

Texas Psychiatrist

Trusted Leaders, Not “Providers”

Josie R. Williams, MD, President, Texas Medical Association

It is with great honor and a humble heart that I assume the office of President of this awesome organization, the Texas Medical Association.

We are a leading organization, and indeed, we are in turbulent, troubling, and chaotic times. We have been successful in the past. I pledge to you we will continue the strong defense of our issues. Our defensive issues often dominate our time and energy. That will not change.

We will call upon you and your patients to make your elected officials aware of the thorny issues that comprise our dilemma and of how inaction is straining access to health care.

I must touch briefly on a couple of those issues. Congress will jeopardize the promises they have made to our seniors regarding access to health care. Congress will continue to be missing in action after 8 years, with fixed, unfair and inadequate 1998 dollars for physicians. In June, they will not have the political will to permanently fix the SGR.

We strongly support the Texas Medicare Manifesto and a permanent fix. We will unequivocally defend the right of physicians to appropriate payment for services to ensure practice viability.

We will stand firm for your right to be responsible owners of hospitals and other health care delivery facilities. It is your job in the coming year to strengthen your relationships with your elected officials and patients.

2009 is a legislative year and we have begun to identify the threats and opportunities for our patients and our practices.

Those relationships will help to better delineate and defend the need for better coordination of care, continuity and adequate supervision of non-physician practitioners for safe quality care.

Nurse practitioners, for example, are preparing to lobby to practice medicine as “independent collaborative practitioners” with prescribing authority under their nursing license and nursing board rather than under direct supervision of a physician. They and other allied practitioners desire to be recognized as doctors without the education or skills to warrant that privilege.

They and others believe we have only given lip service to the supervision of allied health professionals practicing under us. I will work to preserve safe, quality care for our patients with adequate supervision. But for those physicians who let their colleagues and our patients down by abandoning their responsibility for appropriate supervision, we would encourage evaluation and remediation by the Texas Medical Board.

Speaking of the Texas Medical Board, we will work with officials to make that body responsive to the protection of the public. We will not, however, forget the physicians’ rights to due process. And, we will work with the board to try to get them to be responsive to our concerns over quality of care issues and moral misconduct, not about crossing T’s and dotting I’s.

We will hold the line and be ever vigilant about the attempts to dilute our professional liability reforms. The reforms are working!!!

As a result, in today’s age of information, we are at the mercy of the government and the insurance companies to give us information, albeit skewed, inadequate and inaccurate information, regarding our own practices, and our own outcomes.

In short, colleagues, we have been reduced to “providers” attending to “consumers.” We are no longer “doctors ... physicians” caring for our “patients.”

I have a vision — some will see it as a mirage — that WE MUST and CAN improve the architecture of health care delivery. That this great change will be led by physicians and our patients. Until we all believe this can happen, we will remain at the mercy of others at best, and at worst, we will preside over the total collapse of this time-honored profession.

With all the evidence that we do not do what we know to do, want to do, and try to do, isn’t it time we examined the existing practice of medicine? Isn’t it time we had actual hard data to measure what and how we do things in this complex world, if for no other reason than to legitimately question accusations of poor quality of care? If for no other reason than we are physicians caring for our patients? If for no other reason than it is the right thing to do?

Evidence suggests we need to improve our care, and we will do so only with adequate and accurate data. The trouble now is that our image of ourselves, our belief in who we are, does not allow us to examine truthfully, to measure, how well we do.

We need to be the trusted leaders of the team. We may also need to identify ways to



Josie R. Williams, MD

collaborate with other sciences such as industrial engineers, safety engineers, health care architects and others who can shorten our learning curve, who can help us design and build systems that work for patients and doctors.

We, in short, need to lead the team that will develop an ever-improving health care delivery system for our patients.

We must have the will to do this important work because it will allow us to return to caring for all patients as if they were our parents or children. It will allow us to return to being physicians, rather than expendable health care commodities.

We may lose some of the battles, but we will win the war. We will save and perhaps renew our profession. ■

Editor's Note: Josie R. Williams, MD, became the Texas Medical Association's 143rd president at TexMed 2008 on May 3. This is an abbreviated version of her installation speech.

INSIDE

APA Fellowship: The Basics	3
Calendar of Meetings	8
Diagnostic Drift	3
Hearts and Minds	
How Can We Help You?	2
In Memoriam	2
Membership Changes	3
Mental Illness Awareness Week 2008	2
TSCAP's 2008 Annual Conference and Scientific Program	4-5
TSPP Annual Convention & Scientific Program	6-7

Why Should I Be Active in the Political Process?

12 reasons, just to mention a few...

The Texas Legislature convenes again on January 13, 2009. A successful Session in 2009 for psychiatry depends on what each psychiatrist does between now and January 13. During this period, psychiatrists should form and nurture relationships with their elected Representatives and Senators by meeting them and offering to assist them by providing information about mental illnesses and psychiatric treatments. When January 13 arrives, our goal is for all 140 members of the Texas Legislature to know psychiatrists in their District.

1. On the New Mexico victory by psychologists] To me, the bottom line is we developed relationships with legislators. We educated them about psychology and we made friends with them in some cases. - Mario Marquez, PhD, New Mexico Psychological Association
2. Just because you do not take an interest

- in politics doesn't mean politics won't take an interest in you. - Pericles
3. One of the penalties for refusing to participate in politics is that you end up being governed by your inferiors. - Plato
4. Those who do not do politics will be done in by politics. - French Proverb
5. All politics are based on the indifference of the majority. - James Reston
6. I believe there's something out there watching over us. Unfortunately, it's the government. - Woody Allen
7. If I seem to take part in politics, it is only because politics encircles us today like the coil of a snake from which one cannot get out, no matter how much one tries. I wish therefore to wrestle with the snake. - Mahatma Gandhi
8. In politics, stupidity is not a handicap. - Napoleon
9. No man's life, liberty or property are safe



- while the legislature is in session. - Judge Gideon J. Tucker
10. In politics, familiarity doesn't breed contempt. It breeds votes. - Paul Lazarsfeld
11. In politics, an organized minority is a political majority. - Jesse Jackson
12. All politics is local. - Tip O'Neill

Get involved. Call your elected official today and begin the process of relationship building and education about mental illnesses and psychiatric treatments. ■



How Can We Help You?

Martha Leatherman, MD, President, Texas Society of Psychiatric Physicians



Martha Leatherman, MD

Customer service is on everyone's mind these days. We grumble about the service on airplanes, companies host very expensive customer service seminars and training, we don't expect very good customer service from bureaucracies. Sometimes we are willing to pay for great customer service and sometimes we are willing to put up with poor service in order to save money. "Perceived Value" is the popular catch phrase.

As I begin my term of office as President of the Texas Society of Psychiatric Physicians, I'm trying to think about how we can help you. Here are some things I came up with:

Advocacy

TSPP has advocated for patients and psychiatrists since its inception. We have forged strategic alliances with the major mental health advocacy groups such as Depressive Bipolar Support Alliance (formerly Depressive Manic Depressive Association), Mental Health America (formerly the Mental Health Association), and NAMI. In fact, our Executive Director, John Bush served as the President of DBSA from 2001-2003, and some of our members offer their expertise on scientific advisory boards

of the various organizations. In addition, we have testified in the Texas Legislature, effectively preventing the passage of a psychologists' prescribing bill and the outright ban on ECT. We have partnered with the Texas Medical Association on key issues, and our members are respected by the legislators and their staffs. Our lobbyist, Steve Bresnen is one of the most respected lobbyists in Austin, and is committed to helping advance excellent psychiatric care in Texas. He and our staff of John Bush and Debbie Sundberg constantly scan pending legislation as well as sifting through hundreds of pages of regulatory propositions to make sure that we don't have surprise anti-psychiatry measures enacted without our knowledge. The Government Affairs Committee works for advocacy, but other committees advocate on our behalf as well. What areas do we need to address that we haven't yet? Please participate and work with us so that our advocacy is even stronger.

Education

TSPP was the first and only specialty society in Texas to be accredited to provide CME until a few years ago when the Orthopaedics society became the second

specialty society to be accredited. We have varied and excellent CME programs that are interesting, timely, and cutting-edge. Our CME committee works with Debbie Sundberg to sift through the increasingly complex rules governing CME requirements in an atmosphere of declining revenue sources. We share these hurdles with other professional societies, but need to know what CME would interest Texas Psychiatrists. Come to our Annual Meeting in November and experience our excellent CME program. Participate in the CME committee meeting so that we can hear from you about what you want and need. Help us help you.

National Issues

Les Secret, MD has been our Legislative Representative to the American Psychiatric Association since 1997. He faithfully travels to Washington DC year after year to represent the agenda of Texas psychiatrists to the Texas legislators in the U.S. House of Representatives and the U.S. Senate. He is enormously respected, and has forged relationships so meaningful that he is known on a first-name basis when he goes in to visit key lawmakers.

American Psychiatric Association

Candidates running for APA office routinely seek us out for our support. Past TSPP Presidents Priscilla Ray MD, Clay Sawyer MD, and David Axelrad MD travel to APA meetings and articulate our position to the national association through the APA Assembly. When we have had disagreements with the APA, our leadership has traveled to meetings to negotiate and have been successful. TSPP is respected nationally and among the other district branches.

Services

Where can you go for timely and honest liability insurance information? In addition to APA's related insurance program, TSPP members also may benefit from the Federation of Texas Psychiatry's endorsed

malpractice program offered by the Cunningham Group. Their representatives are at every TSPP meeting in the hospitality suite ready to meet you and answer your questions. They know us, and you can get to know them if you will come to the meetings. Let us introduce you.

Comradery and Networking

Our meetings are fun! We enjoy first-class amenities at hotels with which we negotiate amazingly low room rates. We have receptions, dinners, and awards. We have had our pictures taken with "Elvis" and we enjoy the chance to meet each other in a relaxed environment. Physicians are becoming increasingly isolated from one another in the ever-increasing demands of practice, credentialing, managed care, Medicare, lawsuits. TSPP meetings are a wonderful forum to find out about common concerns and devise ways to solve our problems by working together. The meetings also serve as an important mechanism to let off steam and just have fun. The more people who come to the meetings, the better we can do this. We are trying out a new organizational model that is, in part, designed to improve fellowship within the TSPP. Join us, and let's get to know each other. Membership is easy—just call the TSPP office at (512) 478-0605.

Stay tuned so we can tell you about our upcoming events. ■

In Memoriam...

Miriam Kaye, MD (Austin)

Mental Illness Awareness Week 2008

Planning should be underway in each TSPP Chapter for Mental Illness Awareness Week 2008, the first week in October. 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 will receive 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 15. 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 by 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.

If you have not yet made your 2008 contribution to the Texas Foundation for Psychiatric Education and Research, please consider sending your tax deductible donation to the Foundation today!

TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH

I am pleased to support the Foundation with a contribution of:

\$50 \$100 \$250 \$500 \$1000 \$_____

I am pleased to support the Foundation with a pledge of

\$_____ payable _____

DONOR INFORMATION

Name _____

Address _____

Telephone () _____

Contact me about a PLANNED GIFT as follows:

- A Bequest
 A Gift of Insurance
 A Charitable Trust

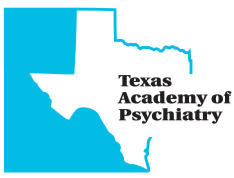
Please make your check payable to
"Texas Foundation for Psychiatric Education and Research"
401 West 15th Street, Suite 675, Austin, Texas 78701.

Thank you for your support!
Your contribution is tax deductible to the full extent of the law.

Neuropsychiatry Medical Student Clerkship Director

The Department of Neuropsychiatry and Behavioral Science at Texas Tech University Health Sciences Center in Lubbock, Texas, seeks a qualified psychiatrist to assume responsibility for its clinical education programs for medical students. The position is primarily ambulatory, and does not necessarily require an academic scholarly background. The successful candidate should have a demonstrated interest in clinical teaching, and excellent skills in the practice of Psychiatry. Inquiries are welcome from persons of all backgrounds, and levels of experience in Psychiatry.

Randolph B. Schiffer, M.D.
Chair, Department of Neuropsychiatry and Behavioral Science
Texas Tech University Health Sciences Center
3601 4th Street, Lubbock, Texas 79430
Tel: 806-743-2249
EMAIL: Randolph.Schiffer@ttuhsc.edu



Diagnostic Drift

Stuart Crane, MD, President, Texas Academy of Psychiatry

As the third President of Texas Academy of Psychiatry, I am happy to report we have begun to hit our stride. Drs. Sandy Kiser and Lauren Parsons, our inaugural Presidents, gave passion and energy to founding an organization with the spirit of Texas. And, friends and colleagues, that is the focus of this article. Texans began as pioneers. We established a paradigm of adapting to, and even thriving on change. Our state psychiatric leadership determined, in this same vein, that we could not stand idly by when organized psychiatry membership levels stagnated and so the Academy was born. We took courage and acted. Similarly, I believe the Academy and others should speak out when our formulation of a patient's illness misses the mark.

I am the first to admit our diagnostic nosology has limits. Probably the most important shortcoming, as Dr. Karl Menninger emphasized, was replacing the patient with a diagnosis. Dr. Karl relished pinning the ears back of any physician referring to "the schizophrenic in bed 15," instead describing the patient/human being in bed 15 as having a diagnosis of schizophrenia. Our German colleagues recently wrote an open letter to American psychiatrists in Archives of General Psychiatry, noting a massive 40 fold increase in the diagnosis of bipolar disorder in children and adolescents in the past several years here, while in Germany most of these kids continue to carry a diagnosis of disruptive behavior disorders such as conduct disorder, oppositional defiant, early personality disorders and attention deficit hyperactivity disorder. So, even when Texas psychiatrists exercise due diligence with diagnosis, we make honest mistakes.

My concern lies with mislabelling so apparent as to send a medical student screaming down the hall to an internal medicine subspecialty rather than practice psychiatry. The first, and most prominent, discrepancy of this type relates to the patient with "bipolar" borderline personality disorder. Formerly perhaps the private insurance industry pushed to relabel Axis II with bipolar disorder. Often we made a case that we could legitimately keep both diagnoses and actually continue to treat the patient. Currently my office has zero issues with insurance refusing to pay if I keep the Axis II diagnosis as primary,

although some of you especially in inpatient settings may find otherwise. Rather, my experience with "bipolar drift" relates to certain masters level diagnosticians who have become enamored with the ubiquity of Bipolar I disorder in the American population.

Yes, some of my best friends are LPCs (actually my wife is a Menninger-trained LCSW). But folks, admit it. Patients with a prominent presentation of self-injury, uncontrollable rage, and chronic relationship instability are all "Bipolar I." In the Q&A sessions at our November CME meetings, psychiatrists stand up and point out how in our state hospitals and community centers, patient formulations become increasingly inaccurate as patients with post-traumatic stress and/or borderline personality primary diagnoses have been declared unwelcome visitors who can only be treated in crisis. Worse, as Dr. Glen Gabbard points out, these "bipolar patients" have been on every drug in the book, have never talked to a doctor for more than 10 minutes for years, and maybe even have family issues they would like to discuss. Many were diagnosed by sympathetic masters level clinicians who know the community clinics cannot

treat the patient without the bipolar diagnosis, but also convince the patient that medications are the answer to their problems. Of course, the vast majority never access psychotherapy regardless.

Substance-induced psychosis and mood disorder is another quite neglected diagnostic area. An erudite public sector doctor pointed out that again, our Texas state system won't permit ongoing treatment of this population without special override approvals, often branding this group "schizophrenic." The same can be said for the many patients with mental retardation and psychosis. Obviously, correct diagnosis allows for the complexity of treating either of these groups of patients, and in fact does justice to the group of patients actually suffering from schizophrenia. Treatment needs for these groups differ at least as much as treatment for psychosis vs. depression, and the plan for care begins with an accurate conceptualization.

A final "psychotic" cluster involves those with "psychotic major depression" who hear vague name calling or see shadows. In clinic after clinic, these patients become dependent for life on our public mental health system, and



Stuart Crane, MD

dollars. Do they cooperate with the "skills training" provided in their services with the community centers? Absolutely. Do functional levels change? Well, perhaps they need another dozen years of repetition to absorb the content. In a formulation for these patients, a need to work through unhealthy dependencies never enters the equation, although both patient and the public mental health system would eventually benefit.

Texas psychiatrists in private and public systems can overcome the barriers for formulating a correct diagnosis. Whether the barrier is countertransference ("I will find the right mood stabilizer where others have failed") or systemic ("the intake staff fill out the sheet"), our duty is clear. We need to accurately depict the patient as best as our DSM IV, V, or XX will permit. ■

APA Fellowship: The Basics

Patrick Holden, MD, Chairman, TSPP Fellowship Committee

Become an APA Fellow or APA Distinguished Fellow

One of the benefits of APA membership is recognition by the APA for members who are in good standing. There are two categories, one for those who are in good standing (APA Fellow) and one for those with significant achievement in several areas of psychiatry (APA Distinguished Fellow). The TSPP Fellowship committee encourages TSPP members to consider applying for one of these honors. The requirements differ depending on the category. The following is abstracted from the APA website:

Q: How can I become a Fellow?

A: To be eligible for Fellowship, you must be a General Member for five consecutive years, have board certification, and submit three letters of reference from Fellows or Distinguished Fellows with your application to the APA. The deadline for submission is September 1st and the Fellowship Application can be found on the APA web-

site. Once your application has been submitted, your district branch has 90 days in which to provide comments to the APA before it's reviewed by the APA Membership Committee and voted upon by the APA Board of Trustees.

Q: What's the difference between a Fellow and a Distinguished Fellow?

A: Distinguished Fellows are nominated first by their district branches before being recommended for approval by the APA Membership Committee and voted upon by the APA Board of Trustees. Candidates for this category have to meet more comprehensive criteria, including significant achievement in several areas of psychiatry. These include:

- Minimum of eight years as an APA General Member or Fellow.
- Primary identity must be psychiatry for those in combined fields.
- The General Member (or Fellow in 2003 and thereafter) should be an outstanding psychiatrist who has made and continues to make significant contributions in at least five of the areas listed below. Excellence, not mere competence, is the

hallmark of a Distinguished Fellow.

- Certification by the ABPN, RCPS(C), or AOA
- Involvement in the work of the District Branch or other APA components
- Involvement in other medical and professional organizations
- Participation in non-compensated mental health and medical activities of social significance
- Participation in community activities unrelated to income-producing activities
- Clinical contributions
- Administrative contributions
- Teaching contributions
- Scientific and scholarly publications
- At least three letters of recommendation from Distinguished Fellows.



Patrick Holden, MD

Medical Malpractice Insurance

Are you paying too much?

The Federation of Texas Psychiatry in cooperation with Cunningham Group is offering Texas psychiatrists free premium indications. Prices have come down during the past year — one insurer dropped its rates 48 percent.

Let Cunningham Group shop the market for you and reduce your premium.

Go to the Cunningham website (www.cg-ins.com) and complete the Medical Malpractice Premium Indication Short Form to receive your premium indication.

Cunningham Group

Professional Liability Insurance Services
Phone 512-336-5336 • Fax 512-336-7121

MEMBERSHIP CHANGES

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

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

Member in Training

Bates, Gail, MD, Helotes
Choubkha, Nora, MD, El Paso
Hobday, Gabrielle, MD, Houston
Karimpour, Mona, DO, Dallas

Newhook, Milena, MD, Galveston
Prashad, Sandhya, MD, Arlington
Schneider, Paul, DO, North Richland Hills
Toups, Marisa, MD, Dallas

General Member

Ohiku, Elizabeth, MD, Sugar Land

Williams, Solomon, MD, Temple



Your Invitation to Attend TSCAP's 2008 Annual Conference and Scientific Program

Benigno J. Fernandez, MD, President, Texas Society of Child and Adolescent Psychiatry



Benigno J. Fernandez, MD

If you have not already registered I would like to extend a personal invitation to you to register and attend the 2008 Annual Conference of the Texas Society of Child and Adolescent Psychiatry and Scientific Program: "Evaluation and Treatment of Disorders of Early Development". The scientific program has been designated for a maximum of nine *AMA PRA Category I Credits™* and is scheduled to be held next month, July 18-20, at the Westin LaCantera Resort in San Antonio. For hotel reservations call: 1-800-228-3000. For questions or assistance please contact Debbie Sundberg at tscapofc@aol.com or 512-478-0605.

The Westin LaCantera Resort is located

adjacent to Six Flags Fiesta Texas and offers numerous on-site amenities and attractions for everyone to enjoy throughout the weekend. Friday evening kicks off the weekend's meetings and activities with a complimentary reception with exhibitors and be sure to join us at Saturday's Fiesta Reception in the afternoon.

The Scientific Program: Evaluation and Treatment of Disorders of Early Development will be held Saturday, July 19 and Sunday, July 20 and features: **Richard D. Todd, PhD, MD** (Blanche E. Ittleson Professor of Psychiatry; Professor of Genetics and Director of Child and Adolescent Psychiatry, Washington

University School of Medicine in St. Louis) who will discuss Genetics in Family Studies in Autism; **Louise O'Donnell, PhD** (Assistant Professor, Division of Genetics and Metabolic Disorders, Department of Pediatrics, The University of Texas Health Science Center, San Antonio) will discuss assessment tools for early diagnosis of autism; **Alice R. Mao, MD** (Associate Professor of Psychiatry, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine and Director of Psychopharmacology, Research and Education at DePelchin Children's Center in Houston) will review ways to help parents of a child with Autism to develop a

multidisciplinary treatment plan. **Steven R. Pliszka, MD** (Professor and Vice Chair, Department of Psychiatry and Chief of the Division of Child and Adolescent Psychiatry, The University of Texas Health Science Center at San Antonio) will examine the psychopharmacology of ADHD in special populations; **Graham J. Emslie, MD** (Charles E. and Sarah M. Seay Chair in Child Psychiatry and Professor of Psychiatry, The University of Texas Southwestern Medical Center at Dallas) will review ethical considerations in the treatment of young children with medications; **Lindy K. Bankes, MD**, Resident, The University of Texas Health Science Center at San Antonio) will present a case presentation on the Multi-Disciplinary Treatment Decisions in the Treatment of a Young Child and the program will conclude with a panel comprised of **Emilie Attwell Becker, MD** (Psychiatrist with the Mental Health Substance Abuse Division of the Department of State Health Services in Austin); **Deborah C. Hiser, JD, MSW** (with Brown McCarroll, L.L.P.) and **Graham J. Emslie, MD** discussing the Legal and Ethical Considerations in the Use of Medications and Treatment of Young Children.

I look forward to seeing you at the Convention and welcoming you to San Antonio!

SPECIAL INVITATION FOR TSCAP TRAINEE MEMBERS

All TSCAP Trainee Members who register for the convention Before July 3 will be entered into a drawing for a complimentary two night stay - Hill Country View at the Westin LaCantera Resort, for use at the TSCAP Convention. The drawing will be held on July 5th and the Trainee Member notified by e-mail. In addition there is not a meeting registration fee for TSCAP Trainee or Medical Student Members who register prior to July 3rd!

DISCOUNTED MEETING REGISTRATION BEFORE JULY 3

Discounted meeting registration is available prior to July 3 so make plans to send yours in early to take advantage of the registration savings!

SIX FLAGS FIESTA TEXAS

Everyone pays kids price at Six Flags Fiesta Texas! Be sure stop by the TSCAP Registration Desk on Friday afternoon or throughout the weekend to pick up your money-saving coupons.



Texas Society of Child and Adolescent Psychiatry Summer Meeting and Scientific Program "Evaluation And Treatment Of Disorders Of Early Development"

July 18-20, 2008 • Westin La Cantera Resort • 16641 La Cantera Parkway • 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 and Saturday lunch)

	Before July 3	After July 3	
TSCAP Member Physician	\$195	\$215	_____
Non-Member Physician	\$250	\$270	_____
Allied Health Professional / Spouse / Guest	\$180	\$200	_____
TSCAP Member Trainee / Medical Student	No Fee	\$30	_____
Non-Member Trainee / Medical Student	\$30	\$50	_____

SOCIAL EVENTS

Friday Welcome Reception

Friday Welcome Reception

Names Attending Reception: _____

Saturday Afternoon Reception

Names Attending Reception: _____

Sunday Membership Breakfast Meeting - No Charge for TSCAP Members

Sunday Annual Membership

Breakfast Meeting - Guests \$20 \$30

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.

TOTAL REGISTRATION

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 3, 2008. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 3, 2008, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER JULY 3, 2008.

RETURN TO:

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



TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY 2008 SUMMER CONFERENCE AND SCIENTIFIC PROGRAM

“Evaluation And Treatment Of Disorders Of Early Development”

July 18-20, 2008 • Westin La Cantera Resort • 16641 La Cantera Parkway • San Antonio, Texas

Joint Sponsored by TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS and TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY

GENERAL INFORMATION

LOCATION / HOTEL RESERVATIONS

All events will take place at The Westin La Cantera Resort, 16641 La Cantera Parkway, San Antonio, Texas, 210/558-6500.

Nestled atop one of the highest points in all of San Antonio, The Westin La Cantera Resort offers breathtaking views of downtown and the beautiful Texas Hill Country. The hill-top retreat combines the best of golf and the best of luxury. With six pools, health club and spa services, a newly renovated fitness center, tennis courts, unique dining options, a kids club, three hot tubs, the resort offers something for everyone. Not to mention, the adjacent 1.3 million square foot shopping destination, The Shops at La Cantera and Six Flags Fiesta Texas Theme Park!

OPENING WELCOME RECEPTION WITH EXHIBITORS

A Special Welcome Reception for all TSCAP attendees and their guests has been planned to kick off the weekend's meeting and activities. The reception will be held

Friday, July 18, 6:30 pm - 8:00 pm, in the San Antonio Ballroom G of the Westin La Cantera Resort.

EXHIBITS

TSCAP's Welcome Reception, Continental Breakfasts and Refreshment Breaks will be held in San Antonio Ballroom G of the La Cantera Resort. Please make plans on visiting with the exhibitors during the following hours: Friday, 6:30-8:00 pm w/Welcome Reception; Saturday 7:15-8:10 am Continental Breakfast; 10:30-10:50 am Refreshment Break; 2:15-2:30 pm Refreshment Break and 3:30-4:30 pm Afternoon Fiesta Reception.

ANNUAL BUSINESS MEETING BREAKFAST

The Annual TSCAP Business Meeting will be held Sunday, 8:00 am - 9:00 am in the San Antonio Ballroom G of the Westin La Cantera Resort. All members are encouraged to RSVP and attend.

SPECIAL THANKS

TSCAP would like to express their sincere appreciation to the following organizations who will be participating at the meeting as an exhibitor and/or sponsor. Please be sure to visit with the exhibitors and enter to win the special prize drawings donated by TSCAP. Exhibits will be open during the Friday evening welcome reception, Saturday refreshment breaks and Saturday Afternoon Fiesta Reception.

Laurel Ridge Treatment Center
McNeil Pediatrics (Exhibitor and Sponsor)
Meridell Achievement Center
Novartis
Shire
Southwest Mental Health Center
Texas Neuro Rehab Center & The Oaks Treatment Center

PROGRAM AT A GLANCE

FRIDAY, JULY 18

1:00 pm - 5:30 pm Exhibit Set UpSan Antonio G
6:30 pm - 8:00 pm Welcome Reception w/ ExhibitorsSan Antonio G

SATURDAY, JULY 19

7:15 am - 6:15 pm ExhibitsSan Antonio G
7:30 am - 8:10 am Continental Breakfast w/ExhibitorsSan Antonio G
8:15 am - 3:45 pm **SCIENTIFIC PROGRAM: “EVALUATION AND TREATMENT OF DISORDERS OF EARLY DEVELOPMENT”**San Antonio HI
8:15 am - 8:30 am Welcome
8:30 am - 10:30 am Genetics in Family Studies of Autism
Richard D. Todd, Ph.D., M.D.
10:30 am - 10:50 am Refreshment Break w/ExhibitorsSan Antonio G
10:50 am - 11:50 am Assessment Tools for Early Diagnosis of Autism
Louise O'Donnell, PhD
11:50 am - 12:00 pm Break/ Box Lunch Set-up inSan Antonio HI
12:15 pm - 2:15 pm Helping Parents of a Child with Autism to Develop a Multidisciplinary Treatment Plan
Alice Mao, MD, Houston, TX
2:15 pm - 2:30 pm Refreshment Break w/ ExhibitorsSan Antonio G
2:30 pm - 3:30 pm Psychopharmacology of ADHD in Special Populations
Steven R. Pliszka, MD
3:30 pm - 4:30 pm Afternoon Fiesta Reception w/ ExhibitorsSan Antonio G
7:00 pm TSCAP Executive Committee Dinner Meeting
Sponsored by McNeil Pediatrics

SUNDAY, JULY 20

8:00 am - 9:00 am TSCAP Annual Business Meeting BreakfastSan Antonio G
9:00 am - 12:30 pm **SCIENTIFIC PROGRAM: “EVALUATION AND TREATMENT OF DISORDERS OF EARLY DEVELOPMENT”**San Antonio HI
9:00 am - 9:15 am Welcome
9:15 am - 10:15 am Ethical Considerations in the Treatment of Young Children with Medications
Graham J. Emslie, MD
10:15 am - 10:30 am Refreshment BreakFoyer, San Antonio HI
10:30 am - 11:30 am Case Presentation: Multi-Disciplinary Treatment Decisions in the Treatment of a Young Child
Lindy K. Bankes, MD
11:30 am - 12:30 pm Panel Discussion: Legal and Ethical Considerations in the Use of Medications and Treatment of Young Children
Emilie Attwell Becker, MD, Graham J. Emslie, MD and Deborah C. Hiser, JD, MSW

TSCAP acknowledges with appreciation educational grants in support of the continuing medical education program from:

Ortho-McNeil Janssen Scientific Affairs, LLC

Shire Pharmaceuticals, Inc.

The University of Texas Health Science Center at San Antonio

SCIENTIFIC PROGRAM

CONTINUING MEDICAL EDUCATION 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 nine (9) *AMA PRA Category 1 Credits*SM.

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

The presentations “Ethical Considerations in the Treatment of Young Children with Medications” Case Presentation: Multi-Disciplinary Treatment Decisions in the Treatment of a Young Child” and “Panel Discussion: Legal and Ethical Considerations in the Use of Medications and Treatment of Young Children” have been designated by the Texas Society of Psychiatric Physicians for three (3) hours of education in medical ethics and/or professional responsibility.

TARGET AUDIENCE / PROGRAM GOALS & OBJECTIVES

The primary target audience of the program consists of Child and Adolescent Psychiatrists, General Psychiatrists and other specialties of medicine with the objective of addressing quality improvement in clinical outcomes for patients served by the physicians in the State of Texas. This continuing medical education activity will be presented in a classroom style format, with didactic lectures supplemented with audiovisual presentations, case presentations and question and answer discussions.

At the conclusion of the program attendees will be able to:

- Understand issues related to family studies of autism and utilize available tools for the diagnosis of autism.
- Identify psychopharmacological options for the treatment of ADHD in special child and adolescent populations.
- Evaluate ethical considerations in the psychopharmacological treatment of young children.
- Understand the developmental and ethical considerations related to preschool psychopharmacological treatment.
- Recognize that current empirical data on psychopharmacological treatments are limited in the preschool age group.
- Understand the risk-benefit ratio of treating preschoolers with psychiatric disorders.
- Discuss biopsychosocial decisions when assessing and treating young children.
- Be informed about legal and ethical considerations when using psychotropic medications to treat young children.
- Reference research and understand the impact on parents of having a child with autism.
- Discuss biological, psychological and social interventions to improve outcomes for children with autism.

SCIENTIFIC PROGRAM SPEAKERS

Lindy K. Bankes, M.D.

Resident, The University of Texas Health Science Center at San Antonio
San Antonio, TX

Emilie Attwell Becker, M.D.

Psychiatrist with Mental Health Substance Abuse Division, Department of State Health Services, Austin, TX

Graham J. Emslie, M.D.

Charles E. and Sarah M. Seay Chair in Child Psychiatry; Professor of Psychiatry, UT Southwestern Medical Center, Dallas, TX

Deborah C. Hiser, J.D., MSW

Of Counsel - Brown McCarroll, L.L.P. Legal practice emphasizing healthcare policy, peer review, medical staff matters and regulatory compliance for medical groups. Former Associate, Hilgers & Watkins, P.C.; Senior Attorney, Advocacy Incorporated; Attorney, Texas Department of Mental Health & Mental Retardation; Adjunct Professor, UT School of Social Work
Austin, TX

Alice R. Mao, M.D.

Associate Professor of Psychiatry, Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine, Houston, TX

Louise O'Donnell, Ph.D

Assistant Professor, Department of Psychiatry
Assistant Professor, Department of Pediatrics
The University of Texas Health Science Center
San Antonio, TX

Steven R. Pliszka, M.D.

Professor and Vice Chair,
Department of Psychiatry
Chief of the Division of Child and Adolescent Psychiatry
University of Texas Health Science Center
San Antonio, TX

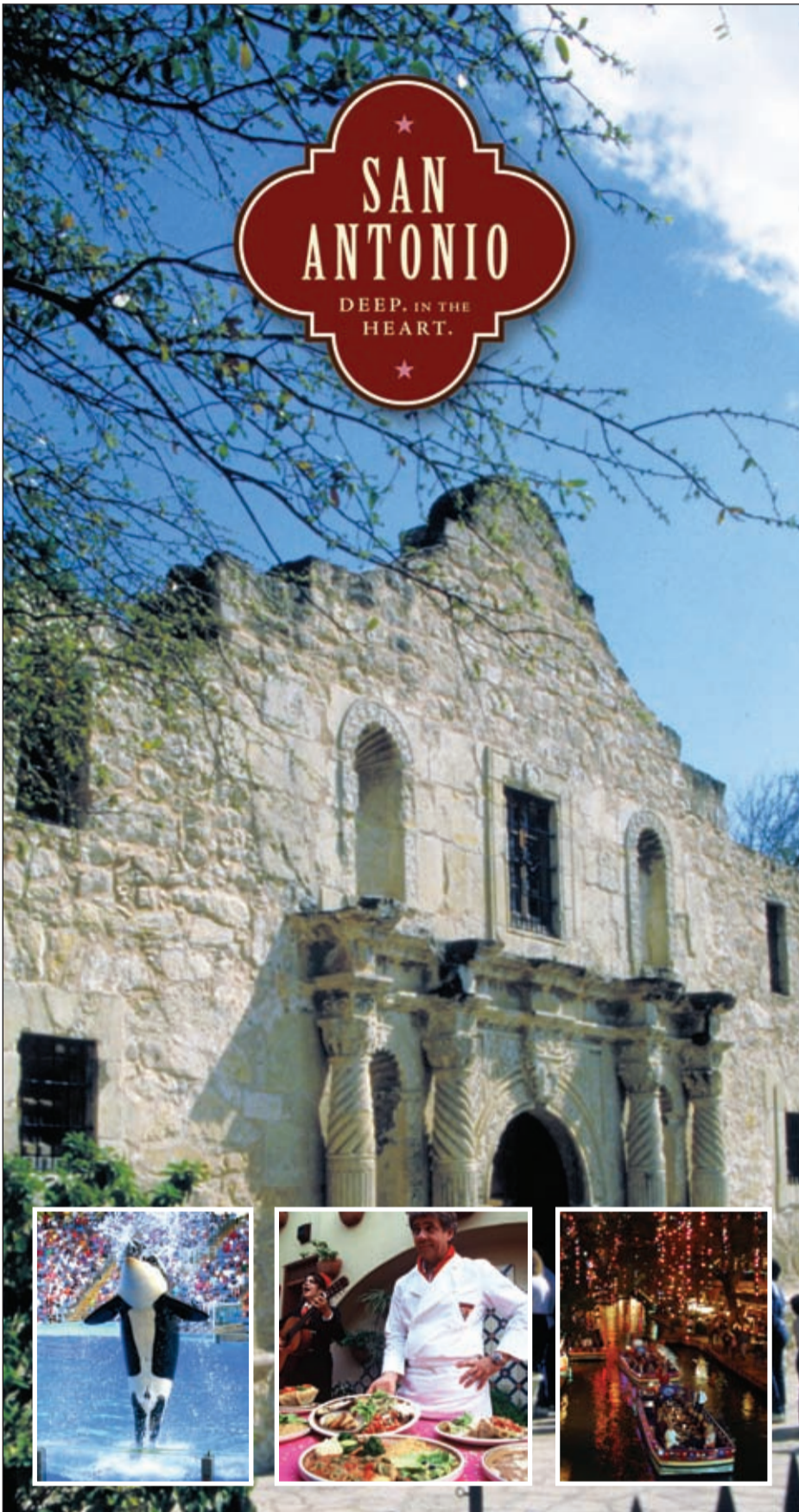
Richard D. Todd, Ph.D., M.D.

Professor of Genetics
Director of Child and Adolescent Psychiatry
Washington University School of Medicine
St. Louis, MO

Annual Convention & Scientific Program

“Improving Psychiatric Care and Enhancing Patient Outcomes”

November 20-23, 2008 • Westin La Cantera Resort • San Antonio, Texas



HOTEL RESERVATIONS

TSPP's 52nd Annual Convention will be held at the Westin La Cantera Resort, 16641 La Cantera Parkway, San Antonio, Texas, 210/558-6500. A special TSPP discounted room rate of \$159 is available to TSPP program registrants before October 21, 2008 or upon sell-out whichever occurs first. Make your reservation today by calling 1-800-228-3000.



Nestled atop one of the highest points in all of San Antonio, The Westin La Cantera Resort offers breathtaking views of downtown and the beautiful Texas Hill Country. Built on the site of an abandoned limestone rock quarry - la cantera in Spanish - the resort's intimate setting seems like it's a world away. The hilltop retreat combines the best of golf and the best of luxury. With six pools, health club and spa services, a newly renovated 7600 square foot Westin Workout powered by Reebok fitness center, tennis courts, unique dining options, a kids club, three hot tubs and offers something for everyone. Not to mention, the adjacent 1.3 million square foot shopping destination, The Shops at La Cantera and Six Flags Fiesta Texas Theme Park!

THURSDAY GOLF OUTING



Polish up on your golf game!! For those convention attendees (and golf enthusiasts) arriving early, discounted green fees have been arranged at the La Cantera championship golf course. If you are interested in playing, please be sure to check the Golf section of the TSPP registration form.

AWARDS RECEPTION / BANQUET AND EVENING OF ENTERTAINMENT

Saturday evening's festivities begin with a complimentary wine & cheese reception before the banquet honoring the 2008 TSPP Award Recipients for their outstanding contributions to Psychiatry. The banquet will be followed by an evening of entertainment! Register early to reserve a table for your organization and/or friends! Black Tie optional. This year's honorees include:

Distinguished Service Award

Joseph L. Black, MD
Vernon

Psychiatric Excellence Award

Glen O. Gabbard, MD
Houston

Distinguished Service Award

Gary L. Etter, MD
Fort Worth

Psychiatric Excellence Award

George D. Santos, MD
Houston

DAILY SCHEDULE

Thursday, November 20

12:00 pm Golf Outing at LaCantera Resort Golf Course
7:30 pm Federation Delegate Assembly Reception & Meeting

Friday, November 21

7:30 am - 7:00 pm Registration Open
7:30 am - 9:00 am Foundation Board of Directors Breakfast Meeting
8:00 am - 5:00 pm Committee Meetings
12:00 pm - 5:30 pm Exhibit Set-Up
12:00 pm - 1:30 pm Membership Luncheon
5:00 pm - 6:30 pm Executive Council Meeting
6:30 pm - 8:30 pm Welcome Reception w/Exhibitors

Saturday, November 22

7:00 am - 7:45 am Complimentary Continental Breakfast for Meeting Registrants
7:00 am - 7:00 pm Registration
7:00 am - 6:00 pm Exhibits
8:00 am - 5:35 pm SCIENTIFIC PROGRAM
8:00 am - 8:15 am Welcome and Introductions
8:15 am - 10:15 am Current Issues in the Evaluation & Treatment of Dementia
Kevin F. Gray, M.D., Dallas, TX
10:15 am - 10:30 am Refreshment Break w/Exhibitors / Door Prize Drawings

10:30 am - 12:30 pm Suicide Assessment and Clinical Interviewing
Shawn C. Shea, M.D., Hanover, NH
12:30 pm - 2:00 pm Annual Business Meeting Lunch
2:15 pm - 4:15 pm Assessment & Management of the Potentially Violent Patient in Treatment
Avrim Fishkind, M.D., Houston, TX
4:15 pm - 4:35 pm Refreshment Break w/Exhibitors
4:35 pm - 5:35 pm Resident Paper Competition Winning Paper
To be Determined
6:30 pm - 7:00 pm Awards Banquet Reception
7:00 pm - 10:00 pm Awards Banquet / Dinner & Entertainment

Sunday, November 23

7:30 am - 1:00 pm Registration
8:15 am - 12:30 pm SCIENTIFIC PROGRAM
8:15 am - 8:30 am Welcome
8:30 am - 9:30 am Metabolic Syndrome and Treating Psychiatric Patients Today
Jeffrey M. Zigman, M.D., Dallas, TX
9:30 am - 10:30 am Update on Antidepressants: Focus on New Findings of Practical Significance to Clinicians Which Influence Patient Care
Pedro L. Delgado, M.D., San Antonio, TX
10:30 am - 12:30 pm Antidepressant Controversies: Legal & Ethical Issues, Suicidality and Birth Defects
Christopher B. Ticknor, M.D. & Charlotte A. Brauchle, Ph.D

SCIENTIFIC PROGRAM

“Improving Psychiatric Care and Enhancing Patient Outcomes”

ABOUT THE SPEAKERS

Charlotte A. Brauchle, Ph.D.

Counseling psychologist, psychotherapist and Adjunct Professor of Law at Saint Mary's University School of Law, San Antonio, TX

Pedro L. Delgado, M.D.

Professor and Dielmann Distinguished Chair, Department of Psychiatry, Associate Dean for Faculty Development and Professionalism, School of Medicine, The University of Texas Health Science Center at San Antonio

Avrim Fishkind, M.D.

President of the American Association for Emergency Psychiatry, Medical Director of the Crisis Residential Unit at the Comprehensive Psychiatric Emergency Program of Harris County and Chief Medical Officer of JSA Health, Houston, TX

Kevin F. Gray, M.D.

Director, Geriatric Neuropsychiatry Clinic, Dallas Veterans Affairs Medical Center; Associate Professor of Psychiatry and Neurology UT Southwestern Medical School, Dallas, TX

Shawn Christopher Shea, M.D.

Director, Training Institute for Suicide Assessment and Clinical Interviewing; Adjunct Assistant Professor of Psychiatry, Dartmouth School of Medicine, Hanover, NH

Christopher B. Ticknor, M.D.

Associate Clinical Professor of Psychiatry, The University of Texas Health Science Center, San Antonio; Private Practice, Psychiatry, San Antonio; Part II Oral Examiner for the American Board of Psychiatry and Neurology; Team Psychiatrist, The NBA San Antonio Spurs

Jeffrey M. Zigman, M.D.

Assistant Professor, Division of Hypothalamic Research and Division of Endocrinology & Metabolism, Department of Internal Medicine, UT Southwestern Medical Center, Dallas, TX

ACCREDITATION

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of eleven (11) *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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

The presentation entitled “Antidepressant Controversies: Legal & Ethical Issues, Suicidality & Birth Defects” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

MEETING REGISTRATION

See Registration Form below or visit the website www.txpsych.org for TSPP / TAP's Special Discounted Meeting Registration Fees for this year's convention.

The earlier you register, the greater the savings!

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS 2008 ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 20-23, 2008 • Westin La Cantera Hotel, San Antonio, 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 12 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) 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	EARLY BIRD REGISTRATION BEFORE 7/12	DISCOUNTED REGISTRATION 7/12 - 10/12	AFTER 10/12	NUMBER ATTENDING EVENT	EARLY BIRD REGISTRATION BEFORE 7/12	DISCOUNTED REGISTRATION 7/12 - 10/12	AFTER 10/12
GOLF OUTING - Thursday				AWARDS BANQUET/ENTERTAINMENT - Saturday (Black Tie Optional)			
# <input type="checkbox"/> Please Send Me Additional Information.				# <input type="checkbox"/> Awards Banquet/Entertainment	\$25	\$35	\$55
LUNCH PROGRAM - Friday				# <input type="checkbox"/> Reserved Table for 10	\$250	\$350	\$550
# <input type="checkbox"/> Lunch Program	\$15	\$20	\$25	SCIENTIFIC PROGRAM - Saturday and Sunday			
MIT / ECP PROGRAM - Friday				# <input type="checkbox"/> TSPP/Academy Member	\$185	\$195	\$235
# <input type="checkbox"/> MIT/ECP Program	No Chg	No Chg	No Chg	# <input type="checkbox"/> MIT (TSPP/Academy)	\$0	\$0	\$35
WELCOME RECEPTION - Friday				# <input type="checkbox"/> Non-Member Physician	\$225	\$235	\$290
# <input type="checkbox"/> NOT Registered for Scientific Program	\$30	\$40	\$50	# <input type="checkbox"/> Non-Member MIT	\$25	\$35	\$50
# <input type="checkbox"/> Registered for Scientific Program	No Chg	No Chg	No Chg	# <input type="checkbox"/> Allied Health Professional	\$95	\$105	\$130
BUSINESS MEETING LUNCH - Saturday				# <input type="checkbox"/> Spouse	\$85	\$95	\$120
# <input type="checkbox"/> TSPP/Academy Member	\$15	\$20	\$25	# <input type="checkbox"/> Advocacy Organization	\$15	\$20	\$25
# <input type="checkbox"/> MIT (TSPP/Academy)	\$0	\$0	\$20				
# <input type="checkbox"/> Guest	\$15	\$20	\$25				

TOTAL REGISTRATION FEE \$



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

Vegetarian Plate Requested. No additional fee if requested prior to 10/12, otherwise there will be an additional fee of \$15.00.

PAYMENT INFORMATION

Check in the Amount of \$ _____ Make Checks Payable to Texas Society of Psychiatric Physicians
 Please Charge \$ _____ To My: VISA MasterCard American Express
 Credit Card # _____ Expiration Date: _____
 3 Digit Code on Back of Card on Right of Signature Panel _____
 Name of Cardholder (as it appears on card) _____
 Signature _____
 Address where you receive your credit card statement (include address, city, state, zip) _____

CANCELLATIONS - Deadline for cancellation is October 12, 2008. In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 12, 2008, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER OCTOBER 12, 2008.

RETURN TO:

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET, SUITE #675, AUSTIN, TX 78701; PHONE (512) 478-0605 FAX (512) 478-5223

TARGET AUDIENCE / PROGRAM OBJECTIVES

This CME Program is designed in a classroom style format, with didactic lectures supplemented with audiovisual presentations and direct discussion. The program is designed to provide its' primary target audience of Psychiatrists, as well as other specialties of medicine with clinically-relevant information regarding ethics, new developments in treatment and new directions in research to enhance the physicians' knowledge and improve the delivery of quality medical care to patients in their practice.

Upon completion of this program participants should be able to achieve the following objectives, thus improving patient outcomes:

Describe and explain the current essential components of the assessment and treatment of patients with dementia,

- American Psychiatric Association. Practice Guideline for the Treatment of Patients with Alzheimer's Disease and other Dementias, Second Edition. Am J Psychiatry 2007; 164 (Dec suppl): 1-56

Describe key factors in the evaluation of suicidal thoughts and the prevention of suicide,

- Simon GE, Savarina J. Suicide attempts among patients starting depression treatment with medication or psychotherapy. Am J Psychiatry 2007; 164: 1029-34.

Describe the essential elements of the evaluation and management of potentially violent patients,

- McNiel DE, et al. Impact of clinical training on violence risk assessment. Am J Psychiatry 2008; 165: 195-200.

Describe the clinical decision making process and use of informed consent in prescribing antidepressants,

- Diem SJ, et al. Use of antidepressants and rates of hip bone loss in older women. Arch Intern Med 2007; 167: 1240-1245.
- Chambers CD, et al. Selective serotonin reuptake inhibitors and the risk of persistent pulmonary hypertension of the newborn. N Engl J Med 2006; 354(6): 579-587.
- Alwan S, et al. Use of selective serotonin reuptake inhibitors in pregnancy and the risk of birth defects. N Engl J Med 2007; 356(26): 2684-2692.

Discuss and describe the appropriate treatment planning and informed consent for patients with the metabolic syndrome and those that may be at risk of developing it related to treatment,

- Birkenaes AB, et al. The level of cardiovascular risk factors in bipolar disorder equals that of schizophrenia: a comparative study. J Clin Psychiatry 2007; 68:912-23.
- Nasrallah, HA, Newcomer JW. Atypical antipsychotics and metabolic dysregulation: evaluating the risk/benefit equation and improving the standard of care. J Clin Psychopharmacol 2004; 24(5) Supplement 1: S7-S14, October 2004.



Hearts and Minds

Lauren Parsons, MD, Chairman, Federation of Texas Psychiatry



Lauren D. Parsons, MD

The State of Texas is very fortunate to have four of its state hospitals as official recipients of a SAMHSA grant, the purpose of which is to reduce and hopefully someday eliminate the use of restraint and seclusion. In that the state owned and operated mental health hospitals work as a system, all of the facilities are looking at adopting their own versions of the promising practices which are emerging from the efforts of this group of grant recipients. Additionally, networking with other states who have also received or are currently receiving this same grant allows for thinking outside of the box when it comes to reducing or eliminating this most high risk (for both patients and staff) intervention.

What follows are the Six Core Strategies for Reducing Seclusion and Restraint Use© developed and copy written by the National Association of State Mental Health Program Directors and Kevin Ann Huckshorn, R.N., M.S.N., C.A.P., I.C.A.D.C. Director, National Technical Assistance Center, National Association of State Mental Health Program Directors.

As we create our seclusion and restraint reduction plans, these six core strategies will serve as our guiding principles:

GOAL ONE: To reduce the use of seclusion and restraint by defining and articulating a mission, philosophy of care, guiding values, and assuring for the development of a seclusion and restraint reduction plan

and plan implementation. The guidance, direction, participation and ongoing review by executive leadership are clearly demonstrated throughout the seclusion and restraint reduction project.

GOAL TWO: To reduce the use of seclusion and restraint by using data in an empirical, non-punitive, manner. Includes using data to analyze characteristics of facility usage by unit, shift day, and staff member; identifying facility baseline; setting improvement goals and comparatively monitoring use over time in all care areas, units and/or state system's like facilities.

GOAL THREE: To create a treatment environment whose policy, procedures, and practices are grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and violence on humans and the prevalence of these experiences in persons who receive mental health services and the experiences of our staff, including an understanding of the characteristics and principles of trauma informed care systems. Also includes the principles of recovery-oriented systems of care such as person-centered care, choice, respect, dignity, partnerships, self-management, and full inclusion. This intervention is designed to create an environment that is less likely to be coercive or conflictual. It is implemented primarily through staff training and education and Human Resource

Development activities, includes safe seclusion and restraint application training, choice of vendors and the inclusion of technical and attitudinal competencies in job descriptions and performance evaluations. Also includes the provision of effective and person centered psychosocial or psychiatric rehabilitation like treatment activities on a daily basis that are designed to teach life skills (See Goal One).

GOAL FOUR: To reduce the use of seclusion and restraint through the use of a variety of tools and assessments that are integrated into each individual consumer's treatment stay. Includes the use of assessment tools to identify risk factors for violence and seclusion and restraint history; use of a trauma assessment; tools to identify persons with risk factors for death and injury; the use of de-escalation or safety surveys and contracts; and environmental changes to include comfort and sensory rooms and other meaningful clinical interventions that assist people in emotional self management.

GOAL FIVE: To assure for the full and formal inclusion of consumers or people in recovery in a variety of roles in the organization to assist in the reduction of seclusion and restraint.

GOAL SIX: To reduce the use of seclusion and restraint through knowledge gained from a rigorous analysis of seclusion and restraint events and the use of this knowl-

edge to inform policy, procedures, and practices to avoid repeats in the future. A secondary goal of this intervention is to attempt to mitigate to the extent possible the adverse and potentially traumatizing effects of a seclusion and restraint event for involved staff and consumers and all witnesses to the event. It is imperative that senior clinical and medical staff, including the medical director, participate in these events.*

As you can see, we have our work cut out for us. There are many obstacles to overcome both internal as well as external, but we are up to the challenge. As one of the presenters at a recent conference put it, "A facility being restraint and seclusion free is a state of mind," because that is where this practice must truly begin, in the hearts and minds of the staff. ■

* National Executive Training Institute (NETI). (2003, July). Training curriculum for the reduction of seclusion and restraint. Alexandria, VA: National Technical Assistance Center (NTAC), National Association of State Mental Health Program Directors (NASMHPD)

CALENDAR OF MEETINGS

JUNE 2008

18-22 Texas Osteopathic Medical Association and Texas Society of the American College of Osteopathic Family Physicians Joint Convention
Intercontinental Hotel
Addison, Texas

JULY 2008

18-20 Texas Society of Child and Adolescent Psychiatry
2008 Summer Conference and Scientific Program
"Evaluation and Treatment of Disorders of Early Development"
Westin La Cantera Resort
San Antonio, Texas

SEPTEMBER 2008

5-6 Texas Medical Association
Fall Conference
Hyatt Regency Hotel
Austin, Texas

NOVEMBER 2008

21-23 Texas Society of Psychiatric Physicians
2008 Annual Convention and Scientific Program
"Improving Psychiatric Care and Enhancing Patient Outcomes"
Westin La Cantera Resort
San Antonio, Texas
See Registration Form on page 7
For Special Early Registration Fees

FEDERATION OF TEXAS PSYCHIATRY

The Federation was established on July 1, 2004 with the following purposes:

- A. to promote the common professional interests of psychiatrists;
- B. to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;
- C. to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;
- D. to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public; and,
- E. to promote the best interests of patients and those actually or potentially making use of mental health services.

The TEXAS PSYCHIATRIST is published 6 times a year in February, April, June, August, October and December. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

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

EDITORIAL BOARD

Federation Executive Committee

MANAGING EDITORS

John R. Bush
Debbie Sundberg

Federation of Texas Psychiatry

401 West 15th Street, Suite 675
Austin, Texas 78701
(512) 478-0605 / (512) 478-5223 (FAX)
TxPsychiatry@aol.com (E-mail)
http://www.txpsych.org (website)

PRSRT STD
U.S. Postage
PAID
AUSTIN, TX
Permit No. 525

Federation of Texas Psychiatry

401 West 15th Street, Suite 675
Austin, Texas 78701

TIME DATED MATERIAL