

# Texas Society of Psychiatric Physicians NEWSLETTER

OCTOBER / NOVEMBER 2002

## Annual Convention 2002: New Frontiers in Psychiatry

Gary L. Etter, MD, Vice President

**H**owdy and welcome from Fort Worth, Texas the site of our Annual Convention and Scientific Program to be held November 15-17, 2002.

Fort Worth is also known as "where the west begins" and in keeping with this theme our Scientific Program will be looking at new frontiers in psychiatry. The topics presented this year address those areas that are considered "cutting edge" areas of psychiatry. We have scheduled excellent speakers drawn from both our TSPP membership as well as nationally known speakers.

On Saturday, November 16, the program will begin at the Worthington Hotel in Fort Worth with a presentation on "Psychiatric Drug Development as it Relates to the Human Genome Project." Sheldon H. Preskorn, MD, who is the Chairperson of the Department of Psychiatry at the University of Kansas School of Medicine, Wichita Kansas, and is also Medical Director of the Psychiatry Research Institute at Wichita Kansas, will be presenting.

This will be followed by a presentation by A. John Rush, MD, and Cole A. Giller, PhD, MD, FACS on "Vagus Nerve Stimulation (VNS)." Drs. Rush and Giller are both from the University of Texas Southwestern Medical Center at Dallas and have worked together in utilizing vagus nerve stimulation as a treatment of psychiatric disorders.

Next will be a presentation on "New Advances in Research and Treatment of Alzheimer Disease" presented by Kevin Gray,

MD who is Director of the Geriatric Neuropsychiatry Clinic at the VA Hospital in Dallas and is also Assistant Professor of Psychiatry and Neurology at UT Southwestern Medical School at Dallas.

On Saturday afternoon the program continues with Victor R. Scarano, MD, JD who will be speaking on "The Psychiatrist's Role in the Criminal Justice System and How it Relates to Competency to Stand Trial in Insanity Defense." Dr. Scarano is Chief of Forensic Psychiatry at Baylor College of Medicine in Houston.

The program concludes on Saturday with Daniel L. Creson, MD, PhD speaking on "Mental Health Models and Complex Emergencies: A New Frontier," and will also be utilizing a panel consisting of our members who have participated in addressing complex psychiatric emergencies. Dr. Creson is Professor and Director of Continuing Education at the Department of Psychiatry at UT Medical School at Houston.

On Sunday, November 17, our program begins with the winner of TSPPs Resident Paper Competition, Veena Doddakashi, MD of Dallas, who will present her paper entitled "Female Suicides in Major Texas Cities 1994-1998." Her presentation will be followed by Elliott M. Frohman, MD, PhD who will be speaking on the "Advancements in the Diagnosis and Treatment of Multiple Sclerosis." Dr. Frohman is the Director of the Multiple Sclerosis Program at UT

Southwestern Medical Center at Dallas.

The next presentation will be from Manuel Montes de Oca, MD, who will be speaking on the "Management of Schizophrenia While Switching Antipsychotics," particularly switching from traditional antipsychotics to the atypical antipsychotics. Dr. Montes de Oca is Assistant Clinical Professor in Psychiatry at the Albert Einstein College of Medicine at Stony Point, New York.

The program will conclude with a presentation on "Ethical Issues: The Simple Side of Complexity" by Greg McQueen, PhD. This will provide one (1) hour of education in medical ethics and/or professional responsibility. Dr. McQueen will use an interactive audience participation module, which should make for a very interesting presentation on ethics. Dr. McQueen is the Vice Provost for Health Affairs at UNT Health Science Center of Fort Worth, Texas.

In addition to the Scientific Program, we have scheduled various social activities including a complimentary welcome reception with exhibitors for members and their guest on Friday evening, November 15th, 2002 at 6:00 p.m. and a reception and dinner honoring the 2002 TSPP Award recipients on Saturday evening, November 16th, 2002 at 6:30 p.m. Our award recipients this year consist of Alex K. Munson, MD (Georgetown) and Robert L. Zapalac, MD (Austin) who will be presented with the Distinguished Service Award, Edward Furber, MD (Fort Worth), Margo K. Restrepo,



GARY L. ETTER, MD

MD (Houston), and Madhukar Trivedi, MD (Dallas) who will be presented the Psychiatric Excellence Award and a Special Service Award will be presented to Senator Mike Moncrief of Fort Worth.

I would hope that all of you will be making plans to attend our program and meeting this year as it promises to be a very interesting and stimulating program related to the New Frontiers in Psychiatry. In addition, please make plans to attend the TSPP Awards Banquet to recognize and support your fellow colleagues as they receive their awards.

The Worthington Hotel is located in the heart of downtown Fort Worth with easy access to the downtown's Entertainment District, Sundance Square, in addition to various art venues, movie theaters, restaurants and museums.

We look forward to seeing you at the Scientific Program in Fort Worth.



**2002 Convention and Scientific Program**

Worthington Hotel

**FORT WORTH**

Water Gardens

Kimbell Art Museum

Fort Worth Skyline

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## The Death of Psychoanalysis

This column is going to upset you. If you are having a bad day, or if your day looks like it is starting to go bad, do not read this column. It will make your day go worse.

In this column, I will be discussing some bad things that will probably disturb you. If in your life, you have ever had the capacity to be even remotely upsettable, I am probably about to upset you now, so don't read any more. If your feelings can be even minimally tender, this column will not be for you. Please turn the page now and find a better article.

Still reading? Well, I warned you. I want to discuss the death of psychoanalysis. I first learned of this sad news at a medical meeting some years back when a noted psychiatric researcher began his presentation by telling his audience that his data was about to introduce us to the real world of facts and that he would completely dispel the notion of such nonsense as ego defense mechanisms, psychodynamics, etc. After reviewing and debunking a wide range of psychoanalytic concepts, he then turned and looked the audience in the eye and flat-out declared, "There is no such thing as the Unconscious." As if for emphasis, he repeated the statement, this time in a loud exclamatory voice, "THERE IS NO SUCH THING AS THE UNCONSCIOUS!" I was glad he repeated the statement, because I was not sure I had heard correctly the first time.

Naturally, tears came to my eyes, for I knew this new information had to be true. The speaker was an obvious expert in the subject. As best I could tell, he met both of the scientific criteria for being an expert: (1) he had traveled a long distance to make the presentation and (2) he had brought some slides with him.

The speaker then led us through some elegantly beautiful slides and graphs which portrayed bouncing cortisol levels in obedient response to the dexamethasone suppression test, in such a fashion as to completely prove that all of our troubles lay strung out along the hypothalamus-pituitary-adrenal axis. I left the talk thinking, "What a dope I have been to have never noticed that!"

It did little to dispel my grief, when several years later I read an announcement of the expert's resignation. The announcement said he wished to spend more time with his family. The announcement also had words to the effect that the expert wanted "to pursue a life-long goal of an in-depth contemplation of some unusual patterns of data cross-validation inconsistency hypotheses." I'm not sure, but I believe those words are academics for "he fudged his data."

One reason for my continued grief has been the fact that, in the meantime, the field of psychiatry has gone biologically bananas. A new title of great honor has begun rolling off our tongues: "Biological Psychiatrist".

Earlier in my career, as I was conducting basic research in psychiatric neurophysiology, I was humbled real badly by the central nervous system. As my research branched out into neuroendocrinology, neuroanatomy, and neuropsy-

chopharmacology, my I.Q. dropped steadily as I was stupefied by the immense scope of the complexities of the unanswered questions that lay before me. I never considered myself to be a biological psychiatrist, but I guess I was.

Whenever I left the lab bench to attend talks by folks that declared themselves to be biological psychiatrists, I was aghast (and still am) at the sweeping basic science conclusions they elaborated from interpretations of their research data at the clinical science level. Even after the talk by the expert described above, I could never bring myself to order a dexamethasone suppression test due to two things: (1) a nagging uneasiness about his new "facts" (partly because the expert seemed intellectually challenged by the difference between the adrenal medulla and the adrenal cortex and the identities of their hormones), and (2) my patients continued to demonstrate the same psychodynamic patterns as before, and they seemed unconcerned about the status of their hypothalamus-pituitary-adrenal axis. I tried my best to subtly bias their free associations to describe to me how their cortisol was feeling, but I could make no headway.

Meanwhile experts, such as the one above, appeared to be taking over our psychiatry residency training curricula around the nation.

### *Psychodynamic psychiatry and biological psychiatry are both important bodies of knowledge for the education of the modern psychiatrist.*

Psychoanalytic theory and treatment were no longer fundamental components of the education of a psychiatric resident. Topics more germane to the prescribing of psychoactive medications and biomechanical brain function steadily gained more prominence. This fact was driven home to me with a vengeance in a recent conversation I had with a friend who is finishing his residency in another state. He is extraordinarily knowledgeable about psychopharmacology, but he described his anxiety over fulfilling his graduation requirement to pass a test about psychodynamics and its relationship to epigenetic childhood cognitive and mental development. He described how his residency program omitted that material from its regular curriculum and training, and expected residents to learn the subject on their own. His strategy was going to be to "cram" the night before the graduation final exam. (I just hope he remembers that "Piaget" is not necessarily a brand of wristwatch, and that it's called the "superego," not the "super-duper-ego").

On the other hand, the field of psychoanalysis had not appeared faultless in the development of this aberration in psychiatric education. Too many psychoanalysts have been



R. SANFORD KISER, MD

the first to fall down in prostrate obeisance before the presentation of "hard data." The psychoanalytic field at times has appeared to have a fascination for topics abstruse and mysterious, making analysts easy targets for "experts" such as the one described above, and for members of their own ranks who hold themselves out to be brilliant theoreticians.

One of my long-standing projects has been to understand the writings of one particular psychoanalyst, who is probably known to many readers of this column (for the purpose of ensuring that my friendly and helpful comments are not taken to be calumnious libel of the vilest nature, I will abstain from mentioning the analyst by name). Despite reading and re-reading the various writings of this theoretician, I still don't have the foggiest idea of what he is trying to say.

I once tried to solve the problem by going to one of his talks to see if I could understand his concepts by hearing them directly from the horse's mouth. Except for enjoying the melodious sound of his appropriately Viennese-sounding accent (even though someone told me that he was from New Jersey) and the enchantingly rhythmic pattern of his facial tic, I left the talk feeling more confused than ever.

I have carefully and methodically re-read his works in an attempt to understand the cause of my inadequacies. I have developed the impression that he has a method of coining new, idiosyncratic, and neologistic concepts, which he defines by using some of his previous new, idiosyncratic, and neologistic concepts. Those previous concepts have in turn been introduced and defined the same way. I then deduced that if I worked backwards to trace these definitions to their source, I would find some original definitions laid out in ordinary human language. From that foundation I hoped to have the groundwork for understanding his entire magnificent edifice of theoretical concepts. To my dismay, I have thus far found only a circular pattern of intertwining and cross-referencing definitions based upon neologisms. I am convinced that somewhere there is one of his papers that I have overlooked, in which he uses regular words to define basic concepts to start off the discussion of his theories.

In the meantime, I have found myself having uncontrollable cravings to relax by reading articles about the dexamethasone suppression test.

In summary, I believe that psychodynamic psychiatry and biological psychiatry are both important bodies of knowledge for the education of the modern psychiatrist. The examination of the workings of the mind by psychoanalysts and the investigations of the workings of the brain by biological researchers are both critical to bridge the gap between

## TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

A District Branch of the American Psychiatric Association

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 TFPF ..... Grace K. Jameson, MD  
 TMLHG ..... Leslie Secrest, MD

#### TSPP EXECUTIVE OFFICE

Executive Director ..... John R. Bush  
 Assistant Director ..... Debbie Sundberg

(\*) Voting member of the Executive Council

## I N M E M O R I A M

David Wade, MD  
 Fredericksburg

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# TSPP Elections

Nominations for TSPP elective offices will be finalized at the Annual Business Meeting on November 16, 2002 in Fort Worth at the Worthington Hotel during the Annual Convention and Scientific Program. Positions to be considered in the 2002 elections include:

- President-Elect, one year term, 2003-2004
- Secretary-Treasurer, one year term, 2003-2004
- Councilor-at-Large, three year term, 2003-2006
- APA Assembly Representative, three year term, 2003-2006
- Rep. To APA Div. of Government Relations, three year term, 2003-2006
- Rep. To APA Div. of Public Affairs, three year term, 2003-2006

During 2003-2004, Priscilla Ray, MD (Houston) will be President and George Santos, MD (Houston) will be Vice President.

The Nominating Committee, composed of Charles Bowden, MD, Chairman, Deborah C. Peel, MD, and A. David Axelrad, MD, have met and by majority vote, selected **J. Clay Sawyer, MD** (Waco) to run for President-Elect.

For the position of Secretary-Treasurer, the Nominating Committee by majority vote selected **Gary L. Etter, MD** (Fort Worth).

The Nominating Committee unanimously selected **Franklin Redmond, MD** (San Antonio) as a candidate for Councilor-at-

Large, succeeding Margo Restrepo, MD (Houston).

By majority vote, the Nominating Committee selected **Priscilla Ray, MD** (Houston) to continue her service as APA Assembly Representative for another three year term.

The Nominating Committee also endorsed **Leslie Secrest, MD** (Dallas) and **Timothy Wolff, MD** (Dallas) to continue their service as Rep. to the APA Division of Government Affairs and Rep. to the APA Division of Public Affairs, respectively.

Following the finalization of the slate of candidates during the TSPP Annual Business Meeting on November 16, 2002, elections will be governed by the TSPP Bylaws, Chapter Nine, as follows:

*Section II. At the annual business meeting, the nominees for office recommended by the Nominating Committee, the nominees for office submitted by the Chapters, and the nominees submitted by written petition signed by at least 20 voting members, shall be presented to the entire voting membership present. Additional nominations may be made from the floor by any voting members.*

*Section III. The election of officers shall be conducted by mail ballot whenever more than one slate of officers is*

*nominated. The ballot shall list in alphabetical order, as candidates for office all members nominated in accordance with the Constitution and Bylaws. The ballot shall not in any way indicate the particular process by which the candidate was nominated. If no nominations are made by the Chapters, by petition, or from the floor, the slate submitted by the Nominating Committee will be considered to be elected by acclamation by those members at the annual business meeting.*

*Section IV. In contested elections, the ballots shall be mailed to all voting members within seven (7) days after the Annual Business Meeting. The ballots must be returned within thirty (30) days following the Annual Business Meeting...*

*As stipulated in Section V-VIII, the ballots will be tallied and reported at a regularly scheduled meeting of the Executive Council and the certified election results announced by mail to the entire membership following the Executive Council meeting.*

Elective positions are currently held by the following members:

**Officers 2002-2003:**  
 President - R. Sanford Kiser, MD (Dallas)  
 President-Elect - Priscilla Ray, MD (Houston)  
 Vice President - Gary L. Etter, MD (Fort Worth)  
 Secretary-Treasurer - J. Clay Sawyer, MD (Waco)

## APA Representatives:

A. David Axelrad, MD, Houston (2001-2004, first term)  
 Robert G. Denney, MD, Fort Worth (2002-2005, second term)  
 Priscilla Ray, MD, Houston (2000-2003, second term)  
 Paul H. Wick, MD, Tyler (2001-2004, third term)

## Councilors-at-Large:

Gary L. Etter, MD, Fort Worth (2001-2004, first term)  
 Lynda Parker, MD, Lubbock (2002-2005, first term)  
 Margo K. Restrepo, MD, Houston (2000-2003, second term)

## Representative to the APA Division of Government Relations:

Leslie H. Secrest, MD, Dallas (2000-2003, first term)

## Representative to the APA Division of Public Affairs:

Timothy K. Wolff, MD, Dallas (2000-2003, second term)



# Annual Campaign 2002

An Opportunity to Participate

Have you made your annual contribution to the Texas Foundation for Psychiatric Education and Research (TPPER)? If not, the Development Board and Board of Directors of the Foundation encourage you to support the Foundation's Annual Campaign. "I am pleased to announce that the Foundation launched its

tenth Annual Campaign... **Annual Campaign 2002**... on October 1," said Harry Lundell, President of the Foundation's Development Board. "We are grateful for the growing number of TSPP members who have supported the work of the Foundation through their charitable giving and we are optimistic that this will

be our most successful Campaign to date."

According to Mr. Lundell, persons who make their 2002 donation prior to or at the TSPP Annual Convention in Fort Worth on November 15-17 will receive a gift of appreciation at the Foundation's booth in the Convention exhibit area.

"TSPP members have provided the nucleus of our support in the past," said Grace K. Jameson, MD, Chairman of the Foundation's Board of Directors. According to Dr. Jameson, TSPP members have accounted for about 56% of funds contributed to the Foundation since it began raising money in 1993.

"All members of TSPP are members of the Foundation, but unlike many other membership foundations, TPPER does not assess members dues. Instead, our Board made the decision to encourage members to contribute to the Foundation voluntarily," added Dr. Jameson. The Foundation has only one fund-raising function each year, an Annual Campaign that is conducted from October through December.

"Because TSPP has been generous in providing staff and resources to the Foundation, virtually 100% of a donor's gift may be allocated to programs supported by the Foundation," said Mr. Lundell. "This adminis-

trative support has given our Foundation the opportunity to become financially viable in a relatively short period of time."

Each TSPP member will receive a mailing in October about **Annual Campaign 2002**. According to Mr. Lundell, the emphasis of **Annual Campaign 2002** is to encourage unrestricted donations to enable the Foundation to support three areas of interest: ending stigma and discrimination; ensuring access to quality psychiatric care; and, improving treatment through research.

Through 2001, the Foundation had received 924 contributions totaling about \$216,864. The Foundation's goal during its formative years has been to build a solid financial base while beginning to invest its funds carefully in programs that meet the Foundation's objectives. Fifty-three grants amounting to \$57,400 have been awarded to date.

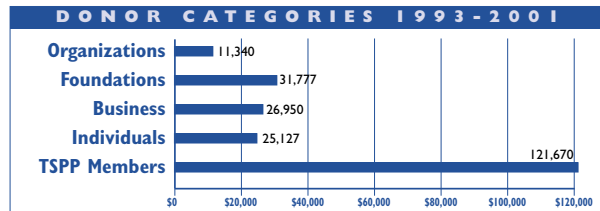
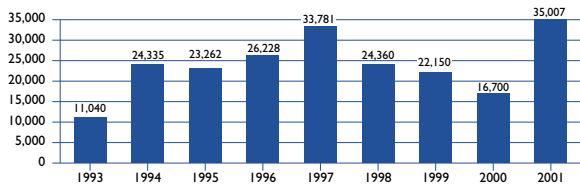
TSPP was instrumental in founding the Foundation as a non-profit organization in December 1991. The Internal Revenue Service subsequently recognized the Foundation as a 501(c)(3) organization which entitles donations to be deducted from income taxes to the full extent of the law. The Foundation is independently governed by a Board of Directors, twelve of whom are elected by the membership. The balance of the Board is composed of persons who hold leadership positions in organized psychiatry and in mental illness advocacy organizations.

The structure of the Foundation also includes a Development Board which is charged with identifying programs to support and directing fund-raising activities. Members of the Board include: Diane Batchelder (Austin); Jacqué Collier (Georgetown); Miriam Feaster (Friendswood); Hal Haralson (Austin); Eva Koll (Friendswood); Harry Lundell (Austin); and, Stella Mullins (Austin).

Please help to make **Annual Campaign 2002** our best campaign. Please donate as generously as you can. Your participation is important and we hope will be rewarding.



## Annual Campaign Results



## TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH ANNUAL FUND 2002

I am pleased to support the Foundation with a contribution of:  
 \$50     \$100     \$250     \$500     \$1000     \$ \_\_\_\_\_

I am pleased to commit to Club 2000 and help the Foundation enter the new century with a pledge of:  
 \$ \_\_\_\_\_ payable over the period of \_\_\_\_\_

### DONOR INFORMATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

Contact me about a PLANNED GIFT.

Special Instructions/Requests:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please make your check payable to "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!

# Psychology Truth Squad Needed

John R. Bush, Executive Director

As you have read in recent issues of the TSPP Newsletter, the profession of psychology, not satisfied to live within its traditional scientific, well-justified boundaries, has embarked on a well-organized, richly financed, aggressive campaign to obtain prescribing privileges for their profession. Organizers of this movement within psychology have chosen to pursue this agenda through state legislatures because they prefer to realize their goal through legislation rather than the extensive education and training required for licensure and certification as a physician/psychiatrist. In other words, they have chosen "political competency" over intellectual and medical competency.

Former APA President, the late Jerry Wiener, MD, said it best: "This aggression has more to do with guild economics than with real concerns or rationalizations concerning quality or access. Psychology has sought to cloak the motives for this territorial campaign in the self-serving and altruistic-sounding language of greater access for clients, and improved quality of care."

After trying since 1984 to win a legislative victory for prescribing privileges, psychology finally convinced the New Mexico legislature this year to pass their prescribing bill.

There is no issue more at risk of undermining the quality of care of patients with mental illness ... or more confusing to the public and legislators.

Organized psychology made its first attempt in Texas in 2001 to win a "legislative medical degree." Not only did they lose this legislative initiative, their loss was overwhelming. The bill was not even heard in committee.

But the New Mexico victory has given new life to their legislative agenda in Texas.

They will file a bill in the 2003 Texas Legislature, if they can find a sponsor. Since over 6,000 bills are usually filed during the 140-day legislative session, they will probably find someone who will file their bill.

Psychologists have been aggressively lobbying legislators in preparation for their 2003 campaign. They have been pushing hard to win over patient advocacy organizations and even their psychology colleagues who oppose the "medicalization of psychology." They have been attempting to insert their legislative propaganda into reports being prepared by State agencies.

And, they convinced the House Public Health Committee to include their legislative initiative in the committee's interim hearing process. While they couldn't get a hearing for a bill that was filed in 2001, they did succeed in having a hearing on their legislative agenda conducted by the House Public Health Committee on June 25-26.

## Truth Squad Needed

After listening to psychologists who have testified in the Texas Legislature, who have made presentations to advocacy organizations, and who have been quoted in the media, I am convinced that a Truth Squad should be established to shed light on their exaggerations, distortions and misrepresentations. Let's examine some of the claims made by psychologists and consider the enlightening truth.

**CLAIM:** Psychologists say they should be given the RIGHT to prescribe to their patients. Psychologists say that they are the only doctoral level professional denied the right to prescribe.

**TRUTH:** Prescribing is not a Right or Entitlement...it is a PRIVILEGE earned from medical school education and residency training. Prescribing medications is part of the "practice of medicine," awarded to only those who have successfully completed medical

school and residency training. The last time I checked, the Psychologists' licensing law does not allow psychologists to practice medicine. Psychologists who want to prescribe medications should go to medical school, just as some psychiatrists have done who first received their PhD degree in psychology. Or, as an alternative, go through the training program for physician assistants or advanced nurse practitioners.

**CLAIM:** Psychologists say they have more years of MENTAL HEALTH TRAINING than any healthcare professional, including Psychiatrists.

**TRUTH:** Claiming to have more education and training in mental health than any other professional, including psychiatrists, is a gross misrepresentation. Many of the years psychologists claim as training is actually undergraduate education rather than training. Their academic degree consists of social and behavioral sciences, in contrast to a physician's medical degree program which is clinically-focused, emphasizing the physical sciences (biology, chemistry, physiology, pharmacology, neurology etc). Not only do they have fewer years of clinical training and education, their education and training is not in the biological sciences.

**CLAIM:** Psychologists imply that this is only a GUILD ISSUE; that Psychiatrists oppose the initiative only because they are trying to protect their FINANCIAL TURE.

**TRUTH:** This is not a guild or turf issue, or a scope of practice issue between psychology and psychiatry... rather, it is about QUALITY MEDICAL CARE and SAFETY for Texas citizens.

Physicians, most psychologists, nurses and other allied healthcare professionals, and mental health advocacy organizations oppose this legislation. Persons who oppose the legislation do not want substandard care for persons with mental illnesses, which is what the legislative proposal represents. Opposition to this legislation should not be viewed as an attack on psychology. Psychologists are valuable providers of mental health care in our State. Even many within the profession of psychology oppose the legislation and the "medicalization" of their profession.

**CLAIM:** Psychologists claim that the DEPARTMENT OF DEFENSE PSYCHOPHARMACOLOGY DEMONSTRATION PROJECT proved that psychologists can be trained to safely prescribe medications. They say that training programs have been established based upon the DOD curriculum which will train other psychologists to prescribe safely.

**TRUTH:** After spending over \$6 million to train 10 psychologists, Congress discontinued the boondoggle called the DoD Pharmacology Demonstration Project because there was not a demonstrated need for psychologists to prescribe, it was too costly and the benefits were uncertain. The patient population and severity of illness found in the military does not reflect the general population. What about children...the elderly? And what about those so-called pharmacology programs established to train psychologists to prescribe, such as the one at Texas A&M University. The 300-400 credit hour program offered by the Texas A&M College of Continuing Education is a weekend course taught by video conferencing...hardly medical school. The program, co-sponsored with the Texas Psychological Association, is so weak and lacking in faculty that the President Elect of the Texas Psychological Association recently visited the campus in an attempt to recruit faculty. Guess where she went to recruit

faculty. The College of Veterinary Medicine. Despite claims by the vocal minority of proponents of psychology prescribing that the course will train psychologists to prescribe medications, the administration of Texas A&M says otherwise...the administration says the course is designed to give a psychologist a better understanding of pharmacology.

**CLAIM:** Psychologists allege that this legislation will increase ACCESS TO CARE, as there are more psychologists than psychiatrists and they are better distributed throughout the state in underserved areas.

**TRUTH:** Regarding access, psychologists are no better distributed throughout Texas than psychiatrists. As a matter of fact, there are fewer psychologists with the designation of Health Service Provider (1,070) than psychiatrists (1,811), according to licensing board data. There are 9 psychiatrists per 100,000 population, compared to 5 psychologists per 100,000 population.

There are over 35,000 physicians in Texas, or 182 physicians per 100,000 population.

What about access in rural areas of the state? There are only 20 Texas counties with no physicians. These 20 counties have a combined population of 46,000, or less than 1% of the population of Texas. There are 173 counties (68%) with a population of about 2.5 million (12.5%) which do not have psychiatrists. However, there are no psychologists in 188 counties (74%), which have a population of 3.1 million (15.5%). Put another way, psychologists are in 15 fewer rural counties than psychiatrists.

Psychologists, psychiatrists and physicians practice in the most populous areas of the state. There are 34 counties with a population of 100,000 or more. They comprise 77% of the state's population. The distribution of physicians, psychiatrists and psychologists in these populous counties is: Physicians - 89%; Psychiatrists - 90%; and, Psychologists - 92%. There is a heavier concentration of psychologists in the urban, populous areas of the state than physicians or psychiatrists.

There is just no way that psychologists can factually assert that prescribing privileges will provide better access to care, especially in rural areas.

Despite these revealing statistics, the bottom line to me on the ACCESS argument is ...Access to what kind of care? Does it do our citizens any good to have access to inferior or substandard care? Or even dangerous care?

The real solution to improving access is to reform practices of managed care and to remove the barriers imposed by discriminatory health insurance coverage.

**CLAIM:** Psychologists say this legislation will be more CONVENIENT FOR THEIR CLIENTS and SAVE THE CLIENT MONEY. They ask, "Why should a psychologist who has formed a therapeutic relationship with a client have to refer their client to a psychiatrist just to get a prescription?" They say that there is a shortage of psychiatrists and that it takes 4-6 months to get an appointment with a psychiatrist. They say that when their client finally gets an appointment with a psychiatrist, the client has to bear their soul and deepest secrets to another professional, without an established provider/client relationship.

**TRUTH:** Despite their desire to practice medicine, their education, training and licensure prohibit their practice of medicine. Psychiatry and psychology are professions that work together in many instances to provide the best



JOHN R. BUSH

service possible to patients. Each profession has its unique training and levels of expertise. Psychiatrists often refer patients to psychologists to receive services that are within the scope of practice of psychologists, including psychological testing and counseling. It is not uncommon for healthcare professionals to refer patients to other professionals when additional expertise is needed to properly care for the patient. The reason for doing so is to best serve the patient and ensure the patient receives the most appropriate care and safest care possible.

**CLAIM:** Psychologists argue that OTHER NON-PHYSICIANS have been allowed to prescribe, such as dentists, optometrists, physician assistants and nurse practitioners, and ask, "Why shouldn't psychologists with specialized training in pharmacology be allowed to prescribe medications for their patients?"

**TRUTH:** There is a big difference between other non-physician practitioners and psychologists.

Some non-physician practitioners, such as physician assistants and advanced nurse practitioners, have been given the privilege of prescribing, but only under the supervision of a physician and after completion of appropriate training encompassing biomedical sciences. Other practitioners, such as podiatrists and optometrists may prescribe, but they have received biomedical training and are confined to very limited formularies, unlike dangerous psychoactive medications that psychologists would like to prescribe.

**CLAIM:** Psychologists claim that it is preferable and safer to receive a prescription from a psychologist with pharmacology training than from NON-PSYCHIATRIC PHYSICIANS...such as family physicians.

**TRUTH:** Only physicians can perform a differential diagnosis, which is needed to properly choose a treatment option, including medications. Physicians understand medical illnesses including psychiatric illnesses and can recognize medical illnesses masquerading as mental illness. Physicians understand and can detect harmful and life-threatening drug interactions. What can a psychologist do to help a patient when a patient is having a life-threatening drug interaction?

## You Can (And MUST) Make a Difference

Well, if you are still with me, you've read the arguments for prescribing privileges used by psychologists and some of medicine's counter arguments. I'm sure you can provide even better arguments against this proposal. However, if our arguments are so much better, why did the psychologists win a victory in New Mexico?

The results in New Mexico reminds me of what Napoleon once said:  
"In politics, stupidity is no handicap."

Most legislators do not understand mental illnesses nor do they know the difference

between psychiatrists and psychologists. Of the 6,000 bills filed in the Texas Legislature each session, how many are read completely and understood by the 181 members of the Legislature? Very few. There is just not enough time for a member of the legislature to read and digest 6,000 bills during a brief 140 day session. So, we have members of the legislature who may not know the difference between bipolar disorder and arthritis, who do not have time to read the bills and who do not know the difference between physicians and non-physician providers. How do they make decisions about their vote on a bill? The primary answer is...Relationships.

Relationships with constituents. Relationships with their voters back home. Remember what Speaker Tip O'Neill said: "All politics is local."

When this issue is brought up in the Texas Legislature, a legislator is going to seek advice from persons he/she knows in the District who may have some knowledge about the issue. And, the legislator will seek the advice on an issue from members of his or her staff. You should be on your legislator's call list on mental health issues. In making your case—show your humanity—don't use technical jargon—and relate issues to other medical illnesses.

When asked to comment on their victory in New Mexico, Dr. Mario Marquez of the New Mexico Psychological Association said: "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."

TSPP has put out a Call to Action to become involved in the political process. Physicians can not afford to sit on the political sideline. A French proverb said it best: "Those who do not do politics will be done in by politics."

Psychologist prescribing is really not a "medical issue." It is a "political issue." And it will be determined on the political battleground...a battleground selected by the psychologists...the Texas Legislature...where the issue will be resolved by 181 members who may cast a vote.

The minority of psychologists who are pushing for prescribing privileges, are organized, dedicated, motivated, committed to "their cause," and very patient. Marlin Hoover of the Illinois Psychological Association was quoted in a national publication as saying: "We've made no pretense this would happen immediately. We intend to keep after it until it happens." It is only a matter of time. Or is it?

Physicians must heed the warning of Jesse Jackson: "In politics, an organized minority is a political majority." Legislators must hear from physicians and other providers such as psychologists and mental health advocates about this

issue. They must come to appreciate that there is strong opposition to this legislative agenda of psychologists....about 75% of Texans in a statewide poll taken in 2001 said they were AGAINST psychologists prescribing, EVEN if it would improve access to care.

They must also understand that this self-serving legislative proposal does not address a real need or the best interests of patients. Yes, there are many problems with the delivery of care... but they can be addressed by reforming managed care practices, removing discrimination by insurance companies in their benefits for psychiatric illnesses, and improving funding for public mental health services. Psychology prescribing does not solve any of these problems. It just gives a prescription pad to an unqualified provider resulting in more prescriptions being written, driving costs up further...and endangering patients.

It is important for all who oppose this legislative proposal to form relationships with legislators and candidates NOW, during the current election cycle. If physicians, psychologists, and patients advocates wait until the start of the Legislative Session in January, it will be too late. Relationships should be formed before a legislator goes to Austin. Once the Session starts, legislators are too busy and there is too much "lobbying noise" to get their attention. Now is the time to convey your message. Now is the time to shape a legislator's opinions. Now is the time to act.

I imagine that many psychologists are embarrassed by the vocal minority within their profession who make false claims, exaggerate the truth and attempt to mislead through their distortions.

As a mental health advocate myself wanting the best possible treatment for persons with mental illnesses, I am highly offended by the claims of psychologists who will say anything to win a "legislative medical degree." I am offended less by their spin and exaggerations than how their arguments trivialize mental illness and psychiatric treatments, and how their introduction of this political agenda diverts attention from solving the real problems people with psychiatric illnesses face in trying to access appropriate care in our state.


I applaud the Depression and Bipolar Support Alliance (formerly the National Depressive and Manic-Depressive Association) for taking a strong position in opposition to the psychologists' agenda to win prescribing privileges through legislative fiat. I hope that other mental health advocacy organizations who truly want the best and safest treatments for persons with mental illnesses will read the DBSA position statement and adopt a similar position.

This should not be a struggle between psy-

chology and psychiatry as psychologists like to portray. But psychiatry, along with all physicians, patient advocacy organizations, and many psychologists who oppose this legislative initiative, must stand up for patients and express strong opposition to this dangerous and ill-conceived legislation. There is no demonstrated healthcare need that is solved by psychologists' attempt to get a "legislative medical degree." We must all continue our fight and momentum from the last Legislative Session to defeat this legislative proposal, to prevent the institution of substandard care and even dangerous care for persons with mental illnesses that this legislation represents.

TSPP members and advocacy friends must become involved with this issue. Why? As Perceles once said: "Just because you do not take an interest in politics doesn't mean politics won't take an interest in you."

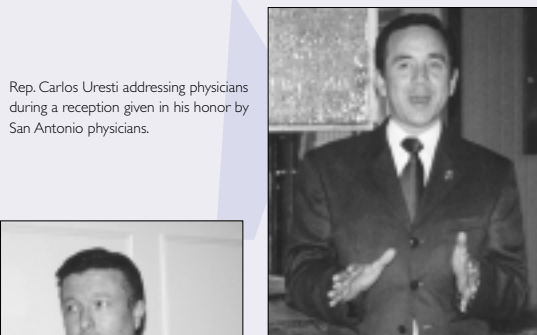
Please contact your legislator individually or collectively. Form a relationship. Let them know that their physician-constituents back home are involved and are participants in the political process. Become a member of the "Truth Squad" and shed light on this issue.

And always...always remember what Woody Allen had to say: "I believe there's something out there watching over us. Unfortunately, it's the government." 

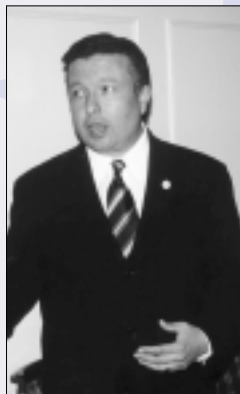
## POLITICAL ADVOCACY



James Buckingham, MD (left) and Joseph Arisco, MD (right) pictured with Rep. Bob Glaze at a reception given in the honor of Rep. Glaze by East Texas physicians.



Rep. Carlos Uresti addressing physicians during a reception given in his honor by San Antonio physicians.



Rep. Jaime Capelo speaks with physicians in Corpus Christi during a reception honoring Rep. Capelo.

## Candidates for Foundation Board Announced

Elections to be Conducted at Annual Meeting

The Nominating Committee of the Texas Foundation for Psychiatric Education and Research, composed of Clay Sawyer, MD, Alex Munson, MD and George Santos, MD submit the following slate of candidates for positions on the Board of Directors:

### Four Three Year Terms (May 2003-May 2006)

- ★ Shirley Marks, MD, Lubbock, to succeed Alex Munson, MD.
- ★ Charles Bowden, MD, San Antonio, to be re-appointed to another 3 year term.
- ★ Mohsen Mirabi, MD, Houston, to succeed Margo Restrepo, MD.
- ★ Conway McDanald, MD, Dallas, to succeed Robert Bennett, MD.


Elections for these positions will be conducted at the Foundation Annual Membership Meeting at the Worthington Hotel in Fort Worth on November 16, 2002 during the TSPP/Foundation Annual Business Meeting. Foundation members, which include all TSPP members in good standing, may submit names of candidates for the position of Foundation Director by submitting a petition signed by at least 20 members. Nominations may also be entertained from the floor during the Annual Membership Meeting. If there is a contested election, the election will be conducted by mail ballot in accordance with the Bylaws of the Foundation. Otherwise, the election will be conducted at the Annual Membership Meeting.

The Foundation's Board of Directors are charged with supervising, managing and con-

trolling all of the policies, activities and affairs of the Foundation. There may be as many as 21 individuals holding a position of Director. There are two classes of Directors. Designated Directors are persons serving on the Board by virtue of positions they may hold in organized medicine or among mental health advocacy organizations (ie President-Elect of TSPP, Secretary-Treasurer of TSPP, Immediate Past President of TSPP, President of the Development Board, President of the TSPP Auxiliary, President of the NAMI Texas, Chairman of the Mental Health Association in Texas, President of the Texas Depressive and Manic-Depressive Association, Chair of the TSPP Public Affairs Committee and Chair of the TMA Committee on Psychiatric Health Care and Mental Retardation). There are

currently 7 Designated Directors.

In addition to Designated Directors, the Board is composed 12 Elected Directors. Elected Directors are elected by the membership of the Foundation to serve three year terms on the Board. At least 3 Elected Directors must be past Presidents of TSPP.

Current Elected Directors include Robert Bennett, MD, Charles Bowden, MD, David Briones, MD, Arthur Farley, MD, Tracy Gordy, MD, Grace Jameson, MD, Alex Munson, MD, Edward Reilly, MD, Margo Restrepo, MD, Linda Rhodes, MD, Larry Tripp, MD, and Paul Wick, MD. Designated Directors currently are Charles Bowden, MD, Mark Hardwick, Paul Koll, Harry Lundell, Clay Sawyer, MD and Jean Setzer, PhD. 

# Workers' Comp Rules Halted

Texasans hurt on the job and the physicians who take care of them won an injunction against the Texas Workers' Compensation Commission's (TWCC's) proposed new medical fee schedule. Judge John K. Dietz in the 250th District Court in Travis County ruled the fee schedule had no relevant rationale and therefore was illegal.

Judge Dietz ordered TWCC to come up with supportable data.

"We want to ensure that injured workers can count on timely, quality medical care," said TMA President Fred Merian. "In anticipation of the fees that were supposed to go into effect Sept. 1, doctors already were pulling out of the workers' comp system. We hope to see this trend reversed once an appropriate fee schedule is instituted."

"The evidence confirmed to us that the agency has wrongly served as a rubber stamp for the insurance industry," said Texas AFL-CIO President Joe D. Gunn. "We hope that we can now move forward to implement the legislative directive to ensure quality medical care for injured workers at a fair and reasonable cost."

The Texas Medical Association and the Texas AFL-CIO objected to TWCC's fee schedule on the basis that it illegally tied workers' compensa-

tion reimbursement to the fees that Medicare pays for similar medical services to elderly Texans. Also, TWCC did not develop enough data to be able to set fees that accurately reflect the cost of providing health care, according to David Bragg, lead attorney for TMA and AFL-CIO.

TWCC, which is supposed to update medical fee guidelines every two years, had not done so since 1996. During the last legislative session in 2001, House Bill 2600 directed TWCC to develop new fee guidelines to reflect health care economic indicators and ensure quality of medical care. The law specifically said the new fees could not be based solely on the Medicare fee schedule.

"Testimony showed that the numbers TWCC came up with were based on the TWCC director's whim," Dr. Merian said. TWCC adopted its new fees April 25 over strong objections from TMA and the Texas AFL-CIO. They filed for an injunction July 10, and the hearing began August 19.

Many Texas doctors would be forced to withdraw from the workers' compensation system if the new fee schedule were instituted. In anticipation of the new fee schedule, some doctors already have declined to accept new

workers' compensation patients because they did not want to stop seeing a worker with whom they already had a physician/patient relationship.

Physicians consider the workers' compensa-

tion medical system, with its already-too-low rates, to be absolutely the most hassle-filled health care system in the state, Dr. Merian explained.

(Source: Texas Medical Association)



## APA Announces Candidates for 2003

The APA Nominating Committee has announced its selection of candidates for the 2003 election. This information was posted on the Board of Trustees listserv on September 14, 2002, and will be reported to the Board as information at its November 24-25, 2002 meeting. APA candidates have been invited to attend the TSPF Annual Conference in Fort Worth on November 15-17, 2002.

### President-Elect

Fred Gottlieb, MD  
Michelle B. Riba, MD

### Vice-President

Norman A. Clemens, MD  
Pedro Ruiz, MD

### Secretary

Alfred Herzog, MD  
Nada Logan Stotland, MDECP

### Trustee-at-Large

Tanya R. Anderson, MD  
Charles S. Price, MD

### Member-in-Training Trustee-Elect

Christopher A. Ramsey, MD,  
NY Presbyterian Hospital/NYSPI, New York, NY  
Susan D. Rich, MD,  
Georgetown University Hospital, Washington, DC  
William C. Wood, MD,  
McLean Hospital, Belmont, MA

The nominees for Area Trustee from Areas 1, 4, and 7, selected by their respective Area Councils, are:

### Area 1 Trustee:

Jack Brandes, MD  
Donna Marie Norris, MD

### Area 4 Trustee:

R. Michael Pearce, MD  
Sidney H. Weissman, MD

### Area 7 Trustee:

Nady El-Guehaly, MD  
Albert Vance Vogel, MD



## TDI Issues Rules on Insurance Fee Disclosure

Texas Department of Insurance (TDI) rules giving physicians the right to know how HMOs and insurance companies calculate their fees, including bundling and downcoding practices, took effect October 9.

They require insurers to furnish fee schedule and coding information when a contracting physician requests it in writing. It must be in sufficient detail that "a skilled, reasonable person can determine the payment to be made according to the terms of the physician or provider's contract," a TDI statement said.

"It took three years and an attorney gen-

eral's opinion to force TDI to issue these rules," said TMA President Fred Merian, MD. "The big question now is how the health plans will try to wriggle out of these rules and how diligently TDI will enforce them."

Under existing contracts, an HMO or insurer must furnish the information within 30 days after receiving a request. When negotiating new contracts or renewing old ones, the HMO or insurer must furnish the information, upon request, along with other contractual materials.

Specifically required are a summary and explanation of all methodologies used to pay

claims, including a fee schedule, coding methodologies, bundling processes, and downcoding policies. For example, if a fee schedule indicates reimbursement of certain claims at a "usual and customary" rate, the insurer must explain how it determines that rate.

Health plans previously claimed they could not provide much of this information because it would infringe on copyrights and license agreements relating to the software programs by which the plans developed their pricing. The new rules require the plans to find a way to provide the information, but leave the issue of copyright to the entities that hold the copyrights.

"These new rules will require full disclosure prior to negotiating, renewing, or changing these contracts," Dr. Merian said. "Now

Texas doctors will be able to set predictable budgets and to make informed decisions about contracts."

House Bill 610 in the 1999 legislative session provided for these rules. However, neither TDI nor Gov. Rick Perry interpreted it that way. TDI was pushed into developing the rules by an attorney general's opinion issued in early May following a request from Rep. Bob Turner (D-Voss) to clarify the legislation.

Because health plans have up to 90 days from the October 9 effective date to implement the rules, physicians are unlikely to start seeing this relief until January 2003, two legislative sessions out from when they were first authorized.

(Source: Texas Medical Association)



## MEMBERSHIP CHANGES

### NEW MEMBERS

The following membership applications were approved by the Executive Committee following the last Executive Council meeting of April 21, 2002 and transmitted to APA.

#### MEMBER IN TRAINING

Akra, Ikhlas, MD, Lubbock  
Boudjenah, Djillali, MD, El Paso  
Brown, Faye, MD, Houston  
Chowdhury, Sanghamitra, MD, Austin  
Haqqani, Muhammad R., MD, Fort Worth  
Radoulova, Kristina, MD, San Antonio  
Snyder, Karen D., MD, Galveston  
St. John, Martha, MD, Houston  
Vyas, Shyam A., MD, Houston  
Wren, Jennifer, MD, Galveston

#### GENERAL MEMBER

Detmer, Thomas D., MD, League City  
Gutierrez, Octavio, MD, El Paso  
Higgins, Napoleon, Jr., MD, Dickinson  
Oderinde, Victor, MD, Houston  
Talluri, Krishna, MD, Lewisville

#### MIT Advancement to General Member

Bennett, Marty N., MD, Dallas  
Deardorff, Daralynn, MD, Dallas  
Diaz-Vogt, Josefina, MD, Dimmitt  
Gonzalez, David, MD, San Antonio  
Renazzo, Marco, MD, Fort Worth  
Rucinski, Robert, MD, APO AE  
Tcheremissine, Oleg, MD, Houston

#### TRANSFERS FROM OTHER DISTRICT BRANCHES

Almaat, Hassan, MD, Dallas (Minnesota)

## TDI Releases Standardized Credentialing Form

Senate Bill 544 in 2001 directed the Texas Department of Insurance (TDI) to develop and implement a standardized application for physician credentialing.

TDI has clarified that the new Texas Standardized Credentialing Application is mandatory for all HMO, PPO, and hospital credentialing and recredentialing of physicians as of August 1, 2002. The form is **voluntary** (not mandatory) for other entities such as nursing homes, home care agencies, 501(a) organizations that do not do delegated credentialing, and other free-standing facilities like surgery centers and ambulatory care centers.

The form may be downloaded from the TDI Web site at [www.tdi.state.tx.us/company/hmoqual/crfom.html](http://www.tdi.state.tx.us/company/hmoqual/crfom.html).

### Background

TDI used input from TMA, hospitals, health plans, certified credentialing organizations, and other interested parties in developing the mandated form. The revisions ([www.tdi.state.tx.us/commishrules/credentialing2.html](http://www.tdi.state.tx.us/commishrules/credentialing2.html)) to the Texas Administrative Code and the draft application form were published for public comment in the *Texas Register* in April. The final, approved

rules and form were published in the July 26, 2002, edition of the *Texas Register*.

### Reducing Hassle

Based on member feedback, TMA solidly supported the implementation of a standardized application as the single most valuable hassle-reducer in the credentialing process for physicians. Although HMOs, hospitals, and other entities for whom physicians are seeking to be credentialled may request additional information, the vast majority of information needed by all credentialing bodies is included in the mandated form. Physicians will have to complete the form only one time (paper or electronically) then can send copies whenever desired to any number of entities. Maintenance involves updating specific items as needed on the form in the physician's computer or paper file.

### Previous Forms

All credentialing applications previously used throughout the state, including the Texas Common Credentialing Application, no longer are valid forms for the credentialing of physicians as of Aug. 1, 2002. Please discontinue the use of such forms.



# New Exhibit on Depression Opens in Houston

A new exhibit was unveiled at the John P. McGovern Museum of Health and Medical Science in Houston on October 15 entitled "Depression: More Than Just the Blues."

Presented and underwritten by the Foundation of the Houston Psychiatric Society, the exhibit offers information about treatment

methods and support to those who suspect or know they are burdened with depression.

The exhibit consists of a neighborhood of houses that show 16 different scenes. The homes look normal from the outside, but inside depict various depression scenarios. Exhibit visitors may use these scenes to identify and learn about conditions which can lead to discussions about their own feelings and mental health. Mental health topics addressed include major depression, bipolar disorder, substance abuse, treatment options and how to seek help.

"Our goal in supporting the project is to increase awareness of the warning signs of depression and to help people understand its causes and treatment," said Mohsen Mirabi, MD, President of the Foundation.

"Depression: More Than Just the Blues" will be on exhibition through January 31. The exhibit will then tour schools, hospitals and community organizations throughout the Houston area.



TSPP President Sanford Kiser, MD (right) pictured with HPS Foundation President Mohsen Mirabi, MD at the opening of the exhibit in Houston.

Texas Society of Psychiatric Physicians

## COMMITTEE and EXECUTIVE COUNCIL MEETING SCHEDULE

Worthington Hotel, Fort Worth, Texas  
(Room assignments available at the TSPP on-site registration desk)

### Friday, November 15

- 7:45 AM - 8:45 AM Foundation Board of Directors Breakfast Mtg
- 8:30 AM - 3:30 PM Committee Hospitality Room Refreshments & Light Hors D'oeuvres For Committee Members
- 9:00 AM - 10:30 AM Professional Practices Children and Adolescents Budget
- 10:30 AM - 12:00 PM Newsletter and Website Managed Care Membership Fellowship
- 12:00 PM - 1:15 PM **Committee Member Luncheon Program**  
*Guest Speaker: Susan Wynn, MD, Speaker TMA House of Delegates. "Critical Issues Facing Medicine Today"*
- 1:15 PM - 2:45 PM Constitution & Bylaws Members in Training Forensic Psychiatry Continuing Medical Education
- 2:45 PM - 4:15 PM Long Range Planning Public Mental Health Services Ethics
- 4:15 PM - 6:15 PM Government Affairs
- 6:00 PM - 7:30 PM Welcome Reception with Exhibitors

### Saturday, November 16

- 5:00 pm - 6:30 pm Executive Council

## TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

### 2002 ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 15-17, 2002 • Worthington Hotel, Fort Worth, 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 15<sup>th</sup> Street, Suite #675, Austin, Texas 78701. Registration forms and payments by credit card may be FAXED to TSPP at 512/478-5223.

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME(S) SPOUSE/GUEST(S) ATTENDING (for name badges) \_\_\_\_\_

### REGISTRATION FEES

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

NUMBER ATTENDING EVENT		NUMBER ATTENDING EVENT	
<b>WELCOME RECEPTION</b> - Friday Evening		<b>COMMITTEE MEMBER LUNCHEON</b>	
# <input type="checkbox"/> NOT Registered for Scientific Program	\$50	# <input type="checkbox"/> Committee Member Luncheon - Friday	\$20
# <input type="checkbox"/> Registered for Scientific Program TSPP Members/Non-Members/ Spouse/Guest	No Chg	<b>ANNUAL BUSINESS MEETING LUNCHEON</b>	
<b>SCIENTIFIC PROGRAM</b> - Saturday and Sunday		# <input type="checkbox"/> Annual Business Meeting and Luncheon - Saturday	\$20
# <input type="checkbox"/> TSPP Member	\$220	<b>TSPP AWARDS BANQUET</b> - Saturday Evening	
# <input type="checkbox"/> TSPP MIT/Medical Student	\$35	# <input type="checkbox"/> Awards Presentations/Banquet	\$35
# <input type="checkbox"/> Non-Member	\$275	<b>TOTAL REGISTRATION FEE ENCLOSED</b> \$ <input style="width: 50px;" type="text"/>	
# <input type="checkbox"/> Non-Member MIT/Medical Student	\$50		
# <input type="checkbox"/> Allied Health Professional	\$120		
# <input type="checkbox"/> Spouse	\$120		
# <input type="checkbox"/> Advocacy Organization Leadership	\$50		



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

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

#### Method of Payment

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

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

Signature \_\_\_\_\_

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

**CANCELLATION POLICY:** In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 26, 2002, less a 25% handling charge. No refunds will be given after October 26, 2002.

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

### President's Message

continued from page 2

mind and body.

Unfortunately, I believe that the pendulum has swung too far in the direction of placing all our clinical eggs into the biological basket. In our excitement over the recent technological advances in biomedical research we are in danger of forgetting that, to build a bridge between mind and body, the bridge must rest on both sides of the river. I am concerned that too many graduating psychiatric residents emerge from our training programs psychodynamically illiterate. They tend to speak, not psycho-babble, but bio-babble.

We have a massive amount of work ahead of us before we can gain a unified understanding of the full scope and depth of the relationship between the mind and the body. While we live in times of amazing advances, we must keep our wits about us, and not let our progress go to our heads. If we want to maintain true wisdom for these future efforts, we must keep focus on the old but young advice of Socrates: "I am the wisest man alive, for I know one thing, and that is that I know nothing."

The history of philosophy and science is filled with the writings of various scholars who have laid the foundations for the mind-body bridges we are trying to build today. A recurrent theme of their work has been the dangers of reductionism — the simplistic reducing of the operations of an abstract entity such as the mind to the mechanical functions of biological tissue. Too many biological psychiatrists are unaware of the long history of those endeavors, or choose to ignore them by declaring psychoanalysis moribund and on its way to the Intensive Care Unit or even dead and in need of funeral services. My advice for them and for all who would use them as models is the advice of the philosopher, George Santyanna,

*"Those of you do not heed the past are condemned to re-live it."*

In the specific matter of the field of psychiatry, my advice is:

*"Those of you do not heed the unconscious are condemned to demonstrate it."*

# Insanity Defense Conference

Mark Your Calendars

Responding to the many questions raised in Texas regarding the insanity defense following the Andrea Yates case, the TSPP Executive Council last Spring authorized the development of an educational conference devoted to this issue. The TSPP Forensic Psychiatry Committee, chaired by David Axelrad, MD, has successfully developed such a conference with the following co-sponsors: the Texas Criminal Defense Lawyers Association, the Texas District and County Attorneys Association, the State Bar of Texas, Committee on Legal Services to the Poor in Criminal Matters, and the American Journal of Criminal Law. The American Journal of Criminal Law will publish papers presented at the conference. The program has received financial support from a grant from the Texas Foundation for Psychiatric Education and Research. The conference will be conducted in Austin, Texas on Friday, February 7, 2003.

## Scope:

A daylong program entitled "The Affirmative Defense of Insanity in Texas" will provide an objective educational experience regarding the affirmative defense of insanity in Texas.

The purpose of the program is to provide an educational experience for policy makers in the legislative and judicial branches of government. Further, the program is also designed to provide an educational experience for attorneys engaged in the practice of criminal law, for forensic psychiatrists practicing in the State of Texas, the general public and the media. The program will provide an overview of the affirmative defense of

insanity in the United States. Authorities in the fields of both the law and forensic psychiatry will provide an educational experience for all participants concerning the affirmative defense of insanity in the criminal law.

## Tentative Program Outline:

Introduction of Program

**A. David Axelrad, MD**  
Chair, TSPP Forensic Psychiatry Committee  
Houston, TX

Review of the Insanity Statutes in the United States and Introduction to the Practice Guidelines for the Forensic Evaluation of Defendants Raising the Insanity Defense, American Academy of Psychiatry and Law  
**Howard V. Zonana, MD**  
Medical Director  
American Academy of Psychiatry and Law  
New Haven, CT

Discussion

The Pros and Cons of Maintaining the Current Affirmative Defense of Insanity in Texas, the M'Naghten Standard and Versus Abolishing the Insanity Standard, the Mens Rea Approach  
**Christopher Slobogin, JD**  
Professor of Law  
University of Florida,  
Frederick G. Levin College of Law  
Gainesville, FL

Discussion

Expanding the Current Texas Insanity Defense to Include a Volitional Standard  
**Brian Shannon, JD**  
Professor of Law  
Texas Tech University School of Law  
Lubbock, TX

Discussion

Broadening the Affirmative Defense of Insanity to Include a Broader Cognitive Standard for the Affirmative Defense of Insanity  
**Richard J. Bonnie, JD**

Professor of Law  
University of Virginia  
Charlottesville, VA

Discussion

Break for Lunch

Disposition: The Insanity Defendant Found NGRI; Overview of Methods of Intervention and Management for Defendants Found NGRI; What Happens After NGRI

**Jim Smith**

Superintendent, North Texas State  
Hospital System, TXMHR  
Vernon, TX

Discussion

Introduction of Panel – A. David Axelrad, MD

Panel Discussion

**Howard V. Zonana, MD**  
**Christopher Slobogin, JD**  
**Brian Shannon, JD**  
**Richard J. Bonnie, JD**

**Lyn McClellan**  
Assistant District Attorney  
Harris County, Houston, TX

**John Niland**

Director, Trial Project  
Texas Defender Service, Austin, TX

Panel Moderator: **Cathy Burnett, JD**  
Professor of Law, South Texas College of Law  
Houston, TX

Open Discussion Among Audience and Panel  
Conference Summary

**Victor Scarano, MD, JD**  
Chief, Forensic Psychiatry Services  
Baylor College of Medicine, Houston, TX

Closing Remarks

**A. David Axelrad, MD**



## Congratulations...

The APA has notified TSPP of members who have achieved the status of Life Member and Life Fellow effective January 1, 2003. New Life Members are: **Clifford E. Anderson, Jr., MD, Matilda Benyesh-Melnick, MD, William Otho Gillean, Jr., MD, Elbert Wayne Goff, MD, Roberto Gonzalez, MD, Wanda J W Henao, MD, Joel Kutnick, MD, Tzu-Chiau Lu, MD, Lilia Maria Ortiz, MD, Manazir Shamsi, MD, Emory John Sobiesk, MD, and Carolyn T. Villarrubia, MD.**

New Life Fellows include: **Diane Fagelman Birk, MD, Deanna D. Emerson, MD, Byron LaBurt Howard, MD, Edgar Paul Nace, MD, Graham Arthur Rogeness, MD, Harvey Allan Rosenstock, MD, Steven B. Shanfield, MD, Stephen M. Sonnenberg, MD, Jerome Tilles, MD, Robert E. White, MD, and Robert L. Zapalac, MD.**

Three resolutions introduced by Dallas psychiatrists were approved by the TMA House of Delegates during their Fall meeting. The resolutions that were passed addressed mental health equitable treatment/insurance parity, psychologists' prescribing legislation, and mental health carveouts. Congratulations to the authors and sponsors of these three resolutions: **Nicole Cooper, MD, Madeline Harford, MD, Les Secrest, MD, and Larry Tripp, MD.**



## CALENDAR OF MEETINGS

### OCTOBER

**30-Nov 2 38th Annual State Conference**  
Learning Disabilities Association of Texas  
Renaissance Austin Hotel, Austin, Texas  
Contact: Registration 512/458-8234

### NOVEMBER

**15-17 TSPP Annual Convention and Scientific Program**  
"New Frontiers in Psychiatry"  
Worthington Hotel, Fort Worth, Texas  
Program Contact: Debbie Sundberg, 512/478-0605  
Hotel reservations: 817/870-1000  
15 TSPP Committee Meetings  
Membership Luncheon  
Reception with Exhibitors  
16 Scientific Program  
Annual Business Meeting  
Executive Council Meeting  
TSPP Awards Banquet  
17 Scientific Program

### FEBRUARY

**7 Insanity Defense Conference**  
Austin, Texas

### MARCH

**27-30 American Society for Adolescent Psychiatry**  
Annual Meeting — "Adolescents and Their Environment"  
New York, New York  
Contact: Pam Wilger, pam@pcmisandiego.com or www.adolpsych.org

### APRIL

**5 TSPP Committee Meetings**  
Hilton Palacio de Rio Hotel, San Antonio, Texas  
**6 TSPP Executive Council Meeting**  
Hilton Palacio de Rio Hotel, San Antonio, Texas

TSPPs new website will be launched soon.

Look for the new look of TSPP on the worldwide web  
at <http://www.txpsych.org>

## TSPP MEMBER INFORMATION UPDATE

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

Send your update information to:

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

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**Texas Society of Psychiatric Physicians**  
401 West 15th Street, Suite 675  
Austin, Texas 78701  
(512) 478-0605  
(512) 478-5223 (FAX)  
TSPPofc@aol.com (E-mail)  
<http://www.txpsych.org> (Website)

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