lexus Psychiatrist



Join us for the TSCAP Annual Convention!

Melissa S. DeFilippis, MD, President, Texas Society of Child and Adolescent Psychiatry

s I near the end of my year as President of TSCAP, I am amazed at how quickly this year has flown by. Even though, at times, dealing with isolation, virtual meetings, and working from home felt never-ending, as the end of this year approaches, it feels almost as if it just started. I had the unique experience, along with the TSCAP executive committee, of planning the upcoming conference virtually. I was pleased with how it all came together, in large part due to the hard work of the executive committee and to Debbie Giarratano. I am excited about the program we have to offer, and I hope many of you will join us virtually for our conference, titled "Child Psychiatry at the Crossroads: Focus on At Risk Populations and Social Change". We have some wonderful speakers lined up to cover a variety of topics. We are offering six Category 1 CME credits this

year, two of which will be designated for ethics, including a talk on implicit bias and its impacts on our profession by Dr. Pierre Banks and a talk on the use of seclusion and restraint in correctional settings by Dr. Joseph Penn. Dr. Lisa Falls will speak about systemic racism and the effects seen in our patients, with a specific focus on PTSD in youth. Dr. Steven Pliszka will be presenting on clinical considerations in treating youth with intellectual and developmental disabilities in residential treatment settings. Dr. Mohsin Khan and Dr. Kimberly Stone will be discussing how recent legislative changes have impacted children in the foster care system, as well as challenges and clinical considerations included when working with this population. And Dr. Claudia Mercado will be speaking about her work with immigrant children at the Texas border and how policy changes have

affected both patients and providers at the border.

I am looking forward to learning about how to better serve at risk populations as well as becoming more informed on how systemic racism and implicit biases impact our profession. I know these speakers will encourage discussion and reflection among our attendees. This will be our second virtual conference, and it provides a comfortable, easy way to enhance our knowledge of these topics and earn CME credits from the comfort of our own homes. While I will miss seeing everyone in person, I know this is still our safest option at this time. If you have not already registered, I encourage you to do so! See below and page 2 of the newsletter for more information about our annual program and visit our website at https://www.txpsych.org/conferencesevents/ to register.



Melissa S. DeFilippis, MD

Finally, I want to thank TSCAP and the Federation for a wonderful year. A very special thank you goes to Debbie, who has been extremely helpful in supporting me this year, and for all her work through the years supporting the Federation. I am happy to pass the torch on to Dr. Phillip Balfanz, MD, our 2021-2022 TSCAP president. I am excited to see the work TSCAP does under his leadership and look forward to supporting and working alongside him next year!



Texas Society of Child and Adolescent Psychiatry

Child **Psychiatry** at the Crossroads:

Focus on At Risk Populations and Social Change

VIRTUAL LIVE **CME WEBINAR**

Saturday, July 24, 2021

Six (6) AMA PRA Category 1 Credits,™ with 2 of the Hours Designated for Medical Ethics/Professional Responsibility

8:45 am - 8:55 am

9:00 am-9:30 am 9:30 am-10:35 am

10:35 am-11:40 am

11:40 am-11:55 am 11:55 am-1:00 pm

1:00 pm-2:05 pm

2:05 pm-2:20 pm

2:20 pm-3:25 pm

3:25 pm-4:30 pm

SCIENTIFIC SCHEDULE Log onto Virtual Webinar (Zoom) to be admitted to the CME Program, starts promptly at 9:00 am

Opening Remarks and Welcome ETHICS: Implicit Bias – Pierre W. Banks, EdD

Objectives: The learning objectives for this activity has been designed to address clinician competence. Upon conclusion of the activity participants should be able to:

Define implicit bias and related concepts

Explain implicit bias an how it impacts the medical profession. Discuss strategies for evaluating and confronting personal implicit bias.

Racism: Making the Case for PTSD - Lisa Falls, MD

Objectives: The learning objectives for this activity has been designed to address clinician competence. Upon conclusion of the activity participants should be able to:

Describe ways that racism qualifies as a trauma that can lead to Posttraumatic Stress Disorder Identify behaviors in child and teen victims of racism that meet criteria for Posttraumatic Stress Disorder

Incorporate a method of routine screening for micro/macroaggressions in marginalized patient populations

Special Clinical Considerations in Treating Persons with Intellectual and Developmental Disabilities (IDD) with Comorbid Psychiatric Disorders in Residential Treatment Center Settings – Steven R. Pliszka, MD Objectives: The learning objectives for this activity has been designed to address clinician competence. Upon conclusion of the activity participants should be able to:

Discuss pharmacological treatments of different target symptoms

Identify differences in dosing and medication choices for persons with IDD

Identify specific clinical challenges in residential treatment center settings.

ETHICS: Seclusion and Restraint in Correctional Setting – Joseph V. Penn, MD, CCHP, FAPA Objectives: The learning objectives for this activity has been designed to address clinician competence. Upon conclusion of the activity participants should be able to:

• Identify the clinical, legal and ethical issues related to Seclusion and Restraint.

Changes and Challenges in the Foster Care System: Implications for Treatment

Mohsin Khan, MD and Kimberly E. Stone, MD, MPH, FAAP Objective: The learning objectives for this activity has been designed to address clinician competence. Upon conclusion of the activity participants should be able to:

Update on legislative issues that impact children in foster care

Describe the mult-disciplinary approach Identify challenges in working with the population

Border Crisis: Barriers and Barometers of Care - Claudia G. Mercado, MD

Objective: The learning objective for this activity has been designed to address clinician competence. Upon conclusion of the activity participants should be able to:

Identify cultural impact on care

Update on policy change Describe longitudinal effects for patients and providers

4:30 pm-4:45 pm Closing Remarks

Outchauf
Curbside Corner5
Foundation 2021 Annual Fundraising Campaign6
New Beginnings
Onward6
Positive Signs5
Summary of Legislative Session 4
TAP Summer Recruitment Drive3
TSCAP 2021 Election of Officers4
TSCAP CME Program/Registration 2
TSPP Committe Preferences 2021-22



VIRTUAL

TSCAP CME Program

Child Psychiatry at the Crossroads Focus on At Risk Populations and Social Change

JULY 24, 2021



VIRTUAL

TSPP CME Program

Invisible Scars: Adverse Childhood Events and Human Trafficking

November 6, 2021





CME WEBINAR Saturday, July 24, 2021

Six (6) AMA PPA Category 1 Credits™

Six (6) AMA PRA Category 1 Credits™ with 2 of the Hours Designated for Medical Ethics/Professional Responsibility

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. The Texas Society of Psychiatric Physicians is accredited by TMA to provide continuing education for physicians.

CREDIT STATEMENT

The Texas Society of Psychiatric Physicians designates this Virtual Live Activity for a maximum of six (6) *AMA PRA Category I Credits*™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ETHICS DESIGNATION STATEMENT

The Ethics Presentation: "Racism, Making the Case for PTSD" and "Seclusion and Restraint in Correctional Setting" have been designated by the Texas Society of Psychiatric Physicians for a total of two (2) credits of education in medical ethics and/or professional responsibility.

TARGET AUDIENCE/PROGRAM OBJECTIVES

This virtual activity has been designed with didactic lectures supplemented with panel discussion; clinical vignettes; audiovisual presentations and question and answer discussion in multiple educational sessions.

The program is designed to provide its' target audience of Child and Adolescent Psychiatrists, Adult Psychiatrists, Pediatricians and Primary Care Physicians with clinically relevant information to advance the physicians' competence and provide them with effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgement of the information presented in the educational activity into their practice.

NEEDS ASSESSMENT

TSCAP has incorporated into this CME activity the relevant educational needs concerning competence that underlie the professional practice gaps of the participants.

FACULTY & PLANNERS DISCLOSURE POLICY

In compliance with the ACCME/TMA Standards for Commercial Support of CME, to assure balance, independence, objectivity and scientific rigor in all of its CME activities, prior to the education activity being delivered to the learners, the Texas Society of Psychiatric Physicians implemented a mechanism to identify and resolve personal conflicts of interest from everyone who was in a position to control the content of the education activity. TSPP will disclose to learners the existence (or non-existence) of all relevant financial relationship(s) that the faculty and planners did (or did not) have with any commercial interest concerned with the content of the educational presentation. Disclosure will occur at the beginning of the Virtual CME Activity through verbal and written slide display.



Texas Society of Child and Adolescent Psychiatry

Child Psychiatry at the Crossroads: Focus on At Risk Populations and Social Change



Pierre W. Banks, EdD Senior Director of Admissions and Recruitment

Clinical Assistant Professor Psychiatry & Behavioral Sciences School of Medicine University of Texas Medical Branch Galveston, Texas



Lisa Falls, MD Associate Professor

Department of Psychiatry University of Texas Medical Branch Galveston, Texas



Joseph V. Penn, MD, CCHP, FAPA

Director, Mental Health Services UTMB Correctional Managed Care Clinical Professor UTMB Department of Psychiatry Galveston, Texas



Mohsin Khan, MD Assistant Professor of Psychiatry

UT Southwestern Medical Center Rees Jones Center for Foster Care Excellence Dallas, Texas



Claudia G Mercado, MD Family Medicine Specialist

Border Clinic PLLC Laredo, Texas



Steven R. Pliszka, MD
Dielmann
Distinguished
Professor and Chair

Professor and Chair Department of Psychiatry and Behavioral Sciences Joe R and Theresa Long Lozano School of Medicine UT Health San Antonio San Antonio, Texas



Kimberly E. Stone, MD, MPH, FAAP Assistant Professor of Pediatrics

Rees-Jones Foster Care Center for Excellence Children's Health System Dallas, Texas



Texas Society of Child and Adolescent Psychiatry

VIRTUAL LIVE CME WEBINAR

Saturday, July 24

MAII... (pay by credit card or check)
Texas Society of Child and Adolescent Physicians
401 West 15th Street, Suite 675, Austin, TX 78701

(The following options require credit card payment)

E-MAIL... tscapofc@aol.com

ONLINE... http://www.txpsych.org

FAX...

512.478.5223 512.478.0605 To remit payment online, complete this form and return to tscapofc@aol.com via email and request an email invoice from Quickbooks Online.

REGISTRATION FORM

When your registration payment has been processed, about one week prior to the meeting, you will receive an email invite at the email address provided on your registration form with a link to join the meeting, the unique Meeting ID # and information for joining the meeting on Saturday, July 24. It is IMPORTANT that the email address you list on the Registration Form is the email you will use to participate on the Zoom Meeting or Zoom will not recognize and allow you to log into the meeting. If you do not already have Zoom loaded on your device with the email address you provide on your Registration Form, you will not be able to access the program. Please refer to the Zoom Guide attachment for instructions to access the meeting.

The program will begin promptly at 9:00 am so please log on about 5-10 minutes prior to 9:00 am. Thank you for registering!

LAST NAME	FIRST NAME	CREDENTIALS (MD/DO, PA, NP, AHP, SPECIFY OTHER CREDENTIALS)		
SPECIALTY		EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP
PHONE		FAX		

PARTICIPATION POLICY – The Texas Society of Child and Adolescent Psychiatry's policy is to promote an environment of mutual respect, well-being, and collegiality at its meetings. TSCAP values and benefits from the diverse opinions its members hold on the issues with which the Society and the psychiatric profession are confronted. All individuals participating in the (live or virtual) meetings agree to conduct themselves in a manner appropriate for health care professionals. This includes respect for the intellectual property of others, proper display and use of meeting badges, and the avoidance of aggressive or inappropriate behavior towards others. Individuals participating in TSCAP sponsored meetings agree to listen respectfully to all views presented, be courteed to others regardless of whether you agree or disagree with the views presented, and to exhibit the professionalism and collegiality expected of psychiatrists. If an individual believes that these rules have been violated as a control of the professional agrees with the views presented to help with the situation. TSCAP reserves the solution agrees with the view professional agrees with the view professional agrees with the view professional agrees.

REGISTRATI	ON FEE SCHEDULE	
☐ TSCAP / TSPP / Academy Member	\$110	
☐ Non-Member Physician	\$140	
Allied Health Professional	\$90	
☐ Trainee Member / Medical Student Member	\$10	
Non-Member Trainee / Medical Student	\$20	
MEETING SYLLABUS ORDER		
Online Meeting Syllabus	Free	
☐ Color Printed Copy	\$155	
☐ Black & White Copy	\$125	
	TOTAL REGISTRATION	

	TOTAL REGISTRATI	ON
Check in the Amount of \$Please Charge \$	PAYMENT INFORMATION Make Checks Payable to Texas Society of Child and Adolescent Psychiatry To My: VISA MasterCard American Express	Expiration Date:
3 or 4 Digit Security Code on Back o	of Card on Right of Signature Panel on card)	
	OUR CREDIT CARD STATEMENT (include address, city, state, zip):	
	Cancellation Policy: No REFUNDS given after July 1	



New Beginnings

Daniel B. Pearson, III, M.D., President, Texas Academy of Psychiatry

his previous year has been a year that has challenged each of us in ways we have never seen before, and probably never expected to. In addition to the trials that most of us likely experienced, we have seen innovation, adaptability, and change, some of which, hopefully, for the good. I hope that each of us, as psychiatrists, will continue to be a locus of stability and equilibrium for our patients in these tumultuous times.

The Texas Academy of Psychiatry was established in 2004 to provide Texas psychi-

atrists with a choice of membership in organized psychiatry without the requirement of membership in a national organization. The Academy is unique in this way because we can represent the whole spectrum of the members of our profession in their practices, with their patients, and in their communities.

I hope to bring growth to the Academy, hopefully one day to include every psychiatrist in the state of Texas.

As we begin a new year, may we continue to grow and adapt to the benefit of

our patients, our communities, and Texas Psychiatry. Thank you for the opportunity to serve the Texas Academy of Psychiatry as President. I look for the Academy to continue to be one of the pillars supporting the Federation of Texas Psychiatry and our common mission.

Be Well.



Daniel Pearson, III, MD

President – Daniel Pearson, III, MD, Dallas
President-Elect – Tushar Desai, MD, Austin
Secretary-Treasurer – Michael Arambula, MD, PharmD, San Antonio



Summer Recruitment Drive

Advocates for Patients and Quality Psychiatric Care
Help Strengthen the Voice of Psychiatry in Texas!

Objectives of the Academy

- To promote the common professional interests of its members;
- to improve the treatment, rehabilitation, and care of the mentally ill, the intellectually challenged, and the emotionally disturbed;
- to advance the standards of all psychiatric services and facilities;
- to promote research, professional education in psychiatry and allied fields, and the prevention of psychiatric disabilities;
- to foster the cooperation of all who are concerned with the medical, psychological, social and legal aspects of mental health and illness;
- to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public;
- to promote the best interests of patients and those actually or potentially making uses of mental health services;
- to coordinate and work in concert with other state professional psychiatric associations on joint public and professional education projects and public policy advocacy; and,
- to advocate for its members.

he Texas Academy of Psychiatry was established in 2004 to provide psychiatrists with a choice of membership in organized psychiatry without a requirement of dual membership in a national organization. Membership is available to physicians with a current medical license without restrictions and who have a resi-

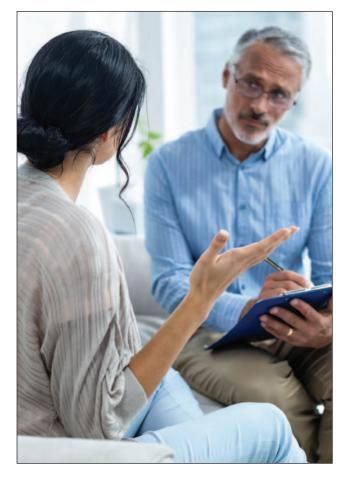
dency training certificate from an approved psychiatric residency program. Classes of membership include: Memberin-Training, General Member, Fellow (8 years of membership and/or recognized

by APA as a Fellow or Distinguished Fellow), Retired member, and Associate member (a member in good standing with TSPP or TSCAP). All classes of members have voting privileges.

To apply for membership go to https://www.txpsych.org/academy/or email TXPsychiatry@aol.com

MEMBERSHIP BENEFITS

- Discounted CME
- Legislative Advocacy
- Newsletters
- No requirement of dual membership in a national organization
- Members-In-Training receive discounted dues.
- TSPP & TSCAP members are eligible for discounted annual TAP dues of \$25



NETWORKING AND MENTORSHIP

- Connect with innovative and experienced professionals to build and sustain a successful psychiatric career and practice
- Guidance and camaraderie during the entire span of your career.
- Semi-annual virtual and live CME meetings enable you to meet peers face-to-face.
- Leadership opportunities as officers/representatives on the TAP Board of Directors.



Summary of Legislative Session

Eric Woomer, Federation of Texas Psychiatry Public Policy Consultant

ine Die! After 140 days of intense work, the 87th Texas Legislative Session has come to a close. Anyone tracking this session can appreciate the unprecedented obstacles lawmakers and advocates endured to successfully wrap the legislative business of Texans. Legislators wrestled through the coronavirus pandemic and a historic winter weather event that temporarily shuttered the Capitol.

February's widespread power outages and subsequent deaths captured most of the attention from lawmakers, shifting some of the focus away from the pandemic to the reliability of Texas' power grid. Prioritizing and strengthening the state's energy infrastructure and preventing future weather-related energy catastrophes became paramount. Bills tackling wholesale market pricing, alternative backup power sources, securitization, power plant upgrades, and weatherization of the state's electric infrastructure were filed almost immediately upon lawmakers return to the Capitol after the freeze.

Despite the difficulties and distractions that took place at the Capitol, the Federation of Texas Psychiatry was able to effectively advocate or many of its top legislative priorities. A virtual Capitol Day was held on March 2 where Federation members interacted with key legislative staff to discuss important issues related to the practice of psychiatry. These conversations, along with additional lobbying efforts, produced several successful results for the membership.

Scope expansion legislation that would have allowed psychologists to prescribe medication was filed by Rep. Vikki Goodwin (D-Austin). HB 1462 was introduced to the House Committee on Public Health on March 5. This bill never received a hearing, and therefore died in committee. Lobbying efforts by the Federation helped block this bill's passage to protect patient safety and preserve the standard of care.

Legislation allowing for the independent practice of APRNs was introduced again this session by Rep. Stephanie Klick (R-Fort Worth), along with the companion bill by Sen. Kelly Hancock (R-North Richland Hills). HB 2029 and SB 915 expanded prescribing authority and instituted independent practice for advanced practice registered nurses. HB 2029 was heard in House Committee on Public Health on March 24th but was left pending and failed to pass. The Senate companion failed to receive a hearing and subsequently died as well. Proponents of the independent practice of APRNs actively lobbied for its passage, but with hard work from the Federation along with TMA and other interested parties, the bills were stopped this session.

The pandemic had an enormous impact on the mental health of Texans. A large number of Texas residents saw an increased need for collaborative mental and behavioral health services, as count-

less individuals, especially children and adolescents experienced negative effects of the shutdown, economic recession, and social isolation. As a result, supporting Medicaid reimbursement for the Collaborative Care Model was an important issue for the Federation this session. SB 672 filed by Sen. Dawn Buckingham (R-Lakeway) directs the Health and Human Services Commission to establish a Medicaid collaborative care model as well as providing for the reimbursement for services provided under the model. This bill was sent to the Governor on May 24, 2021.

There were several bills filed supporting telepsychiatry reimbursement parity and benefit access. Gov. Abbott, in his State of the State address, made telemedicine and telehealth flexibilities an emergency item, calling on the Legislature to make these flexibilities permanent beyond the pandemic. HB 515 by Rep. Tom Oliverson (R-Houston), would have ensured payment parity between medical services and telemedicine/telehealth services for

plans under the oversight of the Texas Department of Insurance, but unfortunately never did pass.

Another piece of legislation that related to telemedicine was HB 4 by Rep. Four Price (R-Amarillo). This bill makes permanent the expansion of telemedicine, telehealth, and technology-related services within Medicaid and provide a pathway to integrating the delivery of services to Medicaid, CHIP, and other public benefits program recipients through remote means into HHSC policies on a permanent basis and in a fiscally responsible manner. The bill was sent to the Governor's desk on May 31, 2021.

Greater access to mental health medications was a top priority for the Federation this session. HB 2822 by Rep. Lacey Hull (R-Houston) improves the accessibility of antipsychotic prescription drugs under Medicaid managed care, and has been sent to the Governor. An equally important piece of legislation was SB 2051 by Sen. Jose Menendez (D-San Antonio) that limits step therapy protocols imposed by health insurance plans for mental health medications for patients with severe mental illness. This bill passed the Senate unanimously and was set on the final House calendar, but unfortunately, time ran out before this bill was reached and the bill died for this session.

Through the budget process, the Federation sought a directive to HHSC to pursue a waiver from the federal government to increase access to psychiatric facilities for adult patients eligible for Medicaid. The rider was approved by Conference Committee on SB 1, the General Appropriations Act, and was signed into law. The Federation worked in a collaborative effort with THA and TMA, as well as other stakeholders to ensure that the rider made its way into the budget.

Additionally, the Federation supported the continuance of tax-free 3rd party medical billing services.

Previously, the Texas Comptroller had indicated that his office would change existing rules, which would have resulted in imposing sales taxes on these services.

Legislation was filed to maintain the current exemption for these medical billing services from taxation before the Comptroller's rule modification would be implemented. HB 1445 by Rep.

Oliverson was signed into law by the Governor on April 30.

In an unusual turn of events, during the last 48 hours of session, Democratic House Members organized a walk-out to prevent a final vote on SB 7, a highly controversial elections bill, and a priority of the Governor, triggering a promise from Gov. Abbott that these items will be taken up in a special session (without specifying when that would take place). Either he will call legislators back this summer or add these items to the special session



Eric Woomer

already planned for this fall. He also indicated that he was considering vetoing the portion of the budget that pays for legislative activities – not only law-maker compensation, but staff salaries, the Legislative Budget Board, Legislative Council, and other departments. Stay tuned.

As always, it is our pleasure to be your voice at the Texas state capitol. Please feel free to reach out with any questions, comments or concerns that you may have. We look forward to continuing to serve the interests of Texas psychiatrists and your patients into the interim and beyond.

TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY
2021 BALLOT – ELECTION OF OFFICERS
Please complete the email ballot below and return to TSCAP by mail (401 West 15th Stree #675, Austin, TX 78701) or email to TSCAPofc@aol.com BY JUNE 30.
Results will be announced at the Virtual Annual Business Meeting on July 25, 2021. Progra and Registration Forms available online at www.txpsych.org OR email TSCAPofc@aol.com
PRESIDENT-ELECT 2021-22 (check one) Debra Atkisson, MD, Fort Worth (for Dr. Phillip Balfanz' Expiring Term)
U Other
SECRETARY/TREASURER 2021-22 (check one) Laura Stone, MD, Dallas (for Dr. Debra Atkisson's Expiring Term) Other
COUNCILOR 2021-24 (check one) James Norcross, MD, Dallas Other
AACAP DELEGATE 2021-24 (check one) Lisa Falls, MD, Houston (for Dr. Laura Stone's vacated position) Other
AACAP DELEGATE 2021-24 (check one) Joseph Shotwell, MD, Galveston (for Dr. Sharette Gray's Expiring Term) Other
AACAP DELEGATE 2021-24 (check one) Jessica Sandoval, MD, San Antonio (for Dr. Jane Ripperger-Suhler's Expiring Term) Other
AACAP DELEGATE 2021-24 (check one) Mili Khandheria, MD, Dallas (for Dr. Tracy Asamoah's Expiring Term) Other
AACAP DELEGATE 2021-24 (check one) Mohsin Khan, MD, Plano (for Dr. Meghna Joshi's Expiring Term) Other
AACAP DELEGATE 2021-24 (check one) Sarah Wakefield, MD, Lubbock (for Dr. Steven Pliszka's Expiring Term) Other
AACAP ALTERNATE DELEGATE 2021-24 (check one)

Melissa DeFilippis, MD, Friendswood (for Dr. Joseph Shotwell's Expiring Term)

AACAP ALTERNATE DELEGATE 2021-24 (check one)

AACAP ALTERNATE DELEGATE 2021-24 (check one)

Regina Cavanaugh, MD, Temple

Ross Tatum, MD, Fort Worth (for Dr. Lisa Fall's Expiring Term)

Other

Other_



Positive Signs...

J. Clay Sawyer, M.D., DLFAPA, Chair, Texas Federation of Psychiatry

am pleased to report on the progress achieved by Federation efforts with the state legislature so far this year. The House psychologist prescribing bill has yet to have a hearing in committee; in addition, neither the House bill nor the Senate bill regarding independent practice privileges for Advanced Practice Registered Nurses have moved from their respective originating committees. In fact, I was informed as I write this article that the House bill is considered dead.

Our opposition to these three bills is a result of our continuing concern for patient safety. As I have said before, *nurses and psychologists all do tremendous and valuable work within the fields for which they are trained, but none are trained to be physicians*. We have always maintained that only those fully trained as physicians are

qualified to bear the tremendous responsibilities involved in being a physician and in delivering the highest quality care to our patients—we are responsible for their very lives, and the difficult and intense training and education we must undergo are truly the minimum requirements for assuming this tremendous obligation to the general public and in earning the trust that they place in us.

With regard to other issues, Governor Abbott has already signed a bill (for which we strongly advocated) that will continue to exempt from taxation ("sales tax") most charges presented to physicians and dentists for billing services. We continue to be actively involved in favoring bills regarding making permanent the telemedicine changes approved during the pandemic, allowing physicians to be paid for such

services, improving access to antipsychotic medications at all levels, and placing restrictions on the step programs promulgated by so many insurance companies, among others.

We will continue to be actively involved in protecting the welfare of all medical patients in general, and all psychiatric patients in particular, in order to ensure that all patients have available to them the highest possible standard of care. We owe our patients our best efforts in these endeavors.

Finally, with regard to the continuing pandemic, the latest CDC recommendations regarding mask usage have changed dramatically and reflect the tremendous boost in vaccination efforts across our nation. While the "light at the end of the tunnel" is now in sight, we cannot yet let



J. Clay Sawyer, MD, DLFAPA

down our guard and assume that the pandemic is over. We must continue to take precautions where indicated by following the new guidelines, and it continues to be our responsibility to maintain our efforts to educate our patients about proper and necessary precautions as we move ever closer to achieving at least a minimum level of herd immunity.

We owe our patients, and ourselves, no less. It is our duty to do so.

Curbside Corner

A Discussion on Coaching

Dr. Arambula: When I sat on the Texas Medical Board we used to refer some of our physicians to Coaching. Can you tell me about the program you have at TCU Medical School.

Dr. Atkisson: Coaching has become recognized as a helpful tool for executives and is now being used for a number of professionals including physicians. The TCU & UNTHSC School of Medicine developed a Physician Development Coach Fellowship for the purpose of training twelve physicians to become executive coaches, using the International Coaching Federation competencies and standards. We were instructed for nine months in a 110 hour fellowship in order to work with our students. We could pursue certification as a professional coach by completing a minimum of 100 coaching hours, 10 mentor hours, submitting an audiotape and transcript of a coaching session for evaluation, and then sitting for an exam. I completed this process and became certified in August 2020. We work with the medical students to assist them in developing better ways to pursue their academic studies, professionalism, research, and wellness endeavors during medical school. As a medical student coach, I am responsible for meeting regularly with my students to aid them in their development as a physician. I am there for them for any obstacles they may encounter in order to help them clear those hurdles.

Dr. Arambula: Could you explain what Coaching is?

Dr. Atkisson: Coaching is a way of working with an individual to help him/her clarify what they wish to achieve and help them develop a clear plan of how to do that and be accountable for accomplishing that goal.

Dr. Arambula: How is Coaching similar and/or different from psychotherapy?

Dr. Atkisson: The similarities between coaching and psychotherapy are that both disciplines require the ability to create a relationship, develop trust, listen actively, ask powerful questions, and communicate directly. The difference is that coaching

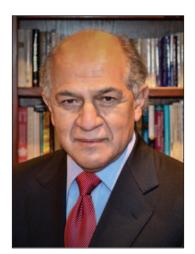
takes the approach that the client is "creative, resourceful, and whole." A coach takes the perspective that the client has the answers within themself in order to move forward around any obstacles to reach their goals. Psychotherapy helps the patient understand which part(s) of themselves have been impacted by relationships and life circumstances and addresses those issues at that emotional level. A professional coach is trained to discern if a client is unable to use coaching in the moment due to needs which should be addressed in psychotherapy. Clients can be in psychotherapy with a therapist and be in coaching with a coach. The two can work well together.

Dr. Arambula: What's involved in a typical course of Coaching?

Dr. Atkisson: In a typical course of coaching, the coach begins the session by working with the client to clarify what they wish to address – what does he want to work on that day. The coach establishes a contract each time they meet with the client for that session, then works with the client to develop an action plan with accountability measures. Coaches maintain the confidentiality of their clients.

Dr. Arambula: What kind of individuals/professionals are suitable for Coaching?

Dr. Atkisson: Coaching can benefit all individuals who wish to improve their functioning, to be their better self. Medical students will often seek out coaching to work on developing more effective study skills; more effective coping skills; to develop different approaches for communication with their superiors; and to clarify what they are working on trying to achieve. I have coached physicians in practice who are struggling with burnout or moral injury and are trying to reengage in why they are physicians. I have coached physicians who are considering a different type of practice forum. I have coached people who are educators and businessmen who want to improve their effectiveness in their work. I have coached parents on developing plans



Michael R. Arambula, MD, PharmD, DLFAPA

of how to work with their adult children related to a myriad of issues.

Dr. Arambula: What kind of benefits can Coaching provide to them?

Dr. Atkisson: Coaching can be beneficial in many ways. I believe it is a great way for individuals to obtain clarity and see a path forward. Coaching provides a safe place for an individual to brainstorm and entertain a number of options in order to narrow their focus onto what will be effective for them. I believe coaching helps an individual feel empowered to achieve their goals and can give them a sense of positive energy that moves them into action.

Dr. Arambula: What goals do professionals typically seek in Coaching?

Dr. Atkisson: Professionals struggle with balancing their work lives and their personal lives frequently. Professionals also struggle with how they define success for themselves. Folks who are just beginning their professional journey often struggle with imposter syndrome and self-confidence that they can do the job for which they have trained. People in mid-career may struggle with the need to find a renewed sense of purpose. People in later career will be searching for the sense of meaning in what they will do with the balance of their career. I often see an underlying search for meaning in their work and lives. Coaching can help them connect in a healthy way with that sense of purpose and meaning.

Dr. Arambula: How much does it run? **Dr. Atkisson:** Coaching usually costs \$200 to \$500 per session. Many coaches will



Debra Atkisson, M.D., DFAPA

offer coaching packages so that the individual sessions will be less costly as the individual is engaging in the process to address a goal. Another way coaching can be extremely beneficial and cost-effective is in group coaching in which the goal is already defined and a group of people can engage in the coaching process to work on that goal. One example is in the area of wellness. I developed a faculty wellness executive coaching program for our medical school in which four sessions are scheduled over a month providing coaching for wellness. I am developing coaching sessions for improved communication for healthcare teams for an agency at this time. Healthcare agencies such as hospitals and clinics can benefit from engaging a coach to develop a program for their specific needs.

Dr. Arambula: When is Coaching not suitable?

Dr. Atkisson: Coaching is not suitable initially for an individual who has moderate to severe psychiatric illness which is not addressed. That individual needs his disease state to be stabilized. I have coached people who are being treated for depression or anxiety and are not completely in remission and who have used coaching positively. I believe this is one of the reasons that mental health professionals are well-suited to become coaches; we can determine if the client needs psychiatric/psychological intervention before engaging in coaching or if coaching can be of benefit to them during their treatment process.



Foundation 2021 Annual Fundraising Campaign

J. Clay Sawyer, M.D., Chair, DLFAPA, Texas Foundation for Psychiatric Education and Research

he Texas Foundation for Psychiatric Education and Research prides itself on maintaining a position of financial readiness in order to support not only its goals, but also the educational and advocacy goals of all of the active member organizations of the Federation of Texas Psychiatry. These organizations include the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry, and the Texas Society of Child and Adolescent Psychiatry. If you are a member of any of these organizations, then you already know the tremendous good that comes out of your contributions.

You already know that the resources of the Foundation help to provide education for the general public and for legislators at all levels of government—the more information provided, the less the chance that our patients will be taken advantage of by those who would wish to act as physicians without undergoing the necessarily difficult training which all physicians receive before we are truly qualified to take on the serious responsibilities of caring for patients in the best professional manner and with the highest quality available.

You already know that our resources also help TSPP, for example, to provide important and relevant CME programs in order to help all of us maintain our licensure. These CME programs are of high quality and have been historically well-received, and are vital to our mission of helping our physicians to continuously utilize the highest

possible standard of care through taking advantage of mastering the latest developments in our field.

You already know that our help with advocacy efforts focuses on our state legislators, and not just during legislative sessions. Continuing to help educate elected officials about what constitutes a high standard of medical care (as well as correcting approaches that would have the opposite

effect) is a vital role for all of organized psychiatry in Texas.

And, no matter what the issue, you already know that the involvement of all psychiatrists in Texas is essential for the success of these goals. Otherwise, the hard work contributed by all involved in these efforts would be in vain.

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J. Clay Sawyer, MD, DLFAPA

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Onward...

Mlchael R. Arambula, MD, PharmD, DLFAPA, President, Texas Society of Psychiatry Physicians

must admit that I've never been a fan of hybrid automobiles. Anytime I've driven one, it's too quiet. I can't tell whether it's on or not, and I don't know how hard to punch the pedal when the light turns green. Plus, it's slow and I like acceleration and the *purr* of a gas engine. I'm old fashioned and grew up driving a Camaro stick shift and prefer driving a responsive automobile when I'm out on the road.

Perhaps my automobile preference is also a residual outgrowth of my days on the mound in the Spanish American League when I cherished throwing the heat past a hitter on the outside corner, or when I subsequently played competitive tennis and smoked a 115 MPH ace down the center line.

Fast forward, I very much enjoyed changing professional hats in my practice, when I saw patients or gave a medical student lecture or testified in court. But this horrid pandemic threw a wrench in my 'air-tight compartments' – a term William Osler used to describe his daily endeavors.

Indeed, everything has been turned upside down by this peculiarly spiked

virus and the arrival of Zoom has seemingly gave my cell phone standing a run for its money. At times it seemed as if I wore 2 ball-and-chains.

However, a silver lining in this pandemic is that it freed me up and allowed me to slow me down for a while. I snuck in more rounds of golf, exercised on my Peloton, and enjoyed walks in the neighborhood with my wife. I already miss it just thinking about it.

But akin to what happens when the Boys of Summer transition from Spring Training to "The Show", this pandemic appears to be drawing to a close and there's big change up ahead, when the comfort of our homes and leisure attire will be replaced by the four walls of our office. Can there be a hybrid practice model hiding somewhere in our midst?

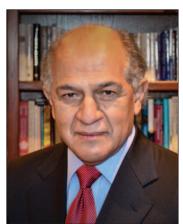
Looking ahead, and though I'm older now and more set in my ways, I always took pride in having led a life of taking on challenges and learning new things, i.e., evolving. My parents taught me that way of life.

Of course, that also meant that my brain retained its neuroplasticity. Thank God. But now, my more recent air-tight compartments tether me to stay home, while my old ones know that my in-person patient visits were healing. I very much recall attending a dinner when Dr. Bowden presented his landmark Lamictal research findings and showed a comparison slide of symptomatic amelioration in Bipolar II patients who were taking placebo, who saw their psychiatrist every other week in the study. Hmmm.

That memory has stirred my curiosity every time my patients asked me when we're going to open up our office for inperson visits again. Hmmm. I recently read that patients are the only life form who want to take a medication, but when I used to see my patients in my office we didn't focus our discussion on the subject matter of medications. Hmmm.

I am also reminded of my own professional observations when I extended the time period between follow-up visits for my patients who were doing well, and they subsequently experienced a brief symptomatic regression in between visits. Hmmm.

So here I am, here we are, in the midst of a major transition in our professional



MIchael R. Arambula, MD, PharmD, DLFAPA

endeavors which we once longed to return to when the Pandemic commenced, but after which a new model of air-tight compartments has yet to fully reveal itself to us. Yes, I admit it. It looks like my return to post-Pandemic professional practice will consolidate a hybrid model of virtual and professional endeavors.

Still, at least my surrender to this hybridity – if such a word exists – doesn't mean that I must also surrender my automobile preferences quite yet, although I will gladly accept that my circumscribed surrender affirms that my old brain is still plastic and that I have enough gas in the tank to evolve.

Be Safe and Be Well in your hybrid endeavors.

HANK YOU for your continued membership and support in strengthening the voice of Psychiatry in Texas! TSPP's mission is to develop the highest quality of comprehensive psychiatric care for patients, families, and communities and your individual membership helps collectively accomplish that goal by enabling TSPP to continue to provide quality CME programs and a strong legislative voice for Psychiatry.

Your personal involvement in TSPP's activities also helps to shape the future of Psychiatry. With this in mind, TSPP invites you to serve on committees this year by selecting from the list in the preference form, the committees you have an interest in (Please try to limit your selection to one Committee per Council listing to avoid potential meeting conflicts). Participation in committees also provides an opportunity to informally network with your colleagues from around the State and share issues and concerns about your practice, patient care, legislative matters and medical education.

To make your selection and submit your

committee preferences, complete Name/Address/Email and place an "X" in the appropriate committee columns and email to tsppofc@aol.com, fax to 512-478-5223 or mail it to TSPP, 401 West 15th St., Ste. 675, Austin, Texas 78701. Your selections must be received by TSPP by July 31. Your preferences will be considered by TSPP President Michael Arambula, M.D., PharmD when he begins making appointments. Appointments are generally for 3 years. Confirmation of committee appointments will be mailed in August. Information about each of the committee's charges is listed below the committee preference form.

Committees will meet virtually in November 2021 and most likely, April 2022 until all of the COIVD-19 health and safety issues have been resolved. If you have any questions please do not hesitate to contact our office via email tsppofc@aol.com or leave a telephone message at 512-478-0605 for a return call.

> **Myah Bowermaster** Administrative Director

COMMITTEE CHARGES 2021-22

COUNCIL ON ADVOCACY

GOVERNMENT AFFAIRS: To monitor present and proposed legislation and regulation at all government levels that could affect services to psychiatric patients: to attempt to ensure such legislation is in conformity with the principles of scientific care; to propose needed legislation or regulation, in liaison with other interested groups when appropriate, that would benefit psychiatric patients and the psychiatric profession in its efforts to treat patients effectively; and, to monitor court developments affecting patients and members.

COUNCIL ON EDUCATION CONTINUING MEDICAL EDUCATION:

To develop the Scientific Program for the Texas Society of Psychiatric Physicians' Annual Meeting in accordance with the Essentials as outlined in the Texas Medical Association's CME Guidelines, after receiving approval both from the Executive Council and the Finance Committee for particular plans; and, to assist the President-Elect in the development of the Scientific Program for the Texas Medical Association Section on Psychiatry.

PROFESSIONAL PRACTICE MANAGE-**MENT:** To review clinical practice issues affecting members in any practice setting (eg regulations, reimbursement, technology, office procedure, etc) and propose educational programs and policies to improve the delivery of care to patients and to enhance the practice of psychiatry. As needed, review and update existing practice guidelines and develop new guidelines for the practice of psychiatry.

RESIDENT-FELLOW MEMBER SEC-

TION: To review the needs and concerns of members-in-training as seen by the residents to facilitate more resident involvement with appropriate TSPP Committees; and, to provide a forum for members-intraining for collegial sharing of mutual concerns and ideas.

COUNCIL ON SERVICE

ACADEMIC PSYCHIATRY: To provide a forum for psychiatrists employed by academic centers to network and to share information of mutual interest and concern about their academic settings.

CHILDREN & ADOLESCENTS: To monitor developments in the field of child and adolescent psychiatry, in both the private and public sectors, and to inform the membership of issues and policies affecting the care and treatment of children and adoles-

PUBLIC MENTAL HEALTH SERVICES:

To review the effectiveness of the organization of clinical services, and the funding for public mental health services administered and/or provided by State and local public agencies; and, to assess the authority, roles, and functions of psychiatrists in public mental health services.

FORENSIC PSYCHIATRY: To review the

NAME ADDRESS STATE FMAII

Committee Preferences 2021-22

COUNCILS & COMMITTEES 2020-21	Current Member	Request Reappointment	Wish to Resign	Request New Appointment
COUNCIL ON ADVOCACY				
Government Affairs				
COUNCIL ON EDUCATION				
Continuing Medical Education				
Resident-Fellow Member Section				
Professional Practice Management				
COUNCIL ON SERVICE				
Academic Psychiatry				
Children & Adolescents				
Forensic Psychiatry				
Public Mental Health Services				
COUNCIL ON FELLOWSHIP				
Chapter Leadership Forum (1)				
COUNCIL ON LEADERSHIP				
Constitution & Bylaws (2)				
Ethics (2)				
Distinguished Fellowship (2)				
Finance				
Nominating (3)				

(1) Chapter Officers and Representatives (2) Appointed by Chapter (3) Past Presidents

legal aspects of civil, criminal, correctional and legislative issues that affect patients and the practice of psychiatry.

COUNCIL ON FELLOWSHIP CHAPTER LEADERSHIP FORUM: To provide a forum for Chapter leaders to meet

and discuss issues of mutual interest regarding Chapter operations.

COUNCIL ON LEADERSHIP

CONSTITUTION & BYLAWS: To prepare, as necessary, changes in the Constitution and Bylaws as mandated, either by vote within the Society or changes in APA

structure which affect the District Branch structure as well; to review the Constitution and Bylaws and submit recommendations for possible improvement of the current document.

ETHICS: To undertake the confidential investigation of complaints of unethical behavior or practices against Texas Society of Psychiatric Physicians' members in accordance with APA procedures approved by the Assembly and the Board of Trustees.

DISTINGUISHED FELLOWSHIP: To coordinate all nominations for advancement of Distinguished Fellowship in the American Psychiatric Association and make recommendations to the Executive Council regarding Fellowship recommen-

FINANCE: To prepare an annual operating budget, taking into account previous years' income and expenses, and requests from individual committees and other components; to review requests from members regarding dues adjustments and recommend appropriate actions to the Executive Council; to oversee and advise on investment strategies for reserve funds; to present financial statements; to make recommendations to the Executive Council and the membership as to the financial needs of the Society; and to develop strategies to recruit and retain members.

NOMINATING: To recommend a slate of officers to the membership at the annual meeting as per Chapter VI, Section VI of the TSPP Bylaws; to screen nominations for the Distinguished Service Award, the Special Service Award, and the Psychiatric Excellence Award and other awards approved by the Executive Council, and to make recommendations in regard to these matters to the Executive Council.

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

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JOB BANK

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

CALENDAR OF MEETINGS

JULY

- Texas Society of Child and Adolescent Psychiatry
 Virtual CME Program
 "Child Psychiatry at the Crossroads:
 Focus on At Risk Populations and Social Change"
- 25 TSCAP Virtual Annual Business Meeting 9:00 AM

OCTOBER

18-30 AACAP 68th Annual Meeting – Virtual Questions? Contact meetings@aacap.org

NOVEMBER

6 TSPP CME Virtual Program

"Invisible Scars: Adverse Childhood Events
and Human Trafficking"



The Federation of Texas Psychiatry has furthered our mission to serve as a United Voice for Psychiatry by taking to Twitter! You can follow us on Twitter @FedTXPsych