



# Texas Society of Psychiatric Physicians NEWSLETTER

JUNE / JULY 2003

## 2003 Legislative Session: Organized Chaos

"All politics is local" - Speaker Tip O'Neill

The 2003 Texas Legislative Session was unique in many ways. With the installation of new leadership in both Houses, the Session started slowly and significant changes were made with committee assignments and leadership. A 25% turnover in members meant that institutional memory about issues was damaged. The large \$10 billion deficit facing the State affected the entire Session. And the "Killer Ds" who took up residence in Oklahoma for several days, brought the Session to a halt and placed numerous bills in jeopardy. These factors contributed to a very difficult session, for legislators, lobbyists and mental health advocates.

Despite these challenges, four legislative priorities of TSPP were achieved: 1) defeating another attempt by some psychologists to persuade the Legislature to grant them a license to practice medicine; 2) passing malpractice reform; 3) passing prompt pay legislation; and 4) passing a measure to allow guardians of persons with psychiatric illnesses to seek hospital treatment for their wards. These accomplishments resulted from members' active involvement in the legislative process, during the Session and prior to the Session during the election cycle. Proving once again, the wisdom of former Speaker Tip O'Neill, who once said: "All politics is local."

On March 14, the final day allowed for the filing of bills, Rep. Rick Noriega (Houston) filed HB 3451. HB 3451, if enacted, would have allowed a psychologist bearing a "prescriptive authority certificate," to "issue a prescription drug order, to administer or dispense a prescription drug, and to order tests to monitor the use of prescription drugs." To receive a "prescriptive authority certificate" from the Texas State Board of Examiners of Psychologists, a psychologist would have to document that he/she is a provider of health services as determined by the American Psychological Association, complete a postdoctoral training program that at minimum satisfied the training recommendations of the American Psychological Association, and pass an examination administered by Texas State Board of Examiners of Psychologists. To "protect the public," the bill required a psychologist holding a prescriptive authority certificate to "consult with a patient's treating physician within a reasonable time after the psychologist issues a prescription drug order for or administers or dispenses a prescription drug to the patient."

On May 15, HB 3451 was pronounced dead, as it was left pending in the House Public Health Committee, where it received a public hearing on April 30.

This second failed attempt by psychologists to receive prescribing privileges by legislative fiat, was welcomed by those who are concerned about the bill's potential adverse affect

on patient safety and welfare. The major obstacle preventing the passage of HB 3415 was TSPP. This accomplishment was made possible by many, including: Martha Leatherman, MD, Chair of the Government Affairs Committee, who provided outstanding guidance and leadership; the Political Action Coordinators in each Chapter (Drs. Joseph Arisco, David Axelrad, Emilie Becker, Joseph Black, Charles Bowden, Raul R Capitaine, Joseph Castiglioni, Jr, George Constant, Nicole Cooper, Suresh Durgam, Edward S Furber, Wayne Goff, Gerardo Gregory-Quinones, Ralph Hodges, Jose Igoa, Grace Jameson, Sanford Kiser, Martha Leatherman, Bill Lynch, Shirley Marks, Conway McDaniel, Jacqueline McGregor, Lynda Parker, Priscilla Ray, Linda Rhodes, George Santos, Clay Sawyer, Leslie Secrest, and Paul Wick), who encouraged members to become involved in the political process during the legislative interim; the members of the Government Affairs Committee who read and assessed numerous bills of interest; the Legislative Advisory Committee (Drs. David Axelrad, Robert Denney, Sanford Kiser, Martha Leatherman, Conway McDaniel, Priscilla Ray, Clay Sawyer, and Leslie Secrest) who provided rapid response decisions about positions, strategies, and tactics; the members, including those who participated in the TSPP Seminar and Capitol Day featuring Joel Roberts, who visited the Capitol during the Session to call on legislators and to educate them about issues of importance to psychiatry; members who made themselves available to provide testimony; and, the many members who played a crucial role by responding to Alerts by calling, writing, and emailing legislators with specific, targeted messages.

TSPP was joined in this effort by the Texas Medical Association and other medical specialty societies, the American Psychiatric Association, the Depression and Bipolar Support Alliance (formerly Depressive and Manic-Depressive Association), and many friends and colleagues who are psychologists who wrote letters, made calls, and submitted written testimony against the bill.

After several false starts and contentious debate, malpractice reform legislation was passed (HB 4 by Rep. Joe Nixon, Houston and Senator Bill Ratliff, Mt. Pleasant). Early in the session, malpractice reform legislation was merged into a broader tort reform bill, creating major challenges for the passage of malpractice reform. However, in the final days of the Session, HB 4 was finally passed. The bill caps non-economic damages as follows: \$250,000 per physician per claimant, \$250,000 per health care institution per claimant, and a second \$250,000 per health care institution per claimant if the second institution is completely separate from the first. A September 13 referendum authorized

### 2003 Legislative Session Recap

While there were 42 more bills filed in the 2003 Legislative Session than the 2001 Session, and while there were 29 fewer bills tracked by TSPP in the 2003 Session, the number of High Priority bills increased over the 2001 Session by 29, requiring a more intensive lobbying effort.

ALL BILLS	2003	2001
Total Bills/Resolutions Filed	5,754	5,712
Total Bills/Resolutions Passed	1,403	1,620
Percent Passed	24.4%	28.4%

TSPP TRACKED BILLS	2003	2001
Bills Tracked by TSPP	286	315
TSPP Tracked Bills that Passed	73	96
Percent Passed	25.5%	30.5%

TRACKED BILLS by TOPIC 2003 2001	2003	2001
Allied Health	20	25
Mental Health	28	33
Legal	50	35
Children & Adolescents	29	13
Economic	120	135
Substance Abuse	3	7
Other	36	67
<b>Total Bills Tracked by TSPP</b>	<b>286</b>	<b>315</b>

TRACKED BILLS by PRIORITY 2003 2001	2003	2001
Priority 1 - High	48	29
Priority 2 - Monitor	178	158
Priority 3 - Low	60	128
<b>Total Bills Tracked by TSPP</b>	<b>286</b>	<b>315</b>

by HJR 3 by Representative Nixon regarding a constitutional amendment ratifying the legislature's authority to cap damages is the next step in achieving malpractice reform for physicians. Hopefully, this legislation will help reduce escalating malpractice premiums.

The Governor will have another opportunity to sign a prompt pay bill this year. After a veto of the prompt pay bill passed by the Legislature in 2001, several prompt pay bills were introduced in 2003. The Legislature eventually passed SB 418 by Senator Jane Nelson (Flower Mound) and Representative John Smithee (Amarillo). The bill provides that within 45 days after receipt of a clean claim submitted non-electronically or 30 days after receipt of a clean claim submitted electronically, the insurer must: 1) pay the claim in full; 2) pay a portion of the claim that is not in dispute and notify the physician in writing why the remaining portion of the claim will not be paid; or 3) notify the physician why the claim will not be paid. A non-electronic clean claim is a claim submitted using the Centers for Medicare and Medicaid Services Form 1500 or, if adopted by commissioner rule, a successor to that form developed by the National Uniform Claim Committee or its successor. An electronic clean claim is a claim submitted using the Professional 837 (ASC X12N 837) format or, if adopted by commissioner rule, a successor to that format adopted by the Centers for Medicare and Medicaid Services or its successor.

Despite unsuccessful efforts in the past

three Legislative Sessions to pass a bill to allow guardians to seek hospital treatment for their wards who have mental illness, the Legislature this year passed HB 2679 by Will Hartnett (Dallas) and Senator Chris Harris (Arlington). HB 2679 allows a guardian to transport his/her ward to an inpatient mental health facility for a preliminary examination if the guardian has reason to believe the ward is mentally ill and because of the mental illness there is a substantial risk of serious harm to the ward or to others unless the ward is immediately restrained. After transporting a ward to an inpatient mental health facility, a guardian shall immediately file an application for detention with the facility. This bill eventually

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## PRESIDENT'S MESSAGE

### I'm Listening

*In necessary things, unity; in doubtful things, liberty; in all things, charity.*  
— Richard Baxter

What do a psychiatrist in the Valley, an obstetrician in the Panhandle and a neurosurgeon in Beaumont have in common? All are at risk of not being able to find affordable professional liability insurance.

What do an Austin anesthesiologist, a San Antonio pathologist and a Lubbock psychiatrist have in common? All believe that medications should be prescribed by persons properly educated and trained to do so.

What do a Ft. Worth general surgeon, a Dallas psychiatrist and a Houston urologist have in common? All have trouble getting managed care companies to pay their bills in a timely fashion and their practices are at financial risk.

But, the other things they have in common are dedication, hard work, sacrifice and a commitment to the health of Texans.

Because of the unity and constancy of purpose of these — and other — Texas physicians, a law capping the amount each physician would

have to pay in noneconomic damages in a lawsuit was enacted. This is predicted to lower professional liability rates and make insurance more affordable.

And, because of hard work by psychiatrists, other physicians, spouses and staff, prompt pay legislation and lawsuits filed on behalf of physicians may once again stop us from being the no-interest loan institutions for some of the managed-care entities.

In addition, because of education of legislators by psychiatrists, other physicians and our TSPP staff, the bill permitting non-medical prescribing privileges did not make it out of committee, effectively ending it for this legislative session.

It is simply amazing what can be done with unity — with the force of many wills and the implementation of many talents. We must understand our common goals and be willing to work together to accomplish them. We must

unite behind what is best for our patients — and that means having access to a neurosurgeon in Beaumont, a choice of psychiatrists in Dallas and having a properly educated and trained professional prescribing medications.

We must also have liberty — for divergent, even opposing views. We must in fact encourage the expression of differing views, as this improves our flexibility and our representation and ensures that our organization is inclusive of its members.

Likewise, we must demonstrate our sense of charity — to our patients and our colleagues, as well as ourselves. We must work toward a system of access to health care for all those who choose. We should be able to report and learn from medical errors without fearing the outcome.

We have already accomplished much — with the unity of Texas psychiatrists, other Texas physicians, spouses, our TSPP staff and the help



PRISCILLA RAY, MD

of the TMA staff. But more needs to be done. We need for our nonmember colleagues to join us — in membership in psychiatric societies like TSPP and APA and in other medical associations, like the TMA and AMA.

These are things that we, the membership of TSPP, have repeated as priorities. But there are other ideas about new goals and even how to accomplish these goals. My job this year is to listen to what you — the members — want and, as your elected representative, to try to get it accomplished.

Got ideas?? I'm listening.



## MEMBERSHIP CHANGES

### NEW MEMBERS

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

#### MEMBER IN TRAINING

Bailey, Julia, MD, UTHSCSA  
Coll, Joseph K., III, MD, UTHSCSA  
Garcia, Francisco, MD, Texas Tech El Paso  
Hamaoka, Derrick, MD, UTHSCSA  
Hickey, Janet M., MD, Baylor  
Kahan, Kara L., MD, UT Houston  
Koprivnikar, Joan, MD, UT Southwestern  
Mitchell, Stephanie, MD, UT Southwestern  
Ng, Jeannette, MD, UT Houston  
Trickett, Victoria, MD, UTHSCSA  
Wyatt, Robby W., MD, UTHSCSA

#### GENERAL MEMBER

Baile, Walter F., MD, Houston  
Garza, Maria, MD, Houston  
Moore, Constance, MD, Jacksonville  
Packard, Russell, MD, Lubbock  
Teague, Annapurni, MD, Bellaire

#### MIT Advancement to General Member

Castillo, Sergio, MD, El Paso  
Chen, Frank Y., MD, Houston  
Coppedge, Woodrow, MD, San Antonio  
Garza, Daniel R., MD, Houston  
Herrera, Cecille, MD, Houston  
Mathews, Thomas, MD, Helotes  
Muzquiz-Drummond, Sylvia, MD, Houston  
Strebeck, Sarah, MD, Plano  
Warneke, Kimberly, MD, Pearland

#### TRANSFERS FROM OTHER DISTRICT BRANCHES

Buchanan, Patrick, MD, GM, Tyler (Wyoming)  
Halfant, Kerri, MD, GM, Austin (Washington State)  
Mathews, Pamela A., MD, GM, Temple (Louisiana)  
Patel, Hemant, MD, GM, Richmond (Illinois)  
Sarkari, Bahadur, MD, FE, Houston (Kentucky)  
Serrano, Alberto C., MD, FE, San Antonio (Hawaii)  
Singh, Vivek, MD, MT, San Antonio (Ohio)  
Slaughter, Rustin, MD, MT to GM, Houston (Kansas)

## Congratulations...

At the APA Annual Convention in San Francisco, **R. Sanford Kiser, MD** (Dallas) was awarded Honorable Mention in the Best Editorial Competition for his article in the *TSPP Newsletter* entitled "Mickey Mouse, Fantasia, and the Prescribing of Medications," and the *TSPP Newsletter* was awarded the Continuing Excellence Award in the 2003 Newsletter of the Year Award. **Edward Reilly, MD** and **Joseph Castiglioni, Jr., MD** are the Editorial Board of the *TSPP Newsletter*. John Bush and Debbie Sundberg are the Newsletter's Managing Editors.



R. SANFORD KISER, MD



EDWARD L. REILLY, MD



JOSEPH CASTIGLIONI, JR., MD, PHD

## Clarification

The *TSPP Newsletter* of February/March 2003 listed members approved as Life Fellows and Distinguished Life Fellows as of January 1, 2003. The list published in the Newsletter was not a comprehensive listing of all Distinguished Fellows and Distinguished Life Fellows, but rather reflected only those members who had been given this new honor as of January 1, 2003 and not those members who received the honor of Fellow or Life Fellow prior to 2003. Members holding the status of Fellow and Life Fellow prior to 2003 were automatically given the new designations of Distinguished Fellow and Distinguished Life Fellow, effective January 1, 2003, in accordance with APAs new Fellowship procedures. Congratulations to you all!

## IN MEMORIAM

**Laurence C. McGonagle, MD**  
San Antonio

**Lee F. Scarborough, MD**  
Austin

**Ruben D. Rumbaut, MD**  
San Marcos

**Constance Moore, MD**  
Jacksonville

**John Ramsay, MD**  
Victoria

# Building Effective Personal Leadership Skills for Organizational Success

**T**ake a break and bring your family to the TSPP Summer Leadership Conference for the Mental Illness Awareness Coalition on August 2-3, 2003 at the 200-acre award winning Hyatt Regency Hill Country Resort in San Antonio. The Mental Illness Awareness Coalition, formed in 1995 and composed of the Mental Health Association in Texas, NAMI Texas, Texas Depression and Bipolar Support Alliance, Texas Mental Health Consumers, Texas Medical Association and the Texas Society of Psychiatric Physicians, has effectively worked together to educate the public, media and policymakers about mental illnesses. Each year since 1996, TSPP has been pleased to conduct a Summer Leadership Conference for the Coalition and its statewide leadership.

On Saturday, August 2 beginning at 9:30 am, TSPPs partners in the Mental Illness Awareness Coalition will join TSPP for a conference which will examine how the leadership of high-performing organizations create strong cultures that exert a powerful effect on individuals and their performance. Participants will learn about the critical role leadership has in developing and nurturing individual and organizational success. The conference will feature a dynamic and interactive program led by Thomas J. Fairchild, PhD, School of Public Health, the University of North Texas Health Science Center. Prior to the conference, each conference registrant will submit a self-assessment questionnaire of leadership style. The pre-conference leadership questionnaire will be evaluated by Dr. Fairchild and each registrant will receive their assessment at the meeting. Based upon the evaluation of the self-assessments and the desired outcomes, the program will address the following topics:

- Critical interface between culture, effective leadership and effective Boards.

- Assessment of individual leadership styles.
- Development of personal leadership and coaching skills.

Following a luncheon program, featuring a presentation by a legislator, at 2:00 pm, participants, families and guests may visit, conduct meetings, network together or enjoy the many amenities offered by the Hyatt Regency Hill Country Resort. The Resort is family-friendly, featuring a 4-acre water park with two pools, waterfall, sundeck and a 950-foot Ramblin River; an Arthur Hills designed 18 hole championship golf course, rated among the best in the US; and the Windflower Hill Country Spa offering a full spectrum of massage and skin care treatments. The Resort, located in Northwest San Antonio, is minutes from SeaWorld and Six Flags Fiesta Texas. The Saturday program will conclude with a reception for conference registrants from 6:30 pm until 7:30 pm.

The program Sunday morning for TSPP members (9:30 am - 12:00 noon) will consist of strategic planning for TSPP and its Chapters. For those planning to stay overnight at the Hyatt Regency Hill Country Resort, TSPP has negotiated a discounted room rate of \$189 single/double. All hotel reservations are on a first come-first served basis and must be received prior to filling the TSPP room block or by the cut-off date of July 5. For hotel reservations, call the Hyatt Regency Hill Country Resort at 210/647-1234 or 800/233-1234.

Please join us on August 2-3 for a very productive program. To register, please return the Conference Registration form and the Leader-Self Effectiveness Questionnaire along with your registration fee made payable to "Texas Society of Psychiatric Physicians" to TSPP by July 24 to reserve your seat at the Conference.

Come business casual and ready to participate and have fun!!



TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS  
**MENTAL ILLNESS AWARENESS COALITION LEADERSHIP CONFERENCE**  
August 2-3, 2003 • Hyatt Regency Hill Country Resort, San Antonio, Texas

**CONFERENCE REGISTRATION**

Name: \_\_\_\_\_

Guests/Family: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**EVENT REGISTRATION:**

**Coalition Program and Luncheon, Aug 2, 9:30 am-2:00 pm**

- Building Effective Personal Leadership Skills for Organizational Success
- Luncheon Presentation by a Texas Legislator

No. Members/Guests \_\_\_\_\_ @ \$45.00 each \$ \_\_\_\_\_

No. MIT Member/Guests \_\_\_\_\_ @ \$20.00 each \$ \_\_\_\_\_

No. Coalitions Partners/Guests \_\_\_\_\_ @ \$20.00 each \$ \_\_\_\_\_

**Coalition Reception, August 2, 6:30 pm - 7:30 pm**  
*Fee included in Registration Fee Above*

No. Members/MIT/Guests \_\_\_\_\_

**Program for TSPP Members, August 3, 9:30 am - 12:00**  
*No Fee. Refreshments only.*

No. TSPP Members/MIT \_\_\_\_\_

**Total Registration Fee Enclosed:** \$ \_\_\_\_\_

**METHOD OF PAYMENT:**

Check (Payable to Texas Society of Psychiatric Physicians)  Visa  MasterCard

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name As It Appears on Card: \_\_\_\_\_

Signature (Required for Credit Card Charge): \_\_\_\_\_

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by July 24, 2003, less a 25% handling charge. No refunds will be given after July 24, 2003.

**REGISTRATION DEADLINE JULY 24, 2003**  
RETURN THIS FORM **AND** THE LEADER-SELF EFFECTIVENESS QUESTIONNAIRE TO:  
Texas Society of Psychiatric Physicians, 401 West 15th Street, #675, Austin, TX 78701  
(512) 478-0605 • FAX (512) 478-5223

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE AND RETURN TO TSPP WITH YOUR CONFERENCE REGISTRATION FORM

## LEADER-SELF EFFECTIVENESS AND ADAPTABILITY DESCRIPTION (LEAD-SELF)\* QUESTIONS

NAME (Please Print/Type) \_\_\_\_\_

Please circle the one response that you feel most closely describes your own behavior in each of the twelve situations.

- Your subordinates are no longer responding to your friendly conversation and obvious concern for their welfare. Their performance is declining rapidly.
  - Emphasize the use of uniform procedures and the necessity for task accomplishment
  - Make yourself available for discussion, but don't push your involvement.
  - Talk with subordinates and then set goals.
  - Intentionally do not intervene.
- The observable performance of your group is increasing. You have been making sure that all members are aware of their responsibilities and expected standards of performance.
  - Engage in friendly interaction, but continue to make sure that all members are aware of their responsibilities and expected standards of performance.
  - Take no definite action.
  - Do what you can to make the group feel important and involved.
  - Emphasize the importance of deadlines and tasks.
- Members of your group are unable to solve a problem themselves. You have normally left them alone. Group performance and interpersonal relations have been good.
  - Work with the group and together engage in problem solving.
  - Let the group work it out.
  - Act quickly and firmly to correct and redirect.
  - Encourage group to work on problem and be supportive of their efforts.
- You are considering a major change. Your subordinates have a fine record of accomplishment. They respect the need for change.
  - Allow group involvement in developing the change, but don't be too directive.
  - Announce changes and then implement with close supervision
  - Allow group to formulate its direction.
  - Incorporate group recommendations, but you direct the change.
- The performance of your group has been dropping during the last few months. Members have been unconcerned with meeting objectives. Redefining roles and responsibilities has helped in the past. They have continually needed reminding to have their tasks done on time.
  - Allow group to formulate its own directions.
  - Incorporate group recommendations, but see that objectives are met.
  - Redefine roles and responsibilities and supervise carefully.
  - Allow group involvement in determining roles and responsibilities, but don't be too directive.
- You stepped into an efficiently run organization, which the previous administrator tightly controlled. You want to maintain a productive situation but would like to begin humanizing the environment.
  - Do what you can to make group feel important and involved.
  - Emphasize the importance of deadlines and tasks.
  - Intentionally do not intervene.
  - Get group involved in decision-making, but see that objectives are met.

- You are considering changing to a structure that will be new to your group. Members of the group have made suggestions about needed change. The group has been productive and demonstrated flexibility in its operations.
  - Define the change and supervise carefully.
  - Participate with the group in developing the change but allow members to organize the implementation.
  - Be willing to make changes as recommended, but maintain control of implementation.
  - Avoid confrontations; leave things alone.
- Group performance and interpersonal relations are good. You feel somewhat unsure about your lack of direction of the group.
  - Leave the group alone.
  - Discuss the situation with the group and then you initiate necessary changes.
  - Take steps to direct subordinates toward working in a well-defined manner.
  - Be supportive in discussing the situation with the group but not be too directive.
- Your superior has appointed you to head a task force that is far overdue in making requested recommendations for change. The group is not clear on its goals. Attendance at sessions has been poor. Their meetings have turned into social gatherings. Potentially they have the talent necessary to help.
  - Let the group work out its problems.
  - Incorporate group recommendations, but see that objectives are met.
  - Redefine goals and supervise carefully.
  - Allow group involvement in setting goals, but don't push.
- Your subordinates, usually able to take responsibility, are not responding to your recent redefining of standards.
  - Allow group involvement in redefining standards, but do not take control.
  - Redefine standards and supervise carefully.
  - Avoid confrontation by not applying pressure; leave situation alone.
  - Incorporate group recommendations, but see that new standards are met.
- You have been promoted to a new position. The previous supervisor was uninvolved in the affairs of the group. The group has adequately handled its tasks and directions. Group interrelations are good.
  - Take steps to direct subordinates toward working in a well-defined manner.
  - Involve subordinates in decision-making and reinforce good contributions.
  - Discuss past performance with the group and then you examine the need for new practices.
  - Continue to leave group alone.
- Recent information indicates some internal difficulties among subordinates. The group has a remarkable record of accomplishment. Members have effectively maintained long-range goals. They have worked in harmony for the past year. All are well qualified for the task.
  - Try out your solution with subordinates and examine the need for new practices.
  - Allow group members to work it out themselves.
  - Act quickly and firmly to correct and redirect.
  - Participate in problem discussion while providing support for subordinates.

\* Paul Hersey and Ken Blanchard. Management of Organizational Behavior: Utilizing Human Resources, 4th ed.

# TSPP Annual Scientific Program

Make plans today to join your colleagues at the TSPP Annual Convention and Scientific Program on November 7-9, 2003 at the Omni Hotel (Four Riverway) in Houston. George Santos, MD, Scientific Program Chair and the TSPP CME Committee have arranged another excellent Scientific Program, "Psychiatry Today," featuring eight outstanding presentations.

## Program Objectives

This continuing medical education activity (nine Category 1 credits) will be presented in a lecture with discussion format. It is designed to provide psychiatrists with clinically relevant information in new developments in ethics, research and new treatments. At the conclusion of the program, participants should be able to:

- Describe the newer data regarding the current clinical treatment of Bipolar Disorder.
- Describe the status of several research-oriented treatments for mood disorders.
- Develop an understanding and ability to identify and treat psychiatric disorders in women as they relate to pregnancy.
- Develop an understanding of new developments in the practice of emergency psychiatric evaluation and treatment systems.
- Develop an understanding of the implications of a patient's spiritual beliefs as they

pertain to psychiatric symptoms and psychotherapy goals. Develop skills in how to integrate spiritual belief systems into psychotherapeutic techniques.

- Develop an understanding of new developments in the diagnosis of and psychopharmacological treatment of mood and anxiety disorders in children and adolescents.
- Develop an understanding of the legal, practical and ethical issues involved in the use of physician extenders in a psychiatric practice.

## Meeting Location

The Annual Convention and Scientific Program will be at the Omni Houston Hotel, Four Riverway, Houston, Texas. Winner of the AAA Five-Diamond Award for over 18 consecutive years, the hotel is located in the prestigious Post Oak/Galleria area of Houston.

TSPP has negotiated an extremely reasonable room rate of \$139 for convention attendees. Hotel reservations may be made by calling the Omni Houston Hotel at 1/713/871-8181 or 1-800-THE-OMNI. To receive the special group rate for this event, callers must identify themselves as an attendee of the Texas Society of Psychiatric Physicians convention. The cut-off date for discounted rates is October 14, 2003.

## Discounted Registration Fees

Attendees who register before October 24 will



receive the special discounted registration rates. Mail or FAX your registration form and payment using your VISA or MasterCard to TSPP, 401 West 15th Street, Suite #675, Austin, TX 78701, or if paying by credit card, FAX your registration form to 512/478-5223.

In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 24, 2003, less a 25% handling charge. No refunds will be given after October 24, 2003.

## Committee and Executive Council Meetings

TSPPs committees will meet at the hotel on Friday, November 7 and the TSPP Executive Council will meet on Saturday, November 8.

## Annual Business Meeting and Luncheon

Plan to join your colleagues on Saturday at the TSPP Annual Business Meeting and Luncheon. The luncheon will feature the election of Officers for 2004-2005. The Foundation Annual Business Meeting will update members on the progress of its' charitable activities.

## Social Activities

The convention officially kicks off with a complimentary wine and cheese reception in the Exhibit Hall for convention registrants and their spouse/guest on Friday evening.

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## SCIENTIFIC PRESENTATIONS

### Saturday, November 8

#### Update: Affective Disorders — State of the Art

**Lauren B. Marangell, MD** — Director, Mood Disorders Research; Director, Adult Clinical Psychopharmacology; Associate Professor of Psychiatry, Brown Foundation Endowed Professor; Psychopharmacology of Mood Disorders, Department of Psychiatry, Baylor College of Medicine; Houston, Texas

#### Post-Partum Depression: Recognition, Treatment & Prevention

**Lucy J. Puryear, MD** — Private Practice; Clinical Assistant Professor of Psychiatry, Baylor College of Medicine; Houston, Texas

#### Advances in Emergency Psychiatry

**Avrim B. Fishkind, MD** — Medical Director, NeuroPsychiatric Center, Houston, Texas; President-Elect, American Association for Emergency Psychiatry

#### On the Way to Become Borderline and Narcissistic: Development of Severe Personality Disorders in Children and Adolescents

**Efrain Bleiberg, MD** — Medical Director, Professionals in Crisis Program, Menninger Hospital, Topeka, Kansas; Vice Chair and Director of Child and Adolescent Psychiatry, Department of Psychiatry, Baylor College of Medicine, Houston, Texas

### Sunday, November 9

#### Spirituality and Psychiatry

**James W. Lomax, MD** — Associate Chairman and Director of Educational Programs Department of Psychiatry and Behavioral Sciences Baylor College of Medicine; Houston, Texas

#### Child & Adolescent Psychopharmacology of Mood & Anxiety Disorders

**Graham Emslie, MD** — Professor of Psychiatry and Charles E. & Sarah M. Seay Chair in Child Psychiatry, UT Southwestern Medical Center; Chief of Division of Child and Adolescent Psychiatry, UT Southwestern Medical Center & Childrens Medical Center, Dallas, Texas

#### Use of Physician Extenders in Psychiatric Practice Settings

**John B. Larrimer, JD** — Board Certified in Health Law by the Texas Board of Legal Specialization; Past Chair of the Dallas Bar Health Law Section; Frequent Speaker and Author on Health Law Topics; Dallas, Texas

## TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

### 2003 ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 7-9, 2003 • Omni Hotel, Houston, Texas

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite #675, Austin, Texas 78701 by **October 24** to receive the discounted registration fee. Registration forms and payments by credit card may be FAXED to TSPP at 512/478-5223.

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME(S) SPOUSE/GUEST(S) ATTENDING (for name badges) \_\_\_\_\_

## REGISTRATION FEES

Indicate the **NUMBER** of individuals who are registered for each event in the appropriate enrollment category listed below. Please note the enrollment fees are **PER PERSON** and your payment should reflect the proper fee for the number of individuals registered per event.

NUMBER ATTENDING EVENT	DISCOUNTED REGISTRATION (if postmarked before 10/24)	AFTER 10/24	NUMBER ATTENDING EVENT	DISCOUNTED REGISTRATION (if postmarked before 10/24)	AFTER 10/24
<b>WELCOME RECEPTION - Friday Evening</b>					
# <input type="checkbox"/> NOT Registered for Scientific Program	\$40	\$50	# <input type="checkbox"/> Committee Member Luncheon - Friday	\$15	\$20
# <input type="checkbox"/> Registered for Scientific Program	No Chg	No Chg	<b>ANNUAL BUSINESS MEETING LUNCHEON</b>		
# <input type="checkbox"/> TSPP Members/Non-Members/ Spouse/Guest			# <input type="checkbox"/> Annual Business Meeting and Luncheon - Saturday	\$15	\$20
<b>SCIENTIFIC PROGRAM - Saturday and Sunday</b>					
# <input type="checkbox"/> TSPP Member	\$190	\$235	<b>TSPP AWARDS BANQUET - Saturday Evening</b>		
# <input type="checkbox"/> TSPP MIT/Medical Student	\$25	\$35	# <input type="checkbox"/> Awards Presentations/Banquet	\$35	\$45
# <input type="checkbox"/> Non-Member	\$235	\$290	<b>TOTAL REGISTRATION FEE ENCLOSED \$</b>		
# <input type="checkbox"/> Non-Member MIT/Medical Student	\$35	\$50			
# <input type="checkbox"/> Allied Health Professional	\$105	\$130			
# <input type="checkbox"/> Spouse	\$95	\$120			
# <input type="checkbox"/> Advocacy Organization Leadership	\$35	\$50			



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

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

#### Method of Payment

Check  VISA  MasterCard  Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Name of Cardholder** (as it appears on card) \_\_\_\_\_

**Signature** \_\_\_\_\_

**Credit Card Billing Address** \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CANCELLATION POLICY:** In the event of cancellation, a full refund will be made if **written notice is received in the TSPP office by October 24, 2003, less a 25% handling charge. No refunds will be given after October 24, 2003.**

Return to: TSPP • 401 West 15th Street, Suite #675 • Austin, TX 78701 • (512) 478-0605 • FAX (512) 478-5223



Please plan on attending and visiting with the exhibitors participating in this year's convention.

D A I L Y S C H E D U L E

**2003 TSPP Award Banquet**

Saturday evening join your friends and colleagues at the TSPP Awards Banquet honoring the 2003 TSPP Award Recipients in recognition of their outstanding contributions to Psychiatry. This year honorees include:

**Distinguished Service Award:**

Arthur J. Farley, M.D., Houston  
Edgar P. Nace, MD, Dallas

**Psychiatric Excellence Award:**

Parviz Malek-Ahmadi, MD, Lubbock



Friday, November 7	Saturday, November 8	Sunday, November 9
7:00am-5:00pm Registration	7:00am-8:30am Complimentary Continental Breakfast for Scientific Program Registrants w/ Exhibitors	7:30am- 1pm Registration
8:00am-5:00pm Committee Members Hospitality Room	8:45am-5:00pm Scientific Program	9:00am Complimentary Continental Breakfast for Scientific Program Registrants
9:00am-5:00pm Committee Meetings	10:00am-10:30am Refreshment Break w/Exhibitors	9:00am-12:20pm Scientific Program
12:00pm-5:00pm Exhibitor Set-Up	12:30pm-2:00pm TSPP/Texas Foundation for Psychiatric Education & Research Annual Business Meeting Luncheon	
12:00pm-1:00pm Committee Members' Luncheon	5:00pm-6:30pm Executive Council Meeting	
6:00pm-8:00pm Complimentary Welcome Reception for Scientific Program Registrants w/ Exhibitors	6:30pm Annual Awards Banquet	
<i>Free Evening to Enjoy Host City</i>		

## Update on The Psychiatrists' Program

Last year, members were informed of a change in insurance carriers for The Psychiatrists' Program, the APA-endorsed Psychiatrists' Professional Liability Insurance Program (The Program), which was necessitated by Legion Insurance Company (Legion) being placed into rehabilitation. According to Melanie Smith, Senior Vice President, PRMS, the situation with Legion and the conversion to new carriers caused some confusion among members. The following is an update provided by The Program.

- We are delighted to report that during Program Year 2002 retention was approximately 90%.
- Applications for new coverage continue to be received daily. We have noticed an increase in contact from non-APA members, particularly from states where carriers have either left or stopped writing. When informed about the APA membership requirement, many ask how to join the APA. We direct these calls to the appropriate District Branch.
- The Program now offers coverage to APA members through National Union Fire Insurance of Pittsburgh, Pa. (National Union) in all but seven states (HI, LA, NE, NV, NM, OK, TN). In these states, regulatory approval of National Union rates and forms is pending. In the interim, coverage is available through Lexington Insurance Company (Lexington). National Union and Lexington are both member companies of AIG, rated A++ by A.M. Best.
- If approval of National Union's rates and forms occurred after an insured's 2002

renewal date, the doctor was written through Lexington to prevent any gap in coverage. At the doctor's next renewal, if National Union's rates and forms have since been approved in that state, the doctor will be offered the option to move to National Union from Lexington.

- There are some doctors who have chosen to wait until their Legion coverage expires before converting to the new carrier. We anticipate, however, that by July 1 all doctors will have been converted to one of the new carriers.
- The many services currently provided remain a benefit of participation in The Program.
- Effective January 1, 2003, the new carrier for The Program requires that all policy premiums be paid in full at time of renewal. Thus, we entered into an agreement with Imperial A. I. Credit Companies (AIC) for our participants who would prefer to finance their annual premium.
- At this writing, Legion remains in rehabilitation and the litigation stay has been extended until May 31, 2003 except in four states (North Carolina, Texas, Nevada and California). Legion insureds in Texas were sent a letter from the Texas Property and Casualty Insurance Guaranty Fund regarding this matter. A copy of that letter is attached. In August 2002, the Pennsylvania Insurance Department petitioned the Commonwealth Court of Pennsylvania to have Legion declared insolvent. The Court took this request under consideration. Since the initial request was made, several hearings

regarding Legion's status have occurred. The Psychiatrists' Purchasing Group, Inc. (PPG), the sponsor of The Program, has been granted intervenor status in these proceedings. The PPG sought this status to represent the interests of those practitioners who purchased coverage from Legion through the PPG. On March 7, 2003, PPG Chair, Alan I. Levenson, MD, testified in court on behalf of the PPG and Program insureds. He explained why the PPG believed Legion should be kept in rehabilitation and not declared insolvent. Other witnesses called by

the PPG included PRMS staff.

- We want to keep members informed and current on developments related to The Psychiatrists' Program and to make sure members are provided with the most accurate information. To sign up for the District Branch email alert system we established last year, please e-mail Melanie Smith at smith@prms.com. We are also available to meet directly with APA District Branch leadership/and or membership to discuss the insurance situation including information on the new carriers.



**Texas Property and Casualty Insurance Guaranty Association**

9120 Burnet Road, Austin, Texas 78758  
(512) 345-9335 • TOLL FREE (800) 856-0298 • FAX (512)345-9341

November 1, 2002

**IMPORTANT NOTICE TO POLICYHOLDERS**

To: Policyholders of Legion Insurance Company and Villanova Insurance Company  
From: Texas Property and Casualty Insurance Guaranty Fund

Subject: Temporary Restraining Order and Order Appointing Temporary Ancillary Receiver  
On October 23, 2002, a Temporary Restraining Order and Order Appointing Temporary Ancillary Receiver was entered in the 200th District Court of Travis County, Texas with regard to Legion Insurance Company and Villanova Insurance Company. According to our information, you have an in force policy of insurance issued by Legion or Villanova.

The court order, among other things, contained a finding that Legion and Villanova are insolvent. As a result, on October 25, 2002, the Commissioner of Insurance for the State of Texas issued an order designating Legion and Villanova as impaired insurers. The effect of this designation of impairment is to trigger the duties and responsibilities of the Texas Property and Casualty Insurance Guaranty Association to pay covered claims by and against Texas insureds of Legion and Villanova.

Covered claims are limited to those claims that occur prior to the designation of impairment and for thirty days after the designation of impairment. **By law, the Guaranty Association cannot pay claims under Legion or Villanova's policies that occur after November 24, 2002.** Claims that occur after November 24, 2002, will not be eligible for payment by the Guaranty Association even if policies are in force at that time. We do not have any information as to when policies may be cancelled by the receiver. Additional information about the Guaranty Association is available on our website, [www.tpciga.org](http://www.tpciga.org).

If you have questions about insurance coverage under your Legion or Villanova policy and the effect of these events on your coverage, you should contact your insurance agent or broker.

## Starting a Medical Practice

A Special Invitation to all TSPP Members in Training and Early Career Psychiatrists

The TSPP Members in Training Section has arranged an invaluable program for MIT and Early Career Psychiatry members on Friday, November 7, 2:00 - 4:00 pm, in the Churchill Room of the Omni Hotel, Four Riverway, Houston, Texas. The program will be held in conjunction with the TSPP Annual Convention and Scientific Program weekend. The program is free of charge to TSPP members. Discounted room rates of \$139 at the Omni Houston Hotel may be made by calling 1/713/871/8181 and identifying yourself as an attendee of the Texas Society of Psychiatric Physicians Convention.

The program "Starting a Medical Practice" will be a two-hour seminar conducted by

TMA's consulting staff. Starting a new practice with the right people, processes and structure is key to the success of a medical practice. Space is limited so be sure to register for this free program today!!

- Proposed topics include the following:
- 1) Structure and Environment of a Medical Practice;
  - 2) Legal Organization of a Medical Practice;
  - 3) Professional Affiliations;
  - 4) Licenses, Certificates and Liability Insurance;
  - 5) Personnel Management;
  - 6) Office Policies and Procedures;
  - 7) Vendors and Suppliers;
  - 8) Managed Care Credentialing;
  - 9) Financial Management;
  - 10) Coding and Documentation; and,
  - 11) Marketing the Practice.

**Complete and return the following information today to ensure your enrollment:**

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax/E-Mail: \_\_\_\_\_

Return to: Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite #675  
Austin, Texas 78701 or FAX to 512/478-5223

## Mental Illness Awareness Week – 2003

Planning should be underway in each TSPP Chapter for Mental Illness Awareness Week 2003, scheduled for October 5-11, 2003. The purpose of MIAW is to increase the public's understanding of mental illnesses and psychiatric treatments. MIAW provides an annual opportunity to address three primary goals: 1) to encourage psychiatrists to collaborate with mental health advocacy organizations in the planning and implementation of MIAW activities; 2) to produce a variety of educational outreach programs to reach as broad an audience as possible; and 3) to involve community leaders, policymakers, educators, clergy, the media etc. in delivering positive and informative messages about psychiatric illnesses.

Again this year, the Texas Foundation for Psychiatric Education and Research will provide grants to TSPP Chapters to help underwrite the expenses of MIAW activities. Each Chapter President has received information about funds available for each Chapter as well as grant

application forms. To apply for these MIAW grants, Chapter Presidents should submit the Chapter's grant request to the Foundation prior to August 1. A Foundation Grants Review Committee will evaluate grant requests and will forward funding recommendations to the Foundation's Executive Committee for final approval. An important consideration in determining funding amounts will be the level of participation by psychiatrists in MIAW activities. Funds will be distributed to Chapter Presidents between September 1-September 15. As a condition of accepting a grant from the Foundation, a Chapter receiving a grant is expected to submit a brief written report about its MIAW activities to the Foundation by November 1.

Mental Illness Awareness Week is an excellent opportunity to educate the public about mental illnesses and to foster working relations with patient advocacy groups in each community. TSPP and the Foundation encourages all Chapters to participate this year.



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ally passed because of the persistence and organizational efforts of the Depression and Bipolar Support Alliance with the assistance of TSPP.

No review of the 2003 Legislative Session would be complete without a discussion of the State's appropriation bill for 2004-2005. Faced with a \$10 billion deficit, legislators hammered out a final State budget in HB 1 in the final days of the Session. Considering where the budget process started with huge cuts, the end results were improved although reviews were mixed. The good news is - it is not as bad as it could have been. The bad news is - services will be trimmed and some cut. As a major priority for TSPP, TSPP allocated considerable lobbying effort to preserving and enhancing funding for public mental health services in the State budget.

The approved budget of \$117.4 billion, including state, Federal and other funds, represents a 3.1% increase over the 2002-2003 budget. The Health and Human Services agencies received an overall increase of about 13.7%. However, the Texas Comptroller reports that she is unable to certify the \$117.4 billion budget as passed.

According to HB 1, TXMHMRs total appropriations (all funds) will be \$3,995 billion, an increase of about 7% over 2002-2003. However, general revenue appropriations for TXMHMR represent only a 1.7% increase while Federal and other funds budgeted for the department increased by 14.4%.

There are several cost savings assumptions in the Budget which must be realized, such as: 5% drug cost savings for community centers; 10% administrative limit for community centers; 3.5% rate reductions for Community ICF-MR rates, and rates for Targeted Case Management (service coordination) and Rehabilitative Services; 2.2% rate reduction for MR Waiver rates; \$5.5 million deferral of MR community center payments from FY 2005 to FY 2006; and a revised equity rider provides for equity to be achieved through the reallocation of dollars beginning in FY 2006 continuing through FY 2011. Based upon these savings assumptions, the Legislature made the following funding decisions: all MH research and training activity in the community and state hospitals is eliminated; no state school or state hospital closure; maintaining 6 bed ICF-MR settings; maintaining 3 and 4 bed waiver settings; fully funding current services for MH Community except for MH in Home and Family Support; MH In Home and Family Support is eliminated; 89% funding of current services for MR Community except for MR In Home and Family Support; MR In Home and Family Support is funded at 39%; agency Indirect Administration is funded at 89%; and \$35 million in new bond authority is provided with TXMHMR paying the debt service.

Prompted by the desire to reduce state spending, another significant bill passed was HB 2292 by Representative Arlene Wohlgemuth (Burleson) and Senator Jane Nelson (Flower Mound). HB 2292 reorganizes the Health and Human Services agencies by consolidating 12 agencies into 4 agencies within a new Health and Human Services Commission structure. The new Health and Human Services Commission, headed by an Executive Commissioner appointed by the Governor, will absorb the following administrative services from existing agencies: information technology, human resources, planning and evaluation, program initiatives, contract management, financial management,

budget, audit, legal, purchasing, rule making, rate setting, and policy development. Four new agencies reporting to the Health and Human Services Commission will be created:

Department of State Health Services (Health Services, Mental Health Services, including State hospitals and community services, and Alcohol and Drug Abuse Services); Department of Aging and Disability Services (Mental Retardation Services, including State schools and community services, Community Care Services, Nursing Home Services, and Aging Services); Department of Family and Protective Services (Child Protective Services, Adult Protective Services, and Child Care Regulatory Services); and the Department of Assistive and Rehabilitative Services (Rehabilitation Services, Services for Blind and Visually Impaired, Services for Deaf and Hard of Hearing, and Early Childhood Intervention Services). A transition team appointed by the Governor is required to submit a plan for transferring powers, duties, functions, programs, and activities to the Health and Human Services Commission by December 1, 2003.

While reorganization of state health and human services agencies was the thrust of the bill, the 310-page bill became a vehicle for many other healthcare initiatives. By March 1, 2004, a Preferred Drug List program for Medicaid will become a requirement. Prior authorization will be required for prescriptions not included on the Preferred Drug List. A Pharmaceutical and Therapeutics Committee will be appointed by the Governor to develop recommendations for the preferred drug list. The committee will be composed of six physicians, including at least one psychiatrist, and five pharmacists. The committee is to submit their recommendations to the Governor by January 1, 2004.

A Boarder Health Foundation will be established by June 1, 2004 to raise money to finance health programs in areas adjacent to the border with Mexico.

The bill also stipulates that local mental health and mental retardation authorities may serve as a provider of services only as a provider of last resort if two conditions exist: 1) the authority has made a reasonable attempt to solicit the development of an available and appropriate provider base that is sufficient to meet the needs of consumers in its service area; and 2) there is not a willing provider of the relevant services in the authority's service area or in the county where provision of service is needed.

After August 31, 2004 and before September 1, 2005, TXMHMR may contract with a private provider to operate a state mental hospital owned by the department.

As a result of an Attorney General Opinion rendered during the Session which affirmed that the physician's in person examination of a prospective patient for hospital care may not be delegated to a non-physician, an amendment was added to HB 2292 which permits the pre-admission examination to be conducted by a physician with the use of telemedicine.

As a result of work performed by a Task Force during the Legislative interim studying issues relating to competency to stand trial, SB 1057 by Senator Robert Duncan (Lubbock) and Representative Terry Keel (Austin) was passed. The bill defines a person as being incompetent to stand trial if the person does not have: 1) sufficient present ability to con-

sult with the person's lawyer with a reasonable degree of rational understanding; or 2) a rational as well as factual understanding of the proceedings against the person. A defendant is presumed competent to stand trial and shall be found competent to stand trial unless proved incompetent by a preponderance of the evidence. Four TSPP members served on the Interim Task Force which helped shape the legislation: Drs. Joseph Black, Victor Scarano, George Trapp, and Ross Taylor.

In addition to prescribing Schedule II controlled substances, HB 1095 by Representative Jaime Capelo (Corpus Christi) will now allow advanced nurse practitioners and physician assistants to prescribe Schedule III, IV and V controlled substances as delegated by a supervising physician.

A number of bills were filed to provide insurance parity for psychiatric illnesses. Unfortunately, none were passed. To add insult to injury, the Legislature passed SB 541 by Senator Tommy Williams (The Woodlands) and Representative Larry Taylor (Friendswood). The bill allows insurance companies to offer health benefit plans that do not include state mandated benefits. An insurer that offers a plan without state mandated benefits must also offer a plan that includes state mandated benefits. After lobbying by TSPP and other mental health advocates, the bill was eventually amended to exclude from the definition of state mandated benefits coverage for serious mental illness if the plan is offered to a large employer. Also, excluded from the definition of state mandated benefits is coverage mandated by federal law.

HB 21 by Frank Corte (San Antonio) allows a parent, managing conservator or guardian of a person younger than 18 years of age who is not or has not been married to request admission of the person to an inpatient mental health facility. The new legislation changed the age limitation from 16 to 18 years of age. HB 21 also allows a person voluntarily admitted to a mental health facility the right to request an evaluation by a physician at regular intervals to determine the need for continued inpatient treatment.

HB 2609 by Garnet Coleman (Houston) allows the commissioners court of a county to establish a mental health court for persons who have been arrested for or charged with a misdemeanor and are suspected by a law enforcement agency or a court of having a mental illness or mental retardation. A mental health court must have the following essential characteristics: 1) the integration of mental illness treatment services and mental retardation services in the processing of cases in the judicial system; 2) the use of a nonadversarial approach involving prosecutors and defense attorneys to promote public safety and to protect the due process rights of program participants; 3) early identification and prompt placement of eligible participants in the program; 4) access to mental illness services and mental retardation services; 5) ongoing judicial interaction with program participants; 6) diversion of potentially mentally ill or mentally retarded defendants to needed services as an alternative to subjecting those defendants to the criminal justice system; 7) monitoring and evaluation of program goals and effectiveness; 8) continuing interdisciplinary education to promote effective program planning, implementation, and operations; and, 9) development of partnerships with public agencies and community organizations, including local

mental retardation authorities.

HB 3109 by Representative Bill Keffer (Dallas) requires that information revealing the identity of a physician or individual health care provider who makes a review determination for an independent review organization to be confidential.

As a "trade-off" for malpractice reform, the Legislature passed SB 104 by Senator Jane Nelson (Flower Mound) and Representative Ray Allen (Grand Prairie) which imposed several changes in the operations of the State Board of Medical Examiners. To provide additional funding for investigations, licensing fees will be increased. The Board is required to annually file a statistical report providing aggregate information about all complaints received by the Board categorized by type of complaint, including administrative, quality of care, medical error, substance abuse, other criminal behavior, and the disposition of those complaints by category. The profile of each physician which is available to the public must contain the text of a formal complaint filed against a physician or of a Board order related to the formal complaint. The Board is to give priority to complaints that involve sexual misconduct, quality of care, and impaired physician issues. The Board is required to appoint an expert physician panel to assist with complaints and investigations related to medical competency. The Board must revoke a license if the license holder had his/her licensed revoked by another state.

SB 491 by Eliot Shapleigh (El Paso) and Representative Carlos Uresti (San Antonio) establishes a program to assess existing school-based mental health and substance abuse programs. The assessment must include recommendations regarding further development of such programs, including the incorporation of information regarding substance abuse prevention, mental health education, and access to related services.

Senator Frank Madla (San Antonio) and Representative Carlos Uresti (San Antonio) passed SB 1145 which allows a local mental health or mental retardation authority to develop a system to divert members of the priority population before their incarceration or other contact with the criminal justice system.

SB 1182 by Senator Bob Deuell (Greenville) and Representative David Farabee (Wichita Falls) requires each local mental health or mental retardation authority to develop a local service area plan to maximize the authority's services by using the best and most cost-efficient means of using federal, state, and local resources to meet the needs of the local community.

After attending the Insanity Defense Conference organized by TSPP and funded by the Texas Foundation for Psychiatric Education and Research, Representative Larry Phillips (Sherman) filed HB 2374 which proposed changing the law regarding the affirmative defense of insanity. The bill did not receive a hearing.

For the third consecutive Legislative session, a bill proposing to further regulate the use of restraints failed to pass (SB 59 by Senator Judith Zaffirini of Laredo).

Four bills inspired and supported by the Scientology organization received considerable lobbying attention by TSPP. Capitalizing on the poor public image of Ritalin as a medication to control the behavior of children, each of the bills championed by Scientology encouraged further stigma about childhood

# Treatment Guidelines Proposed

On April 6, 2003, the Executive Council approved, subject to member's review, two practices guidelines: Treatment Guidelines for Office-Based Treatment of Cannabis Withdrawal and Practice Guidelines for GHB Treatment Withdrawal. Please review the guidelines below, drafted by the TSP Professional Practices Committee, and forward any comments about the guidelines to TSP by October 1, 2003.

## TREATMENT GUIDELINES FOR OFFICE-BASED TREATMENT OF CANNABIS WITHDRAWAL

Cannabis (Marijuana) dependence in those who have ever tried the drug is estimated at 10-15%. 5% of 18-year olds are estimated to be daily smokers. Between 10 and 30% of individuals using cannabis in their early 20's continue to use in their 30's; and regular use (at least weekly) over several years leads to dependence (using DSM-IV and ICD-10 criteria) in 57-92% of individuals.

In spite of dependence criteria being met in many marijuana users, is there a withdrawal syndrome? Cannabis withdrawal is not included in DSM-IV. That there is withdrawal is suggested however by research in both animal and human studies. Human studies are confounded by lack of consistency in time of onset and time of completion of symptoms presumed to be secondary to cannabis withdrawal, as well as by personality variables that influence reporting of symptoms.

The following facts seem to be established:

1. Discontinuing cannabis may lead to unpleasant effects.
2. The effects are brief, not severe, and usually do not produce... "clinically significant distress or impairment"... (part of the criteria in DSM-IV for withdrawal states).
3. The most common symptoms are:
  1. Insomnia
  2. Decreased appetite
  3. Agitation (irritability, anxiety)
  4. Gastro-intestinal distress is less common but may include pain and nausea.
4. Onset of symptoms may begin within four hours of last use and last no more than one week.

## 2003 Legislative Session: Organized Chaos

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disorders and discrimination against psychiatric care. The most egregious of the bills, HB 2983 by Suzanna Gratia Hupp (Lampasas), would have required a pharmacist to report to the State Board of Medical Examiners any physician who prescribed three or more concurrent psychoactive medications, or two or more psychoactive medications of the same class concurrently, to a patient younger than 18 years of age. A letter writing campaign conducted by TSPP killed this bill, which did not even receive a hearing.

The other Scientology initiatives were contained in three bills which focused on public school education. Using the public concern about the role schools may play in recommending medication to school children as a means of resolving behavioral misconduct, the Scientologists launched three bills which

## Treatment

1. Symptomatic
  - A. Sleep Disturbance- Trazodone, Zolpidam (Ambien), Benadryl
  - B. Agitation, anxiety, irritability- brief use (1-2 days) of low doses of Clonazepam.

The symptoms are mild, brief and, in part, may reflect the frustration of not having available the desired substance rather than physiologically induced symptoms.

## References

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- Haney M, Ward A, Comer, S, Foltin R, Fischman, M. Abstinence symptoms following smoked marijuana in humans. *Psychopharmacology*, 1999, Vol 141 Issue 4, p 395, 10p
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- Farrell, M. Cannabis dependence and withdrawal. *Addiction* 1999, 94 (9), 1277-1278
- Heishman S, Singleton E, Liguori A. Marijuana craving questionnaire: development and initial validation of a self-report instrument. *Addiction* (2001) 96, 1034-1034

## TREATMENT GUIDELINE FOR GHB (GAMMA-HYDROXYBUTYRATE) TREATMENT OF WITHDRAWAL

### Introduction

In 1964, GHB was discovered in the brain and synthesized in the laboratory. GHB binds to GHB-receptors found mainly in the pons and hippocampus. GHB is a metabolite of GABA, the inhibitory neurotransmitter. However, GHB only binds to GABA receptors at pharmacologic doses. In addition, GHB appears to only bind to GABA<sub>B</sub> (not GABA<sub>A</sub>) receptors. Binding to GABA receptors may also occur through the conversion of GHB to GABA. Tolerance and dependence to GHB is thought to occur through GHB interaction with GHB, not GABA, receptors. GHB is highly soluble, and can be added to water for oral ingestion. GHB has a salty taste and is therefore difficult to disguise.

GHB was used in the 1960s-1970s as a general anesthetic. Clinical use was discontinued due to dosing problems and adverse effects. In the 1980s, GHB was primarily used by body builders, and it was also used as sleep aid and dietary supplement. GHB was banned in 1990 by the FDA due to reports of GHB-induced

coma and seizures, and GHB was labeled as Schedule I in 2000. Following rescheduling of GHB, use of the more toxic 1,4-butanediol, an industrial solvent, and gamma-butyrolactone (GHL), has increased. These are "pro-drugs"; when ingested, they are converted to GHB. Use of GHB and the related pro-drugs has markedly increased since 1999. GHB and the related pro-drugs are known by such names as Grievous Bodily Harm, G, Liquid Ecstasy, Georgia Home Boy, Rest-Eze, Zen, Serenity, Scoop, Easy Lay, Blue Nitro, BlueRaine, Thunder, Firewater, and Miracle Cleaning Products. GHB remains in clinical use outside the U.S. Clinical use of GHB is mainly for the treatment of narcolepsy, but is also used in the treatment of alcohol and opioid dependence and as an anesthetic.

Doses of 20-30 mg/kg of GHB induce sleep, and 50 mg/kg produces an anesthetic effect. The duration of GHB's effect is estimated at approximately 4 hours. Clinical effects of GHB include euphoria, disinhibition, relaxation, and increased feelings of sexuality. Aggression (or "craziness") is sometimes seen. Physical effects include ataxia and nystagmus. In general, the subjective and physical effects of GHB are similar to those of alcohol. Overdose of GHB can induce a comatose state. Overdose typically (if not always) occurs in the presence of other drugs, particularly alcohol, other sedatives, and opioids. The major cause of death from overdose is respiratory depression. GHB-induced bradycardia responds well to atropine administration.

### Withdrawal Symptoms

Withdrawal symptoms typically occur in subjects taking 100 gms of GHB daily, with dosing taken q1-3 hours around the clock over a period of 1-2 years. Frequent dosing is required due to the short half-life of GHB (around 20 minutes). Both the symptoms of GHB withdrawal and the treatment of withdrawal are based on anecdotal reports only. Clinical treatment trials of GHB withdrawal have not been reported. In general, both the symptoms of withdrawal and the treatment of withdrawal are similar to those of alcohol.

### Early Symptoms of Withdrawal:

- Anxiety
- Insomnia
- Tremor
- Confusion
- Nausea and Vomiting

### Late symptoms of withdrawal

#### (2-3 days after last use):

- Autonomic instability
- Increased blood pressure
- Diaphoresis
- Hallucinations
- Anxiety
- Disorientation and Delirium
- Acute symptoms may last for up to two weeks.

### Protracted Withdrawal

- May persist for up to 3-6 months after last use of GHB
- Dysphoria
- Anxiety
- Memory problems
- Insomnia
- High risk of relapse to GHB, alcohol, or other sedative-hypnotics

## Treatment

- Supportive Care
- Aggressive use of benzodiazepines.
- Benzodiazepines should be used to treat symptoms as they occur. The use of several difficult types of benzodiazepines have been reported, and it is unlikely that any specific BZ has an advantage over the other. Like with alcohol, however, longer half-life BZs (i.e. diazepam, chlordiazepoxide) require less frequent dosing and decrease the likelihood of breakthrough symptoms. Doses up to 2600 mg of diazepam have been reported in the treatment of GHB withdrawal.
- Barbituates have also been reported in the treatment of GHB withdrawal, though it is unlikely that these drugs confer any advantage over BZs and have increased toxicity.
- Antipsychotics can be used for delirium.

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focused on the psychiatric medication and treatment, not the possible questionable practice of school personnel in relying upon medication to control behavior. Cleverly, the Scientologists' bills prohibit schools from threatening parents with their being reported to the state agencies for neglect if the parents did not consent to have their child given psychiatric medication, or receive any psychiatric or psychological testing or treatment. TSPP was able to prevent one of the bills from being voted out of committee (HB 1070 by Charlie Howard of Sugar Land). One bill that eventually passed (HB 1406 by Representative Betty Brown of Terrell) included an amendment supported by TSPP which: 1) allows a school to make an appropriate referral to the child find system; 2) allows a school district employee who is a registered nurse, advanced nurse practitioner,

physician, or certified or appropriately credentialed mental health professional to recommend that a child be evaluated by an appropriate medical practitioner; and, 3) allows a school employee to discuss any aspect of a child's behavior or academic progress with the child's parent or another school district employee.

The fourth bill, HB 320 by Representative Kent Grusendorf (Arlington) and Senator Troy Fraser (Marble Falls), eventually passed. Like the other bills, this legislation prohibits a school from using a parent's refusal to consent to psychiatric or psychological treatment for their child as a sole basis for reporting the parents for neglect. TSPP was able to destigmatize the bill in the Senate, which caused the bill to go to conference committee. Both Rep. Grusendorf and Senator Fraser opposed TSPPs amendments and they were stripped from the

bill in conference committee. However, in the final version of the bill the language was inserted into the Education Code dealing with "consent" rather the Family Code dealing with the definition of "neglect," as the provided in original bill.

The trying experience of addressing issues brought to legislators by groups such as Scientology who have anti-psychiatry agendas made it very clear that some members of the Legislature still have a poor understanding of psychiatric illnesses and psychiatric treatments. Prior to the 2005 Legislative Session, TSPP members must reach out and continue efforts to inform and educate legislators about mental illnesses. Although the 2003 Legislative Session is now history, there is still much work to be done! "All politics is local."





# TSPP Awards Banquet

The TSPP Past President's Council invites all members to attend the TSPP Awards Banquet to help honor the recipients of TSPP Awards, scheduled for Saturday, November 8, 2003 at 7:00 pm at the Omni Hotel in Houston. A reception will precede the banquet beginning at 6:30 pm. Reservations for the Awards Banquet may be made by completing and returning the registration form (see page 4) for the 2003 TSPP Annual Conference and Scientific Program, "Psychiatry Today".

The **TSPP Distinguished Service Award**, established in 1975 to recognize individuals for sustained contributions to psychiatry, will be presented to **Arthur J. Farley, MD** (Houston/Austin) and **Edgar P. Nace, MD** (Dallas).

Former recipients of the award include  
 Irvin M. Cohen, MD (Houston/1975),  
 Arlin Cooper, MD (El Paso/1976),  
 Shannon Guin, MD (Corpus Christi/1976),  
 Walter Reifslager, MD (Austin/1980),  
 William Langston, Jr., MD (Longview/1982),  
 Stuart Nemir, MD (Austin/1986),  
 Howard Crow, MD (Gilmer/1988),  
 Hunter Harris, MD (Houston/1988),  
 Spencer Bayles, MD (Houston/1989),  
 Frank Schuster, MD (El Paso/1989),  
 Beverly Sutton, MD (Austin/1990),  
 Irvin Kraft, MD (Houston/1993),  
 Perry Talkington, MD (Dallas/1993),  
 M. Lewis, MD (Dallas/1994),  
 Pedro Ruiz, MD (Houston/1994),  
 W. Robert Beavers, MD (Dallas/1995),  
 Thomas Paschal Clarke, MD (Houston/1995),  
 Victor J. Weiss, MD (San Antonio/1995),

T. Grady Baskin, MD (Tyler/1996),  
 Robert Stubblefield, MD (Houston/1996),  
 James L. Knoll, III, MD (Dallas/1997),  
 Grace K. Jameson, MD (Galveston/1998),  
 Rege S. Stewart, MD (Dallas/1998),  
 Harris M. Hauser, MD (Houston/1999),  
 William P. Moore, MD (Houston/1999),  
 Robert G. Denney, MD (Fort Worth/2000),  
 Priscilla Ray, MD (Houston/2000),  
 Larry E. Tripp, MD (Dallas/2000),  
 Tracy R. Gordy, MD (Austin/2001),  
 Paul H. Wick, MD (Tyler/2001),  
 Robert L. Williams, MD (Houston/2001),  
 Alex K. Munson, MD, (Georgetown/Lubbock/2002),  
 and Robert L. Zapalac, MD (Austin/2002)

The **TSPP Psychiatric Excellence Award**, established in 1991 to recognize individuals who have demonstrated sustained excellence in psychiatry, will be presented to **Parviz Malek-Ahmadi, MD** (Lubbock).

Former recipients of the award include  
 Betsy Comstock, MD (Houston/1993),  
 Dorothy Cato, MD (Houston/1994),  
 James W. Maas, MD (San Antonio/1994),  
 Robert L. Leon, MD (San Antonio/1995),  
 Harlan Crank, MD (Austin/1995),  
 Joseph Schoolar, MD (Houston/1995),  
 A. John Rush, MD (Dallas/1995),  
 Kenneth Z. Altsbuler, MD (Dallas/1996),  
 KD Charalampous, MD (Houston/1996),  
 Donald R. Seidel, MD (San Antonio/1996),  
 Charles L. Bowden, MD, (San Antonio/1997),  
 Charles M. Gaitz, MD (Houston/1997),  
 Myron F. Weiner, MD (Dallas/1997),  
 William E. Fann, MD (Houston/1999),  
 Edward L. Reilly, MD (Houston/1999),



ARTHUR J. FARLEY, MD



EDGAR P. NACE, MD



PARVIZ MALEK-AHMADI, MD

David A. Waller, MD (Dallas/1999),  
 Robert W. Guynn, MD (Houston/2000),  
 Keith H. Johansen, MD (Dallas/2000),  
 James W. Lomax, MD (Houston/2000),  
 George A. Constant, MD (Victoria/2001),  
 Ignacio Magana, MD (McAllen/2001),  
 Mobsen Mirabi, MD (Houston/2001),  
 John Sadler, MD (Dallas/2001),  
 Roy V. Varner, MD (Houston/2001),  
 Edward S. Furber, MD (Fort Worth/2002),  
 Margo K. Restrepo, MD (Houston/2002), and  
 Madhukar Trivedi, MD (Dallas/2002).

The **TSPP Special Service Award**, created in 1975 to recognize outstanding service to community and to psychiatry, will not be presented this year.

Former recipients of the award include  
 E. Ivan Bruce, MD (Galveston/1975),  
 Holland Mitchell, MD (Waco/1977),  
 James Peden, MD (Dallas/1982),  
 James Black, MD (Dallas/1986),  
 Frankie Williams (Vernon/1988),  
 Dennis Jones (Austin/1991),  
 Helen Trammell Carlton (Houston/1993),  
 Pete Palasota, MD (Abilene/1993),

Agnes V. Whitley, MD (Dallas/1993),  
 Helen Jacobson (San Antonio/1994),  
 Miriam Feaster (Friendswood/1995),  
 Byron L. Howard, MD (Dallas/1995)  
 Jacqueline Shannon (San Angelo/1995),  
 Earl Campbell (Austin/1996),  
 Kathy Cronkite (Austin/1996),  
 Norma Henry (San Antonio/1996),  
 Anne R. Race, MD (Dallas/1996),  
 Joel S. Feiner, MD (Dallas/1997),  
 Jules H. Bobm, MD (Houston/1999),  
 Hal H. Haralson (Austin/1999),  
 Joe Lovelace (Dallas/1999),  
 Peter A. Olsson, MD (Houston/1999),  
 James Swinney (Grapevine/1999),  
 The Hon. Garnet F. Coleman (Houston/2000),  
 Roy Faroni, MD (Dallas/2000),  
 David M. Keedy, MD (San Antonio/2000),  
 Steven B. Schmee, PhD (Houston/2000),  
 Adib R. Mikbail, MD (Houston/2001),  
 Jane Preston, MD (Houston/2001), and  
 The Hon. Mike Moncrief (Fort Worth/2001).

Please plan to attend the TSPP Awards Banquet and help us honor these deserving individuals.



## CALENDAR OF MEETINGS

### AUGUST

2-3 **TSPP Leadership Conference**  
 Hyatt Hill Country Resort  
 San Antonio, TX

### OCTOBER

29 **39th Annual Conference of the Learning Disabilities Association of Texas**  
 Renaissance Austin Hotel  
 Austin, TX  
 Contact: 512/458-8234 or 800/604-7500

29 **55th Institute on Psychiatric Services**  
 Marriott Copley Place Hotel  
 Boston, MA  
 Contact: 703/907-7815

### NOVEMBER

7-9 **TSPP Annual Convention and Scientific Program**  
 Omni Hotel, Four Riverway, Houston, TX

7 **TSPP Committee Meetings**  
 Convention Welcome Reception

8 **TSPP Scientific Program, "Psychiatry Today"**  
**TSPP and TFPER Annual Meetings**  
**TSPP Awards Banquet**

9 **TSPP Scientific Program, "Psychiatry Today"**

### MAY 2004

15 **TSPP Committee Meetings**  
 Austin, TX

16 **TSPP Executive Council Meeting**  
 Austin, TX



## TSPP MEMBER INFORMATION UPDATE

NAME _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	
TELEPHONE _____	FAX _____	E-MAIL _____	

Send your update information to:

**TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS**  
 401 West 15th Street, Suite 675  
 Austin, Texas 78701  
 512/478-5223 (fax)/TSPPofc@aol.com (E-mail)

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