Texas Psychiatrist

The 2011 Texas Legislature: A Preview

Eric Woomer, Public Policy Consultant, Federation of Texas Psychiatry

The arrival of each odd-numbered new year coincides with the biennial migration of lawmakers to the state Capitol in Austin. The 82nd Legislature will convene on January 11th for the required 140-day period, but expectations are high that additional special sessions will be needed to deal with the unique challenges facing the State of Texas in 2011.

Like the rest of the nation, the Lone Star State saw its political fortunes shift more to the right on Election Day, 2010. Texas has long been a "red" state – no Democrat has been elected to a major statewide office since 1994 – but the Republican political avalanche of 2010 was noteworthy in its own right. Twenty-two new GOP legislators were elected last November, and two additional Democratic officeholders have since switched sides, giving Republicans a 101-49 advantage in the Texas House of Representatives. These numbers, when coupled with overwhelming re-election margins of Governor Rick Perry and the rest of the GOP statewide officeholders, and a 19-12 Republican advantage in the State Senate, promise that a conservative philosophy will dictate the state's posture on the key issues facing legislators.

The chief challenge for lawmakers this session is balancing the state's budget for the upcoming biennium. The state is facing a predicted $20 billion revenue shortfall, and the political leadership has committed to address the crisis by trimming the budget, not by raising taxes. Agencies have already been ordered to cut 7.5% of their spending in the current budget cycle, and an additional 10% for the budget cycle beginning in 2011.

House Appropriations Chairman Jim Pitts has indicated that the base budget he will file eliminates certain agencies altogether, imposes 75% cuts on others, and could require hiring freezes or furloughs of state workers, to squeeze under revenue limitations. And while the state enjoys a $9 billion balance in the "Rainy Day Fund," due largely to surges in oil & gas tax revenues, state budgeteers have expressed reservations about tapping that resource, fearing continued economic doldrums in 2012 and 2013.

In addition to budgetary challenges, state lawmakers are tasked with redrawing the state's political boundaries during 2011. Every ten years, after the U.S. completes the decennial census, the nation's 435 Congressmen are reapportioned among the 50 states, based on shifts in population. The district boundaries for those offices, as well as state House and Senate districts, are redrawn so that each officeholder represents the same number of Texans as his or her counterparts.

Texas has already learned that we will gain four additional Congressional districts, for a total of 36 U.S. Representatives from Texas. When final census data is released in March, passing of legislative initiatives will become secondary in the minds of most legislators to the preservation of favorable district boundaries.

Also on the front burner will be addressing the problems caused by illegal immigration in Texas. While some argue that these issues are the responsibility of the federal government, and others dispute the negative (and positive) impact of illegal immigration on our state's economy, polling data consistently indicates that illegal immigration is the number one issue of concern to most Texans – far outpacing other issues such as education and the economy. The new conservative majority among lawmakers will undoubtedly make addressing immigration issues a top priority – including, perhaps, the adoption of enforcement mechanisms similar to those enacted in Arizona, or requiring voter identification at election polling places.

In addition to these pressing matters, there are a number of issues of concern to the practice of psychiatry which will be addressed during the 82nd Legislature, not the least of which is funding for mental health treatment. Already, the number of available beds in Texas state hospitals has been reduced to fewer than 2,400. The Texas Department of State Health Services is considering reducing that total by an additional 190 beds to meet mandated spending cuts. That will mean longer waiting lists for treatment, and more patients falling through the cracks of the state safety net.

Van Zandt County Sheriff Pat Burnett has said he is no longer going to transport mentally ill patients to the nearest psychiatric facility – in El Paso, more than 700 miles away – because of the trip's cost to the taxpayer in the form of overtime, gas, food, and lodging. Rather than lose the benefit of two deputies patrolling his county, the East Texas sheriff says patients will have to either stay in jail or in the hospital emergency room – a resolution he readily admits is lacking. And this "solution" to the state funding crisis is likely to be repeated all over Texas, as cost-cutting measures shift the burden of paying for services to the local level.

Recently, in response to proposed budget cuts, the Federation of Texas Psychiatry joined the Texas Medical Association and other specialty societies to voice our concerns about the proposed 1% budget reduction for Medicaid and CHIP physician services. In a letter to the state Health & Human Services Commission, we argued that "cuts in Medicaid and CHIP physician payments, even small ones, will result in more physicians restricting their Medicaid participation, thus exacerbating the challenges patients face in finding a participating physician. Additionally, as more physicians leave Medicaid, the rate cuts will undoubtedly contribute to higher Medicaid and CHIP costs as more patients will have no choice but to rely on costly hospital emergency rooms for care."

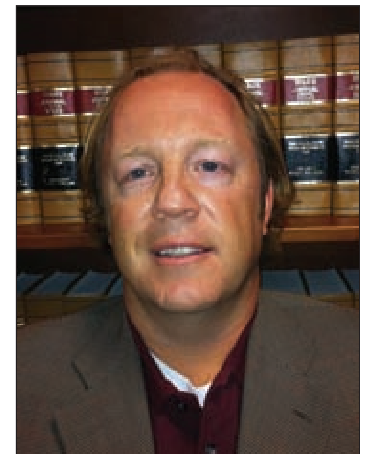
Budget cuts to mental health facilities are leading to renewed discussion about privatizing the state's thirty-nine local Mental Health and Mental Retardation authorities, under a 2003 law referred to as "provider of last resort." That legislation called for the local MHMRs to stop offering direct medical services wherever possible, and start recruiting and managing networks of private providers. However, significant restructuring of local MHMR operations has been elusive since the law's passage. Advocates of privatization are gearing up for a legislative fight to force broader implementation of the law, which supporters of the current MHMR system caution could undermine the safety net for the state's most fragile citizens.

The Legislature may also hear from psychologists who are interested in being granted prescribing authority, under laws similar to those in New Mexico and Louisiana. In those states, psychologists can obtain prescribing privileges with very modest amounts of additional training. Typically, the advocates for such a change in policy claim that doing so will increase access to care for patients with mental illness. Legislators must remember that access to care that is substandard because the prescriber does not have adequate training in pharmacology and the biological sciences is detrimental to a patient's well- being. The Federation of Texas Psychiatry successfully fought similar legislative efforts in 2001 and 2003, and is prepared to rise to the challenge again this year.

Legislation passed last session related to psychotropic medications being prescribed to children could resurface in 2011, but if it does, psychiatrists will have a powerful new tool to bolster our position. The legislation, H.B. 2163 by Rep. Sylvester Turner, initially sought to require pre-authorization for antipsychotic medication prescribed to patients under age eleven. The bill was ultimately passed as merely a study by HHSC regarding the appropriateness and safety of such prescribing practices.

That study, issued in December 2010, concluded that "antipsychotic medications have legitimate therapeutic uses in children and adolescents" and are "generally well tolerated in the clinical studies available, where benefits appear to outweigh risks." HHSC ultimately adopted new guidelines requiring prior authorization in prescribing antipsychotics to patients under age three, and for concurrent prescribing of three or more antipsychotics - instances that are generally so rare as to occur only a handful of times each year. On balance, the Federation is satisfied that the HHSC study reinforces the appropriateness of current practice regarding this topic, and we look forward to sharing its finding with legislators should this issue re-emerge.

In addition to these pressing issues, the enactment of federal health care reform legislation has created a great deal of uncertainty as to how health services will be provided to patients, as well as how providers will receive payment for their services, when the preponderance of these changes become effective in 2014. The State of Texas will be facing a number of upcoming deadlines, including creation of a state health insurance exchange and potential re-examination of state drug formularies. While the exchange is not required to be operational until 2014, failure on the part of the state to meet key decision timelines within the window of opportunity presented by the 82nd Legislature could result in federal oversight of the establishment of the exchange.


Eric Woomer

The very first bill filed for the 82nd Legislature was dropped by Sen. Judith Zaffirini, well-known for resorting to extraordinary measures to ensure her legislation is among the first to be considered by lawmakers. Senate Bill 26 relates to "person first respectful" language regarding individuals with disabilities, and requires the state to "establish preferred terms and phrases for new and revised laws by requiring the use of language that places the person before the disability." While bills filed early typically receive low bill numbers, pre-filing by itself does not confer special status on a particular bill or increase the likelihood of its passage. Nonetheless, filing this bill early does demonstrate the depth of Sen. Zaffirini's commitment to this issue.

In a typical legislative session, close to 6,000 bills get filed. Of the 800+ bills that have been pre-filed so far, fifteen relate to mental health issues. Many have been filed in the past, or address lingering issues related to mental health services in Texas. As examples: Senate Bill 55 requires patient consent to be administered psychoactive medications to those residing in state hospitals; Senate Bill 42 requires the adoption of additional limitations on the use of restraints in state supported living centers; and House Bill 39 places restrictions on a court 's authority to order a patient to receive extended outpatient mental health services.

Many other bills are expected to be filed, if history is any guide. Last session, the Federation tracked nearly 300 bills that had the potential to affect the practice of psychiatry in Texas. We are well-prepared to monitor legislative activities this session, and will be paying particularly close attention to budgetary matters. Please consider joining us on February 17th for Capitol Day at the State Capitol in Austin. We will be visiting legislators with our message about protecting the interests of patients with mental illness and the practice of psychiatry in Texas, as well as having a rally on the south steps of the capitol at the lunch hour. We hope you will participate in these efforts – your voice is needed!! We are all in this together!! ■

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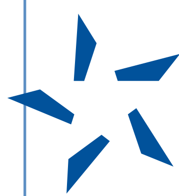
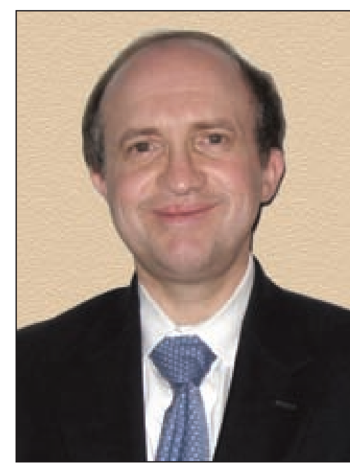


DSM – A Treatment "Guide" or "Gold Standard?"

Richard Noel, MD, President, Texas Society of Psychiatric Physicians



Richard Noel MD

"I wish you guys could agree!"—This is the greeting I received last Fall at a church festival, from a lawyer acquaintance. He was referring, of course, to how physicians can give differing opinions in court cases. My friend said this in a kind way(for a lawyer, he's okay); but he exhibited, perhaps, the expectation that the public holds for physicians—that our diagnoses and treatments are infallible, absolute truths—like a math theorem. In another example, several years ago I had treated a 23 y/o woman for a manic, psychotic episode, with the 'standard' treatment of a mood stabilizer plus an antipsychotic. Several weeks after the hospitalization, when their daughter was again in her right frame of mind, the parents became scared of the 'powerful medicines' she was taking, and began to question the diagnosis, quoting DSM as saying, 'you can't diagnosis Bipolar if someone is using drugs'(sic)——forgetting the fact that her life history, plus the family history, all pointed solidly toward a Bipolar diagnosis. These concerned parents appeared to believe that the DSM was as sacrosanct at the Ten Commandments given to Moses. Another common theme I have observed over the years is the chemical engineer husbands of my women patients not trusting psychotropic medicines, citing their background as chemists as somehow, by itself, giving them an authority in manners of the brain.

Despite the wonderful advances in our knowledge of brain functioning in the past 100 years, we have not yet been able to produce a model as simplistic as expected by the examples I gave. APA is now working to complete the 5th edition of our Diagnostic and Statistical Manual; a useful attempt to update a workable model of the workings of human behavior—but a model nonetheless. The DSM is not merely a 60 year attempt by APA to categorize psychopathology, but it is the latest of a more than two thousand year attempt by physicians to categorize such behavior. The ancient Greek physicians of the 5th and 4th century BC recognized patients with mania and 'melancholia.' In the 2nd century AD Aretaeus of Cappadocia recognized the connection between these two mood states. However, for many centuries afterward, melancholia and mania were categorized as being two separate illnesses. In the 19th century, once again, several physicians, led by the great Dr. Emil Kraepelin, recategorized mania and melancholia as being two manifestations of the same illness. The illness, of course, was the same; it was our conceptualization of it that changed over the centuries.

In the United States, official attempts to recognize/categorize psychiatric illness began with the 1840 census, when the frequency of 'idiocy/insanity' was recorded. The 1880 census recognized seven categories of neuropsychiatric illness: mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy. In 1917 the American Medico-Psychological Association worked with the National Commission on Mental Hygiene to formulate a plan to gather uniform statistics across mental hospitals. Later, the APA worked with the New York Academy of Medicine to formulate a psychiatric nomenclature that would be utilized by the American Medical Association's Standard Classified Nomenclature of Disease, first edition; this nomenclature was used mainly to classify the illnesses of inpatients with severe neuropsychiatric symptoms. After World War II, the US Army developed a broader nomenclature to classify the outpatient presentations of servicemen and veterans (including personality disorders). The sixth edition of the World Health Organization's International Classification of Diseases included a section for 'mental disorders;' this was influenced by the Veterans Administrations nomenclature. Included in the ICD-6 were 10 categories for psychoses and pscyhoneuroses and seven categories for disorders of character, behavior, and intelligence.

In 1952 the APA Committee on Nomenclature and Statistics developed a variant of the ICD-6: 'Diagnostic and Statistical Manual: Mental Disorders.'(ie DSM-I) DSM-I focused on clinical utility, and was influenced by Adolf Meyer's psychobiological view that mental disorders represented reactions of the personality to psychological, social, and biological factors. In the ensuing decades other classifications were published, notably the 'Feighner Criteria' in 1972 and subsequently the 'Research Diagnostic Criteria' of Dr. Spitzer et al. These set of criteria moved away from attempting etiological classifications(like DSM-I in 1952 and DSM-II in 1968) and instead attempted an atheoretical 'descriptive' approach—recognizing the lack of knowledge of the true etiology of these psychiatric disturbances. These criteria led the way to APA's publication of DSM-III in 1980(which was coordinated with the publication of ICD-9 in 1975). By including sets of diagnostic criteria, DSM-III enhanced clinician and researcher's ability to communicate about patients, thus facilitating research and treatment(and, of course, payment). Subsequent refinements were made with the publication of DSM-IIIR in 1987 and DSM IV in 1994.

With the DSM widely available to the general public, anyone(with or without medical or psychological training) could become an 'expert.'(e.g. 'Doctor, DSM says you can't diagnose Bipolar in the presence of drug use…') The public at large could either accept the classifications of DSM to be as certain as an infectious disease proved by 'Koch's Postulates,' or, worse, they could see the DSM as part of a sinister plot by psychiatrists and pharmaceutical companies to 'make up illnesses for sake of money.' For the psychiatrist, though, DSM has offered a reasonable descriptive utility—-a measure to describing what we see in our patients, and subsequently a guide to treatment. However, even psychiatrists can be lulled into a false acceptance of these DSM categories as the ultimate 'gold standard' definition of psychiatric illnesses. One of the most important categorizations a psychiatrist can make has traditionally been to distinguish a psychotic patient's illness between that of Schizophrenia, Bipolar, or other medical causes. This decision tree implies that Schizophrenia and Bipolar are completely separate illnesses. The February and March 2010 editions of Psychiatric Annals devoted several articles describing new research that highlights the common genetic/biological links between these two illnesses, with several authors opining that they are really part of the same illness process. In the May 19, 2010 edition of JAMA , Dr. Thomas Insel (National Institute of Mental Health Director) discussed how certain 'genetic mutations' may be associated with multiple disorders, such that in any individual the mutation may take different developmental pathways that eventually affect multiple brain circuits and result in distinct disorders.

The APA is currently conducting field trials for DSM 5. There has been controversy with the development of DSM 5, including whether it should stick to the descriptive approach of DSM III and IV or should it attempt to adopt an etiological approach. There has also been controversial proposed categories such as 'Temper Dysregulation with Dysphoria,'(reflecting the belief among some that Bipolar Disorder is being 'overdiagnosed' in children). We have to be cautious not to get so wrapped up in these controversies that we forget the ultimate purpose of the classification scheme—mainly, as a means to guide treatment so that we can lead our patients to relief from the misery of psychiatric illness and toward a more satisfying life. Whichever classification scheme is produced, we must view it(with the informed background of our psychiatric medical training and experience) with a cautious sense of both utility and skepticism—-a useful guide to help our patients, but not the final word on how these psychiatric illnesses afflict our patients. ■

Bibliography

1. American Psychiatric Association—website, articles on the development of DSM
2. The journal Psychiatric Annals-February 2010, Volume 40, Number 2, and March 2010, Volume 40, Number 3; both edited by C. Lake MD, PhD, the topic for both: "Schizophrenia and Bipolar Disorder: No dichotomy, a continuum , or one disease?"
3. Psychiatric News, June 18, 2010, Volume 45, Number 12, page 5 :"Insel: Revolution coming in how mental illness is conceptualized"
4. Psychiatry, Second edition textbook, edited by Tasman A, Kay J, Lieberman J; John Wiley & Sons, LTD; 2003; Chapter 39, 'Psychiatric Classification'.
5. Comprehensive Texbook of Psychiatry, Fourth Edition, edited by Kaplan H and Sadock B; Williams and Wilkins, 1985; Chapter 14,'Classification of mental disorders'

Congratulations....

The following TSPP members will be recognized as Fellows effective January 1, 2011:

Herbert I. Dorfan, MD (Houston)
Thomas Bela Horvath, MD (Houston)
Martha Alicia Medrano, MD (San Antonio)
Christopher F. Flynn, MD (Washington DC)
Peter M. Thompson, MD (San Antonio)
Vaidyanath L. Iyer, MD (The Woodlands)
Kerri A. Halfant, MD (Austin)
Mansoor Muhammad Mian, MD (Carrollton)
Maher A. Karem-Hage, MD (Houston)
Osman M. Ali, MD (Plano)
John W. Burruss, MD (Houston)
Napoleon Higgins, MD (Friendswood)
Laura Baker Beard, MD (Dallas)
Muhammad R. Haqqani, MD (Fort Worth)
Lisa R. Carchedi, MD (Belton)

Jacqueline C. McGregor, MD (Houston) has achieved the recognition of Distinguished Fellow, effective January 1, 2011.

In Memoriam...

Charles F. Adkins, Jr., MD, Beaumont

S A V E   T H E   D A T E

Texas Society of Psychiatric Physicians

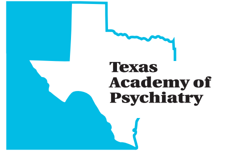
55th Annual Convention & Scientific Program

November 11-13
Westin Galleria Hotel
Dallas

Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry

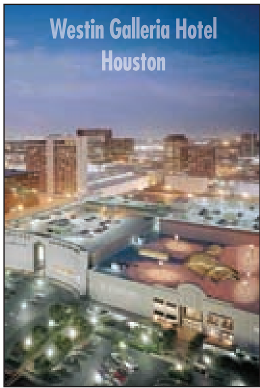
Spring Continuing Medical Education Program

April 9, 2011 • Westin Galleria Hotel, Houston, Texas



Please mark your calendar and plan to join us at the 2011 Spring Joint Sponsored CME Program of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry on April 9 at the Westin Galleria Hotel, 5060 West Alabama Street, Houston, Texas. All TSPP committees are scheduled to meet in conjunction with the Spring CME Program.

MEETING LOCATION / INFORMATION



All meetings of the TSPP / TAP Spring Meeting will be held in the newly transformed Westin Galleria Hotel. The AAA 4-Diamond hotel overlooks Uptown Houston and is connected to The Galleria Shopping Center—the city's top attraction and the fourth largest shopping center in North America with over 350 stores.

The hotel offers complimentary covered self-parking for all guests, complimentary wireless High Speed Internet Access in the hotel lobby, along with a complimentary Passport to Shopping which grants discounts to over 30 participating stores in The Galleria.

HOTEL RESERVATIONS

A small block of guest rooms with DISCOUNTED rates has been reserved for meeting attendees. To reserve your room at the Westin Galleria Houston at the $159.00 single/double room rate please call 1-888-627-8514 PRIOR TO March 8.

MEETING HIGHLIGHTS

- TSPP & TAP Spring CME Program (4 Hours of Category 1 CME Credit)
- Complimentary Program for MITs "A Resident's Guide to Establishing a Medical Practice"
- Committee Meetings
- Networking with Colleagues & Exhibitors
- TSPP Government Affairs Committee & Membership Luncheon
- Complimentary Reception & Additional Networking Opportunities
- TSPP Executive Council Meeting - Installation of 2011-12 Officers

EXHIBITS

Exhibits featuring product information; employment opportunities available in the State; insurance and practice enhancing tools will be available throughout the day on Saturday. Please make plans to visit with the Exhibitors and become eligible for the numerous door prize drawings to be held throughout the day.

PROGRAM SCHEDULE

SATURDAY, APRIL 9

Time	Event
7:30 am - 9:00 pm	Registration
7:30 am - 8:45 am	Foundation Board of Directors Breakfast Meeting
8:00 am - 5:00 pm	Exhibits
9:00 am - 10:30 am	Council on Leadership Meetings (Ethics, Distinguished Fellowship, Finance, Strategic Planning)
	10:30 am - 10:45 am Break
	10:45 am - 12:15 pm Council on Service Meetings (Academic Psychiatry, Children & Adolescents Psychiatry, Forensic Psychiatry, Public Mental Health Services)
	12:15 pm - 12:30 pm Break
12:30 pm - 2:00 pm	Council on Advocacy & Membership Luncheon (Govt Affairs)
2:15 pm - 3:45 pm	Members in Training Program: Establishing a Medical Practice and Open Forum for Q&A
2:15 pm - 3:45 pm	Council on Education Meetings (CME, Professional Practice Management Committee)
3:45 pm - 4:00 pm	Break
4:00 pm - 8:30 pm	**CME Program**
6:00 PM - 6:30 pm	Refreshment Break for Program Attendees

SUNDAY, APRIL 10

Time	Event
9:00 am - 12:00 pm	Executive Council Meeting

CME PROGRAM SCHEDULE

SATURDAY, APRIL 9

Time	Event
4:00 pm - 6:00 pm	***"Super Nanny": A Model for Parent Management Training*** **PRESENTER: Alice R. Mao, M.D.**
6:00 pm - 6:30 pm	Refreshment Break for Program Attendees
6:30 pm - 8:30 pm	**Dinner Program:** ***"Update on APA's Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition"*** **PRESENTER: Madhukar H. Trivedi, M.D.**

FOR CME PROGRAM REGISTRATION SEE www.txpsych.org or email tsppofc@aol.com or call 512-478-0605

Texas Society of Psychiatric Physicians & Texas Academy of Psychiatry
Continuing Medical Education Program
Saturday, April 9

4:00 pm - 6:00 pm

"Super Nanny": A Model for Parent Management Training

Presenter: Alice R. Mao, M.D.
Associate Professor of Psychiatry
Baylor College of Medicine
Director of Psychopharmacology, Research and Education
Depelchin Children's Center
Houston, TX

The wider use and increased access to mass media communication provides great potential to expand the influence of evidence-based parenting programs to those who might be resistant to seeking traditional family therapy or parent management training in the clinical setting. The reality television show, "Super Nanny" serves as a discussion stimulus for the difficulties encountered by families who have children with behavioral and emotional problems and for some reason, do not seek Parent Management Training services. The show provides an alternate form of reaching parents with evidence-based parenting information and promotes positive parenting and healthy family relationships to those who might not otherwise be reached.

Objectives: : At the conclusion of this presentation participants should be able to achieve the following objectives and have increased competence to counsel their patients, who are parents, to improve their parenting skills and in that way significantly reduce depression and anxiety symptoms in these patients.

6:00 pm - 6:30 pm – Refreshment Break (for Program Attendees)

6:30 pm - 8:30 pm

"Update on APA's Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition"

Presenter: Madhukar H. Trivedi, M.D.
Betty Jo Hay Distinguished Chair in Mental Health
Lydia Bryant Test Professorship in Psychiatric Research
Director, Mood Disorders Research Program and Clinic
UT Southwestern Medical Center
Dallas, TX

This APA practice guideline was approved in May 2010 and published in October 2010.

Work Group on Major Depressive Disorder
Alan J. Gelenberg, M.D., Chair
Marlene P. Freeman, M.D.
John C. Markowitz, M.D.
Jerrold F. Rosenbaum, M.D.
Michael E. Thase, M.D.
Madhukar H. Trivedi, M.D.
Richard S. Van Rhoads, M.D., Consultant

Independent Review Panel
Victor I. Reus, M.D., Chair
J. Raymond DePaulo, Jr., M.D.
Jan A. Fawcett, M.D.
Christopher D. Schneck, M.D.
David A. Silbersweig, M.D.

Objectives: At the conclusion of this presentation participants should be able to achieve the following objectives and have increased competence to treat their patients with major depressive disorder by implementing the latest APA practice guideline recommendations into their practice of psychiatry.

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 "Update on APA's Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition" 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 activity 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.

TSCAP 2011 Scientific Program Focus: "Comprehensive Evaluation and Treatment of PTSD"

Regina K. Cavanaugh, MD, President, Texas Society of Child and Adolescent Psychiatry

Regina K. Cavanaugh, MD

Thirty years ago, the diagnosis of post-traumatic stress disorder (PTSD) was formally recognized as a psychiatric diagnosis. PTSD in children and adolescents occurs as a result of a child's exposure to one or more traumatic events that were life-threatening or perceived to be likely to cause serious injury to self or others. There is little known about the potential risk and protective factors that affect PTSD. Studies have identified three factors that have been shown to increase the chances that children and adolescents will develop PTSD: the severity of the traumatic event, the parental reaction to the traumatic event, and the temporal proximity to the traumatic event. In these studies, children and adolescents with greater family support and less parental distress have lower levels of PTSD symptoms. Several studies suggest that girls are more likely than boys to develop PTSD. No major racial predominance is observed; however, PTSD is more common among individuals in low socioeconomic groups and among those living in areas in which violence is endemic.

According to the National Center for PTSD Fact Sheet, the few studies that do exist have indicated that 15 to 43% of girls and 14 to 43% of boys have experienced at least one traumatic event in their lifetime. Of those children and adolescents who have experienced a trauma, 3 to 15% of girls and 1 to 6% of boys meet criteria for PTSD. Samples of "at-risk" children and adolescents have shown that as many as 100% of children who witness a parental homicide or sexual assault, 90% of sexually abused children, 77% exposed to a school shooting, and 35% of urban youth exposed to community violence develop PTSD.

Besides PTSD, children and adolescents who have experienced traumatic events often exhibit other co-morbid conditions. The literature from sexually abused children, have shown these children often have problems with: depression, fear, anxiety, anger and hostility, feelings of isolation and stigma, aggression, sexually inappropriate behavior, self-destructive behavior, poor self esteem, difficulty in trusting others, and substance abuse. In addition, children who have experienced traumas often have relationship problems with peers and family members, problems with school performance, and behavioral acting out.

PTSD is often expressed differently depending upon the children's and adolescents' ages or developmental levels. Very young children have limited verbal skills and different ways of reacting to stress. They may show re-experiencing through posttraumatic play, nightmares; demonstrate numbing/avoidance by socially withdrawing, and separation anxiety, or losing acquired developmental skills (i.e., toilet training); and hyper-arousal through night terrors, for instance. Elementary children may experience emotional numbing, considered to be associated with dissociation. Adolescents are more likely than younger children or adults to exhibit impulsive and aggressive behaviors; although PTSD in adolescents may begin to more closely resemble PTSD in adults.

Along with associated symptoms, there are a number of psychiatric disorders that are also commonly found in children and adolescents who have been traumatized such as major depression, substance abuse; other anxiety disorders such as separation anxiety, panic disorder; and generalized anxiety disorder; and externalizing disorders such as attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder.

Current advances are being made in the understanding of neurohormonal and neurophysiologic correlations behind the phenomena of PTSD. Numerous physical findings have been noted; however, whether these findings are a result of PTSD, predisposing factors, or the result of co-morbid problems is unclear. How does the psychobiology of stress relate to children and adolescents?

A review of the adult treatment studies of PTSD shows that cognitive behavioral treatment (CBT) is the most effective approach. CBT is often accompanied by psychoeducation and parental involvement. In addition, research shows that the better parents cope with the trauma and the more they support their children, the better their children will function. Medications have also been used with some children with PTSD and may be useful to deal with the agitation, anxiety and depression associated. However, due to the lack of research in this area, its effectiveness has not yet been determined.

Some studies have tried to identify the criteria by which to measure the healing and recovery of patients who have suffered trauma? There is still the question of what "works best" in alleviating symptoms? What are the steps that have been made in integrating theory, practice standards, coordination of scientific studies, and healing? What is our understanding of the concepts of resiliency and coping, and the human capacity to heal itself?

TSCAP plans to explore these questions and more, as it focuses its 2011 annual summer meeting and scientific program on PTSD. Please mark your calendars now for July 15-17, 2011, at the Westin La Cantera, San Antonio. Topics will include "Best Practices of Assessment and Treatment of PTSD and Comorbid Conditions in Children and Adolescents" by Sylvia Turner, MD; "Resident / Faculty Clinical Case Presentation; "Treating the Wounded Warrior: The Comprehensive Family Systems Approach to Treating Post-Traumatic Stress Disorder" by Debbie Mabray, MS, LMFT, LPC, CART and Mary Ann Bell, LPC, MA; "Child Abuse, A Pediatrician's Perspective" by David Hardy, MD, FAAP; and "Panel Presentation: Ethical and Legal Issues in the Treatment of Abused Children and Adolescents" with Nancy Kellogg, MD, Melissa Tijerina, MSW; James Rogers, MD; and Judge John Specia.

Please plan to join us! ■

Dr. Greenhill to Provide Special Keynote Address

"Controversies in Pediatric Psychopharmacology"

Great news for TSCAP, San Antonio and the State of Texas! Last summer, Dr. Laurence Greenhill, President of the American Academy of Child & Adolescent Psychiatry, announced San Antonio had been selected as the site for the 2015 AACAP Annual Meeting. He expressed an interest in visiting the TSCAP membership, and accepted the executive committee's invitation to provide a special keynote address on "Controversies in Pediatric Psychopharmacology" at the TSCAP Annual Convention & Scientific Program, July 15-17, 2011, at the Western La Cantera in San Antonio.

Dr. Greenhill obtained his undergraduate degree at Columbia College in 1963, and his medical degree at Albert Einstein College of Medicine. After his internship in Pediatrics at Jacobi Hospital, he became a research fellow at the National Institute of Mental Health, under the mentorship of Edward Sachar, MD. In 1975, he was awarded an NIMH Research Career Development Award in the psychopharmacology of child disorders. He studied the psycho-neuro-endocrinological responses of children with Attention-Deficit / Hyperactivity Disorder to psycho-stimulants. He continued his career with funded research investigating the dose equivalency and efficacy of sustained release methylphenidate; the efficacy of molindone in the treatment of inpatient children with conduct disorder; familial pathways in offspring of adult suicide attempters; the effects of age on the cardiovascular responses to tricyclic antidepressants, the efficacy of multimodal treatments in school age children with ADHD.

He has served as the principal investigator of several National Institute of Mental Health Grants, including: the Multimodal Treatment Study of Attention Deficit Hyperactivity Disorder (MTA Study), the MTA Follow-Up Study, the Preschool ADHD Treatment Study (PATS Study) of methylphenidate Safety and efficacy in preschool children with ADHD, the PATS Follow-up Study, the NIMH Research Units of Pediatric Psychopharmacology Study (Parts 1 and 2), and the Treatment Study of Adolescent Suicide Attempters (TASA Study).

Dr. Greenhill is the author of over 120 published articles and has edited three books. He serves as the President of the American Academy of Child & Adolescent Psychiatry, and is the past chairman of the AACAP Program Committee and the past chairman of the AACAP Pediatric Psychopharmacology Initiative. He is the senior Editor of ADHD articles for the Journal of Child and Adolescent Psychopharmacology. He is currently is the Ruane Professor of Clinical Psychiatry at Columbia University College of Physicians and Surgeons, and the Director of the Research Unit in Pediatric Psychopharmacology Unit (RUPP) at the New York State Psychiatric Institute. He has received multiple honors including the Blanche Itellson Award from the American Psychiatric Association. He is known internationally for his expertise on the pharmacologic treatment of ADHD in Children.

The TSCAP executive committee invites you to join us in welcoming Dr. Greenhill to the Lone Star State. We look forward to learning from this expert: how to better manage the controversies in pediatric psychopharmacology, with the goals of achieving better outcomes for our patients and working more effectively with our families. ■

Texas Society of Child and Adolescent Psychiatry

Scientific Program

"Comprehensive Evaluation and Treatment of PTSD" Including a Special Keynote Address on "Controversies in Pediatric Psychopharmacology" by Laurence Greenhill, MD, AACAP President

July 15-17, 2011 • Westin La Cantera Hotel • San Antonio, Texas

SCIENTIFIC PROGRAM SCHEDULE

SATURDAY, JULY 16 (5 Hours Category 1 Credit)

8:15 am - 8:30 am **Welcome and Opening Remarks**

8:30 am - 10:30 am **Controversies in Pediatric Psychopharmacology**
Laurence Greenhill, M.D.

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

- Discuss the growing base of evidence available that assists clinicians in managing the controversies related to psychopharmacologic treatment of pediatric psychiatric disorders.
- Discuss the gaps in evidence, and learn how to address clinical complexities and understand the potential interventions in pediatric psychopharmacology.
- Select treatment strategies / plans that balance safety and efficacy when utilizing psychopharmacology.

10:30 am - 10:50 am **Refreshment Break in Exhibit Hall**

10:50 am - 11:50 am **Best Practices of Assessment and Treatment of PTSD and Comorbid Conditions in Children and Adolescents**
Sylvia J. Turner, M.D.

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

- Understand the current biological and psychosocial data in children and adolescents with PTSD and comorbid affective and anxiety disorders.
- Discuss the impact of PTSD on children and adolescents with PTSD and comorbid affective and anxiety disorders.
- Apply current psychopharmacologic options for treating children and adolescents with PTSD and comorbid affective and anxiety disorders.

11:50 am - 12:10 pm **Refreshment Break in Exhibit Hall**

12:10 pm - 1:10 pm **Resident / Faculty Clinical Case Presentation**
Speaker to be Determined

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

- Recognize early signs and symptoms of PTSD in children (adolescents).
- Discuss the use of best practice interviewing in the treatment of PTSD in children (adolescents).
- Identify resiliency factors leading to effects and recovery from PTSD in children (adolescents).
- Devise and apply developmentally appropriate treatment interventions for PTSD in children and adolescents.

1:10 pm - 1:30 pm **Refreshment Break in Exhibit Hall**

1:30 pm - 2:30 pm **Treating the Wounded Warrior: The Comprehensive Family Systems Approach to Treating Post-Traumatic Stress Disorder**
Debbie Mabray, MS, LMFT, LPC, CART (Invited) and Mary Ann Bell, LPC, MA (Invited)

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

- Describe the current evidence for different individualized, family and group approaches for the treatment of PTSD in children and adolescents.
- Describe risk / vulnerability factors involved with children and adolescents with PTSD.
- Describe resiliency factors as children and adolescents (successfully / unsuccessfully) cope with deployments of their soldier parent(s), stages of deployment, and reintegration attempts.
- Identify current treatment options, and their rate of success, for soldiers diagnosed with Post Traumatic Stress Syndrome (PTSD).
- Discuss possible holistic treatment options that may prove to be valuable in the long-term treatment success of active duty soldiers diagnosed with Post Traumatic Stress Disorder (PTSD) and Secondary PTSD (the nuclear family of the diagnosed soldier).

SUNDAY, JULY 17 (3 Hours Category 1 Credit)

9:15 am - 10:15 am **Child Abuse, A Pediatrician's Perspective**
David Hardy, MD, FAAP

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

- Understand and apply evidenced-based treatments (EBT) tailored for identifying children and adolescents who have been physically abused.
- Understand and apply best practices in approaching families of suspected child abuse.
- Understand the physical signs of child abuse.
- Understand and apply clinical practice guidelines for children and adolescents suspected of being physically abused.

10:15 am - 10:30 am **Refreshment Break**

10:30 am - 12:30 pm **Panel Presentation: Ethical and Legal Issues in the Treatment of Abused Children and Adolescents**
Nancy Kellogg, MD
Melissa Tijerina, MSW
James A. Rogers, MD
The Honorable John J. Specia, Jr.

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

- Understand and apply evidenced-based treatments (EBT) tailored for identifying children and adolescents who have been sexually abused.
- Understand the physical and emotional signs of sexual abuse of children and adolescents.
- Understand the incidence and Children's Protective Services (CPS) statistics of child abuse in the State of Texas.
- Understand the duty to report, as well as the protocol and methods to report to CPS in the State of Texas.

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 claim credit commensurate with the extent of their participation in the activity.

The presentation entitled "Panel Presentation: Ethical and Legal Issues in the Treatment of Abused Children and Adolescents" 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.

PROGRAM SPEAKERS

Mary Ann Bell, LPC, MA
Counselor
Adult Child and Family Counseling Center
Killeen, TX

Laurence Greenhill, M.D.
Ruane Professor of Clinical Psychiatry
Director, Local Research Unit of Pediatric Psychopharmacology
Columbia University Medical Center
New York State Psychiatric Institute
President, American Academy of Child and Adolescent Psychiatry
New York, NY

David Hardy, MD, FAAP
Pediatric Forensic Medical Consultation Service, Pediatric Critical Care
Scott and White Children's Hospital
Texas A&M University of Health Science Center
Temple, TX

Nancy Kellogg, MD
Division Chief for Child Pediatrics
University of Texas Health Science Center
San Antonio, TX
Medical Director, ChildSafe
Bexar County's Children's Advocacy Center
Center for Miracles
CHRISTUS Santa Rosa's Children's Hospital
San Antonio, TX

Debbie Mabray, MS, LMFT, LPC, CART
Co-Founder, Therapist
Adult Child and Family Counseling Center
Killeen, TX

James A. Rogers, MD
Medical Director
Texas Department of Family and Protective Services
Austin, TX

Honorable John J. Specia, Jr.
Former Judge of the 225th District Court Bexar County
Chair, Texas Supreme Court Task Force on Foster Care
Chair, Texas Supreme Court Task Force on Child-Protection Case Mgmt & Reporting
San Antonio, TX

Melissa Tijerina, MSW
Regional External & Relations Specialist
Texas Department of Family and Protective Services
San Antonio, TX

Sylvia J. Turner, M.D.
Child and Adolescent Psychiatric Services
Darnall Army Medical Center
USAMEDDAC
Fort Hood, TX

Texas Society of Child and Adolescent Psychiatry

Annual Convention & Scientific Program

"Comprehensive Evaluation and Treatment of PTSD"
Including a Special Keynote Address on "Controversies in Pediatric Psychopharmacology"
by Laurence Greenhill, MD, AACAP President

July 15-17, 2011 • Westin La Cantera Hotel • San Antonio, Texas

GENERAL INFORMATION

LOCATION / HOTEL RESERVATIONS

All events will take place at the Westin La Cantera Hotel, 16641 La Cantera Parkway, San Antonio, Texas. **A special discounted rate of $185, with WAIVED resort fee, is available to TSCAP program registrants BEFORE June 13, 2011 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 1-800-937-8461.

The Westin La Cantera Hotel offers on-site experiences for all ages:

- La Cantera Nature Trail - available dawn to dusk, mile-long nature trail wraps around the most beautiful areas of the resort, all the while learning about the local flora and fauna of the Texas Hill Country.
- Movie Night in the Westin Kids Club Sun-Thurs, or on the El Fortin Lawn Fri&Sat
- The World Class Castle Rock Health Club & Spa
- The 7600 square foot Westin Workout Fitness Center
- The Palmer Golf Course at La Cantera, created by golf legend and award-winning course designer, Arnold Palmer, the course which winds through the Texas Hill Country will challenge your skill from tee to green.
- The Resort Course at La Cantera, designed by noted golf course architect Jay Morrish and PGA Tour professional Tom Weiskopf is the former site of the PGA's Valero Texas Open and offers spectacular views of the roller-coaster at Six Flags Theme Park and the downtown San Antonio skyline.
- Kid Friendly Fun at The Westin Kids Club offers a variety of kid-friendly fun activities from Zooanimation; Discovery Junction, S'mores and arts and crafts to name a few.
- Shuttle service within the Resort, to the Shops at La Cantera, the Palmer Course and Six Flags Theme Park.

PROGRAM AT A GLANCE

Friday, July 15

1:00 pm - 5:30 pm
Exhibit Set-Up

4:00 pm - 5:30 pm
TSCAP Executive Committee Meeting

6:30 pm - 8:30 pm
Welcome Reception with Exhibitors

Saturday, July 16

7:30 am - 8:10 am
Continental Breakfast with Exhibitors

8:15 am - 2:30 pm
Scientific Program

10:30 am - 10:50 am
Refreshment Break

11:50 am - 12:10 pm
Refreshment Break

1:10 pm - 1:30 pm
Refreshment Break & Final Visit with Exhibitors

Sunday, July 17

8:00 am - 9:00 am
TSCAP Annual Business Meeting Breakfast

9:00 am - 12:30 pm
Scientific Program

10:15 am - 10:30 am
Refreshment Break

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 JULY 1**. 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, July 17, in the San Antonio 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 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.

EXHIBITS

TSCAP's Welcome Reception, Continental Breakfasts and Refreshment Breaks, will be held in the San Antonio Ballroom at the Westin La Cantera 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 San Antonio Ballroom. All members are encouraged to register and attend. ■

Texas Society of Child and Adolescent Psychiatry

Annual Convention & Scientific Program

July 15-17, 2011 • Westin La Cantera Hotel • San Antonio, 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 July 1	*After July 1*	
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	No Charge	$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 July 1, 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 July 1, 2011. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 1, 2011, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER JULY 1, 2011.

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 Academy of Psychiatry

Parity: Trends are Positive

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

In continuation of my custom of quoting front page articles out of the New York Times, I am making a shift to the more conservative Wall Street Journal. The headline was "Lost Its Way on Mental Health Policy." (The full Wall Street Journal article is at: http//tinyurl.com/Mental Health Cuts.) According to my colleague, Paul Mosher, MD, a New York State psychiatrist, the Wall Street Journal article reported that of all the companies with more than 50 employees, 31% changed their Mental Health benefits in response to the parity law. Only 5% eliminated their Mental Health benefits. As you can see, this represents only 1.5% of the entire universe of companies with 50 or more employees (i.e. 5% of 31%). It appears to me that there is a positive trend toward parity in Mental Health coverage which represents many years of hard work on the part of the Texas Academy of Psychiatry, the Texas Society of Psychiatric Physicians, the American Psychiatric Association, our patients and the various mental health advocacy organizations. I congratulate their efforts. However, continuous efforts will be required, especially with the economic structure of national health care.

It is my hope that academic psychiatry will benefit financially from what I have described above. Another hope for this New Year is that psychiatry will be less dependent on the pharmacologic industry insofar as research dollars. It is wonderful to hear that the Baylor College of Medicine's Menninger Department of Psychiatry has received sizable funding from the National Institutes of Health. This is a marvelous trend. An equally marvelous trend in the past year for Menninger Clinic is its 2010 ranking as No. 5 for psychiatric hospitals by US News and World Report. This is a remarkable improvement of four positions from the 2009 ranking.

Arthur J. Farley, MD

Finally, on these positive notes, I wish everyone a Happy and Healthy New Year. ■

Thank You: TSPP Advocacy Fund Receives Broad Support

On January 1, 2010, TSPP launched an appeal for members to contribute $100 each to the TSPP Advocacy Fund. As of January 7, 2011, 75% of members responded with their payment of $100. TSPP is grateful for this outstanding response from members, and even some non-members who support TSPP's activities.

TSPP's Executive Council approved a one-time $100 assessment in November, 2009 to be applied to all members except for residents in 2010. The assessment even applied to inactive members and life status members who have earned the privilege of being "dues exempt." A similar action was taken by TSPP in the mid-1980's, which contributed significantly to the establishment of TSPP's Advocacy Fund, a fund not included in TSPP's usual annual operating expenses. As provided for in TSPP's Bylaws, the Executive Council has the duty and responsibility of levying such dues and assessments. The governing body would not have made this second request for an assessment in over twenty years if it were not because of serious financial issues. The measure was also taken in lieu of a dues increase, which would be permanent and would be a requirement to maintain membership in TSPP, as well as the APA and Chapters because of joint membership requirements. While the Executive Council could have chosen to require payment of the $100 assessment to maintain membership, the Executive Council chose instead that payment of the assessment be voluntary and not be mandatory.

TSPP's annual dues of $395 for most members do not cover all that TSPP does. For example, over the past 5 years, dues income was only 71% of TSPP's operating budget. This means that if dues were to cover all that TSPP does, dues would need to be about $535 instead of $395. The Advocacy Fund and non-dues revenue generated by TSPP have allowed TSPP to maintain its dues structure constant for many years, avoiding dues increases for members to cover any operating deficits. As a result, TSPP's dues are substantially less than other comparably-sized District Branches of the APA (ie Florida =$510; Pennsylvania = $420; and Washington DC = $500).

Below is a listing the 2010 Advocacy Fund Honor Roll, members (and non-members) who supported the 2010 Advocacy Fund. Thank you very much for your leadership, loyalty, participation and support of TSPP. You made a big difference for TSPP in 2010!! ■

2010 ADVOCACY FUND HONOR ROLL

Ackerman, BM
Adinoff, BH
Adkins, CF
Aillon, GA
Al Jurdi, RK
Alam, S
Aleksander, BG
Alexander, GS
Ali, O
Alphonso, HM
Altschuler, MA
Altshuler, K
Anand, V
Andersen, AE
Aoueille, III, B
Arambula, MR
Arauzo, AC
Arbona, J
Arfa, KS
Arisco, JP
Arlinghaus, KA
Aruffo, RN
Asamoah, T
Asghar-Ali, A
Aviles-Roig, F
Axelrad, AD
Azatian, A
Badhiwala, SP
Bailey, B
Baillargeon, JG
Bains, LW
Baker, JG
Balderas, TG
Banks, K
Baratang, RT
Barber, MJ
Barker, CH
Baron, JD
Barrett, RM
Bashir, KH
Baskin, TG
Basu, MH
Bayliss, JM
Beard, LB
Beavers, WR
Becker, EA
Becker, PM
Beck, PF
Bennett, BJ
Benton, CL
Beven, GE
Beyer, A
Beyer, Jr, DH
Bhaskaran, V
Bickham, JG
Bilolikar, S
Birk, DF
Bisquerra, J
Black, JL
Blaisdell, G
Blanton Flowers, CE
Blotcky, MJ
Bodea-Barothi, PS
Bohnn, JH
Boland, HL
Boley, JM
Bondurant, WW
Bowden, CL
Bradshaw, CM
Brandon, TR
Brener, DM
Brennan, JM
Brimmer, Ii, RA
Briones, DF
Briones, Jr, F
Brock, KJ
Brownlee, Jr, EN
Brown, DW
Brown, III, FW
Brown, KA
Brown, KS
Brown, ML
Brylowski, A
Buckingham, JA
Burkett, JH
Burke, W
Burrows, MS
Burruss, JW
Busch, GI
Buswell, AL
Butler, PM
Buttar, GS
Butterman, JM
Cahill, AJ
Cambor, CG
Canon, JR
Cantu, R
Carchedi, LR
Cardona, ER
Carmona, JJ
Carson, DI
Casey, SB
Cassidy, JW
Casso, AG
Castillo, SH
Castro, R
Cepeda, C
Chacko, RC
Chen, CA
Chen, FV
Cherry, JS
Childers, Jr, CA
Cigarroa, J
Claghorn, JL
Clayton, LK
Clough-Stokan, DS
Cohen, IM
Cole, LB
Collier, RO
Commodore, MM
Conroy, N
Cooke, Iii, JC
Coons, RE
Cooper, EN
Cordell, LJ
Cordes, JA
Cornett, TA
Costello, LE
Cota, FJ
Cowan, K
Cox, Jr, VM
Creager, GB
Creed, JB
Creson, DL
Crisp-Han, H
Croarkin, PE
Croft, HA
Cronson, HA
Crowder, JE
Crumley, FE
Crumpacker, DW
Cummings, RM
Czelusta, K-LT
Dale, JW
Dalton, GD
Danly, DR
Davidson, EJ
Dawes, MA
Day, HK
De La Torre, J
Deardorff, D
Debus, JR
Decker, N
DeFord, HA
DeForster, EMC
De Foy, WJ
Delaney, SD
Delgado, PL
DeMoor, TM
Denney, R
Dentino, AN
Deuter, M
Dev, D
Diaz-Vogt, JA
Dimitrov, DH
Divita, G
Djokovic, M
Dodson, JW
Dollinger, TR
Donachie, ND
Dorfman, HI
Dotter, JF
Doyle, EJ
Dranetz, DM
Drell, WK
Dunn, MH
Durand-Hollis, G
Dyer, JT
Earthman, BS
Ebaugh, AL
Ebaugh, Jr, LA
Eddins-Folensbee, FF
Eilers, SG
Einspruch, BC
Eisenhauer, G
Elkin, SR
Elliott, Iii, B
Emery, CR
Emory, LE
Escobar, CE
Estrada, C
Etter, GL
Ezelle, JS
Faber, JA
Faber, RA
Fan, E
Farley, PL
Farrell, MR
Fason, FL
Fehr, BS
Fermo, Jr, VM
Fernandez, BJ
Fink, AH
Fischer, CH
Fitzpatrick, MC
Flack, JN
Flanagan, KC
Flatley, MA
Flick, SR
Flynn, CF
Fontaine, CS
Forgason, J
Frenkel, RS
Friedman, CL
Furber, ES
Gabbard, GO
Gallentine, KA
Garcia-Pittman, EC
Garcia, C
Garcia, J
Garrett, RK
Garza, DR
Garza, RE
Gaspari, JD
Gautam, M
Georges, D
George, CE
Gerber, BM
Ginsberg, LD
Giordano, FL
Giray, N
Gittess, FH
Glass, GS
Glass, J
Glenn, TJ
Goen, ML
Goen, RR
Goff, EW
Goggin, DA
Golden, CZM
Gonzalez, EA
Gonzalez, M
Goodwin, JP
Goyal, MR
Grable, KH
Graham, GD
Granado, EG
Grant, CP
Green, JH
Grewal, R
Gromov, II
Gruber, NP
Guerra, Jr, C
Gutierrez, JA
Gutierrez, VA
Guynn, RW
Hageman, JM
Haider, K
Halfant, KA
Hallock, KR
Hall, JL
Hanretta, AT
Hansen, DB
Harden, RI
Hare, Jr, HP
Harford, MW
Harrison, CD
Hartt, LL
Harvey, EP
Hauser, DE
Hauser, LA
Hawkins, LL
Hayes, SA
Hedden, EA
Henao, S
Henao, WW
Henderson, JB
Hendrickse, WA
Hetherly, V
Hicks, PB
Hillman, FA
Hirschfeld, RMA
Hodges, RG
Holcomb, WL
Holden, P
Holiner, JA
Hopper, Jr, JJ
Hopper, KC
Horvath, T
Howe, DD
Ho, OL
Huddleston, Jr, JE
Hudson, KO
Hugg, TW
Humphrey, IL
Hurd, CL
Hussain, M
Husain, MM
Ibazebo, EA
Ifesinachukwu, FA
Igoa, JE
Illich, MB
Ingham, DA
Isham, AC
Istafanous, IM
Iyer, VL
Jacobs, MS
Jaeckle, RG
Jameson, GK
James, KD
Jeffreys, MD
Jenkins, C
Johnson, CR
Johnson, DN
Johnson, NL
Johnson, PA
Johnson, SR
Johnstone, EE
John, EM
Jones, AR
Jones, MN
Jones, WM
Josephs, J
Kalra, GS
Kamble, MV
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Capitol Day 2011

"No man's life, liberty or property are safe while the legislature is in session."

Judge Gideon J. Tucker

The Texas Legislature is now in session. During the 140-day session, the 181 legislators will file over 6,000 bills. Generally, about 300 filed bills could affect the practice of psychiatry in Texas.

Member organizations of the Federation, including the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry and the Texas Society of Child and Adolescent Psychiatry, urge you to become involved in the political and legislative process to ensure that quality psychiatric care and patient safety are preserved and protected.

You can begin this involvement by attending and participating in the activities of CAPITOL DAY on Thursday, February 17, 2011. CAPITOL DAY, sponsored by the Mental Illness Awareness Coalition (Depression and Bipolar Support Alliance of Texas, Mental Health America of Texas, NAMI Texas and the Federation of Texas Psychiatry), will afford you the opportunity to participate in several activities on February 17 to advocate for your patients and profession. CAPITOL DAY will begin with activities at the Schmidt-Jones Family Life Center, Great Hall on the 2nd floor (1300 Lavaca, one block west of the Capitol). For additional information about CAPITOL DAY, including registration information, please visit the Federation's website, www.txpsych.org.

Come to CAPITOL DAY on February 17 prepared to learn and to have a very fulfilling and fun experience. And, wear your white coat to the rally and legislative visits to demonstrate that "The Doctor is in the House."

"Just because you do not take an interest in politics doesn't mean that politics won't take an interest in you."

Pericles

CAPITOL DAY SCHEDULE

Time	Activity
10:00 am - 11:45 am:	**Advocacy Workshop** – receive briefings on key legislative issues and tips on effective legislative advocacy.
11:45 am - 12:15 pm:	**Box Lunch** – enjoy a brief lunch with friends.
12:30 pm - 1:00 pm:	**Rally on the South steps of the Capitol** – participate in rally to draw public attention to important legislation for persons with mental illnesses in Texas.
1:00 pm - 3:30 pm:	**Visits with members of the Legislature** – visit members of the Legislature in teams of advocates to encourage support of needed legislation.
3:30 pm - 4:30 pm:	**Reception** – Wrap-up your visit to the Capitol with refreshments and sharing of your experience.

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JOB BANK

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

CALENDAR OF MEETINGS

JANUARY

28-29 **Texas Medical Association Winter Conference**
AT&T Executive Education & Conference Center
Austin, Texas

FEBRUARY

11-12 **Texas Osteopathic Medical Association 55th Annual Midwinter Conference & Legislative Symposium**
Westin Park Central Hotel
Dallas, Texas

17 **Capitol Day**
Schmidt-Jones Family Life Center
1300 Lavaca
Austin, Texas

APRIL

9-10 **Texas Society of Psychiatric Physicians/ Texas Academy of Psychiatry Spring CME Program and Committee Meetings**
Westin Galleria Hotel
Houston, Texas

MAY

13-14 **Texas Medical Association TexMed 2011**
Hyatt Regency Houston & George R. Brown Convention Center
Houston, Texas

JUNE

16-18 **TOMA and TxACOFP Joint Annual Convention**
The Fairmont Hotel
Dallas, Texas

JULY

15-17 **TSCAP Annual Meeting and Scientific Program**
Westin La Cantera Resort
San Antonio, Texas

NOVEMBER

11-13 **TSPP 55th Annual Convention & Scientific Program**
Westin Galleria Hotel
Dallas, Texas