

Texas Psychiatrist

Texas Psychiatrists Respond to Hurricane Disasters

Texas psychiatrists overwhelmingly responded by answering the call to volunteer in the Hurricane Katrina and Rita disaster relief efforts throughout the State. Members of organizations of the Federation of Texas Psychiatry, including the Texas Society of Psychiatric Physicians and its Chapters, the Texas Academy of Psychiatry, the Texas Society of Child and Adolescent Psychiatry and the Texas Medical Association, responded to these disasters in an exemplary way. Texas' psychiatrists are commended for sharing without reservation or hesitation, their time and expertise by providing assistance and emergency care for the unfortunate victims of Hurricanes Katrina and Rita.

On Tuesday morning, following the flooding in New Orleans, TSPP members answered an alert distributed by TSPP for volunteers to be deployed to Louisiana. By the end of the day, TSPP members had volunteered for this service, fulfilling the quota requested of TSPP by the Texas Department of State Health Services.

As events changed in Louisiana, and Texas began receiving evacuees, TSPP and its Chapters began disseminating information to members about shelter locations and staffing needs. The Texas Medical Association took the leadership role in coordinating the distribution of information about volunteer needs of the Governor's emergency disaster relief effort. Psychiatrists from the private and public sectors responded in the hundreds and immediately began staffing clinics in shelters throughout the state, caring for our neighbors from Louisiana. TSPP also assisted psychiatrists from other states who expressed interest in coming to Texas to help. Psychiatrists from as far away as Hawaii have provided needed assistance in Texas.

TSPP also made contact with the leadership of the Louisiana Psychiatric Medical Association and offered administrative assistance to their District Branch, whose office in New Orleans was destroyed by Katrina. TSPP provided assistance by locating members of LPMA who had left New Orleans and other affected areas and built a membership database to facilitate LPMA's attempts to contact

members. TSPP also extended an invitation to all members of LPMA to attend the TSPP Annual Convention and Scientific Program at a discounted registration rate of 50%. LPMA President, Jodie Holloway, MD, said that she hoped that the TSPP Annual Convention could serve as a reunion for LPMA members.

As they have done in the past with other disasters, Texas psychiatrists responded immediately to calls for help and assistance. The following are several accounts of the tremendous efforts of Texas psychiatrists who volunteered in the relief effort.

Houston

Avrim B. Fishkind, MD

On the morning of September 1st, 2005 I stepped into the AstroArena in Houston with the charge to develop a psychiatric emergency service for the 25,000 persons scheduled to come to the Astrodome from New Orleans. The AstroArena, located next door to the Astrodome, is best described as a convention center circa 1950...endless fields of concrete with few amenities and a permeating grey color accented by yellow vapor lighting. In essence, a depressing environment with poor lighting, acoustics that make all noise sound like a passing jet aircraft, almost non-existent bathroom facilities, and nary a sign of food or water. As an active member of the American Association for Emergency Psychiatry, I was about to be given the opportunity to test out our belief that emergency psychiatry can be practiced in a "tent in the desert" and does not absolutely require special facilities. It was a very difficult test.

It is always assumed that there is a disaster plan and it will be executed properly. The plan for provision of disaster psychiatric services in Harris County centered around a partnership between the Harris County Hospital District and MHMRA of Harris County, with counseling services coordinated by the Children's Assessment Center. Disaster partnerships of this type require the submersion of normal chains of command, putting aside any organizational differences, both cultural and adversarial, and a strict focus on clinical outcomes and safety concerns. Dr. Tom Gavagan, the medical director for the entire Astrodome complex, said it very well when he said that if you are working at the Astrodome...you no

longer work for your respective company, you work for the patient and whoever is your new boss in the organizational chain of command.

That chain, which had to come together overnight involved the governor's office, mayor's office, county commissioners, the state department of health and human services, the Baylor School of Medicine, the Harris County Hospital District, the city department of health, and eventually FEMA, SAMSHA, and other assorted Federal level interests. Negotiating this complex chain to provide quality medical services really came down to the efforts of an enormous number of volunteer physicians, social workers, nurses, and psychiatric technicians who spent countless hours at the Dome.

To understand the earliest moments at the AstroArena is to understand the volunteerism that occurred. When I entered the dome...I was shown an area with a blank concrete slab surrounded by metal poles strung together to form "rooms," some of which had ochre colored curtains strung on them for "privacy." The math didn't quite add up. 25,000 people in acute crisis...three curtained off rooms, no furniture, no medical supplies. The heck with the supplies, we didn't have any medication or staffing! This is where the volunteers stepped up to bat. Ms. Natalie Lamont, the executive director for the Houston Psychiatric Society, got in her car and sped to the Astrodome. She began a campaign to organize scheduling on the Internet, and was able to get my cell phone number out to the TSPP membership and ultimately the APA and international sources. Thanks to her efforts, we received over 200 volunteer requests from psychiatrists to my cell phone (there were no landlines onsite for several days). Psychiatrists from as far away as Soviet Union called to volunteer. By the end of the second day, we had 9 curtained rooms, landlines, copiers and the assorted office supplies needed to do our job. Most importantly, we had 24 hour staffing needs in order and were rapidly obtaining temporary licenses (within one hour) through the Texas State Board of Medical Examiners for doctors coming from other states.

On that very first morning, the Ben Taub Department of Psychiatry, led by Dr. John Burruss and Dr. Jennifer Pate, made

arrangements for six Baylor psychiatrists to work the first shifts. Private psychiatrists, too many to name, put aside their private practices to help, notable among them early on Dr. George Santos who worked three, 12 hour overnight shifts in a weeks time, and Dr. Wanda Terry-Nichols. Emergency psychiatrists came from Wisconsin, California and Scotland. Pharmaceutical companies, individual reps, and many private psychiatrists dropped off medications at the dome (approximately \$50,000 of samples would eventually be collected).

A nurse from the MHMRA Mobile Crisis Outreach Team, Ms. Annabelle Elsner, dropped everything and rushed to the Astroarena to begin nursing triage and administering of medications. Ms. Mende Snodgrass, the director of the Psychiatric Emergency Services at the NeuroPsychiatric Center came in to handle psychosocial assessment and disposition...and stayed for most of the first 24 hours. Dr. Lawrence Thompson of the Children's Assessment Center had his volunteers in place to do Critical Incident Stress Debriefing in the face of what was sure to be rapid development of acute stress disorders. Chief Hurtt of the Houston Police Department immediately dispatched two Crisis Intervention Team police officers to provide security (two officers would be there every shift for two weeks). Psychiatric technicians with tremendous experience working with acutely agitated patients poured into the site to help. All of this team development happened in a mere 4 hours...by 11 AM September 1st, our "tent in the desert" was open for business.

Assessment and treatment was of the highest quality. There were unbelievable acts of courage displayed by clinicians and evacuees, most of which cannot be told within the scope of this article. The count as to how many were served is still progressing, but will number well over a thousand patients in the span of just two weeks. On some days, over a hundred acute psychiatric patients were evaluated and treated. Compare this to the fact that the busiest inner city psychiatric emergency services can serve approximately 35-40 persons per day. The challenge was to treat

continued on page 4

INSIDE

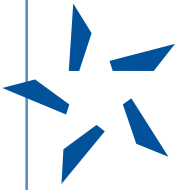
Candidates for Foundation Board	8
Congratulations	2
Editors	8
Federation Mission	8
Foundation Annual Campaign	8
It Takes a Psychiatrist	2
Membership Changes	2
The Silence is Deafening	3
TSCAP News	6
TSPP Convention Schedule	6
TSPP Annual Convention	7
TSPP Resident Paper Competition Winner	7
TSPP Annual Convention Commercial Support	7



2005 Annual Convention and Scientific Program

November 5-6, 2005 • Hyatt Regency Austin Hotel

See pages 6 & 7 for details



It Takes a Psychiatrist...

Gary L. Etter, MD, President, Texas Society of Psychiatric Physicians

When thinking of the theme for this year, I decided to build upon Dr. Sawyer's theme of "It Takes a Physician to be a Psychiatrist." His was certainly a very appropriate theme as we were once again faced with psychologists' prescribing issues and the potential of scope of practice changes during a legislative year. This year's theme is "It Takes a Psychiatrist...to be Involved." This was to emphasize the need for all psychiatrists in Texas to be involved in service: in organized psychiatry, in active participation on committees, in service to our patients, and as it has developed, to our colleagues. In the recent TSPP Executive Council meeting in Austin, I commented on this idea of service, along with survival, and strength as it relates to our organization. I would like to expand some on these ideas in this edition.

SERVICE

The theme of service has been illustrated in many ways during the first part of this year. After the devastation of Katrina, initially it was thought that our members would need to travel to the Gulf Coast to address the needs of the patients in that region. We quickly found that the patients were coming to us. TSPP members, working through the TSPP office and in conjunction with Dr. Steve Shon's office at DSHS, mobilized to work in the various shelters throughout the state. The response was tremendous as members served in the Astrodome, in East Texas, in the North Texas Shelters, and shelters in Austin, San Antonio and Corpus Christi among other places. I encourage you to read personal accounts of our members' experiences printed in other sections of this edition. I personally had the pleasure of treating the evacuees located in Tarrant County Shelters, working at county clinics of the JPS Healthcare System. These people were very appreciative, and I think that I can speak for others in saying that it was very rewarding to treat these patients.

Service has also been seen in the response once again of our members to serve on TSPP committees. We have our committees and committee chairs established for the year along with new committees dealing with Physician Advocacy as it relates to the Texas Medical Board, and the 50th Anniversary Planning Committee

which will plan our activities for our 50th Anniversary celebration next year, and will be highlighting our history for the Newsletter. In almost every case, our members were quick to say "yes" to serve as Chairs, Co-Chairs, and as members on our committees, and on our Executive Council. Our organization is member driven and I speak for our officers and staff in saying "thank you" for your response.

Service has also been exemplified in our response to our fellow colleagues in Louisiana. Initially, I attempted to contact Dr. Jodie Holloway, President of the Louisiana Psychiatric Medical Association, to extend an invitation for their members to attend our TSPP Annual Meeting. I received a response from Regina Brumfield, a staff assistant, who described a situation much worse than I originally realized. She described a situation where they were unable to get to their offices in New Orleans, and therefore unable to access phones, or their computers and member database. They were aware of the location of only eight of their members. In hearing this, our TSPP staff of John Bush and Debbie Sundberg volunteered to offer administrative assistance to Louisiana. Needless to say, they were very appreciative. To offer help to people who do not even belong to our organization without expecting anything in return, is the ultimate example of helping your fellow man in a time of need. I have to say that I was truly impressed and never more proud of TSPP. I invite all of our members to show your appreciation to our dedicated TSPP staff.

SURVIVAL

The survival of our society has been the primary issue behind the initially proposed Affiliate's Program, and subsequently, the establishment of the Federation of Texas Psychiatry, and the Texas Academy of Psychiatry. I will not review the history of our negotiations with the APA as it has been summarized by me and others in previous newsletters as well as in letters. There was a called Executive Council meeting earlier in August. In that meeting, the Executive Council voted unanimously to ask the APA Board for a specific outline of demands of TSPP. Their response of September 6 again included steps which would place extreme

restrictions on TSPP which have never been required of any other District Branch and which would represent essentially micro-management of TSPP by the APA. It was understood that the APA was primarily concerned with the management agreement that the Academy established with the Federation, and that if the Academy contracted with another organization for management, that this would represent a simple solution to the APA Board's request. The Executive Committee of TSPP formally requested of the Academy to consider the termination its management agreement with the Federation. The Academy's President, Dr. Sanford Kiser, stated that the Academy would be willing to consider terminating its management agreement if the APA Board would provide a written guarantee that this would terminate all disputes between the APA Board and psychiatric organizations in Texas. The response TSPP received from the APA again consisted of specific demands essentially unchanged from previous demands and dismissing the Academy's offer. I need to emphasize that the Academy is a separate non-profit organization, and therefore, one that TSPP has no authority over. We are truly indebted to Dr. Kiser and his organization that they would even be willing to consider a change in their management contract. This leads to my final point.

STRENGTH

Despite the ongoing APA conflict, with the restructuring of organized psychiatry in Texas, TSPP remains stronger than in many years. We have completed our most successful legislative year. We had such a strong voice in the legislature, that the psychologists were unable to find a sponsor for their prescribing bill. The TSPP membership for the first time in ten years has not declined over the previous year, stabilizing membership since the restructuring despite a national decline affecting every other District Branch. On September 1st, TSPP mailed dues invoices and as of September 15th compared to the same time last year, dues revenue is up significantly. I also want to thank all of the members who have writ-



Gary L. Etter, MD

ten the letters supporting the restructuring of organized psychiatry in Texas and at the same time supporting the continued relationship between the APA and TSPP. I feel that at this time in our negotiations, this may represent our only hope of maintaining this relationship. That being said, if the APA Board decides to proceed with delinkage of TSPP, TSPP will continue to meet the demands of representing psychiatrists in Texas, and providing the best psychiatric care possible for our patients. TSPP has a strong relationship with our legislators, and we have a highly qualified lobbyist in Steve Bresnen. I have enjoyed meeting with several chapters related to this matter, and would be very willing to meet with others in the near future.

I close by inviting all members to register early for the TSPP Annual Convention and Scientific Program, "The Dynamic Spectrum of Clinical Psychiatry," on November 5-6. For those members who register and stay at the TSPP host hotel, the Hyatt Regency Austin Hotel, TSPP is providing a special "thank you" gift at the TSPP registration desk. In addition the TSPP Austin Chapter is sponsoring the Friday evening Welcome Reception with the exhibitors by providing a substantial grant. Please take the time to thank our colleagues from Austin. I also want to thank Dr. Bud Holcomb for serving as the 2005 Scientific Chair and arranging the program. I look forward to seeing all of you in Austin! ■



Congratulations....

New Life members as of January 1, 2006:

Life Members: Richard M Barrett, MD (Houston); Marvin H Dodson, MD (Plano); Robert C Knipstein, MD (Arlington); and Royden W Marsh, MD (San Antonio).

Life Fellows: Jose A Gutierrez, MD (Houston); and Byron Law-Yone, MD (Dallas).

Distinguished Life Fellows: Francisco Aviles-Roig, MD (Houston); A. David Axelrad, MD (Houston); David F Briones, MD (El Paso); Harry A Croft, MD (San Antonio); Lee E Emory, MD (Galveston); Stephen D Gelfond, MD (San Antonio); Ted W Krell, MD (Baytown); Parviz Malek-Ahmadi, MD (Lubbock); Kenneth L Matthews, MD (San Antonio); Edwards U McReynolds, MD (Houston); Mohsen Mirabi, MD (Houston); William H Reid, MD (Horseshoe Bay); David H Rosen, MD (College Station); S Richard Roskos, MD (Dallas); A John Rush, MD (Dallas); Leslie H Secrest, MD (Dallas); Eileen K Starbranch, MD (Houston); Rege S Stewart, MD (Dallas); and Joseph S Wakefield, MD (Austin).

MEMBERSHIP CHANGES

TSPP NEW MEMBERS

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

Change in Status from Medical Student to Member in Training
Collins, Kimberly, MD

Member in Training
Alphonso, Helene, MD
Anderson, Christopher, MD
Aponte, Dorian, MD
Ball, Valdesha, MD
Briones, Fermin, Jr., MD
Blackman, Laurel, MD
Castro, Manuel, MD
Davis, Deidre, MD
Elhalabi, Lana, MD
Le, Nhan, MD
Manzoor, Syed, MD
Mehta, Michelle, MD

Mitchell, Whitney, MD
Overton, Mark, MD
Ranginwala, Najeeb, MD
Roof, Jason, MD
Samuel, Diana, MD
Webb, Sala, MD

Change in Status from MIT to General Member
Anandan, Sharadamani, MD
Boley, Jason, MD
Garvin, Jason, DO
Haqqani, Muhammad, MD
Harrison, Cathleen, MD
Hurd, Cheryl, MD
Ingham, Denise, MD
Jacobsen, Mikael, MD
Latif, Umar, MD

Williamson, Robert, MD
Ybarra-Salinas, Doris, MD

General Member
Lopez-Canino, Antonio, MD

Transfer from Other District Branches
Belcher, Stacy, MD,
Transfer from Virginia
Beven, Gary, MD,
Transfer from Ohio
Chicane, Hahane, MD,
Transfer from Pennsylvania
Croarkin, Paul, MD,
Transfer from Uniformed Services

ACADEMY NEW MEMBERS

Leatherman, Martha, MD, Associate Member

Stebbins, Nancy, MD, General Member

Strange things are happening. Some people might call them bizarre. I will summarize these things as best I can. Before beginning, I must warn you that any use of logic, reason, or even common sense will likely fail you in attempts to understand the summary of events that follow.

The series of recent columns in this newsletter by Dr. Sawyer and Dr. Etter have provided excellent, detailed descriptions of the dispute between the APA Board of Trustees and TSPP.

I will not belabor you with a recapitulation of the material that they have presented. However I will make the observation that TSPP has worked mightily for many, many months to accommodate the concerns of the APA Board of Trustees regarding the role of TSPP in the reorganization of Texas psychiatry.

I will not reiterate the concerns about declining membership in organized psychiatry that led TSPP to conduct a grass-roots survey of Texas psychiatrists to determine the cause.

I will not bore you by restating how the survey results led TSPP to develop the Affiliates Program as a means of facilitating growth of membership in both TSPP and APA.

I will not try to impress you by describing my obsessive reading and rereading of the Constitutions, Bylaws, and other governance documents of APA and TSPP, and how that analysis convinced me that the TSPP Affiliates Program in no way violated any agreement between APA and TSPP, including the dual membership agreement.

I will not disclose the details of the subsequent dinner meeting between the TSPP Executive Committee and representatives of the APA leadership, other than to state that the purpose of the meeting was to discuss and resolve any concerns that the APA leadership might have about the Affiliates Program.

I will not reveal how strange I felt during that meeting. I will only say that the TSPP Executive Committee members listened carefully to the concerns of the APA leadership representatives and responded to each concern with a detailed description of how the Affiliates Program would not create any such problem.

I will not embarrass myself by describing the surrealistic disorientation that I experienced from the way the APA leadership seemed uninterested in the compelling, straightforward logic of those descriptions and the obvious benefits that the Affiliates Program could offer to both TSPP and APA. The APA responses instead seemed directed toward ensuring that APA could dominate and control TSPP.

I will not describe my state of alarm during the meeting that I was either developing aphasia or was imbibing our dinner wine to the point of drunkenness, as the words in the APA leadership's statements seemed to steadily morph and turn their meanings inside out.

I will not divulge the intensity of the relief that I felt afterwards when I realized that my symptoms were due to an acute case of the "Alice in Wonderland syndrome". This syndrome was first described in 1955 by the English psychiatrist John Todd (1914-1987),

who named it for Lewis Carroll's story of Alice's adventures in Wonderland. The condition is characterized by a disorientation of space, time, logic, meaning, and sense of self to the point of bewilderment. I realized that I had been feeling that the members of the TSPP Executive Committee had dined with the Mad Hatter and the March Hare.

I will not pretend that I ever enjoyed reading Alice in Wonderland. I know that it is considered classic literature, but the twisted world that it describes is so unbalanced and disorienting, that for me it produces a state of mental dizziness and background nausea, somewhat like airsickness. At the dinner meeting, I had developed the same symptoms trying to follow the ever twisting metamorphosis of words and statements coming from the representatives of the APA leadership.

I will not cite endless quotations from Alice in Wonderland to illustrate this point, but I will present the following few examples:

- "When I use a word," Humpty Dumpty said, in a rather scornful tone, "it means just what I choose it to mean — neither more nor less."
- "The question is," said Alice, "whether you can make words mean so many different things." "The question is," said Humpty Dumpty, "which is to be master — that's all."
- "Contrariwise," continued Tweedle-Dee, "if it was so, it might be; and if it were so, it would be; but as it isn't, it ain't. That's logic."
- "Alice: It would be so nice if something made sense for a change."

I will not mislead you by saying that nothing useful or productive came from the meeting. On the contrary, the APA leadership indicated that their concerns would be resolved if TSPP abandoned the plan of the Affiliates Program as an extension of TSPP, and instead changed it into a corporate entity separate from TSPP.

I will not fail to tell you how impressed I was when members of the APA Board of Trustees later attended a meeting of the TSPP Executive Council to discuss these matters further. The APA Board members confirmed that a separate corporation would avoid conflicts between TSPP and APA.

I will not pretend that I was happy when TSPP subsequently complied with this plan suggested by the APA leadership. As I described above, I have firmly believed that the Affiliates Program plan would benefit both TSPP and APA and that it involved no violation of a dual membership agreement or any other kind of agreement between TSPP and APA. I felt that TSPP was being unusually and unnecessarily cooperative and generous by devoting the extra time and effort required to facilitate the establishment of the independent and separate corporations that became the Texas Academy of Psychiatry and the Federation of Texas Psychiatry.

I will not tell you that I have been surprised by the subsequent actions of the APA Board of Trustees. The Alice in Wonderland syndrome has continued. Even though TSPP has been unusually compliant and cooperative, the APA Board of Trustees has kept the so-called dispute alive by presenting the illusion that the disagreement is caused by TSPP

violating a dual membership agreement between the organizations. In plain truth, I believe that the real reason for the continuing dispute is a poorly disguised effort by the APA Board of Trustees to micromanage the affairs of TSPP. This condition is a violation of the laws that require our respective non-profit corporations to be independent. In the world of Alice in Wonderland, the APA Board of Trustees can present their illusions as reality, but fact is nevertheless fact, truth is nevertheless truth, and the law is nevertheless the law.

I will not repeat the statements of the actual circumstances and the true events that Dr. Sawyer and Dr. Etter have been so eloquently presenting in their subsequent newsletter columns and letters. They have accurately and tactfully described the efforts of the APA Board of Trustees to turn logic upside down and portray events as inside out.

In spite of the things that I will not tell you, there are things that I will tell you.

I will tell you that the APA leadership created the concept of the Texas Academy of Psychiatry, and it was confirmed by the APA Board of Trustees as a solution to avoid conflict between TSPP and APA. Now, however, the APA Board of Trustees describes the Academy as a core problem in the dispute between TSPP and APA because the Academy is a "competitive organization". How can this be? How can the Academy be both a solution and a problem at the same time? Welcome to the world of Alice in Wonderland. The "logic" of that world contains the answer to that question.

I will describe my amazement that, since its creation, the Academy has been treated as a nonentity by the APA Board of Trustees, despite its being their brainchild. The Academy has received no communication from the APA. Nevertheless, the Academy has apparently been discussed in the ongoing negotiations between the APA Board of Trustees and TSPP. The irony is that those entities can negotiate nothing regarding the Academy. The Academy is separate and independent from both organizations. Again, the world of Alice in Wonderland.

I will assure you that I have attempted to correct this odd situation by writing the following letter to Dr. Steven Sharfstein:

September 7, 2005

Dr. Dr. Sharfstein:

I am writing in my capacity as the President of the Board of Trustees of the Texas Academy of Psychiatry (Academy).

I understand that references to the Academy have been made in communications between the APA Board of Trustees and the Texas Society of Psychiatric Physicians (TSPP).

Since the Academy and TSPP are separate entities, the Academy Board members have not been privy to the information in those communications except in a general fashion through indirect and informal sources.

I believe that it would facilitate the mutual interests of our organizations if you would directly send me copies of all communications from the APA Board that include mention of the Texas Academy of Psychiatry. I would then forward the information to other members of the Academy Board.

Please feel free to contact me at any time by telephone (972) 690-0070 or by email at rskiser@krkmedicalresearch.com.



R. Sanford Kiser, MD

Best wishes,
R. Sanford Kiser, MD
President, Board of Trustees
Texas Academy of Psychiatry

I will report with sadness that the Academy has had no response to this letter.

I will express my admiration that TSPP continues to go to extraordinary, almost heroic, lengths to satisfy the concerns of the APA Board of Trustees. For example, the TSPP Executive Committee recently sent me, in my capacity as President of the Board of Trustees of the Academy, a request to further dissociate TSPP from the Academy by having the Academy remove its management services from the Federation



of Texas Psychiatry. My understanding was that the APA Board of Trustees had suggested this change to TSPP, so as to finally resolve all matters of the dispute.

I will present you my letter of response:

September 8, 2005

Dear Dr. Etter:

I am responding to the request of the TSPP Executive Committee, per the suggestion of the APA Board of Trustees, that the Texas Academy of Psychiatry terminate its management agreement with the Federation of Texas Psychiatry.

I believe that the Academy would be willing to consider terminating its management agreement with the Federation if the APA Board of Trustees would provide a written guarantee:

(1) That this action will terminate all recent disputes between the APA Board of Trustees and the psychiatric organizations in Texas, including TSPP, the Federation, and the Academy.

(2) That the APA Board of Trustees will routinely communicate directly with the Academy on issues that involve the Academy.

Texas Psychiatrists Respond to Hurricane Disasters

continued from page 1



(left to right) Betty Byrd, Scott Winter, MD, and Dennis Edwards

persons at the AstroArena so that Houston's already limited emergency room and inpatient bed capacity was not overwhelmed. That goal was met. Less than 10 acute psychiatric patients required direct hospitalization.

Who did we treat? The overwhelming numbers of cases were persons who in their haste to leave New Orleans either did not bring their medication, lost them, had them stolen, or ran out and were decompensating. We saw acute stress reactions, emergence and re-emergence of major depression, mania and psychotic disorders, exacerbation of personality disorders, rage reactions, intoxication and withdrawal. An early challenge was treating methadone patients in withdrawal. Once again, the private sector stepped up with several methadone clinics taking on the challenge. A bus left the AstroArena each morning going to local methadone programs. Social services worked round the clock to locate housing, especially personal care homes and supportive living facilities for the consumers. In one memorable example, a group of 14 persons with schizophrenia from the same group home in New Orleans were identified on the floor of the Astrodome. Their technicians who helped them evacuate were still with them. They were transported to the AstroArena, assessed and stabilized by several psychiatrists, and given a month's worth of their medications. Working the phones paid off and Continuum Healthcare provided free beds through Liberty Island (a large personal care home) including physician support, day treatment if needed, and meals to not only the 14 persons, but ultimately almost 100 persons regardless of how disabled or troubled. That's public-private partnership in action.

My thanks to all clinicians who served persons with dignity and respect, providing non-coercive treatment under the most difficult of circumstances. While many of their stories will not be told, I remember their heroic efforts and thank all that volunteered. For many, the work was distressing and not all received the debriefing they may have needed. I urge those persons from around the state to contact me if further debriefing is needed. Remember, many of the evacuees are still here...primarily indigent and in need of our help. TSPP and local affiliates will certainly be involved in the care of the Katrina and Rita evacuees for many years to come.

Houston

Debra Atkisson Kowalski, MD,
Fort Worth, Texas

September 4, 2005: Today I saw patients at the Houston Reliant Arena (a building adjacent to the Astrodome) where Hurricane Katrina

evacuees were medically treated. The Houston psychiatrists, led by Dr. Avrim Fishkind, had quickly organized an area within the building to evaluate and treat people needing psychiatric care. I was impressed by how quickly a system was put in place. I walked in and saw Dr. Joyce Davidson, whom I had known at the Menninger Clinic, evaluating a 13 year old autistic boy. I joined her and listened to the boy's grandmother talk about his care. He was started on risperdal due to aggression and agitation then whisked away to receive dental care. His grandmother was grateful for the assistance.

I saw a woman who had taken shelter in the Superdome with her daughter and elderly aunt; she reported that she had "hidden" in a corner and tried to ignore frightening noises she heard there. She became tearful as she talked about how her family had been unable to have a funeral or bury her uncle who had died a day before evacuation occurred. As she talked about him, I realized she was mourning not only his death but an end to her life as she had known it prior to the storm.

I moved into the next cubicle, a makeshift "room" with shower curtains as dividing walls, and started talking to a 70 year old retired custodian from Tulane University. She talked about her lifetime treatment for anxiety with elavil, which she reported "had always worked just fine until I had to stop taking it a week ago when I left in a hurry." After completing her evaluation, I wrote a prescription for elavil which she took to the CVS pharmacy trailer which was filling prescriptions written for the evacuees.

As I moved into the next cubicle, I saw a thin unkempt man setting in a wheelchair who smelled as if he had not bathed for some time. He appeared confused; after evaluating him, it became clear he was suffering from delirium. I recommended he be taken immediately to the internal medicine area to determine the cause of his delirium. After I saw another patient, I ducked out of the evaluation "room" only to see this patient being seen by another psychiatrist. When I talked with the other psychiatrist, he had already concluded the patient was suffering from delirium and needed a medical evaluation. This time the gentleman was accepted by the medicine service and a work-up initiated. Incidentally, the presenting complaint for this patient when he was returned to psychiatry from the medical service was "patient smells bad." This patient was just another reminder that our patients need to be looked at through a medical lens and that psychiatrists are physicians who can do this.

I saw a number of other patients suffering

from a variety of psychiatric diagnoses: schizoaffective disorder, panic disorder, major depression, and drug dependency. One of the patients, a gentleman on methadone maintenance, was there to be evaluated so that he could get back on schedule with his treatment.

The day is one that I won't forget. I walked away impressed and proud of the work that Texas psychiatrists were doing to help these displaced and traumatized people.

Houston

Kenneth S. Arfa, MD, Houston, Texas

I will never forget the hours spent as a volunteer psychiatrist at the Houston Astrodome the first weekend after the Katrina victims arrived. It felt like a medical operation near a war zone to see the thousands of evacuees and similar numbers of kind strangers who had come to help them at their temporary home.

I treated all kinds of patients. I'm going to change identifying details here, of course. In one afternoon, the patient flow was steady but did not overload the volunteers.

Some patients were routine, like a 70-year old woman who ran out of her antidepressant and wanted a refill. More urgently, she needed medical attention for the chafing that had made her skin raw.

A mother of two young children had stopped eating for the past day, and her husband was worried about her. I had a Spanish-speaking social worker talk with her, and she was able to laugh a bit, and she'll come back the next day.

A male of 50 told me his fiance and her child drowned in the floods, and he saw that happen. He was a long-time psychiatric patient but said he was doing okay. He really hadn't asked to see me, except they referred him due to his history obtained during the intake. He was asleep when I went into the makeshift office used for interviews. Four walls made of shower curtains. He fell back asleep after I went out.

Another man used to take the antidepressant doxepin to sleep, during the 10 years he was in prison for killing a man who'd threatened him with a gun. He just got out of prison this summer. He also didn't really ask to see me, was referred due to his history of taking a psychiatric drug, but was glad to talk.

A 30-year old male said his daughter was on the roof of the Astrodome. He'd been cleared by general medicine. Hydration and an antipsychotic settled him down, and he thanked me. While pondering options before he began to stabilize, I learned the psychiatry clinic had sent only two people to a mental hospital in as many days. This fact probably spoke more to the pitiful lack of psychiatric beds for the under-insured on any day in a large Texas city, rather than to the general need for hospitalization in this Katrina population.

Houstonians poured out to help the people who fled her from the Gulf states east of us.

East Texas

A. Scott Winter, MD, Fort Worth, Texas

Shortly after Katrina struck the gulf coast, I received an e-mail from TSPP and the Texas Medical Association asking for 200 physicians, including 20 psychiatrists, to volunteer to relocate for a week or longer and assist in

helping Katrina victims. I learned that the massiveness of this disaster, coupled with the fact that we were dealing with displaced Louisiana residents (many of whom may never return to Louisiana) had rendered existing mental health disaster plans obsolete. With hundreds, if not thousands, of severe and persistently mentally ill patients displaced by the hurricane and likely off medications in excess of a week authorities expected many to have an exacerbation of their illness. Other individuals, without pre-existing illness but who experienced trauma associated to the hurricane or its aftermath, were likewise expected.

I received my call from Linda Logan with Behavioral and Community Health Services of the State Department of Health Services (Dr Steven Shon's office) on Sept 7th asking me to assist in setting up and manning a special needs shelter in Lufkin for psychiatric casualties of Katrina. This shelter was to be established at the Peavy Switch Facility of the Burke Center (MHMR offices covering 12 East Texas counties). The Peavy Switch Facility had been a drug rehabilitation center until recently and was in the process of being converted to halfway house when the disaster struck. Quick thinking by the administrative staff of the Burke Center (Mark Janes, MD, Susan Rushing, David Cozadd, Kenneth Placke and Lillie Horton), in coordination with Dr Shon's office led to a commitment to establish this facility for individuals identified by psychiatrists at the various shelters or local MHMR offices who required sub-acute services, but fell short of needing inpatient treatment. Likewise, this facility could be used as a step-down for Katrina victims who had been hospitalized but could not be returned to regular shelters. A special needs psychiatric shelter represented a unique utilization of resources as Katrina presented with unique disaster requirements. To the best of my knowledge the utilization of a sub-acute center such as Peavy Switch had not been done in a US disaster before.

Being a native of Biloxi, Mississippi and having already volunteered at a shelter in Ft Worth, I quickly agreed to be the first psychiatrist at Peavy Switch. The psychiatry department of The University of North Texas Health Science Center / John Peter Smith Health Network rallied behind me in covering my duties while away. Before leaving I talked with David Cozadd, Director of Operations at The Burke Center, and Dr. Shon and established that I would need to generate a variety of forms tailored to the situation as well as bring a variety of medical and psychiatric supplies.

I arrived at Peavy Switch on Sunday, September 11th and was joined the following morning by Betty Byrd and Dennis Edwards, nursing staff from the Waco Center for Youth. We quickly went to work setting up a sub-acute psychiatric treatment center and shortly thereafter received our first patient. As predicted, patients included both individuals with preexisting psychiatric problems who were suffering a relapse as well as individuals without a prior psychiatric history who were suffering from the massive emotional trauma Katrina bestowed on so many.

I in-serviced my small staff using the APA press book "Trauma and Disaster Responses & Management" and found it particularly

helpful. In chapter four it pointed out that 'psychological debriefing' is potentially harmful and that, other than 5 or more sessions of CBT, little was known about effective interventions for disaster victims. Not surprisingly, it was helping with practical matters such as contacting family members, connecting with the Red Cross, and getting Social Security or other benefits rerouted that did more to relieve anxiety than any psychotherapeutic interventions. Getting patients back on their medications, however, helped a lot. Meeting patient's basic needs and listening to those who feel like talking about the experience is key. One needs to avoid regressing recently traumatized individuals unless you are going to be available for appropriate follow through and that follow-up typically is not possible in the immediate aftermath of a disaster.

Volunteering at Peavy Switch has paid far greater dividends than I would have ever imagined. I learned a great deal about disaster psychiatry and feel like I have known both Betty Byrd and Dennis Edwards for years - friendships made in a disaster situation are special ones indeed.

San Antonio

Joe Simpson, MD, San Antonio, Texas
I want to express the most resounding praise for the response for the evacuees in San Antonio. We have stepped up to the plate. From the top to the bottom, it has been magnanimous and non-conflictual. Our mayor Phil Hardberger has been a leader and spokesperson, declaring this a "defining moment" for the city and personally working with the team of leaders to coordinate this effort. We've had maybe 30,000 evacuees or more over the course.

We're fortunate to have a number of really large facilities that have been quickly modified, including Kelly Air Force Base which had been closed down, an abandoned manufacturing plant, a mall, an abandoned Wall Mart, and another shopping center which served as a control point to direct people who were arriving from Houston. Many agencies have come together in a sometimes chaotic but always cooperative and improving arrangement.

I've had the chance to go down to one of the facilities at Kelly AFB, an enormous office building that was housing about 15,000 evacuees and numerous staff. By the time I was there about a week out it was calm, with numbers of people standing around conferring, sending messengers, locating people, with signs all over the place on the walls, banks of these special red phones for unlimited use, banks of computers with signs discouraging gaming but still being used for entertainment.

As we wondered in and explored, the first person we met in a bunking area needed a haldol decanoate shot. We rounded her up. There are social workers and other volunteers roaming, offering services without trying to embarrass people. There have been cubicles set up for the various medical services. People would go off and find a space as needed. The Center for Health Care Services people, University Hospital people, and various other entities had taken a lead for psychiatric services. There was a psychiatrist Betty Jo from NIDA who was there from Baltimore, being used to drug research. She was doing great.

Many nurses have contributed. Many people simply need help with bathing. This is a sensitive manner. They had set up incredible

banks of showers in an attached building at Kelly which were the first thing the original evacuees wanted.

There have been numerous hours devoted by us psychiatrists. Mostly it amounts to keeping people on their meds. They've been devastated and the New Orleans people I saw were chronically mentally ill and not expressing much affectively. There was this 35 year old black male, tall with a French name, who was out of his psychotropics. He'd been in the house with his mother and brother; he and his brother had swum out the window of the attic; his mother hadn't escaped. I heard of this 20 year old retarded male who kept chanting "my mommy's floating with the babies". There were numbers of demented patients with no information who were picked up by various facilities.

All the religions were extremely generous. Yesterday I spent a day at a facility that had received evacuees from Houston. There were some issues with mentally patients being moved around, with issues like degree of separation from the others and smoking privileges in front of the facility, with mainly highways around and 102 degree heat. There was this group from New Liberty something from Houston, about 150 chronically ill residents, and about 50 that had come there from New Orleans. These were very severely ill. The staff had come with them and were magnificent, 4 people of all types who had good skills. They had just a few records with them; they were working on getting someone from the facility to walk somewhere with records to fax them to us.

We sat on folding chairs in fluid arrangements, with patients walking up and wandering off and the staff working with records and supplies behind folding tables. Several of them were wearing the same Hawaiian shirts. One was a male who was quite paranoid and grandiose and refusing meds. We weren't sure whether he would blow. A number were on clozaril; we weren't sure how it was going to go, but it seemed to eventuate that a pharmacy would honor the prescriptions in this setting. I had managed to get a huge number of samples from drug reps early on, which were useful as the pharmacies simply didn't have the supply. We were now faxing prescriptions with about 2-3 hours turnaround. At this point the meds are being supplied through various sources, with the Center for Health Care Services picking up the main tab. They have been there day and night.

I met a patient from New Orleans the 2nd day I was there from a place called "The Abstract," who was a vet, quite hyper but intact and believable, who said he'd been in charge of 14 patients who'd managed to survive the Superdome and the Astrodome; he and one other guy had protected them. He allowed that he'd taken a little more klonopin during that time - he wanted to be honest.

Lessons to learn - bring a PDR - drug identification is a big task - paper, clipboard, markers, sanitizer packets - duct tape, useful for everything, paper towels, water bottles. My Palm Epocrates was useful as I was renewing meds I was unfamiliar with.

I can't help but think that if the leaders of the APA were to come here and roll up their sleeves and work side by side with us in this crisis we might be able to have a conversation that would help us resolve our issues. We have to be so proud of ourselves as a specialty across the state, with our state society's leadership responding to the needs in a widespread fashion.

Corpus Christi

Melanie K. Usey, Corpus Christi, Texas
I am the office manager of Psychiatric Consulting Services in Corpus Christi, Texas. We got word on September 2, 2005 that we were going to be receiving Katrina evacuees in our city due to arrive on Saturday the 3rd (Labor Day weekend). Christus Spohn Hospital set up a medical triage area and our staff set up a psych triage area on September 3rd in the morning. Our doctors, Nestor H. Praderio, MD and Daniela Badea-Mic, MD, along with our nurse practitioners (Eva Bell and Erma Wilson) and social workers (Rita Kingma and Richard Ward) plus many other volunteers that we know in the field, were there at the coliseum from Saturday morning



Psychiatric clinic at the AstroArena

through Monday September 5th afternoon.

We calmed, counseled and prescribed medication to many victims some were even in a crisis state. It was a lot of hard work on all of our parts but it made us feel good knowing we had were able to help these people in some way during such a horrible time of devastation in their life's.

Dallas

A Resident, Dallas, Texas

I would like to recognize TSPP member Dr. Alan LaGrone for his work with Katrina evacuees. Dr. LaGrone is the Medical Director of the Parkland Psychiatric Emergency Room. When the first notice came of the large wave of Katrina evacuees headed for the Convention center, Dr. LaGrone took initial responsibility for coordinating a psychiatry presence at the Convention center. He coordinated all the myriad of essential details to produce a functioning psychiatry clinic. His work included making sure enough space was allocated for mental health, getting medication samples, office supplies and charting forms as well as coordinating volunteer psychiatrists for the first days of the crisis. In the first three days at the Convention center, the Mental Health team saw over 200 patients. This worked as smoothly as it did due to the tremendous volunteer response of TSPP members, other members of the mental health community and the leadership of Dr. LaGrone.

Dallas

Joe Gaspari, MD, Dallas, Texas

As a psychiatrist and psychoanalyst in private practice it is rare that I get a first hand glimpse into the community. Thanks to Hurricane Katrina I got my chance. My daughter is a Sophomore at Loyola University in New Orleans and she wisely headed for Lake Charles and then home to Dallas when Katrina hit. Our family all felt helpless and confused about her situation. Would there be school? What about her apartment? Was it

flooded? Who knew? We still don't know?

In the midst of this I received an opportunity to volunteer from several physician groups in the shelters. I naively showed up to be turned away twice but I persisted and quickly became Red Cross certified and was at Reunion arena the same night. At first, things were quiet and I was able to meet with some old and new colleagues. We helped out as best we could and tried to provide support and establish trust with individuals who had been severely traumatized. Their stories were frightening and they were desperate but they managed to survive in spite of great odds. Their courage in the face of unbelievable adversity was admirable. They were exhausted and traumatized but their instinct

to survive was great. We listened to them, encouraged them and gave them hope.

I realized that night I was the only psychiatrist around and my only psychiatric medication available at the first aid station was Benadryl. There were three psychiatrists at the Convention Center and they assured me they could provide additional meds if needed.

What impressed me the most that night was the bravery of the New Orleanians and how their spirit joined with the wonderful nurturing of my mental health colleagues and all the volunteers. In the words of psychoanalyst Donald Winnicott it was the optimal "holding environment." The outpouring of human caring from all the volunteers meeting basic necessities for feeding, clothing and assisting in showering was essential and greatly appreciated by the evacuees.

Several folks had medical problems and needed to be sent to the hospital. I felt like the house doctor and did my best. Speaking with a young woman, I marveled at her courage. She had lost everything but was grateful she and her loved ones were alive. I instinctively knew she had what it took not only to recover but someday I was convinced she would flourish. I thought of my own daughter and felt reassured.

As night fell fast and it was close to midnight, I could see one of the women was struggling to sleep. I thought she probably hadn't slept in days. I obtained some liquid Benadryl from the nurse at first aid and brought it to the woman. I hoped for the best and she agreed to take it. Her mother gratefully thanked me. When I returned the next day I couldn't wait to find out if she had a good night sleep and thankfully she had. I was excited and gratified.

If you find yourself getting sick and tired of all the bad news you are hearing or feeling frightened yourself, head for the Red Cross and volunteer. I'm grateful I did. And by the way, my daughter goes to UT Austin tomorrow. ■



TSCAP News

Patrick Holden, MD, President, Texas Society of Child and Adolescent Psychiatry

Like our general psychiatric brethren, Texas child and adolescent psychiatrists rolled up their sleeves and began seeing hurricane evacuee children and their families after Hurricane Katrina. Houston child and adolescent psychiatrists treated a large number of evacuee families from Katrina initially, but as those families were shifted to other cities, colleagues in those cities picked up the baton and continued to evaluate and treat children and their families displaced by the storm. Like other psychiatrists and other medical professionals, child and adolescent psychiatrists around the state volunteered in substantial numbers. Interestingly those in Houston, San Antonio and Dallas saw primarily adults and of course some children.

There was no typical clinical presentation for the children; families came for a variety of reasons. Some families brought

their kids to the shelter clinics for symptoms such as insomnia, irritability, shock, fearfulness, all related to the trauma of the storm and its aftermath.

Some families brought their children to the clinics because in the rush of evacuation they had forgotten, lost or run out of their medication. Others brought their children for evaluation of long-standing symptoms such as oppositionality which had been tolerated in the past but now were challenging the parent's ability to cope, given the additional stresses. Two case histories illustrate the diversity of presentations.

Mrs. Jones (not her real name) brought her two teenage girls to the shelter clinic. She complained that the 14 year old was too hyper and couldn't pay attention. She was not in school even though it was mid September because she had been moved

from one shelter and one city to another. She had a previous diagnosis of ADHD, hyperactive-impulsive type and had been on Concerta. The mother wanted to restart Concerta. Mrs. Jones complained that her 12 year old was "fighting too much." She regularly argued with and had pushed her older sister and her cousin and had argued with her mother for the past two years. It turned out that the mother and her husband, stepfather to the two girls, had separated about two years ago. This was due to his very public infidelity which the girls knew of and which angered and embarrassed them.

Mrs. Smith (not her real name) brought her 5 year daughter in for hyperactivity. The girl had a long standing history of over-activity, fidgetiness, inability to stay seated and impulsivity symptoms. In school, she was unable to sit still and impulsively did



Patrick Holden, MD

things that she later regretted – "I know I shouldn't do that, Mama." Mrs. Smith had lost her daughter's Strattera in one of the moves - either from New Orleans to Baton Rouge or from there to San Antonio – and wanted to get it restarted.

Texas child and adolescent psychiatrists, many of them members of TSCAP, showed a spirit of caring and compassion during this period of upheaval and catastrophic trauma. ■

The Silence Is Deafening

continued from page 3

Upon obtaining such written guarantee from the APA Board of Trustees, I will present this proposal to the Board of Trustees of the Academy for consideration.

*Sincerely,
R. Sanford Kiser, MD
President, Board of Trustees
Texas Academy of Psychiatry*

Once again I will have to report that the Academy has heard nothing from the APA. The silence is deafening, but the message of the silence is loud and it is clear. The APA Board of Trustees has no credibility.

I will now state plain facts. The APA leadership, including the APA Board of Trustees,

conceived the concept of the Academy. They seduced TSPP with this idea as a means of solidifying the relationship between TSPP and APA. After the birth of the Academy, the APA Board of Trustees has treated the Academy like a bastard, refusing to acknowledge its existence and refusing to accept its responsibility for its parental role.

I will use ugly words to describe an ugly situation. The APA Board of Trustees apparently wants to have the right to rape TSPP, and then demand that TSPP kill the offspring. What kind of organization is this? Will it treat other District Branches in the same way?

I will emphasize that Texas psychiatry

has no dispute with the APA, in the sense of the APA members themselves. Our dispute is with the APA Board of Trustees and a system of governance that allows the Board of Trustees to operate out of control. I believe that the system of APA governance lacks fundamental checks and balances to prevent grave excesses and errors. I have had the impression that, for all practical purposes, the Assembly of Delegates is ignored and serves little or no purpose, in spite having great value for our profession. The APA form of governance instead places power, virtually total power, in the hands of the Board of Trustees. The result is a form of governance that can be summarized as

"The Assembly proposes, the Board disposes."

I will warn that danger, great danger, can result from this form of governance. As a common psychiatrist outside of the inner circles of APA, I have had the impression that each version of the APA Board of Trustees emerges from an inbred group of "good old boys" and "good old girls". With my lack of specific information, I can certainly be wrong in this impression. But I must emphasize that, without proper checks and balances, such a state of ongoing incest will foster accumulating defects and deformities in subsequent APA Boards of Trustees. Including lunacy. ■

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

SCIENTIFIC PROGRAM/COMMITTEE and EXECUTIVE COUNCIL MEETINGS

Friday, November 4

7:00 AM - 8:00 PM	RegistrationHill Country Foyer
7:30 AM - 8:55 AM	Foundation Board of Directors Breakfast MtgBig Bend ABC
8:30 AM - 4:30 PM	Committee HospitalityBig Bend E Complimentary Refreshments & Light Hors D'oeuvres For Cmte Mbrs
9:00 AM - 10:30 AM	SocioeconomicsHill Country D FellowshipHill Country C BudgetHill Country B Physician AdvocacyHill Country A
10:30 AM - 12:00 PM	MembershipHill Country A Professional PracticesHill Country D Academic PsychiatryHill Country C Texas Academy of Psychiatry MembershipHill Country B
12:00 PM - 1:15 PM	Committee Member Luncheon ProgramBig Bend A-D
1:15 PM - 2:45 PM	Strategic Planning & CoordinatingHill Country A Public Mental Health ServicesHill Country D Children and AdolescentsHill Country B EthicsHill Country C
2:45 PM - 4:15 PM	Continuing Medical EducationHill Country C Forensic PsychiatryHill Country B Members in Training/ECP ProgramHill Country D Constitution & BylawsHill Country A
4:30 PM - 6:00 PM	Government AffairsHill Country D
6:00 PM - 7:30 PM	Welcome Reception w/ExhibitorsTexas Ballroom 4-7 (2nd Floor)
7:30 PM -	TSPP Annual Awards BanquetTexas Ballroom 2&3 (2nd Floor)

Saturday, November 5

7:00 AM - 8:30 AM	Federation Delegate Assembly Breakfast Mtg . Padre Island (2nd Floor)
7:30 AM - 6:00 PM	RegistrationHill Country Foyer
7:30 AM - 5:30 PM	ExhibitsTexas Ballroom 4-7 (2nd Floor)
7:30 AM - 8:30 AM	Complimentary Continental Breakfast for Program RegistrantsTexas 1-3 (2nd Floor)

9:00 AM - 5:00 PM	DBSA MeetingHill Country D
8:45 AM - 12:20 PM	Scientific ProgramTexas 1-3 (2nd Floor)
8:45 AM - 9:00 AM	Opening Session
9:00 AM - 10:30 AM	Larry Ereshefsky, Pharm.D, FCCP, BCPP, "Antipsychotic Dosing - Individualizing Medication Treatment"
10:30 AM - 10:50 AM	Refreshment Break with ExhibitorsTexas Ballroom 4-7 (2nd Floor)
10:50 AM - 12:20 PM	Charles L. Raison, MD, "Mind-Body Perspectives on the Development and Treatment of Depression"
12:20 PM - 2:00 PM	Annual Meeting Luncheon in Exhibit HallTexas 4-7 (2nd Floor)
2:00 PM - 5:15 PM	Scientific ProgramTexas 1-3 (2nd Floor)
2:00 PM - 4:00 PM	Laurence B. McCullough, PhD, "Ethical Challenges in Assessing Patients' Decisions-Making Capacity"
4:00 PM - 4:15 PM	Refreshment Break with ExhibitorsTexas Ballroom 4-7 (2nd Floor)
4:15 PM - 5:15 PM	Alfredo Bellon, MD (Resident Paper Competition Winner), "Neurite Formation and Its Implication in the Pathophysiology of Schizophrenia"
5:30 PM - 7:00 PM	Executive CouncilHill Country A-C
8:30 PM -	50th Anniversary Planning CommitteeGovernor's Suite

Sunday, November 6

7:30 AM - 1:00 PM	RegistrationHill Country Foyer
7:30 AM - 9:00 AM	Complimentary Continental Breakfast for Program RegistrantsTexas 1-3 (2nd Floor)
8:00 AM - 12:20 PM	Scientific ProgramTexas 1-3 (2nd Floor)
8:00 AM - 9:00 AM	Karen Dineen Wagner, MD, PhD, "Update on Childhood Major Depression"
9:00 AM - 9:10 AM	Refreshment Break
9:10 AM - 10:40 AM	Zachary N. Stowe, MD, "Medications in Pregnancy and Lactation"
10:40 AM - 10:50 AM	Refreshment Break
10:50 AM - 12:20 PM	Kevin F. Gray, MD, "Dr. Parkinson's Omission: The Clinical Faces of Lewy Body Dementia"



Texas Society of Psychiatric Physicians 2005 Annual Convention and Scientific Program

MEETING LOCATION

The Annual Convention and Scientific Program will be held November 5-6, 2005 at the Hyatt Regency Austin Hotel, 208 Barton Springs Road, Austin, Texas. Conveniently located in the heart of Austin's business district near the State

Capitol, the hotel offers breathtaking views of Town Lake and the glittering Austin skyline. Make plans for a relaxing and stimulating weekend enjoying the many activities TSPP has arranged, including an outstanding CME program. During your leisure time, enjoy the out-

door heated pool and spa, fitness center and nine miles of beautifully landscaped hike n' bike paths on the shores of Town Lake. A short distance away is shopping, historic 6th Street and the Warehouse Entertainment District. We know this will be a meeting and weekend you will not want to miss!

TSPP Awards Banquet
Friday, November 4, 2005
Reception: 6:00 pm. Banquet: 7:30 pm



TSPP Distinguished Service Award
Bernard M. Gerber, MD



TSPP Psychiatric Excellence Award
Robert M.A. Hirschfeld, MD



TSPP Special Service Award
Steve Bresnen

2005 TSPP Resident Paper Competition Winner

TSPP is pleased to announce the selection of the winner of the 2005 Resident Paper Competition:

Alfredo Bellon, MD, PGY III, Baylor College of Medicine
Menninger Department of Psychiatry and Behavioral Sciences, Houston, Texas

Title of Winning Paper:

"Neurite Formation and its Implication in the Pathophysiology of Schizophrenia"

Runner-Up: **Capt. Donald S. Christman, MD**
PGY II, UTHSCSA, SAUSHEC Psychiatry Residency, San Antonio, Texas
Review Article: "Nightmares"

Please make plans to attend the TSPP Scientific Program, November 5-6 at the Hyatt Hotel in Austin and express your congratulations to the winners!

SOCIAL ACTIVITIES

The weekend's activities kick off with a complimentary wine and cheese reception with exhibitors for convention registrants and their spouse/guest. Following the reception, the TSPP Annual Awards Banquet will be held honoring the 2005 TSPP Award Recipients in recognition of their outstanding contributions to Psychiatry. ■

COMMERCIAL SUPPORT FOR THE TSPP ANNUAL CONVENTION & SCIENTIFIC PROGRAM

EDUCATIONAL GRANTS

The Texas Society of Psychiatric Physicians acknowledges and expresses appreciation to the following organizations for the educational grants provided for the 2005 TSPP Annual Scientific Program "The Dynamic Spectrum of Clinical Psychiatry".

PLATINUM

Abbott Laboratories
AstraZeneca
Bristol Myers Squibb
Eli Lilly and Company
Forest Pharmaceuticals Inc
GlaxoSmithKline
Texas Foundation for Psychiatric Education and Research

GOLD

Cyberonics
Pfizer

EXHIBITORS

The Texas Society of Psychiatric Physicians acknowledges and expresses appreciation to the following organizations for their participation as an exhibitor at the 2005 TSPP Annual Convention.

PLATINUM

Abbott Laboratories
AstraZeneca
Eli Lilly and Company
Forest Pharmaceuticals, Inc
GlaxoSmithKline
Texas Foundation for Psychiatric Education and Research

GOLD

Cyberonics
Pfizer

SILVER

Autoflex Leasing
Cephalon
McNeil Consumer & Specialty Pharmaceuticals
Sepracor, Inc.

BRONZE

Medorizon
Reckitt Benckiser Pharmaceuticals
Synthon Pharmaceuticals, Ltd.
UTMB Correctional Managed Care
Whitaker Medical
Wyeth Labs

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

2005 ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 5-6, 2005 • Hyatt Regency Austin Hotel, Austin, Texas

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

NAME _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

NAME(S) _____ GUEST(S) ATTENDING (for name badges) _____

REGISTRATION FEES

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

NUMBER ATTENDING EVENT

TSPP/TEXAS ACADEMY OF PSYCHIATRY MEMBER LUNCHEON

TSPP/Texas Academy of Psychiatry Member Luncheon - Friday \$20

WELCOME RECEPTION - Friday Evening

NOT Registered for Scientific Program \$50

Registered for Scientific Program No Chg
TSPP Members/Texas Academy of Psychiatry Members/Non-Members/Spouse/Guest

AWARDS BANQUET - Friday Evening

Awards Presentations/Banquet \$35

Vegetarian Plate Requested
* No add'l charge if requested prior to 10/24
** After 10/24 & On-site add add'l \$5.00 for each Luncheon/Banquet Fee

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

NUMBER ATTENDING EVENT

SCIENTIFIC PROGRAM - Saturday and Sunday

TSPP/Texas Academy of Psychiatry Member \$235

TSPP/Texas Academy of Psychiatry MIT/Medical Student \$35

Non-Member \$290

Non-Member MIT/Medical Student \$50

Allied Health Professional \$130

Spouse \$120

Advocacy Organization Leadership \$50

ANNUAL BUSINESS LUNCHEON

Annual Business Luncheon - Saturday \$20

TOTAL REGISTRATION FEE ENCLOSED



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

Method of Payment

Check VISA MasterCard **Credit Card #** _____ **Exp. Date** _____

Name of Cardholder (as it appears on card) _____

Signature _____

Credit Card Billing Address _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if **written notice is received in the TSPP office by October 24, 2005, less a 25% handling charge. No refunds will be given after October 24, 2005.**

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

An Opportunity to Participate Foundation Annual Campaign 2005

It's October which means the Texas Foundation for Psychiatric Education and Research is launching its Annual Campaign. Have you given your charitable donation to the Foundation yet?

The Foundation was established as a charitable organization in 1991 to educate the public about psychiatry, psychiatric illnesses and treatments; to increase public awareness of the signs and symptoms of mental illness, the availability and methods of treatment, and the sources of assistance for persons with mental illnesses; to enhance the quality of assistance to the psychiatric patient, particularly by improving access to care, improving conditions in hospitals, mental health centers and other facilities, and changing perceptions of mental illness to increase the understanding of treatment and care; to support research to improve care for the psychiatric patient; to remove any stigma of mental illness which may inhibit or prevent proper care, through educational and public service activities; and, to serve as a clearinghouse for information about all aspects of psychiatry, and as a bridge between psychiatric medicine and the community served by the Foundation.

Since its inception, the Foundation has received 1,214 donations amounting to

\$266,639. Sources of funding include:

TSPP Members - 57.5%
Individuals - 12.7%
Businesses - 10.2%
Foundations - 15.3%
Organizations - 4.3%

Since 1994, the Foundation has awarded 83 grants totaling \$114,809. The distribution of grants by category has been:

Public Education - 58%
Professional Education - 36%
Research - 6%.

Please give generously to your Foundation. It is a unique opportunity for Texas psychiatrists to participate in charitable support to serve patients.

TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH

ANNUAL FUND 2005

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

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

I am pleased to commit a pledge of:

\$ _____ payable over the period of _____

DONOR INFORMATION

Contact me about a PLANNED GIFT.

Name _____

Special Instructions/Requests:

Address _____

Telephone () _____

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!

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 Jacque' Collier, Conway McDanald, MD and Mohsen Mirabi, MD, submit the following slate of candidates for positions on the Foundation's Board of Directors:

Six Three Year Terms

(May 2006-May 2009)

- ★ **Shirley Marks, MD**, McKinney, to be re-appointed to another 3 year term.
- ★ **Clay Sawyer, MD**, Waco, to be appointed to a 3 year term replacing Charles Bowden, MD.
- ★ **Mohsen Mirabi, MD**, Houston, to be re-appointed to another 3 year term.
- ★ **Conway McDanald, MD**, Dallas, to be re-appointed to another 3 year term.
- ★ **Hal Haralson**, Austin, to be re-appointed to another 3 year term.
- ★ **Ed Nace, MD**, Dallas, to be appointed to a 3 year term replacing Stella Mullins.

Elections for these positions will be conducted at the Foundation Annual Membership Meeting at the Hyatt Regency Hotel in Austin on November 5, 2005 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 controlling all of the policies, activities and affairs of the Foundation. There may be as many as 25 individuals holding a position of Director. There are three 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 NAMI Texas, Chairman of the Mental Health Association in Texas, and President of the Texas Depression and Bipolar Support Alliance). There are currently 5 Designated Directors.

The Board may be composed of not less than 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.

Honorary Directors are elected by the Board and are individuals who have demonstrated sustained support of the Foundation's mission.

Current Elected Directors include Diane Batchelder, Charles Bowden, MD, David Briones, MD, Jacque' Collier, Arthur Farley, MD, Miriam Feaster, Charles Gaitz, MD, Hal Haralson, Grace Jameson, MD, Shirley E. Marks, MD, Conway L. McDanald, MD, Mohsen Mirabi, MD, Stella Mullins, Edward Reilly, MD, Linda Rhodes, MD, Larry Tripp, MD, and Paul Wick, MD. Designated Directors currently are: Linda Groom, George Santos, MD, Clay Sawyer, MD, Les Secrest, MD and Molly Van Ort. Honorary Directors include Alex K. Munson, MD, Georgetown, and Charles L. Bowden, MD, San Antonio.

FEDERATION OF TEXAS PSYCHIATRY

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

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

The TEXAS PSYCHIATRIST is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

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

EDITORIAL BOARD

Joseph Castiglioni, Jr., MD
Edward L. Reilly, MD

MANAGING EDITORS

John R. Bush
Debbie Sundberg

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

PSRRT STD
U.S. Postage
PAID
AUSTIN, TX
Permit No. 1149

Federation of Texas Psychiatry

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

TIME DATED MATERIAL