# Texas Psychiatrist



# It Takes a Physician

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

n my last column for the Texas Academy of Psychiatry, I set out the theme I have chosen for my year as President of the Academy (that we are all physicians first) as well as the reasons for that choice. I also reviewed the development of the Federation of Texas Psychiatry as well as the Academy over seven years ago and the necessity for the formation of these organizations. You may recall that the Federation is a permanent coalition of medical organizations (including such psychiatric medical organizations as TSPP, the Academy, the Texas Society of Child and Adolescent Psychiatry, and the Texas Foundation for Psychiatric Education and Research, as well as other medical organizations such as the Texas Medical Association and the Texas Osteopathic Medical Association). The total membership numbers represented (approximately 44,000 at present) give us tremendous clout in our advocacy efforts for the patient and for the profession than had been the case with TSPP going it alone (approximately 1200 members at present). The success of the Federation is well recognized.

But what of the Academy?

The Texas Academy of Psychiatry is a membership organization which grew out of the desire, and the need, to make certain that all Texas psychiatrists have a voice in determining the future of our profession regardless of the presence or of the absence of membership in any other organization. And, any Texas psychiatrist can join regardless of membership (or lack of same) in any other organization. The Academy has its own dues, its own organization, its own constitution and bylaws, its own agenda, its own purposes. It is a vital part of the Federation in expanding not only the voice and the clout of the Federation, but also in providing yet another opportunity for all Texas psychiatrists to have an expanded voice (and expanded clout!) in the political process that is unique to Texas.

Even members of the Texas Society of Psychiatric Physicians have a standing invitation to become associate members of the Academy (only \$25/year to do so!). That process is how I joined the Academy when I learned of this opportunity. Any

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TSPP member who believes that all psychiatrists should have a voice should also take advantage of this invitation.

And, I was greatly surprised to learn of a unique provision in the Academy's bylaws when I was approached about running for President. That provision provides for the eligibility of associate members to run for office. I found this idea to be tremendously open-minded on the part of the Academy, showing a great willingness to welcome and to incorporate experience from all quarters.

But, why bother? Why join any professional medical organization?

If I had my wishes, every psychiatrist in Texas would belong to TSPP, to APA, to the Academy, and to TMA, at a minimum. While total dues rates may seem high in this era of economic uncertainty, we must view these sums not as expenses with no return but instead as investments in our future with tremendous return (including, but not limited to, advocating for our patients, advocating for our profession, exchanging ideas with our professional colleagues, and taking advantage of some of the best CME programs available at any level). The publishing arm of APA, APPI, offers some of the best titles available in the field of psychiatry with an everexpanding list of subjects ranging from coding insights to the ubiquitous DSM-IV TR (DSM 5 is now due to be published in May 2013). Most of all, though, every medical organization functions as a vehicle to effectively deliver vital information and insights to legislative bodies at all levels of

government, as a watchdog on legislative entities to discern destructive trends as they develop, and as an educational resource for legislators who might otherwise make ill-advised decisions for ourselves and for our patients simply because they are ignorant of the facts. It takes money, it takes time, and it takes volunteer resources to accomplish these ends, so high membership numbers are mandatory if we are to be at all successful.

I can tell you with all certainty that without the efforts of TSPP going it alone for a great many years (a great many difficult years), non-physician professionals in Texas would long ago have gained the ability to admit to hospitals and to prescribe medication without the training required of a true physician, meaning we would have failed to protect the safety and the well-being of our patients. At the national level, APA is even now fighting the efforts of such well-meaning but medically-naive politicians as Sen. Olympia Snowe (R-Maine) to "expedite" Medicare reform by including such groups as psychologists in the official definition of "Physician" to be a part of that reform.

Would any of the readers of this column have welcomed these developments had they occurred, or welcome them if they occur?

I think not.

If you want your voice to be heard, if you want a "seat at the table," if you want to take advantage of the amplification of your own voice that organized medicine provides, and if you want to be a part of



J. Clay Sawyer, MD

deciding the future of our profession instead of having it decided for you, then you must join! There is no other logical choice. The Academy is a great starting point for this process, and I would hope that new Academy members, having participated in the successes we have enjoyed and will continue to experience at the state level, would also take advantage of membership in TSPP and APA so that our national voice can be enhanced even more. While no membership organization can be perfect all of the time, more participation at all levels can improve any professional society and can enhance even more the chances of successful legislative intervention.

Joining is easy, it is effective, and it is vital.

I leave you now with one of my favorite observations (author unknown to me) about the absolute need to participate at some level in the political process: "If you are not at the table, you are likely on the menu."



# The **TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY** will conduct its Annual Meeting on **JULY 18-22, 2012 at the SHERATON ARLINGTON HOTEL**.

Details about the meeting will be released in January.

Please Save the Date and plan to attend and participate in an excellent meeting!



# You Missed A Great Meeting

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

he recent TSPP annual scientific meeting in Dallas was one of the best meetings I have attended. If you attended the meeting then you know how good it was. If you didn't attend, ask your colleagues who went to tell you about it. It had great presentations covering a wide range of topics from A to S (anorexia to schizophrenia). It had many opportunities for fellowship and just plain old catching up with colleagues, former residents and making new friends. Finally, lively presentations brought many of us up to date on the latest issues affecting our profession including a very interesting panel discussion about ACOs as well as a presentation about health care legislation followed by lively interchange between Congressman Burgess and members of the audience.

The scientific presentations were exceptional this year. I will summarize the talks and attempt to do justice to the exceptional quality of the talks; I apologize in advance to the speakers and to you readers for my abbreviated and limited coverage of these outstanding presentations.

The Saturday morning presentations about Schizophrenia and the unconscious were fascinating. Dr. Ghose described the complex interaction of environment with genes in the apparent causation of a specific type of schizophrenia. He presented data about early adolescent use of marijuana in persons with a specific COMT Val-Met polymorphism that led to a type of schizophrenia with an earlier onset, more severe positive symptoms and better cognitive functioning than those who do not use marijuana in adolescence. He then led us through a description of the data about how THC affects GABA neurons in the dorsolateral prefrontal cortex which in turn affects other neuron types such as the pyramidal neurons; this results in some of the symptoms seen in persons with this type of schizophrenia. He concluded by indicating that there is now significant evidence that cannabis use may be a risk factor for schizophrenia, adolescent cannabis use has long term effects in the developing brain and its use may be particularly relevant in adolescents with a family history of schizophrenia. To paraphrase Willie Nelson, "Mama, don't let your kids grow up smoking marijuana."

Dr. Adam Brenner and colleagues from UT Southwestern did a nice job of describing some of the knowledge about the biological underpinnings of psychodynamic theory, formulations, and the unconscious, using a case report to further illustrate the phenomena. Reviewing fMRI data obtained during subliminal presentation of threat situations, he demonstrated that the amygdala responded more vigorously to fearful faces than happy faces and that different parts of the amygdala appear to respond to the conscious and unconscious portions of a threat. He used subliminal priming data to demonstrate that subliminal viewing of supportive, critical or conflictual figures significantly influences a person's performance on tests or on self-ratings thus validating the concept and role of the internal object.

After a nice lunch and brief TSPP/Foundation business meetings, awards were given to the North Texas State Hospital's Recovery Model of Care Project (the David Pharis Award) and to Drs Mitch Jones and Lynda Parker (the Spencer Bayles



Outstanding TSPP Member Award). The Saturday afternoon presentations were lively and included Dr. Zahid Ahmad an endocrinologist from UT Southwestern and Congressman Michael Burgess, an obstetrician. Dr. Ahmad, reviewed several key metabolic issues of interest to us including obesity, schizophrenia and the use of antipsychotics, and lithium. He described the risk factors for obesity including low activity levels, TV viewing of more than 2 hours per day and disinhibition in eating. We all know that obesity is associated with increased mortality and diabetes; he presented evidence that interventions such as metformin or intensive lifestyle changes significantly reduce the chances of developing type 2 diabetes. Sharing data about the impact of various antipsychotics on weight, blood glucose, and lipids in persons with schizophrenia, he described the monitoring recommended by ACE, ADA and APA.

Congressman Burgess discussed the history of the health reform legislation including his views about the Affordable Care Act and his concerns about the individual mandate, state health care exchanges and the uninsured. He touched on the continuing specter of cuts to Medicare reimbursement for physicians because of the flaws in the calculus of Sustainable Growth Rate and the lack of any significant fix. Many in the audience had strong feelings about the ACA, voiced their opinions and asked important questions during the question and answer portion.

The Awards banquet on Saturday evening was special; the awardees represented the best in psychiatry and in community service: David Briones, MD, El Paso - Distinguished Service Award; John Hall, MD, Longview-Psychiatric Excellence Award; Stuart Yudofsky, MD, Houston - Psychiatric Excellence Award; and Judge Ed Emmett, Houston, Special Service Award.

Sunday's presentations on Eating
Disorders by Dr. Carrie McAdams of UT
Southwestern and the Texas Physician Health
Program (TPHP) by Drs. Alison Jones and Bill
Nemeth of the TPHP continued the excellent
tone. Dr. McAdams reviewed the criteria for
various eating disorders and spelled out
some of the psychological deficits in persons
with eating disorders such as impaired set
shifting and impaired global organization.
She then described work using fMRI to identify the neural circuits underlying social cognition and a sense of identity in persons with
Anorexia. In discussing some very complex
research strategies which used specific activi-

ties during the scans, she described fascinating findings which localized social cognition deficits in persons with Anorexia to the right tempoparietal junction and deficits in sense of self to cortical midline structures such as the precuneous and posterior cingulate gyrus.

During the ethics presentation worth two hours of ethics credit Drs. Jones and Nemeth discussed the Texas Physician Health Program, a voluntary program for physicians impaired by substance use, psychiatric problems, cognitive problems, physical problems and some types of boundary problems. Dr. Jones, the Presiding Officer of the TPHP, gave us the background and history of the Program. She was followed by Dr. Nemeth, an orthopedic surgeon and Medical/Executive Director of the Program, who described the program. He reported that the program has been very active having conducted 279 evaluations and established 293 active monitoring agreements with physicians in FY 2011. His sense of humor and bold but self-effacing manner helped make his presentation a lively one. Dr. Jones and Nemeth work very hard to make the program a safe harbor for impaired physicians; the program focuses on evaluation, support and rehabilitation. Dr. Jones and Nemeth stressed that "TXPHP is your advocate" but "requires compliance." Their goals are rehabilitation and restoration.

Between the scientific presentations, members had a chance to smooze with each other, to commiserate about the changes going on in their practices and to celebrate those little victories in our practices and in our lives. For example on Thursday I overheard two members from Fort Worth catching up with each other. They discovered that both had worked at a secure facility and the one still working there talked about a problem with patient flow. The one no longer



Patrick Holden, MD

working there shared a tip about how to insure a steady flow of patients during the clinic time. On Friday a member who is also faculty at one of the medical schools commented that she was looking forward to reconnecting with a former psychiatric resident who had just moved back to Texas after having been out of Texas for several years. During the breaks Dr. Conway McDanald drew names of members present for a variety of door prizes including gift certificates to various stores, baskets of wine and food, an electronic photo frame, etc. Finally, many of us enjoyed the band at the Awards banquet; the music provided a pleasant backdrop to the meal and the table conversations. After the banquet, the band played a lot of great dance music, enticing a number of members and their spouses out on the dance floor.

As if that was not enough, your lobbyist, Eric Woomer, updated us about what had happened during the last legislative session. Probably most important is the fact that no bills were passed that would significantly interfere with the quality of the practice of psychiatry. Bills that your organization had a clear influence on included those to dictate the exclusive use of generics for kids, to limit the number of prescriptions for kids and to restrict the use of PRN medications. Without your organization's voice, your practice might well be very different and the high quality of care might be diminished. Dr. Les Secrest reminded us that each of us needs to be involved with our own state representative and senator; those relationships help when the legislators need information about bills about the practice of medicine and psychiatry.

Over the weekend I heard many members comment on how good the presentations and the meeting in general were. I hope those of you who missed the program this year are able to catch the one next year in Galveston. You will be able tell your colleagues about how good the meeting was and, more importantly, tell your non-member colleagues how important this organization is to the continued high quality practice of psychiatry. Happy Holidays!





# LEGISLATIVE UPDATE

Eric Woomer, Public Policy Consultant, Federation of Texas Psychiatry

ust because the legislature is not scheduled to meet until January 2013, it does not mean that there is a dearth of activities in Austin related to the practice of psychiatry. Here is a partial list of the activities that the Federation of Texas Psychiatry is monitoring and participating in on your behalf:

#### 1115 Waiver

The Health & Human Services Commission (HHSC) has submitted a Section 1115

Demonstration Waiver to the U.S. Centers for Medicare & Medicaid Services. The waiver includes plans for statewide expansion of Medicaid managed care, creation of Regional Healthcare Partnerships, and transition to quality-based payment systems for managed care and hospitals. The waiver also includes plans to divert savings generated by the proposed changes into a pool to cover uncompensated care costs for hospitals and other providers.

In a positive development, in September, the Federation joined with the Texas Medical Association, the Texas Hospital Association, and many other stakeholders in opposition to the three-prescription limit in managed care expansion under the waiver. As a result of that opposition, HHSC elected not to pursue the three-prescription limit, and will instead consider alternative strategies to achieve the same cost savings.

STAR & STAR+Plus are being expanded into the Hidalgo County Region in the Rio Grande Valley and the Jefferson County area east of Houston. HHSC has announced tentative award contracts for Medicaid & CHIP, effective March 1, 2012. Prescription drug benefits will be carved in to Medicaid managed care in March as well. The managed care organizations will use the same formulary as Medicaid fee-for-service.

## Mental Health Planning & Advisory Committee (MHPAC)

Federal law mandates that stakeholders be involved in mental health planning efforts related to federal block grant mental health funding. Due to changes in grant funding, two groups that have been performing this function (MHPAC and the Transformation Work Group) are now merging. New bylaws are being drafted, and substance abuse will now be included in the group's charge. Meetings are ongoing to rename the group, develop subcommittees, and establish other structural guidelines for future discussions and planning.

#### Mini-"Sunset" Review of Mental Health Issues

In September, HHSC Commissioner Tom Suehs mentioned that the Texas Department of State Health Services (DSHS) will be undertaking a mini "sunset" review of the state's mental health delivery system. "Sunset" is the process that legislature uses to ensure that each agency and state rules and regulations are relevant and working as intended. Every 12 years, each state agency is reviewed by the Texas Sunset Commission and the agency's operating authority is terminated unless the legislature enacts a new law to continue it's functions.

The goal of this mini "sunset" review is to help the state identify ways to improve care delivery and develop legislative recommendations for 2013. Details will be made public within the next few weeks. The Federation will keep you apprised as this topic develops.

# DSHS Restraint & Seclusion Draft Rules

The Federation has learned that DSHS may be considering changing and updating state rules and regulations relating to restraint and seclusion of mental health patients in Texas. DSHS has been toying with draft rules for about four years, but for each of the last two legislative sessions, DSHS put the rules on hold to see if related legislation would be passed that could impact the rules.

As of today, DSHS Office of General Counsel (OGC) is reviewing the draft rules; whenever they complete their review, the rules will be posted for informal comment. It is unclear when OGC will be done, so there is no timeline regarding when the draft rules will go out for informal comment. DSHS will welcome comments and suggested changes during the comment period.

The Federation has solicited comment from the Professional Practice Management and Public Mental Health Services
Committees and will be incorporating that feedback into our communications with DSHS. Please contact John Bush if you would like to participate in this discussion.

#### Texas Mental Health Code Project Update

The Texas Mental Health Code (TMHC)
Project is a policy initiative funded by the
Hogg Foundation for Mental Health. Texas
Appleseed is the primary grantee, with
Disability Rights Texas as a partner. Dr.
Susan Stone is the contracted facilitator of
the project. This is a two-year grant awarded

in November of 2010. The end result will be a report that outlines issues and suggested changes to the TMHC to better reflect our current behavioral health system.

Thus far, fourteen stakeholder meetings have been held across the state, with more being planned throughout the fall. The purpose of these meetings is to obtain initial general feedback and input about the strengths and weaknesses of the current mental health code.

I have spoken with Dr. Stone and she would welcome input from the Federation and its members. The Facebook page affiliated with the project can be found at http://www.facebook.com/pages/Texas-Mental-Health-Code-Project/235205883184236.

#### **Political Happenings in Texas**

The big news in Texas politics is that Governor Rick Perry is, of course, running for President of the United States. But there are a number of races down-ballot that could have just as significant an impact on the practice of medicine that are not getting the same kind of attention. Here is a quick summary of some of the key races in Texas in 2012.

GOP Lt. Governor David Dewhurst is running to replace the retiring Kay Bailey Hutchison in the U.S. Senate. While he is the odds-on favorite, he is facing a stiff challenge in the Republican primary from former Texas Solicitor General Ted Cruz and former Dallas Mayor Tom Leppert.

Should Governor Dewhurst win, and vacate the Lt. Governor's chair, a little-known provision of the Texas Constitution stipulates that the 31 members of the Texas Senate will elect one of their own members to assume that position for the remainder of the term. Interestingly, the Constitution also provides for the Lt. Governor to assume the governorship, should it be vacated midterm. As a result, should both Dewhurst and Perry vacate their seats to assume higher office, depending on timing and other factors, both the governorship and the lieutenant governorship could be filled by Texas state senators for the next two years!

A number of physicians have active races in the state legislature that may also be of interest. Dr. Charles Schwertner, a sitting Texas House member, is running to replace outgoing Senator Steve Ogden. Dr. Schwertner, a practicing physician in the Williamson County area, received his MD from UTMB in Galveston. His wife is an



Eric Woomer

OB/GYN in Georgetown, Texas.

Also running for the Texas Senate from Tarrant County is Dr. Mark Shelton, a sitting Texas House member and a full-time practicing physician at Cook's Children's Hospital. He received his MD from the Texas A&M University College of Medicine (now the Texas A&M Health Science Center) in 1983 and is double-boarded in Pediatrics and Pediatric Infectious Diseases. He is facing stiff opposition in the GOP primary from Texas State Representative Kelly Hancock. Both men are seeking to oust the current state senator representing the majority of Fort Worth, Sen. Wendy Davis, a Democrat whose seat was redrawn to favor GOP candidates during the last legislative session.

A newcomer to Texas politics, Dr. Greg Bonnen, a practicing neurosurgeon from Galveston County, is running for a seat in the Texas House of Representatives. A UTMB graduate, Dr. Bonnen also founded Houston Physician's Hospital in 2005 and had treated more than 13,000 patients in the Gulf Coast area and beyond. He is running for the House seat being vacated by Rep. Larry Taylor, who is running for the Texas State Senate.

Lastly, Rep. Garnet Coleman of Houston recently attended a fundraising reception in his honor at the home of Dr. George Santos. The event was well received and Rep. Coleman visited with attendees on a broad range of topics important to medicine in Texas. Rep. Coleman is a friend of Texas psychiatry and a stalwart supporter of our issues at the Texas Legislature. If you have questions about these races, the legislative and regulatory events, or other topics related to the regulation and practice of psychiatry in Texas, please don't hesitate to contact the Federation.



# TSPP 2011 Annual Convention and Scientific Program





































# TSPP 2011 Annual Convention and Scientific Program





# TSPP 2011 Annual Convention and Scientific Program











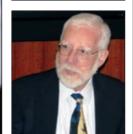
















#### An Opportunity to Participate

# **Annual Campaign 2011**

OW is the time for you to participate in the Texas Foundation for Psychiatric Education and Research's twentieth Annual Campaign conducted each Fall to encourage charitable contributions to support the Foundation's goals: fighting stigma and discrimination; ensuring that patients have access to quality psychiatric treatment; and improving treatment through innovative research.

#### The Foundation's **Annual Campaign Goals**

- A major focus of the Foundation is to educate the public and policymakers about mental illnesses with the goal of ending stigma and eradicating discriminatory practices that impose unnecessary barriers to accessing and receiving quality psychiatric care.
- The Annual Campaign encourages unrestricted charitable contributions to be allocated by the Foundation to programs in Texas that address the Foundation's goals of fighting stigma and discrimination against persons diagnosed with psychiatric disorders; ensuring that patients have access to quality psychiatric care;

and improving treatment through innovative research.

From generous donations received, the Foundation has awarded 121 grants amounting to \$216,721 to support programs addressing its goals:

- Public Education/Advocacy \$105,721 (49%)
- Professional Education \$104,000 (48%)
- Research \$7,000 (3%)

The Foundation's **Annual Campaign** 2011 offers a unique opportunity for psychiatrists and others to allocate their charitable contributions to an organization led by psychiatrists and mental health advocates who make decisions regarding the

funding of programs that address the Foundation's goals.

Will you participate in this opportunity to help people diagnosed with psychiatric illnesses? Send your charitable donation today to: Texas Foundation for Psychiatric Education and Research, 401 West 15th Street, Suite 675, Austin, Texas 78701.

#### TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH I am pleased to support the Foundation with a contribution of: **DONOR INFORMATION** $\square$ \$50 $\square$ \$100 $\square$ \$250 $\square$ \$500 $\square$ \$1000 $\square$ \$\_ $\square$ *I am pleased to commit a pledge of* $\$ \_ payable on (date) Address \_ ☐ **Check** in the Amount of \$\_ Make Checks Payable to "Texas Foundation for Psychiatric Education and Research" Telephone ( \_\_\_\_\_ To My: UISA MasterCard Please Charge \$\_\_\_ Contact me about a PLANNED GIFT. Credit Card #\_ ☐ A Bequest 3 Digit Code on Back of Card on Right of Signature Panel \_ ☐ A Gift of Insurance Name of Cardholder (as it appears on card) \_ ☐ A Charitable Trust Zip Code where you receive your credit card statement \_ Texas Foundation for Psychiatric Education and Research • 401 West 15th Street, Suite 675, Austin, Texas 78701. Your contribution is tax deductible to the full extent of the law. Thank you for your support!

# Application for Distinguished Fellowship in the APA

Patrick Holden, MD, Chairman, Distinguished Fellowship Committee

#### WHY BECOME A DISTINGUISHED FELLOW?

Distinguished Fellowship is awarded to outstanding psychiatrists who have made significant contributions to the psychiatric profession in at least five of the following areas: administration, teaching, scientific and scholar publications, volunteering in mental health and medical activities of social significance, community involvement, as well as for clinical excellence.

Distinguished Fellow is the highest membership honor the APA bestows upon members.

"Excellence, not mere competence, is the hallmark of an APA Distinguished Fellow."

#### WHAT ARE THE REQUIREMENTS TO BE NOMINATED FOR DISTINGUISHED FELLOW?

Psychiatrists who have been members of the American Psychiatric Association for not less than eight consecutive years as a General Member or Fellow of the APA may be eligible for the Distinguished Fellow award by the APA. Primary identification must be psychiatry for those in combined fields (e.g. psychiatry and pediatrics.) Nomination is initiated by your local District Branch, the Texas Society of Psychiatric Physicians.

Three letters supporting your nomination must be received from current Distinguished Fellows or Distinguished Life Fellows.

The General Member or Fellow should be an outstanding psychiatrist who has made significant contributions in at least five of the areas listed below:

- 1. Certification by the American Board of Psychiatry & Neurology, the Royal College of Physicians & Surgeons of Canada, the American Osteopathic Association or equivalent certifying board.
- 2. Involvement in the work of the District Branch, Chapter and State Association activities. Since Distinguished Fellowship is an APA honor, the Committee feels very strongly that participation in this category is extremely important. Length and quality of

service, as documented by the supporting letters, are taken into consideration. No credit is given for membership alone in the APA and its district branches and chapters. Elected offices, appointments as chairs or members of national or district branch/chapter components, and special projects earn credit.

- 3. Involvement in other components and activities of APA.
- Involvement in other medical and professional organizations.
- 5. Participation in non-compensated mental health and medical activities of social significance.
- Participation in non-medical, non-income-producing community activities.
- 7. Clinical contributions.
- 8. Administrative contributions.
- 9. Teach contributions.
- 10. Scientific and scholarly publications.

The application for this award starts at the Chapter level. After reviewing the above criteria, you may feel that you meet the criteria. If you are interested in pursuing this further or just discussing it, please contact a member of your local chapter executive committee for the name of the Chapter's Fellowship Committee Representative. He or she can help you decide if you do meet the criteria and can help walk you through the application process. If you do not know who to contact in your Chapter, please email the TSPP office at *tsppofc@aol.com*. Your completed application and supporting letters and documentation should be completed and turned in to your Chapter for review and forwarding to TSPP by mid-March, 2012. The TSPP Distinguished Fellowship Committee will distribute all of the applications and supporting documentation for the committee to review and discuss at the April 21, 2012 TSPP/TAP Spring Meeting, Westin Domain Hotel in Austin.

#### Congratulations...

During the Annual Business Meeting of the Texas Sociaety of Psychiatric Physicians on November 12, 2011 in Dallas, the following members were elected to offices effective FY 2012-13:

President-Elect, 2012-13 R. Andrew Harper, MD (Houston)

Secretary-Treasurer, 2012-2013 Mark Jacobs, MD (Houston)

APA Representative, 2012-2015 Re-appointment of Priscilla Ray, MD (Houston)

Councilor-at-Large, 2012-2015 Matthew D. Jeffreys, MD (San Antonio)

Representative to the APA Division of Government Relations, 2012-2015 Re-appointment of Leslie Secrest, **MD** (Dallas)

Representative to the APA Division of Public Affairs, 2012-2015 Nakia Scott, MD (Round Rock)

During the Annual Membership Meeting of the Texas Foundation for Psychiatric Education and Research conducted in Dallas on November 12, 2011, the following members were elected to as Directors for three year terms (May 2012 - April 2015):

> Re-appointment of Gary Etter, MD, Fort Worth

Re-appointment of

Shirley Marks, MD, McKinney

Re-appointment of Conway McDanald, MD, Dallas

Appointment of

Richard Noel, MD, Houston

Re-appointment of Edgar Nace, MD, Dallas

Re-appointment of Clay Sawyer, MD, Waco

In addition, Bernard Gerber, MD, Houston, was elected to immediately fill the unexpired term of Gail Eisenhauer, MD (2010-2013).

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RETURN SERVICE REQU

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

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

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#### **JULY 2012**

#### 18-22 Texas Society of Child and Adolescent Psychiatry

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NOVEMBER 2012

#### **Texas Society of Psychiatric Physicians** 9-11

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

**APRIL 2013** 

#### Texas Society of Psychiatric Physicians & **Texas Academy of Psychiatry**

Spring 2013 CME Program & Committee Meetings (Site to be Determined)

# **JOB BANK**

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

8 TEXAS PSYCHIATRIST