**Don’t Drink the Kool-Aid**

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

I just finished up another Capital Murder case that should not have happened. Lives were needlessly lost and families were left with indelible wounds. Like before, this case emanated from the defendant’s worsening, problematic use of drugs (marijuana and ecstasy).

Our country is in a state of limbo. Many states have legalized marijuana use even though it remains against federal law. Since marijuana is federally illegal, the safety standards regarding marijuana’s production and purity escape the oversight of the U.S. Pharmacopoeia, and the safety standards regarding marijuana’s pharmacokinetic and pharmacodynamic properties escape the oversight of the Food and Drug Administration. Thus far, individual states do not have any such safety standards which I have come across. Hence, marijuana use is seemingly unregulated.

Cannabis is a plant which contains over 60 cannabinoids. Its primary active ingredient, Delta-9-tetrahydrocannabinol (THC) is lipophilic and rapidly absorbed across most body membranes in the body, including the blood brain barrier, placenta and mammary glands. Owing to its lipophilicity, THC is distributed and stored in adipose tissue and hence, can take weeks before it is eliminated via Phase I oxidative metabolism in the liver. Cannabinoid-1 receptors largely mediate an inhibitory influence on excitatory/inhibitory actions of neurotransmitter systems in the brain, but THC’s full pharmacodynamics is not straightforward. While THC typically produces a state of euphoria and relaxation, it can also elicit transient psychotic symptoms (paranoia and hallucinations) and increased levels of anxiety in a dose dependent fashion. Marijuana’s secondary ingredient, cannabidiol (CBD) seemingly reduces autonomic arousal and subjective anxiety. Studies show that individuals who used higher potency cannabis with greater frequency and for longer periods of time were more susceptible to longer lasting episodes of psychosis; along with those who carried a family history of psychosis, schizotypal personality or certain gene characteristics. Perhaps not surprisingly, research has also shown that distribution of the endo-cannabinoid system in the brain occurs in the same areas of the brain which have been implicated in Schizophrenia.

Nevertheless, significant pharmacodynamic variability occurs between users and it has been difficult to identify who will experience psychotic symptoms for longer durations of time.

Over these past several years, I have observed an increasing number of criminal defendants who committed horrible offenses against loved ones and strangers alike, amidst the backdrop of their increased alcohol and drug use. True…violence is a multifactorial behavior and I do not intend to dive into its many accelerants. But the recent case I was involved in reminded me that marijuana (and other drugs) is a conduit whose content has been decided by the illegal drug industry. When I give my annual lecture to medical students at UTHSCSA, I assure them that any prescription dispensed by a pharmacist has passed a number of stringent tests regarding its purity and pharmacologic properties but illegal drugs have not. I remind them that they have no idea what they are taking should they ever use an illegal drug. Nothing personal of course…no one knows.

Time and again, the criminal defendants I evaluated trusted that whatever illegal drug (including marijuana) they purchased / used was the real thing…and organically derived, etc. Hogwash. Clinical research has demonstrated that drug dealers commonly add adulterants and contaminants and dilutes to their products, some of which can elicit seriously adverse behavioral effects. Setting aside the fact that marijuana has become more potent over the years, studies have demonstrated that the addition of formaldehyde or phencyclidine (PCP) to marijuana can take someone down a rabbit hole they should not ever go into. Some studies have also shown that marijuana was adulterated with ground glass, to seemingly add bulk / weight to a bag of marijuana. Can I interest you in smoking some fine glass? Pharmacologically speaking, marijuana should not fuel such violent behavior.

Towards another person but then again, I have seen that it can in the past murder cases I have been involved in. Pretty much anything in excess – relative to dose and chronicity of use – can cause problems and marijuana is no exception, especially due to its hallucinogenic potential. Making matters worse, the defendants I evaluated have commonly used other illicit drugs, and topped it off with alcohol’s disorienting effects on the frontal lobes, which collectively become a prescription for disaster. If that wasn’t enough to chew on, I haven’t mentioned the hidden dangers associated with unregulated marijuana. More recent research has shown that marijuana users are subject to hidden contaminants associated with the production of the cannabis plant. To date, the most common have been microbes and fungi (due to improper preparation and storage), heavy metals (due to soil content and watering), and pesticides (which contain already proven carcinogens). Can I interest you in inhaling some bacteria or fungi or heavy metals or pesticides? So much for the term – organically derived.
Thank you for being a member of TSPP! For the support of your state professional medical specialty society for Psychiatry in Texas, for your participation in our new virtual meetings and especially for your dedication to patients during these difficult times. Together, with you, we will continue to evolve and overcome the COVID-19 obstacles that have been put in all of our paths. And as your partner, we will continue to strive to successfully meet and address your professional and educational needs, and, your legislative representation. And, while we miss seeing each of you at our face to face meetings and providing opportunities for you to visit with your colleagues, your health and safety remain our top priority so we will look forward to seeing you in our virtual meetings until such time as COVID no longer provides a threat to anyone.

TSPP Membership Dues. In 2001, TSPP voted to implement its first membership dues increase from the $340.00 dues rate established prior to 1999, at a rate of 5.5% beginning in 2002. REM dues remained at the same low annual rate of $50.00. And, despite the significant decline in revenue due to our inability to conduct live meetings and gain revenue from poster exhibitions and sponsor revenue because of the COVID-19 pandemic and the increased expenses encountered in arranging and producing virtual meetings, members currently retired and in the permanent inactive Member Class will remain in that category unless they choose to move into one of the dues-paying categories. The APA will take into account all dues-paying categories that will replace the Rule of 95 beginning January 1, 2022. The newly created categories are semi-retired and retired. Members who are in the Rule of 95 prior to January 1, 2022 can remain or opt into the new categories. The APA will take opt-ins or changes to selections manually through December 31, 2022. On or after January 1, 2022, anyone that opts in will do so for the 2023 dues year.

Semi-Retired Category: A member who is near retirement age and works less than 15 hours per week in any administrative or clinical role or roles (i.e. across multiple settings).

Retired Category: A member who has reached retirement age and is fully retired from all administrative or clinical responsibilities.

Additional Information Pertaining to Both: Both categories are opt-in with attendance. Membership in each category is eligible to vote and/or hold office. Life status will be earned after 30 years of membership (includes General Members, as well), and will resemble a “hedge” rather than a dues category moving forward.

Members Currently in the Rule of 95: Everyone who has entered the Rule of 95 prior to the 2022 renewal year can continue through. Starting with the 2022 renewal year, those who are currently in the Rule of 95 can choose to opt into full dues paying, semi-retired and retired categories. Those (LM1-LM5) currently paying 2/3 annual dues may choose to opt into the retired category, if they qualify. Once a member opts into the retired category (and out of the Rule of 95), they cannot move back into the Rule of 95 Life Status.

ADDITIONAL DUES INFORMATION: In our attempt to protect our members and staff from unnecessary exposure to COVID-19, this 2022 TSPP prompt pay dues statements will be sent out electronically by email August 31. You may safely remit your dues payment using the QuickBooks Online link attached to the email and receive the prompt pay discount! Please contact the TSPP office to confirm that we have your correct email address on file. A paper invoice will be mailed September 30 to those who did not remit their TSPP membership dues electronically. 5% Late Fees will be added if payment is not received by February 15, 2022.

IMPORTANT — if your dues statement reflects a different dues category than what is shown on your TSPP dues statement AND/OR if the APA dues statement reflects dues for TSPP (Texas) please immediately contact the TSPP office by email, tspp@mdx.net or telephone 512-478-0665 and leave a message for a return call. Do NOT remit your payment. We will personally collect your TSPP (Texas) membership dues, confirm your membership category and notify the APA on your behalf to reissue a corrected statement.

**FAQs Provided By APA Relating to the New 2022 Membership Categories:**

Q: If I haven’t opted-in to the Semi-Retired or Retired categories, do I continue to pay full (GM) dues? A: Yes, you continue paying APA GM dues, and whatever the GM dues are for the District Branch (TSPP) unless or until you apply and are approved for the Semi-Retired or Retired categories.

Q: What does clinical or administrative work mean? A: The intent is anyone that is semi- or fully-retired from all administrative or clinical responsibilities. If it’s determined that the person is practicing, then they cannot be in this category.

Q: What happens if I currently have an APA dues waiver or have an inactive status? A: Dues waivers and temporary inactive status moving forward is limited to those members who have had an event that temporarily impacts their ability to work (such as a longer-term illness, on parental leave, or job loss) and shall not be used to accommodate Semi-Retired or Retired Members starting with the 2022 renewal period. If they are paying the same or more, APA will move them into the new category automatically and inform them as such (primarily for retired dues waivers and temporary inactive with retirement as the reason).

**2022 TSPP DUES CATEGORY**

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<th>Category</th>
<th>General Member/Fellow/Distinguished Fellow</th>
<th>Semi-Retired</th>
<th>Retired</th>
<th>Life at 2/3 (1st 5 years of Life Member)</th>
<th>Life at 1/3 (2nd 5 years of Life Member)</th>
<th>Resident-Fellow Member</th>
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<td>Reduced Rate if paid before November 1, 2021</td>
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<td>$190.50</td>
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<td>Regular Rate if paid after November 1, 2021</td>
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**2022 TSPP Membership Categories**

Q: Can members join or restate into the Semi-Retired or Retired categories? A: Yes, as long as they meet membership criteria and criteria for the category that they will be opting into. They will still need to submit an application for approval in advance of opting-in. Language will be added to the APA General Member Application with the criteria for retrained/semi-retired with a request to be contacted by APA to learn more if they qualify.

**DISCOUNT**

Your 2022 APA membership dues will be billed separately beginning in January 1, 2022. The newly created categories are semi-retired and retired. Members who are in the Rule of 95 prior to January 1, 2022 can remain or opt into the new categories. The APA will take opt-ins or changes to selections manually through December 31, 2022. On or after January 1, 2022, anyone that opts in will do so for the 2023 dues year.

Q: Is my membership dues statement valid? A: The intent is anyone that is semi- or fully-retired. The newly created categories are semi-retired and retired. Members who are in the Rule of 95 prior to January 1, 2022 can remain or opt into the new categories. The APA will take opt-ins or changes to selections manually through December 31, 2022. On or after January 1, 2022, anyone that opts in will do so for the 2023 dues year.

Q: What happens if I currently have an APA dues waiver or have an inactive status? A: Yes, as long as the member has fully retired from all administrative or clinical responsibilities. If it’s determined that the person is practicing, then they cannot be in this category.

Q: What happens if I currently have an APA dues waiver or have an inactive status? A: Dues waivers and temporary inactive status moving forward is limited to those members who have had an event that temporarily impacts their ability to work (such as a longer-term illness, on parental leave, or job loss) and shall not be used to accommodate Semi-Retired or Retired Members starting with the 2022 renewal period. If they are paying the same or more, APA will move them into the new category automatically and inform them as such (primarily for retired dues waivers and temporary inactive with retirement as the reason).

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To All Texas Psychiatrists

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

As we all know, this last year and a half has brought many changes in how we conduct various aspects of our daily lives. For many, it meant literal isolation from not just personal contact with family and friends, but with anyone. I know quite a number of people who literally had no contact with anyone outside their household for months on end. Many had food and other supplies delivered, set on the porch and then waited for the deliverer to drive away before even opening the front door.

Many of us changed our approach to our professional duties, some essentially shutting their businesses or seeing patients only remotely. We discovered that virtual evaluations or visits are not as satisfying as in person, but I think we also discovered we can do a pretty good job of serving or patients.

In some ways we are now seeing some return “toward” normal, and in that process it reminds us the importance of valuing relationships. During this time of uncontrolled illness, we are aware of how many people touch our lives - family, friends and even strangers. Each and all of them bring something to our lives; love, joy and meaning in all sorts of ways.

I speak now to the relationships that are available with the other many psychiatrists in Texas. We have psychiatrists in many different systems and venues. Many Texas psychiatrists are members of The Texas Society of Psychiatric Physicians and/or The Texas Society of Child and Adolescent Psychiatry, but many aren’t.

The Texas Academy of Psychiatry provides the opportunity of making new professional relationships or renewing relationships with Texas psychiatrists, no matter the venue of practice. While also offering membership that is not contingent on dual-membership with a National Organization. The Academy is a common meeting place that allows for members to have discounted access to three excellent annual Continuing Medical Education programs hosted by TSPP and TSCAP, as well as the TSSP/TAP Joint Providership program. The Academy also offers discounted membership to our affiliate members who hold membership in either TSPP or TSCAP.

The mission of the Texas Academy of Psychiatry is one that I believe resonates with psychiatrists across all venues of practice, and is outlined in the section below.

My hope is that we can grow the membership of the Academy, as both Members and Associate Members, to include every psychiatrist in the Great State of 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.

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.

The 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 and/or training certificate from an approved psychiatric residency program. Classes of membership include: Member-In-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 have $0 annual dues
- TSPP & TSCAP members are eligible for discounted annual TAP dues of $25

Academy Recruitment Drive
Advocates for Patients and Quality Psychiatric Care
Help Strengthen the Voice of Psychiatry in Texas!
While the regular legislative session ended on May 31, Gov. Greg Abbott has called lawmakers back into a special session that began July 8th. Only the governor has the authority to call a special session and set the agenda, usually to complete unfinished tasks for the year, or address special topics and emergencies. Special sessions can last up to a maximum of 30 days, but there is no minimum. There is also no limit to the number of special sessions a governor can call in between regular legislative sessions. The present special session is one of at least two expected this year, with a later one coming in the fall on redistricting and the spending of federal COVID relief funds. There are eleven items on the current special session agenda:

- Ball overhaul
- Limiting access to school sports teams
- Legislative branch funding
- Elections
- Social media censorship
- Bail overhaul
- Limiting access to school sports teams
- Legislative branch funding
- Elections
- Social media censorship
- Bail overhaul
- Limiting access to school sports teams
- Legislative branch funding
- Elections
- Social media censorship

Some of these issues have broad bipartisan appeal, namely a 13th check for retired teachers, foster care funding and family violence prevention. Moreover, at the end of the regular session, Gov. Abbott vetoed Article X of the budget, which covers salaries and benefits for legislative branch employees— not only lawmaker staffs (both Republican and Democrat) but the Legislative Budget Board and other nonpartisan legislative agencies. These dollars run out on September 1, so restoration of these funds is also a priority.

Nonetheless, the Democratic members of the Texas House of Representatives found the elections reform proposal so egregious, they broke quorum early in the session and travelled to Washington, DC, to make their case to Congress and the Biden administration that federal assistance is needed.

House Speaker Dade Phelan issued a “call of the House,” authorizing law enforcement to track down Democrats who left – which doesn’t amount to much since the out-of-state Democrats are beyond the jurisdiction of the state’s law enforcement. Besides this, no one will get arrested and charged criminally – breaking the quorum is a violation of House rules, not a crime.

There is a likely outcome, though the specifics are hard to predict from here. Gov. Abbott has indicated he will call multiple special sessions until he gets what he wants. And it seems unlikely that the Democrats will live out-of-state in perpetuity. Sooner or later they will return, and bills will likely pass, either reflecting some compromise or over the Democrats’ objections. Other points of interest: While the Governor added a provision to the call regarding transgender Texans playing sports, no charge was included regarding a prohibition of specific medical treatment for transgender youth. So, while bills addressing that issue have been filed this session, unless the subject is subsequently added to the call by the governor, those bills will not pass into law. (There is an expectation that the governor may address this issue by executive order, but no details have been shared by his office to date.)

Additionally, unless the Legislature’s budget is put back together, the upcoming special session on redistricting becomes pretty dicey. The vetoed funding also includes the Texas Legislative Council, which houses the redistricting office, staff analysts, bill drafters, etc. The Comptroller’s Office has indicated that August 20 is the drop-dead date for restoration of these funds without a potential disruption of services. Loss of key Legislative Council personnel could further delay the redistricting process, potentially delaying the primary elections in 2022.

And how about some football! The University of Texas announced plans (along with the University of Oklahoma) to leave the Big 12 conference, which has angered lawmakers representing schools getting left out – Baylor, Texas Tech, TCU, etc. Bills have been filed to stop the move, and committees have been formed to discuss it, but NCAA conference alignment is not on the special session call either, and Gov. Abbott – a UT grad – seems unlikely to add that topic.

We will keep you abreast of all the developments at your state Capitol during these most interesting times. Please let us know if you have any questions or concerns. And as always, thank you for allowing us to be the voice of Texas Psychiatry at the Legislature.
The pandemic has changed the way we practice and the way our patients and communities relate to each other.

During her presidency, Dr. DeFilippis has done an amazing job keeping TSCAP moving forward through the trials of this past year. Her insightful article in last year’s Federation Newsletter about innovation and continuing with TSCAP’s 2021 annual program, aptly Child Psychiatry at the Crossroads, TSCAP looks toward the future.

I hope that we as child and adolescent psychiatrists can embrace this idea and grow through this change despite the fear and loss that we, our patients, and communities have been through. We will continue to be offered challenges with disruption in the economy and employment, navigating third party payers and the pharmacy benefit managers, the debate around scope of practice, as well as technological growth.

This past year, I have been able to be home and spend more time with my sons once we figured out working from home. I welcomed my youngest child about a month before he was expected into the uncertainty of the world in June 2020. This came about a month after my wife was able to reopen her dental practice having been mandated to be closed for month and a half. We have been fortunate to not become ill with the virus, although, many have not been as fortunate. I've had patients lose family members to coronavirus and many become sick, some with long lasting symptoms. In December, my home town of Kerrville lost one of its physician pillars of the community. Anand Mehendale, MD a neurologist/physician pillars of the community. In his book The Third Pillar, Raghuram Rajan, discusses the role of the state, the market, and the community. He argues that like a three-legged stool, the balance among the three is essential. The third pillar, the community, has been struggling with challenges over several years and the separation created by the pandemic has amplified that, particularly for our young patients who have been away from friends and teachers. However, the advancing technology available with telemedicine and artificial intelligence offers opportunities for us to support the communities throughout Texas that have needs and allows us as child psychiatrists to contribute in ways not possible even a few years ago. TCHAHT and CPAN are initiatives that move in this direction. Each of us are part of our local communities, the professional community of psychiatrists, the community of physicians, and the community of health care. First, have you taken care of yourself and your family? Compassion fatigue and burnout can find us all. Then, how can each of us support our communities.

The advancing technology available with telemedicine and artificial intelligence offers opportunities for us to support the communities throughout Texas that have needs and allows us as child psychiatrists to contribute in ways not possible even a few years ago.

Telemedicine has not been my favorite way to practice in years past, particularly in working with kids. How difficult it can be to manage the room, to pick up on the facial expressions or gestures of a teenager when Mom is explaining her impression of what has been happening at home. Several years ago, I had a 6-year-old who enjoyed playing hide and seek with the camera until a staff member at the clinic helped the patient distract her long enough to get some history from the mother. I preferred to drive to distant clinics to see who I could in person and also to see and experience the environment where my patients lived and went to school. However, this was not always possible and video was a way to connect to people from far away.

As our TSPP president discussed in his article in the last newsletter, a hybrid model has emerged. Maybe the recent passing of House Bill 5 which aims to expand broadband internet access across the state is another opportunity for us as psychiatrists. It is much easier for many of my patients to get on a video call, than to take time off work or out of school to drive. I’ve been able to meet pets and do virtual home visits for us to support the communities through out Texas that have needs and allows us as child psychiatrists to contribute in ways not possible even a few years ago. TCHAHT and CPAN are initiatives that move in this direction. Each of us are part of our local communities, the professional community of psychiatrists, the community of physicians, and the community of health care. First, have you taken care of yourself and your family? Compassion fatigue and burnout can find us all. Then, how can each of us support our communities.
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For over 40 years, we have provided psychiatrists with exceptional protection and personalized service. We offer comprehensive insurance coverage and superior risk management support through an “A” rated carrier. In addition to superior protection, our clients receive individual attention, underwriting expertise, and, where approved by states, premium discounts.

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  24/7 should an emergency arise
- Insuring Company rated
  “A” (Excellent) by A.M. Best
- Telepsychiatry, ECT Coverage
  & Forensic Psychiatric Services are included
- Many discounts, including
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  (subject to state approval)
- Interest-free quarterly payments/credit cards accepted

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American Professional Agency, Inc.

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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.

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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.

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CALENDAR OF MEETINGS

OCTOBER
10-30  AACAP 68th Annual Meeting – Virtual
Questions? Contact meetings@aacap.org

NOVEMBER
6  TSPP CME Virtual Program
11-14  TSPP Annual Conference

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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