Deficit Hyperactivity Disorder: Where Are We Now?

SCIENTIFIC PROGRAM SCHEDULE

Saturday, July 21 (5 Hours Category 1 Credit)

8:15 am - 8:30 am **Welcome and Opening Remarks**
8:30 am - 10:30 am **KEYNOTE SPEAKER:**
Applying Cognitive and Social Neuroscience to Child Psychiatry
Peter S. Jensen, M.D.
Professor of Psychiatry and Vice Chair, Research
Department of Psychiatry & Psychology
Mayo Clinic
Rochester, Minnesota

Dr. Peter Jensen established the REACH Institute in May 2006, following service as Founding Director of the Center for the Advancement of Children’s Mental Health at Columbia University. Before joining Columbia as its Ruane Professor of Child Psychiatry (2000-2007), he was Associate Director of Child and Adolescent Research at the National Institute of Mental Health (NIMH). While at NIMH (1989-2000), Dr. Jensen was the lead NIMH Investigator on the landmark study of Multimodal Treatment of ADHD (“The MTA Study”), as well as investigator on other national multi-site studies. In addition to his leadership of the REACH Institute, Dr. Jensen is Professor of Psychiatry and the Vice-Chair for Research, Department of Psychiatry and Psychology, at the Mayo Clinic in Rochester, Minnesota.

A world-renowned Child Psychiatrist, Dr. Jensen is a passionate advocate for children with emotional and behavioral disorders and their families. His major work and research interests include identifying, disseminating, and implementing evidence-based mental health treatments.

OBJECTIVES: At the conclusion of the presentation, participants will be able to:

- Describe current research in Attention Deficit Hyperactivity Disorder in children and adolescents and how it relates to cutting edge treatment approaches
- Define Cognitive Neuroscience and how present knowledge defines the understanding of Attention Deficit Hyperactivity Disorder
- Discuss the impact of the latest research in Attention Deficit Hyperactivity Disorder in children and adolescents and where future opportunities may lead us

10:30 am - 10:50 am **Refreshment Break in Exhibit Hall**
10:50 am - 11:50 am **The Neurobiology of Attention Deficit Hyperactivity Disorder**
Steven R. Pliszka, M.D.
Professor and Chief
Division of Child and Adolescent Psychiatry
Department of Psychiatry
The University of Texas Health Science Center
San Antonio, Texas

OBJECTIVES: At the conclusion of the presentation, participants will be able to:

- Describe the neuroanatomy and neurophysiology of the developing brain in children and adolescents
- Describe the differences in the neuroanatomy and neurophysiology associated with Attention Deficit Hyperactivity Disorder
- Discuss the impact that the current knowledge of neurobiology in children and adolescents has on current treatment strategies in Attention Deficit Hyperactivity Disorder

11:50 am - 12:10 pm **Refreshment Break in Exhibit Hall**
12:10 pm - 1:10 pm **Resident / Faculty Clinical Case Presentation**
Differentiating Attention Deficit Hyperactivity Disorder from Bipolar Disorder
Kirti Saxena, M.D.
Associate Professor of Psychiatry
Department of Psychiatry
Division of Child / Adolescent Psychiatry
The University of Texas Health Science Center at Houston
Houston, Texas
German Corso, M.D.
Child Psychiatry Fellow
The University of Texas Southwestern Medical Center at Dallas
Dallas, Texas

OBJECTIVES: At the conclusion of the presentation, participants will be able to:

Describe the presentation of a child or adolescent that has symptoms of Attention Deficit Hyperactivity Disorder and mood dysregulation

Discuss the factors that the clinician relies upon to provide diagnostic clarification between Attention Deficit Hyperactivity Disorder and Bipolar Disorder

Identify current recommended treatment approaches consistent with evidenced based medicine and research

1:10 pm - 1:30 pm **Refreshment Break in Exhibit Hall**
1:30 pm - 2:30 pm **The Impact of Learning Disorders on Students with Attention Deficit Hyperactivity Disorder**
Peter L. Stavinoha, PhD
Professor, Psychology / Psychiatry
University of Texas Southwestern Medical Center
Manager, Psychological Services (Neuropsychology)
Children’s Medical Center of Dallas
Dallas, Texas

OBJECTIVES: At the conclusion of the presentation, participants will be able to:

- Define the diagnosis of Learning Disorder and discuss the similarities in presentation of a child or adolescent who may have a Learning Disorder or Attention Deficit Hyperactivity Disorder
- Discuss when a clinician should make a referral for psychological testing
- Discuss the impact of Learning Disorders on the education of a child or adolescent and discuss recommendations for school accommodations to promote academic success

Sunday, July 22 (3 Hours Category 1 Credit)

9:15 am - 10:15 am **Sleep and Attention Deficit Hyperactivity Disorder**
Graham J. Emslie, M.D.
Professor of Psychiatry/Pediatrics
Charles E. and Sarah M. Seay Chair in Child Psychiatry
Director, Division of Child and Adolescent Psychiatry
University of Texas Southwestern Medical Center and
Children’s Medical Center of Dallas
Dallas, Texas

OBJECTIVES: At the conclusion of the presentation, participants will be able to:

- Understand the basic sleep - wake patterns in children and adolescents
- Recognize normal versus pathological sleep disturbances in children and adolescents
- Understand how Attention Deficit Hyperactivity Disorder can affect sleep patterns in children and adolescents

10:15 am - 10:30 am **Refreshment Break**
10:30 am - 11:30 pm **ETHICS:**
Controversies in the Use of Psychopharmacology in Children
John Z. Sadler, M.D.
Professor
Daniel W. Foster, M.D., Professorship in Medical Ethics
Director of the Program in Ethics in Science & Medicine
Chief of the Division of Ethics in the Department of Psychiatry
and Chief of the Division of Ethics & Health Policy in the
Department of Clinical Sciences
The University of Texas Southwestern Medical Center at Dallas
Dallas, Texas

OBJECTIVES: At the conclusion of the presentation, participants will be able to:

- Describe the ethical issues and controversies and the social stigma in the diagnosis of mental illness in children and adolescents
- Describe the ethical controversies in the use of psychopharmacology in children and adolescents
- Discuss the public issues with the increased awareness of mental illness and the use of psychopharmacology in children and adolescents

11:30 pm - 12:30 pm **ETHICS:**
The Ethics of Cognitive Enhancement
Fabrice Jotterand, Ph.D, MA
Assistant Professor of Clinical Sciences & Psychiatry
Division of Ethics and Health Policy
Department of Clinical Sciences
Division of Ethics
Department of Psychiatry
The University of Texas Southwestern Medical Center at Dallas
Dallas, Texas

OBJECTIVES: At the conclusion of the presentation, participants will be able to:

- Describe the ethical issues associated with cognitive enhancement
- Define cognitive enhancement and its impact on society
- Describe the impact of cognitive enhancement and the controversy associated with strategies that could be used in developing children and adolescents

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 Live Activity for a maximum of eight (8) AMA PRA Category I Credits TM. Participants should claim only the credit commensurate with the extent of their participation in the activity.

The presentations entitled “Controversies in the Use of Psychopharmacology in Children” and “The Ethics of Cognitive Enhancement” have each been designated by the Texas Society of Psychiatric Physicians for one (1) hour of education in medical ethics and/or professional responsibility.

TARGET AUDIENCE / PROGRAM OBJECTIVES

This live activity has been 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.

NEEDS ASSESSMENT

TSCAP has incorporated into this CME activity the relevant educational needs concerning competence that underlie the professional practice gaps of our participants.

FACULTY AND STAFF DISCLOSURE POLICY

The Texas Society of Child and Adolescent Psychiatry will disclose to participants the existence of any relevant financial relationships between faculty members, TSCAP and TSPP staff and members, who planned, authored, contributed to, and/or reviewed the content of this activity, and any commercial interest discussed in this educational activity. Disclosure will occur prior to the presentations through written communication in the syllabus or handout material and through oral communication to the audience by the moderator or chair.



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RETURN SERVICE REQUESTED

The TEXAS PSYCHIATRIST is published 6 times a year in January, March, May, July, September, and November. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

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

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Federation of Texas Psychiatry

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(512) 478-0605 / (512) 478-5223 (FAX)
TxPsychiatry@aol.com (E-mail)
<http://www.txpsych.org> (website)

CALENDAR OF MEETINGS

APRIL 2012

- 20-22 Texas Society of Psychiatric Physicians & Texas Academy of Psychiatry**
Spring 2012 CME Program & Committee Meetings
“The Assessment and Treatment of Pain in Adults:
Clinical and Ethical Considerations”
Westin Austin at the Domain Hotel, Austin, TX
\$145.00 Room Reservations:
1-800-937-8461 Prior to March 29
For program information, contact Debbie Sundberg,
tsppofc@aol.com

MAY 2012

- 18 Texas Medical Association**
TEXMED Annual Meeting
Section on Psychiatry
Dallas, TX

JULY 2012

- 20-22 Texas Society of Child and Adolescent Psychiatry**
Annual Convention & Scientific Program
Attention Deficit Hyperactivity Disorder:
Where Are We Now?
Sheraton Arlington Hotel, Arlington, TX
\$135 Room Reservations:
1-800-442-7275
For program information, contact Debbie Sundberg,
tsapofc@aol.com

NOVEMBER 2012

- 9-11 Texas Society of Psychiatric Physicians**
56th Annual Convention & Scientific Program
Moody Gardens Hotel, Galveston, TX
\$142 Room Reservations:
1-888-388-8484
For program information, contact Debbie Sundberg,
tsppofc@aol.com

APRIL 2013

- Texas Society of Psychiatric Physicians & Texas Academy of Psychiatry**
Spring 2013 CME Program & Committee Meetings
(Site to be Determined)

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