

# Texas Psychiatrist



## Fulfilling Our Duty

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

First, I want to take this opportunity to remind everyone to register for the upcoming TSPP Fall 2021 CME program to take place by Zoom this November.

Next, I am pleased to report on the major results of Federation legislative efforts this year. The House psychologist prescribing bill and the House and Senate bills regarding independent practice privileges for Advanced Practice Registered Nurses all came to a well-deserved end. Efforts to resurrect these bills during the Special Session do not appear likely, but we will remain vigilant.

As you may recall from an earlier article, our opposition to these three bills was, and is, a result of our continuing concern for patient safety. Nurses and psychologists all do tremendous and valuable work within the fields for which they are trained, but none are trained to be physicians. The Federation has 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.

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 achieving these ideals.

Most important now, though, is the position of leadership we must continue to assume with regard to the apparent reawak-

ening of the pandemic, this time with a Delta variant which is 200% more transmissible than earlier variants and which can affect even those of us who are fully vaccinated (although we are far less likely to become seriously ill, be hospitalized, or die). President Biden has accurately termed the current state of infection “the pandemic of the unvaccinated.” Around 90% or more of the current new cases are of the Delta variant and involve the unvaccinated—they are the ones who are being hospitalized and who are dying. The states of Missouri and Arkansas are being especially hard hit (only about 35% of Arkansas citizens have received even one injection, and Missouri is running out of hospital beds, ventilators, and respiratory therapists). Especially worrisome is the fact that only fourteen states have lower vaccination rates than our own state of Texas, with only 42% of Texans being fully vaccinated as of July 9 of this year.



J. Clay Sawyer, MD, DLFAPA

Those who refuse vaccination not only place themselves at a tremendous risk from such an unwise decision, but also place everyone else at risk by allowing Covid-19 to continue to exist and to mutate into other forms which may prove resistant to our vaccines. That situation is untenable.

We physicians must all continue our leadership role in this endeavor to achieve herd immunity and to bring to an end the misinformation, the poor decision-making, and the fatalities. It is our duty to do so. ■



## 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. Pharmacopeia, 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 straight forward. 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...vio-

lence 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 conundrum 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, too. Hogwash. Clinical research has demonstrated that drug dealers commonly add adulterants and contaminants and diluents 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



Michael R. Arambula, MD, PharmD, DLFAPA

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 disinhibiting 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. ■

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Save the Date:

November 6, 2021  
**TSPP VIRTUAL  
CME PROGRAM**



Save the Date:

November 11-14, 2021  
**TSPP VIRTUAL  
ANNUAL CONFERENCE**



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



SPECIAL MESSAGE TO ALL TSPP MEMBERS REGARDING YOUR TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS' 2022 DISCOUNTED MEMBERSHIP DUES AND NEW MEMBERSHIP CATEGORIES ESTABLISHED BY APA

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 your 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 pre-1999, to a rate of \$395.00 beginning in 2002.** RFM 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 generate exhibitor/sponsor revenue because of the COVID-19 pandemic and the increased expenses encountered in arranging and producing virtual meetings,

2022 TSPP DUES CATEGORY	DISCOUNT Reduced Rate if paid before November 1, 2021	REGULAR Rate if paid after November 1, 2021	LATE Rate if paid after February 15, 2022
General Member/Fellow/Distinguished Fellow	\$381.18	\$395.00	\$414.75
Semi-Retired	\$191.07	\$198.00	\$207.90
Retired	\$127.38	\$132.00	\$138.60
Life @ 2/3 (1st 5 years of Life Member)	\$254.76	\$264.00	\$277.20
Life @ 1/3 (2nd 5 years of Life Member)	\$125.45	\$130.00	\$136.50
Resident-Fellow Member	\$48.25	\$50.00	\$52.50

TSPP remains committed to keeping your dues at the lowest amount possible, for as long as conceivably possible, without jeopardizing any of your membership benefits and representation.

**TSPP Discounted Dues.** TSPP is pleased to once again, 21 years later, inform our members that we will not be increasing the TSPP membership dues rate for 2022.

And in addition, recognizing the difficult times that we are all experiencing, **TSPP will again extend a 3.5% prompt pay discount to all member classifications who remit their TSPP membership dues payment BEFORE NOVEMBER 1.** Your 2022 APA membership dues will be billed separately beginning in September, with your APA dues payment due before March 31, 2022.

**APA and TSPP Dues Billing.** Currently, APA has a dual membership requirement and loss of membership in one organization will result in loss of membership in the other organization. **APA does not bill for your TSPP membership dues and TSPP**

**dues are not included with the APA dues shown on the APA website or in your APA dues statement.** Each organization bills independent of one another, reducing the members’ initial dues burden of remitting one large payment for both organizations’ dues at one time.

**TSPP 2021 Applicants for Membership.** For new RFM applicants for membership entering residency in July, TSPP is offering a 50% discount in their 2021 membership dues and will provide a \$100 First-Year Discount of 2022 membership dues for those elevating to GM. Applicants for all other membership classifications will also receive a 50% discount in their 2021 TSPP membership dues. So please encourage your colleagues to consider applying for membership this year to build your professional voice in Texas Psychiatry and participate in TSPP’s activities with you!

**NEW MEMBERSHIP CATEGORIES:** The APA will be instituting two new membership 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 for 2022. On/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 attestation. Members in each category are 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 “badge” 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 in to the retired category (and out of the Rule of 95), they cannot move back into the Rule 95/Life Status.

**ADDITIONAL DUES INFORMATION:** In our attempt to protect our members and staff from unnecessary exposure to Covid-19, **your 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 APA 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, tsppofc@aol.com or telephone 512-478-0605 and leave a message for a return call. Do NOT remit your payment. We will personally collect your TSPP (Texas) membership dues, confirm your member 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’s 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 work where they are continuing to earn an income, regardless of whether it is directly or not directly related to psychiatry. The individual will still need to meet the requirements of membership, as outlined in the APA Operations Manual.

**Q: If members still have an active medical license can they still be considered “retired?”**

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 a[n 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).

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.

**Q: Can members join or reinstate 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 retired/semi-retired with a request to be contacted by APA to learn more if they qualify.

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# To All Texas Psychiatrists

Daniel B. Pearson, III, 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 shuttering 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

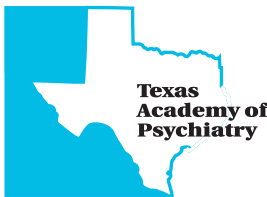
can do a pretty good job of serving our patients. In some ways we are now seeing some return “toward” normal, and in that process it reminds us the importance of valuing relationships. During the time of loneliness, we are aware of how many people touch our lives -family, friends and even strangers. 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 TSPP/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



Daniel Pearson, III, MD

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! ■



## Academy 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.

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 without restrictions and who have a resi-

dency 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](mailto: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



### 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.









# Communities with Opportunities

Phillip Balfanz, MD, President, Texas Society of Child and Adolescent Psychiatry



Phillip Balfanz, MD

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/addictionologist and, at the time of his death, the presiding officer for the Texas Physicians Health Program succumbed to the coronavirus. Soon after, the miracle of vaccines started to be delivered and the possibility of reconnection became more tangible.

*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 parent 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 although I haven't quite figured out virtual family therapy.

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. TCHAT 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. ■

## TSCAP LEADERSHIP 2021-2022

Following is a list of TSCAP leadership who assumed their responsibilities at the close of the Annual Business Meeting on July 25, 2021.

### OFFICERS

- President** – Philip Balfanz, MD (2021-22)
- President-Elect** – Debra Atkisson, MD (2021-22)
- Secretary/Treasurer** – Laura Stone, MD (2021-22)
- Immediate Past President** – Melissa DeFilippis, MD (2021-22)

### COUNCILORS

- James Norcross, MD (2021-24)
- Jonathan Dowben, MD (2020-23)
- Mrudula Rao, MD (2019-22)

### AACAP DELEGATES

- Tushar Desai, MD (2019-22)
- Lisa Falls, MD (2021-24)
- Andrew Diederich, MD (2019-22)
- Joseph Shotwell, MD (2021-24)
- Nakia Scott, MD (2020-23)
- Mili Khandheria, MD (2021-24)
- Mohsin Khan, MD (2021-24)
- Sarah Wakefield, MD (2021-24)
- Jessica Sandoval (2021-24)

### AACAP ALTERNATE DELEGATES

- Melissa DeFilippis, MD (2021-24)
- Regina Cavanaugh, MD (2021-24)
- Ross Tatum, MD (2019-22)



## Child and Adolescent Psychiatry Annual Convention and CME Scientific Program Moody Gardens Hotel • Galveston, Texas

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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.

#### EDITORIAL BOARD

Federation Executive Committee

#### MANAGING EDITOR

Myah Bowermaster

#### 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)

## CALENDAR OF MEETINGS

### OCTOBER

**18-30 AACAP 68th Annual Meeting – Virtual**  
Questions? Contact [meetings@aacap.org](mailto:meetings@aacap.org)

### NOVEMBER

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



**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**

## 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](http://www.txpsych.org). The Federation's **JOB BANK** could be just what you have been looking for.