AUGUST/SEPTEMBER 2026

Texas Psychiatrist

Legislative Update

Eric Woomer, Federation of Texas Psychiatry Public Policy Consultant

Much has happened since our May update, both at the ballot box and in interim committee rooms across the Capitol. Here's where things stand as we head toward the 90th Legislature convening in January 2027.

The Political Picture: Runoffs Reshape the November Ballot

The May 26 primary runoffs delivered a clean sweep for the MAGA-aligned wing of the Republican Party. Attorney General Ken Paxton ended John Cornyn's 24-year Senate career, helped by a late Trump endorsement, and now faces Democratic State Rep. James Talarico in November. Down the ballot, State Senator Mayes Middleton beat U.S. Rep. Chip Roy for the open Attorney General nomination and will face State Senator Nathan Johnson. In the night's biggest upset, challenger Bo French defeated sitting Railroad Commissioner Jim Wright despite Wright carrying endorsements from Governor Abbott and Lieutenant Governor Patrick.

Turnout tells its own story. Democrats actually outvoted Republicans in the March primary for the first time since 2020. Republicans came roaring back in May, energized by the Paxton-Cornyn fight. Combine record Democratic enthusiasm with a bruised Republican nominee at the top of the ticket, and Texas Republicans enter November holding every statewide office but facing the most genuinely competitive Senate race in the state in a generation.

Recent polling backs that up. The University of Texas/Texas Politics Project's June survey (taken June 5-12) found Paxton and Talarico statistically tied, 43% to 42%, with Republicans having largely reunited behind Paxton after the bruising runoff. Other pollsters have shown the same race anywhere from a dead heat to a slight Talarico edge, and betting markets still favor Paxton, but every credible poll agrees this is a genuine toss-up. Down-ballot, Republicans hold steadier but not commanding leads: the same June poll had Middleton ahead of Johnson in the Attorney General race 41% to 36%, and Governor Abbott ahead of Democratic challenger State Rep. Gina Hinojosa 47% to 40% as he seeks a fourth term. In all three races, independents lean Democratic and a meaningful share of voters remain undecided, which is why both parties are pouring resources into Texas this cycle.

The Texas House and Senate are expected to keep roughly their current partisan balance, but most observers think Democrats will likely pick up somewhere in the 5-to-10-seat range in the House. That wouldn't flip control, but it would narrow the margin and likely push House leadership to spend less floor time on culture-war fights and more on the "meat and potatoes" of state government - the budget, water, property taxes, and health care.

The Fiscal Picture: A Tighter Budget Year Is Coming

The money picture heading into 2027 is meaningfully tighter than it has been. The current budget was built on a beginning cash balance of roughly $23.8 billion, itself already a steep drop from the record $39.4 billion surplus the Legislature had two sessions ago. Then-Comptroller Hegar told lawmakers that revenue growth is moderating back toward historical norms and that they should not expect another record surplus next time. The state's Rainy Day Fund is projected to hit its constitutional cap of roughly $28.5 billion this fiscal year, which sounds impressive but actually means no new money is flowing in - the fund is full, not growing. More recently, Governor Abbott has appointed GOP-nominee Don Huffines as Comptroller, meaning he will be able to put his own mark on the Biennial Revenue Estimate that lawmakers will rely on to craft the state budget.

Meanwhile, Governor Abbott has signaled that property tax relief - not new program spending - will be his top, and perhaps only, stated priority for the session – eyeing elimination of school property taxes on homeowners. Lieutenant Governor Patrick has floated his own ambitious plan to reduce property taxes on homeowners via increases to the homestead exemption. While the state's top two office holders are offering competing, and incompatible, plans to reduce property taxes, both approaches carry a price tag in the tens of billions. That squeeze arrives at an awkward moment: several ARPA-era federal funds propping up crisis services and child mental health expansion expire this fiscal year, and demand for state crisis-diversion grants already outstrips supply eightfold ($233 million requested against $28 million appropriated last cycle). Meanwhile, shortfalls in Medicaid spending, state psychiatric hospital expansion and SNAP will likely total around $8 billion, a gap that will need to be filled in the early days of the Legislature.

Interim Hearings: A Roundup

Several interim hearings this spring and summer touched directly on psychiatric practice. Here's what happened in each.

Senate Health & Human Services (July 7) — Mental Health, Homelessness, and the Justice System

This was the most substantive hearing of the group, addressing an interim charge on the state's mental health authority and its overlap with homelessness and the criminal justice system. Witnesses described law enforcement and the courts as the de facto front door for untreated serious mental illness – a Denton County probate judge testified his county alone files about 1,500 involuntary commitment applications a year, and that county jails have effectively become the state's largest inpatient psychiatric providers. HHSC reported a forensic wait list of about 1,585 people, with not-guilty-by-reason-of-insanity patients averaging roughly 1,200 days in the system versus about 92 days for civil commitments. To help address this crisis, 717 new state hospital beds are coming online by 2028. Hospital and crisis-service witnesses argued ERs and jails have become default psychiatric placements for reasons of speed rather than clinical need – jailing someone in crisis costs roughly three times as much annually as community care ($30,000 versus $10,000) – and flagged an uncompensated "medical clearance" step with no basis in the Health and Safety Code. On a brighter note, the Texas Child Mental Health Care Consortium reported that TCHATT now reaches about 84% of Texas students with 97% parent-reported effectiveness, though that program's funding is transitioning off one-time federal dollars.

House Public Health (June 1) — Workforce, Telehealth, and Rural Access

This hearing focused less on crisis systems and more on the pipeline and delivery-model issues that shape day-to-day access to psychiatric care, especially in rural Texas. Witnesses highlighted HB 18's Rural Hospital Officers Academy (training rural hospital administrators on available mental health resources, including the behavioral health consortium), and HB 37's new statewide perinatal bereavement care program ("Everly's Law"), which includes mental health support for grieving families and staff. HHSC and the Texas Medical Association both emphasized that telehealth - audio-visual and audio-only alike - has become central to behavioral health access, calling it "not a replacement but a skill" that improves reach and quality. UT Health Houston's telepsychiatry program serving state psychiatric facilities was cited as a model. The Rural Health Transformation Program ("Rural Texas Strong") and testimony from Texas A&M and Texas Tech underscored persistent behavioral health workforce shortages in rural Texas, with calls for more rural training placements and support for master's-level mental health training positions. Physician assistants and nursing witnesses reinforced the workforce-shortage theme and asked for continued flexibility on telehealth delivery.

Eric Woomer

House Insurance (June 4) — Mandates and the Cost of Coverage

This hearing centered on HB 138 (the health insurance mandate cost-review process created last session) and HB 139 (a proposed "mandate-light" small-business plan option which failed in 2025 but is sure to be refiled next session), but mental health came up repeatedly as a cost driver. The Teacher Retirement System presented data showing mental health costs rising alongside other chronic conditions and challenging traditional risk-pool assumptions, especially for small employer plans. Business groups praised HB 138 for requiring cost-impact review before new mandates take effect, and pushed for HB 139 to let small employers (50 or fewer employees) offer leaner plans – but with less robust coverage. Several witnesses cautioned that mental health benefits and prior authorization protections should not be inadvertently weakened as mandate-light options are built out - a provision worth watching closely if a new version of HB 139 advances.

TMB Ketamine Rulemaking: Where Things Stand

Members treating patients with parenteral ketamine therapy (PKT) should know the Texas Medical Board is close to finalizing rules. TMB held its second stakeholder meeting in June, working through a new draft line-by-line, with final Board action expected late this summer. Broad consensus is emerging on several points: moving PKT out of the office-based-anesthesia framework into its own chapter, a "low dose ketamine" standard of an IV dose of 0.5 mg/kg over 40 minutes,

continued on page 2

INSIDE

For Love of Texas

Mary Zuelzer-Arambula, MD, President of the Texas Academy of Psychiatry

Mary Zuelzer-Arambula, MD

Texas Pride

Recently, a friend shared a story about her travel overseas. Each person in her group ended up with a nickname and she was surprised by hers. When everyone was asked where they were from, most Americans said, "the States." My friend proudly answered, "Texas." It stuck and from then on, she was known as "Hey Texas!" In talking with her travel group, she saw how many people view Texas as unique—bold, memorable, and full of character. I noticed the same while staying at a hotel with a visiting European FIFA team. They spoke warmly about Texas, especially our hospitality and, of course, our great barbecue. We know Texas is a great state!

Honoring Progress by Continuing the Work

Having just celebrated our country's 250th anniversary, I am again reminded how fortunate we are to live in this great nation. Our founders created an extraordinary foundation, and our country has made tremendous progress since its beginning. Still, there is much more to do. We must keep moving forward to benefit future generations. And Texas, being bigger and better, should take the lead in pursuing opportunities to improve the lives of all its citizens. What that work looks like will differ for each of us. Some may contribute through a single focused effort, while others may choose sustained involvement over time. Whether volunteering time, supporting a professional organization, mentoring others, contributing expertise to public policy discussions, or simply raising an issue that might otherwise go unaddressed, what matters most is recognizing that every contribution, large or small, can make a difference. The Texas Academy of Psychiatry may offer you an opportunity to make that difference.

Making a Difference Through Our Profession

As medical professionals, we have a calling to make a positive impact on the people we care for and on the systems that shape their care. Each of us do make a difference in the lives we touch whether through direct patient care, training new psychiatrists, serving in administrative roles, or helping ensure access and quality of care. Across these roles, I have heard concerns, ideas, and hopes for change within our psychiatric profession. If there are issues in your practice or professional experience that you believe need attention, TAP welcomes your voice and involvement.

Ways to Participate

Here in Texas, we understand the needs of our communities, patients, and practices. There are so many issues that deserve attention. Your input, whether based on personal experience, professional concern, or a commitment to meaningful change, helps TAP identify the issues of greatest importance to our state. From there, TAP can pursue practical opportunities to support effective solutions. Your participation can take many forms.

- Share concerns from your practice or community.
- Offer ideas to improve psychiatric care in Texas.
- Raise a single issue that may otherwise go unnoticed, even if you do not have time for more continued involvement.
- Join TAP and possibly serve in a leadership role.
- Participate in efforts that fit your time, interests, and expertise.

As the saying goes, all politics is local — and local engagement can create meaningful change. ■

Investing in the Next Generation of Texas Psychiatrists

Arturo Rios, MD, Chair, Texas Foundation for Psychiatric Education and Research

Arturo Rios, MD

When the Texas Foundation for Psychiatric Education and Research was established in 1991, the premise was a simple one: set aside resources for the education of psychiatrists and for the public understanding of psychiatric illness, and let the returns compound over the decades. I have the privilege this year of chairing that effort, and I want to share with you what the Foundation has been doing recently, and how you can be a part of it.

This July, the Foundation funded two travel scholarships for psychiatry residents attending the TSCAP Annual Convention at Moody Gardens in Galveston. For a resident, the cost of a hotel room is very often the difference between attending a meeting and skipping it altogether. Removing that particular barrier is one of the most concrete things this Foundation does. Residents who attend one meeting tend to come back to the next one, and some of them end up leading our organizations.

With that in mind, I am pleased to announce that the travel scholarship application is now open for the TSPP 70th Annual Convention and Scientific Program, November 5–8 at the JW Marriott Houston by the Galleria. Residents, fellows, and medical students in Texas training programs are encouraged to apply. Applications are reviewed by the Foundation's Board of Directors, and awards are made based on available funds. If you supervise or teach residents, please pass this along; a personal nudge from a mentor does more than any announcement in a newsletter ever will.

Travel scholarships are not the only thing we fund. The Foundation also maintains a general grant application, available on our website, that is open to members of TSPP, TSCAP, and TAP who are current in their dues — as individuals, as groups, or as organizations. Past awards have supported public mental health awareness campaigns, community outreach events, research projects, and training programs. Most awards are capped at $2,000. If you have an idea that fits the Foundation's mission, we want to hear about it. Full details and the application form are available at *txpsych.org/foundation*.

Finally, and most importantly, I want to thank every person who has given to this Foundation over the years. None of the above happens without you. We recognize our donors by name each year, and I hope you know that gratitude is sincere. Every scholarship we award and every grant we fund is money that someone in our community chose to give rather than keep. Many of you have made that choice quietly and consistently for decades. Thank you.

Giving is easier now than it has ever been. Scan the QR code and you can make a tax-deductible contribution in under a minute. If you have been meaning to give and have simply never gotten around to it, perhaps this is your moment.

Thank you for supporting the future of psychiatry in Texas. ■

Scan QR code to donate to TFPER

Questions about the travel scholarship or the grant application? Contact us at txpsychiatry@txpsych.org or (512) 222-6865.

Dr. Dan Goggin, president of the Tarrant (Fort Worth) Chapter, expresses gratitude to the Foundation for its grant support of the Chapter's Enduring Materials (EM) course, 4.5 Category 1 hours, soon to be finished and released for purchase. The EM course reprises the Chapter's "Summertime CME program: Psychodynamic Therapy Skills and Clinical Psychopharmacology."

"Our program, despite low attendance, had analyst, Chapter member, and guest lecturers who each were outstanding. The result was a superb review, didactic, and guide for all practitioners – those practicing as well as in training or in school and interested. The Zoom recording is very good quality, and the post test questions make you think!"

Those interested in taking the course may contact Dr. Goggin at: dagmdpafw@sbcglobal.net, or call his office at 817-338-0808.

Legislative Update

continued from page 1

allowing RN administration provided a physician, APRN, CRNA, or PA is on-site, permitting non-physician mental health professionals (LPCs, LMFTs, social workers) to diagnose qualifying conditions while keeping prescribing authority with a physician or delegated midlevel provider, opposition to mandatory end-tidal CO2 monitoring, more frequent PMP checks (every administration rather than quarterly) with notification to co-prescribers, increased mental health training for providers, and keeping PKT clinics out of the existing Chapter 172 pain-clinic audit framework.

The sharpest remaining disputes are over a proposed "30-minute physician response" requirement (rural providers call it unworkable and want EMS response treated as the standard; anesthesiology and pain-medicine voices want it kept), whether a mandatory physician-patient relationship should be required for every patient, and how long a grace period existing clinics get to comply.

Also on Our Radar: ECT Legislation

The Federation is evaluating a new legislative proposal that would allow electroconvulsive therapy to be administered without otherwise required informed consent in narrow, defined emergencies - specifically, when a patient is in an acute life-threatening psychiatric crisis, lacks decision-making capacity, less restrictive options have already failed, and two physicians (at least one a psychiatrist) independently certify necessity in writing. Most states that allow involuntary ECT require a court hearing first; this proposal would rely on dual-physician certification instead, although we continue to evaluate a role for the courts. Expectations are that any such proposal will draw attention from patient-rights advocates, but the present paradigm increases patient risk and deserves review. We will keep the Federation posted as this proposal develops.

Our team will keep monitoring these issues through the interim and will flag opportunities for Federation members to weigh in as hearings continue and bills begin to be filed in November. As always, thank you for staying engaged, and for allowing us to be your voice at the state Capitol. ■

The 2026 TSCAP Annual Convention Highlights… And Weathering the Storms

Lisa Falls, MD, President, Texas Society of Child and Adolescent Psychiatry

Lisa Falls, MD

This year's convention was a culmination of requested topics based upon last year's feedback regarding a desire for more information on the advances in our field, and it did not disappoint! Dr. Steven Pliszka started us off with a very informative talk that helped to simplify complex concepts around transdiagnostic psychopharmacology in the treatment of youth with multiple comorbidities. Dr. Joao Luciano de Quevedo followed with a thoughtful discussion on advances in ECT and Ketamine, imploring us to consider these treatment modalities earlier in severe, refractory illness. We rounded out the morning with Dr. Emine Rabia Ayvaci, who enlightened us on current evidence-based approaches, as well as safety/tolerability concerns in the use of TMS in youth. Dr. Alice Mao started the afternoon with a masterful yet practical overview of the psychopharmacological management of difficult symptoms seen in youth with Autism Spectrum Disorder, with some attendees saying they could have listened to a few more hours of her pearls of wisdom. The day ended with Drs. Carol Nati and Amber Pastusek providing a very thorough overview of the inner workings of, and services provided by, the Local Mental Health Authorities. A multidisciplinary ethics panel consisting of Sema Jacob, Myesha Morgan, and Dr. Joseph Guillory ended the conference with an informative and much-needed discussion about developmentally informed advocacy and accommodations for youths of all ages. Lastly, a new optional addition to this year's program was offered: a Psych in Cinema presentation of "It's Kind of a Funny Story". Drs. Alcides Amador, Johnny Chen, and Lina Kim did a wonderful job facilitating a lively Q&A and discussion. I would like to take this opportunity to thank all our wonderful speakers who donated their time to make this year's convention a huge success!

Ballot results were announced, and new officers were installed. Congratulations everyone!

Lastly, this year's conference was held at beautiful Moody Gardens on sunny Galveston Isle. Island life engenders thoughts of gentle ocean breezes, sand between your toes, and a beautiful cocktail/mocktail in your hand. One of our former TSCAP presidents, Dr. Nakia Scott, smiled as she greeted me and said something to the effect of, "Aah, Galveston. As soon as you go over the bridge, you feel that calm." While that is true, those of us who call the Houston/Galveston area home are also all too familiar with a different kind of feeling… the feeling of angst when the hurricane season begins or when you hear a weather report about a developing Atlantic storm that might be heading your way, as was the case on the last day of the conference when I was traveling home. No matter the cause, one thing we can hopefully agree on is that weather events are becoming more frequent, powerful, and catastrophic. Additionally, mass casualty events have become so commonplace that many have become emotionally numb to their existence. As Co-chair of the TSCAP Disaster and Trauma Committee, I would like to extend a plea to our members to strongly consider joining the D&T Committee. Our great state is large, with varying landscapes and associated natural disasters. We would ideally like to have several members from different parts of the state, rather than clusters of members from a few academic centers. Hopefully, this will enable us to obtain more accurate information directly from the impacted communities and be more readily available to assist in any way that we can. If a committee commitment sounds like too much for you at this time, consider being a "friend of the committee", an available contact person in your area should an untoward event occur. To learn more about this and other TSCAP committees, please visit our website at *https://www.txpsych.org/tscap*. ■

TSCAP Officers for 2026-2027

President – Lisa Falls, MD
President-Elect – Alcides Amador, MD
Secretary/Treasurer – Kaylee Davis-Bordovsky, MD
Immediate Past President – Joseph Shotwell, MD

Councilors
Jamon Blood, MD (2024-2027)
Sarah Wakefield, MD (2025-2028)
Micah Knobles, MD (2025-2028)

AACAP Delegates
Denise Baughn, MD (2024-2027)
Lisa Falls, MD (2024-2027)
Melissa DeFilippis, MD (2024-2027)
Aurif Abedi, MD (2024-2027)
Micah Knobles, MD (2024-2027)
Mili Khandheria, MD (2024-2027)
Kaylee Davis-Bordovsky, MD (2024-2027)
Katherine Kerr, MD (2025-2028)
Alcides Amador, MD (2026-2029)
Alyssa Shaffner, MD (2026-2029)
Taiwo Babatope, MD (2026-2029)

AACAP Alternate Delegate – Nakia Scott, MD (2024-2027)

Dr. Falls presents Dr. Shotwell a plaque in appreciation for his service as TSCAP President

TSCAP Officers 2026-27, from left to right:
Dr. Shotwell – Immediate Past President, Dr. Falls – President, Dr. Amador – President-Elect, Dr. Davis-Bordovsky – Secretary/Treasurer

Psych in Cinema, presented by Drs. Amador, Chen and Kim

THE ETHICS CORNER

Civil Discourse In Divided Times

Constance George, MD, TSPP Ethics Committee Member

Last year, APA leadership updated its policy on community rules, etiquette, and conditions regarding its online forums after members raised concerns about the tenor and content of discussion. The situation drove some members to quit APA Communities altogether. APA Communities were created for discussion, resource sharing, networking, and professional connection. The updated guidance reminds members that even when views diverge, constructive conversations require empathy, understanding, and deep listening so that we can seek common ground rather than vilify one another.[1]

Rifts over polarizing issues are increasing within specialty organizations and across other medical settings as well.[2]

The issues driving this polarization are neither trivial nor simple. In our profession, we confront ethical questions every day. They affect our patients, but they can also be deeply personal for us as individuals. Homelessness, gender identity, sexual identity, religious freedom and persecution, political freedom and persecution, Medicaid and safety nets, reproductive issues, individual choice versus societal safety, and the health care and treatment of immigrants are among the weighty matters we encounter in clinical practice, in the political landscape, and in our own homes. Ethical questions can quickly become expressions of what is morally right or wrong, and that shift can lead to passionate opinion and passionate disagreement.

The problem arises when disagreement devolves into the incivility we see in the world around us. Logical and content disagreement becomes personal attack.[3] In such a setting, we are at risk for losing the public and interprofessional trust. Physicians increasingly part ways with clinics, partners, professional societies, or even medicine itself over these issues.[4]

Given this, there is an urgent need to engage in civil discourse: discourse that asks us to respect views and convictions that may be very different from our own. Civil discourse is not passive agreement or tone driven; it is a tangible practice. Ariel Lefkowitz in his article, Disagreeing respectfully: embracing complexity facilitates civil discourse, provides four conditions necessary for engaging in civil discourse.[5] The conditions are: to respect one another as human beings with the right to disagree, to listen and reflect on another person's point of view, to create enough safety that people can speak without fear of vilification or social reprisal, and to treat one another as well-meaning people motivated by a desire to do good. In that setting, we can advocate fiercely for an idea, a policy, or even a political position while still listening intently. These conditions help the participants avoid dehumanizing the other. [5]

And this brings us home—to a medical home at TSPP. TSPP and medical specialty organizations provide a sense of community, belonging, and, yes, purpose.[6] We share the goal of providing excellent psychiatric care. We may disagree about how to get there, but we are all working towards it. TSPP gives us a place to discuss that work, talk with colleagues, and learn from the shared experience of others. It is a place where meaningful civil discourse over difficult topics can occur and where trust can thrive. These relationships are essential to our physical and mental health.

At the TSPP spring meeting in April, Dr. Mirza-Gruber led a session on mindfulness. She said, "May we allow this next hour to be one of sharing and caring in community and a willingness to look deeply into this present moment."[7] The present moment can, of course, be difficult. The discussions can be heated.

But it is our ethical responsibility to engage in civil discourse with one another and to remain connected to this professional community of psychiatrists.

Ethics is nothing if not relational. ■

Constance George, MD

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Beyond Residency: Shaping the Professional Identity of Tomorrow's Psychiatrists

Derek Neal, MD, President, Texas Society of Psychiatric Physicians

My most influential mentor once compared the rhythm of residency to the seasons of the year, with each recurring milestone presenting its own unique excitements and challenges. As I write this, program directors across Texas are wrapping up orientation and settling into a new academic year – a brief moment of calm before the familiar cycle begins again. I personally enjoy seeing the fresh, bright, and sometimes anxious faces of our new interns along with the growing confidence of our more senior residents taking on additional responsibilities and mentorship roles. Amid mastering diagnoses, medications, documentation, and their own schedules, it is easy to overlook another equally important task – figuring out what kind of psychiatrist they hope to become. It is in this process of discovering their professional identity that I believe TSPP can significantly impact the development of these early career psychiatrists.

Like the seasons of the year, these phases can pass by in a flash (I love sweating as much as the next person, but please summer pass us by in a flash). Soon we will be turning our attention towards recruitment of our next group of eager trainees who will represent the future of psychiatry. I have found it rejuvenating to read in personal statements their desire to advocate for the best interests of their patients, to collaborate, to advance the quality of psychiatric care and to pay back the teaching and mentorship that they themselves have benefited from. I'd like to point out how much these aspirations align with the mission of TSPP. Even though they may not be members or even be aware of our organization, these budding psychiatrists are describing the very values that our organization exists to promote. In residency they will learn how to care for patients, but through professional societies they learn this "hidden curriculum" that critically complements their training.

Caring for the profession

Learning how Texas legislation shapes psychiatric practice can be one of the most valuable experiences a young psychiatrist can have. Over the years, I have personally found it rewarding to both understand policy and then to help influence it. Whether the issue is scope of practice, insurance reimbursement, consent for treatments such as ECT or other policies which affect psychiatric care, these decisions ultimately shape our experience of psychiatric practice and the care that our patients receive. The truth is that these decisions will be made whether we are at the table or not. It is up to us to ensure that our profession and our patients have a voice when those decisions are made.

Mentorship

I often think of the different people, both in and out of medicine, who have influenced my own trajectory as a psychiatrist and as a person. Each of those influences provided me with their own variety of experiences, which helped provide well-rounded advice. Depending on the residency program, trainees may not receive adequate exposure to faculty who specialize in certain areas. Through our organization, they can be mentored by psychiatrists who have experience in a variety of practice settings such as:

– Academic medicine
– Private practice
– Community psychiatry
– Forensic psychiatry
– Child and Adolescent psychiatry
– Addiction psychiatry
– Rural psychiatry

This mentorship can be incredibly impactful when trying to decide what area of psychiatry to commit to. We know best what we have experienced directly in life, so engaging with those who have had different experiences helps provide perspective on different health systems, programs, treatment models and challenges therein. I've yet to meet anyone in our organization who was not willing to provide their time and expertise for those looking for this career guidance.

Leadership

I never thought I would engage much in leadership. My own personality traits influenced this thought, but lack of exposure to direct opportunities also made it seem distant and unachievable. TSPP ended up providing vital experience with leadership opportunities and steadfast encouragement to pursue those opportunities. This has served as an important complement to my work in academic medicine and my overall career. Through serving on committees, contributing to position statements, and learning the structure of organizational leadership, trainees can develop the capability to seek future leadership roles.

Well-Being

Much has been written and said about physician well-being over recent years, with the COVID-19 pandemic harshly reminding us that not only are we physicians who took oaths to care for our patients, but that we are also human beings with our own vulnerabilities to address. An essential part of early professional development is to recognize when personally you become compromised or when a colleague is similarly struggling. If left unaddressed, this can lead to burnout and experiencing our noble profession as simply a job to be grinded out on an excruciating day by day basis. A strong community is an essential part of preventing this process, especially for young trainees who do not have this community well established yet. Engaging with this work through TSPP can help them become a voice for the future of psychiatry and its future workforce.

Derek Neal, MD

I challenge all of us to have conversations with our young learners and trainees about the importance of professional development and how it is just as important in shaping their future career as remembering treatment algorithms. Even if they are not going into psychiatry, all physician professional societies serve to develop this identity and to help advocate for us and our patients. Thank you for being a part of this organization and your efforts to support its mission.

Looking Ahead

I hope to see you at our next meeting:

TSPP 70th Annual Convention and Scientific Program
November 5-8, 2026
JW Marriott Houston by the Galleria
Early bird registration now open!
www.txpsych.org/2026-tspp-annual-convention

I encourage you to attend, not just for the educational content but for the opportunity to engage with colleagues and contribute to the direction of our organization. If you have been looking for ways to get more involved, now is the time.

Join a TSPP committee before the conference at *www.txpsych.org/tspp/committees*.

I welcome your feedback and ideas. Please feel free to reach out to me at dwneal@utmb.edu. ■

REGISTER ONLINE: www.txpsych.org/2026-tspp-annual-convention

TSPP 70th Annual Convention and Scientific Program

November 5-8, 2026 • JW Marriott Houston by the Galleria • Houston, Texas

"Modern Psychiatry: New Technologies, New Treatments"

HOTEL RESERVATIONS

TSPP has secured a discounted room rate of $189 plus taxes and fees at the JW Marriott Houston by the Galleria, for registered conference attendees and sponsors. Visit *www.txpsych.org/2026-tspp-annual-convention* for the custom booking link and reserve the reduced rate through October 15th or upon sell-out, whichever occurs first.

Booking a room within the TSPP room block is an important way to support TSPP and helps to keep the overall meeting registration fee and costs as low as possible. Please help us help you by booking your room at the hotel hosting the meeting and within the TSPP room block.

MEETING LOCATION

The 70th Annual Convention and Scientific Program will take place at the JW Marriott Houston by the Galleria, located at 5150 Westheimer Road, Houston, TX 77056. Enjoy this newly renovated luxury hotel, situated across from the Galleria mall in Uptown Houston, and also near the Houston Zoo and Downtown Aquarium. Dine at the hotel's onsite restaurant, Stray Horse, or enjoy the fitness center, yoga room, and rooftop pool. Explore local entertainment at the Museum of Illusions or The Escape Game. Take a short drive to one of Houston's many delicious restaurants like JOEY Uptown, Grotto Ristorante, or Casa do Brasil. There's no shortage of things to do in Houston!

THURSDAY RESIDENT FELLOW MIXER

Open to all Resident Fellow members registered for the conference. RSVP at *www.txpsych.org/2026-tspp-annual-convention*.

FRIDAY WELCOME RECEPTION

Kick off the conference alongside colleagues and friends at the Friday evening Welcome Reception, from 6:30-8:30pm in the Exhibit Hall. We have several Sponsors/Exhibitors that will be in attendance, including the Kendra Scott Giveback Trunk Show benefitting the Texas Foundation for Psychiatric Education and Research.

70th ANNIVERSARY AWARDS GALA

Saturday evening festivities begin with a complimentary wine and cheese reception for registrants attending the Awards Banquet honoring the 2026 TSPP Award Recipients for their outstanding contributions to Psychiatry. Register early to reserve a table for your group at this memorable evening of dinner and dancing to celebrate the 70th Anniversary of TSPP!

TSPP 2026 POSTER SESSION

Medical Students, Residents and Fellows in Training who are members of TSPP, TSCAP, or TAP will present/display posters at the TSPP 70th Annual Convention and Scientific Program during the Friday Evening Welcome Reception and Saturday Continental Breakfast and refreshment breaks, November 6-7, at the JW Marriott.

Submission Deadline: September 15, 2026

Submit an abstract online at *www.txpsych.org/2026-tspp-annual-convention*

Daily Schedule

Thursday, November 5

5:00 pm – 8:30 pm	Registration
6:00 pm – 8:00 pm	TSCAP Executive Committee
7:00 pm – 8:00 pm	Chapter Leadership Forum Meeting
7:00 pm – 8:30 pm	Resident Fellow Mixer
8:00 pm – 9:30 pm	Federation Delegate Assembly Meeting

Friday, November 6

7:30 am – 8:30 pm	Registration
8:00 am – 9:00 am	Foundation Board of Directors Breakfast Meeting
8:30 am – 5:00 pm	Committee Refreshments
9:00 am – 10:30 am	**COUNCIL ON LEADERSHIP MEETINGS** • Ethics Committee • Distinguished Fellowship Committee • Finance Committee
10:45 am – 12:15 pm	**COUNCIL ON SERVICE MEETINGS** • Academic Psychiatry Committee • Children & Adolescents Committee • Forensic Psychiatry Committee • Public Mental Health Services Committee
12:30 pm – 1:30 pm	Committee Members' Luncheon
12:30 pm – 1:30 pm	TSPP Officer Orientation
1:30 pm – 2:30 pm	Texas Academy of Psychiatry Board of Trustees Meeting
1:30 pm – 2:30 pm	Resident-Fellow Section Committee Meeting
2:00 pm – 3:30 pm	**COUNCIL ON EDUCATION MEETINGS** • Continuing Medical Education Committee • Professional Practice Management Committee
2:30 pm – 3:30 pm	Resident Fellow Member Section Program
2:30 pm – 3:30 pm	Texas Academy of Psychiatry Program
3:45 pm – 5:00 pm	**COUNCIL ON ADVOCACY MEETING** • Government Affairs Committee
4:00 pm – 6:00 pm	Exhibits AND Poster Presenters Session Set Up
5:00 pm – 6:30 pm	Executive Council Meeting
6:30 pm – 8:30 pm	Welcome Reception with Exhibitors AND Poster Session for Meeting Registrants and Paid Guests

Saturday, November 7

7:30 am – 7:00 pm	Registration
7:30 am – 4:30 pm	Exhibits Open and Poster Session
7:30 am – 8:15 am	Complimentary Continental Breakfast in Exhibit Hall for Meeting Registrants and Paid Guests
8:15 am – 6:00 pm	**SCIENTIFIC PROGRAM** "Modern Psychiatry: New Technologies, New Treatments"
9:30 am – 9:40 am	Refreshment Break with Exhibitors and Poster Session
11:10 am – 11:30 am	Refreshment Break with Door Prize Drawings with Exhibitors and Poster Session
12:30 pm – 1:40 pm	Federation Joint Business Meeting Lunch
3:10 pm – 3:30 pm	Refreshment Break and Door Prize Drawings with Exhibitors and Poster Session
5:00 pm	Exhibits and Poster Session Closes
7:00 pm – 7:30 pm	Reception for Awards Gala Registrants Pre-Function
7:30 pm – 10:00 pm	Awards Banquet & 70th Anniversary Gala

Sunday, November 8

7:30 am – 11:30 am	Registration
8:30 am – 9:30 am	Complimentary Continental Breakfast for Meeting Registrants and Paid Guests
8:45 am – 11:30 am	**SCIENTIFIC PROGRAM** "Modern Psychiatry: New Technologies, New Treatments"
10:00 am – 10:20 am	Refreshment Break

Schedule and times are subject to change

TSPP 70th Annual Convention and Scientific Program

November 5-8, 2026 • JW Marriott Houston by the Galleria • Houston, Texas

"Modern Psychiatry: New Technologies, New Treatments"

Nine (9) *AMA PRA Category 1 Credits™*,
with 2.0 of the Hours Designated for Medical Ethics/Professional Responsibility

SCIENTIFIC PROGRAM SCHEDULE

Saturday November 7, 2026

8:15 am – 8:30 am **Opening Remarks**

8:30 am – 9:30 am **Artificial Intelligence and Psychiatry: From Hype to Help**
Sejal Mehta, MD
Objectives: The learning objectives for this activity have been designed to address clinician competence.
Upon conclusion of the activity participants should be able to:
- Identify currently available AI tools for psychiatric documentation, diagnosis support, risk assessment, and treatment planning, and evaluate their evidence base and practical utility.
- Apply federal and Texas-specific regulatory frameworks (FDA, AMA, TMA, TMB) to the responsible integration of AI in psychiatric practice.
- Develop a personal framework for evaluating, adopting, and monitoring AI tools while maintaining patient safety, privacy, and therapeutic relationships.

9:30 am – 9:40 am **Refreshment Break**

9:40 am – 11:10 am **Peptide Pharmacology / Peptides and Mental Health**
Andrew Brylowski, MD
Objectives: The learning objectives for this activity have been designed to address clinician competence.
Upon conclusion of the activity participants should be able to:
- Compare the pharmacokinetic properties of peptide therapeutics and describe the implications for dosing and monitoring.
- Describe the receptor signaling mechanisms of peptides with proposed neuropsychiatric relevance.
- Appraise the current clinical trial evidence for peptide agents in psychiatric populations.

11:10 am – 11:30 am **Refreshment Break and Door Prize Drawings with Exhibitors and Poster Session**

11:30 am – 12:30 pm **Innovations in Pharmacotherapy for Difficult-to-Treat Mood Disorders**
Sanjay Mathew, MD
Objectives: The learning objectives for this activity have been designed to address clinician competence.
Upon conclusion of the activity participants should be able to:
- Summarize several major recent studies evaluating glutamate modulators for treatment-resistant depression and major depressive disorder.
- Evaluate the scientific rationale for several novel pharmacotherapy approaches for mood disorders.
- Identify future directions for clinical and translational research for experimental therapeutics.

12:30 pm – 1:40 pm **Federation Annual Business Meeting Lunch**

1:40 pm – 3:10 pm **EMDR Beyond Trauma Reprocessing: Clinical Applications and What Sets It Apart**
Jessica Klement, PhD
Objectives: The learning objectives for this activity have been designed to address clinician competence.
Upon conclusion of the activity participants should be able to:
- Identify patients who may benefit by a referral to a clinician well-versed in EMDR.
- Describe the research base supporting EMDR, including key randomized controlled trials, meta-analyses, and guideline endorsements.
- Describe key similarities and differences between EMDR and CBT-based approaches, including basic considerations for treatment matching and contraindications, as an introduction to informed referral decision-making.
- Describe the phases of EMDR treatment based on a case example and brief demonstration.

3:10 pm – 3:30 pm **Refreshment Break and Door Prize Drawings with Exhibitors and Poster Session**

3:30 pm – 4:30 pm **ETHICS: Considerations for Recommending Service and Emotional Support Animals**
Joseph Shotwell, MD
Objectives: The learning objectives for this activity have been designed to address clinician competence.
Upon conclusion of the activity participants should be able to:
- Understand the uses for Service Animals, Emotional Support Animals.
- Be cognizant of misuses of requests from patients for Emotional Support Animals.
- Be well-versed in how the Americans with Disabilities Act and Fair Housing Act apply to or do not apply to Service Animals, Emotional Support animals.

4:30 pm – 4:40 pm **Refreshment Break**

4:40 pm – 5:40 pm **Attention Across the Lifespan: Diagnosis and Management of ADHD in Older Adults**
Ashish Sarangi, MD, DABPN
Objectives: The learning objectives for this activity have been designed to address clinician competence.
Upon conclusion of the activity participants should be able to:
- Recognize the clinical features of ADHD in older adults and differentiate them from other common neuropsychiatric conditions, including mild cognitive impairment, dementia, depression, and anxiety.
- Apply evidence-based diagnostic approaches to accurately identify ADHD in geriatric patients while accounting for age-related medical and psychiatric comorbidities.
- Evaluate pharmacologic and nonpharmacologic treatment strategies for ADHD in older adults to develop individualized, safe, and effective management plans.

5:40 pm – 5:50 pm **Closing Remarks**

Sunday November 8, 2026

8:45 am – 9:00 am **Opening Remarks**

9:00 am – 10:00 am **ETHICS: Civil Forensics: Ability vs. Disability Management**
Andrew Brylowski, MD
Objectives: The learning objectives for this activity have been designed to address clinician competence.
Upon conclusion of the activity participants should be able to:
- Identify strategies for managing conflict when a patient requests disability certification.
- Compare the functional impairment standards and documentation requirements across major disability systems (FMLA, workers' compensation, STD/LTD, SSDI/SSI, DBA/DOL), and explain how differing legal definitions of disability shape the psychiatric opinion.
- Analyze how referral source and evaluation context influence case formulation, and apply safeguards consistent with ethics guidelines.

10:00 am – 10:20 am **Refreshment Break**

10:20 am – 11:20 am **Functional Neurological Disorders**
Jeff Waugh, MD, PhD
Objectives: The learning objectives for this activity have been designed to address clinician competence.
Upon conclusion of the activity participants should be able to:
- Recognize a few of the structural brain abnormalities associated with functional neurological disorder.
- Appreciate the impact of stigma, in part propagated by healthcare systems, on patients with functional symptoms.
- Understand the components of an FND-focused treatment team and how to tailor therapy to individual patients.

11:20 am – 11:30 am **Closing Remarks**

CME PROGRAM GOAL / TARGET AUDIENCE

This live activity has been designed in a for-mat consisting of case study presentations, lectures and direct discussion to provide its primary target audience of Psychiatrists, as well as other specialties of medicine, with the most up-to-date, evidence-based data that can be translated into clinical practice. Information and data will address new developments in treatments and new directions in research to address the professional practice gaps of the learners and advance the physicians' competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice. The learning objectives for this activity have been designed to address clinician competence.

NEEDS ASSESSMENT

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

ACCREDITATION STATEMENT

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

CREDIT STATEMENT

The Texas Society of Psychiatric Physicians designates this Live Activity for a maximum of nine (9) *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in this activity.

ETHICS DESIGNATION STATEMENT

The presentation entitled "Considerations for Recommending Service and Emotional Support Animals" has been designated by the Texas Society of Psychiatric Physicians for one (1) hour of education in medical ethics and/or professional responsibility. The presentation entitled "Civil Forensics: Ability vs. Disability Management" has been designated by the Texas Society of Psychiatric Physicians for one (1) hour of education in medical ethics and/or professional responsibility.

FACULTY AND PLANNERS DISCLOSURE POLICY

The Texas Society of Psychiatric Physicians will disclose to participants the existence of any relevant financial relationships between faculty members, TSPP staff and members, who planned, authored, con-tributed to, and/or reviewed the content of this activity, and any commercial interest discussed in this educational activity. Disclosure will occur through written communication in the syllabus/handout material.

TSPP 70th Annual Convention and Scientific Program

November 5-8, 2026 • JW Marriott Houston by the Galleria • Houston, Texas

"Modern Psychiatry: New Technologies, New Treatments"

Early Bird Registration: www.txpsych.org/2026-tspp-annual-convention

REGISTRATION FEES

Registration Item	Early Bird through September 30th	Pricing as of October 1st
Committee Lunch (Friday)	$40	$50
Welcome Reception Guest (Friday)	$50	$55
Annual Meeting Lunch (Saturday)		
TSPP/TSCAP/TAP Member	$40	$45
Non-Member Physician	$50	$55
TSPP/TSCAP/TAP Trainee/Student	$25	$30
Non-Member Trainee/Student	$35	$40
Guest	$45	$50
Awards Dinner and 70th Anniversary Gala (Saturday)		
Former award winners, email TSPP@txpsych.org for your complimentary dinner.		
TSPP/TSCAP/TAP Member	$85	$95
Non-Member/Spouse/Guest	$95	$105
Reserved Table for 8	$640	$715
CME Scientific Program		
Includes online program syllabus, complimentary continental breakfast, and AM/PM refreshment breaks		
TSPP/TSCAP/TAP Member	$275	$295
Non-Member Physician	$325	$345
TSPP/TSCAP/TAP Trainee/RFM	$35	$45
If your training director or APD registers for the scientific program, your scientific program fee is waived.		
Non-Member Trainee/RFM	$50	$60
TSPP/TSCAP/TAP Medical Student	$25	$30
Non-Member Medical Student	$30	$35
Allied Health Professional	$180	$195
Spouse/Guest (No CME Credit)	$145	$165
Approved Poster Presenter	–	–
If you're approved to present a poster, your registration fee for the Scientific Program is waived.		
CME Printed Syllabus Order		
Black/White	$125	$165
Color	$155	$195

If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 222-6865 by October 10th.

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 10, 2026, less a 25% processing charge. NO REFUNDS will be given after October 10, 2026.

Eight Stages of Psychosocial Development

Michael Arambula, M.D., Pharm.D., Chair, Federation of Texas Psychiatry

Michael Arambula, M.D., Pharm.D.

I was recently asked to provide a lecture for the inaugural meeting of the Texas Chapter of the American Academy of Psychiatry and Law (TXAAPL): to essentially provide an overview of my forensic psychiatry experiences over the last three decades. I recall from residency training that Erikson postulated all of us will navigate 8 stages of psychosocial development, and during the last stage, we will reflect on our lives and derive a sense of fulfilment or regret. Frankly, I've still very busy in my practice and can't say that I've spent a lot of time thinking about this…until now.

I was blessed with great parents who taught me the importance of attitude and effort. I carried these attributes with me wherever I went, including TSPP meetings way back when. Then, I met and hung around some of the greats in our society, and opportunities (for me) emerged along the way. I recall being asked to Chair our Forensic Psychiatry Committee which opened the door to my gubernatorial appointment (by Ann Richards) to a State mentally ill offender agency. During my tenure, the opportunity to study a decade of jail suicides fell in my lap and I presented my research to legislative staff in the capitol auditorium; our continued endeavors / accomplishments still exist today.

Then, amidst the backdrop of my forensic activities / practice, Debbie Sundberg asked whether I would be willing to transition to Chair of Ethics; which I did. In turn, I traveled to APA meetings and met colleagues who sat on their respective district branch ethics committees. Along the way, seemingly out of the friendships / networking I had with my colleagues, Rod Munoz (APA President) appointed me to the Ethics Appeal Board, and my career experiences took another enriching turn. During my tenure, I worked alongside some of the greats in APA.

The next chapter in my career arose when my colleague, Dr. Lim, a TSPP forensic psychiatrist and member of the Texas Medical Board, planned to leave this position before her tenure expired. She recommended me as her replacement (to Rick Perry). So too did my dear friend and colleague, David Axelrad. The next decade on the TMB passed very quickly. During my tenure as President, the Board examined, analyzed and modified rules in the practice of telepsychiatry which departed from the existing rules in the practice of telemedicine, due to the unique nature of our psychiatric practice.

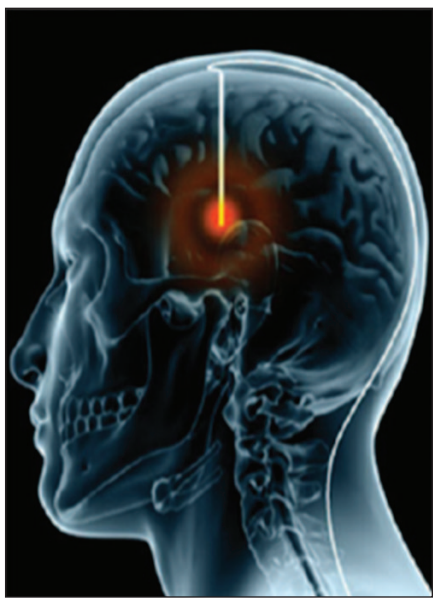
The Pandemic did a number on all of us. Then, we ventured out into this world virtually. In many respects, our habits have persisted in our practice and CME endeavors. Sure, it's more convenient. But it's not the same. Looking back, I doubt the many opportunities I had in my career would have still occurred, living in a virtual world. Like I wrote once before, there remains a light at the end of the virtual tunnel of professional isolation that some of us have grown used to. I encourage each of you to get out…and come to our meetings in person. Looking back, hanging around colleagues, mentors and friends at our meetings opened doors in my career which I never imagined could happen. See you at our next meeting. ■

Research Study for Treatment-Resistant Bipolar Depression

If you have been diagnosed with Bipolar I disorder and have NOT responded to medications or Electroconvulsive therapy (ECT), you may be eligible to participate in a study investigating a neurosurgical intervention for Bipolar Depression: Deep Brain Stimulation (DBS). This procedure involves surgically implanting two small electrodes into your brain that provide electrical stimulation to help control your depressive symptoms. Study participation is 20 months and visits can include brain imaging (MRI scans), heart rate monitoring, and video recordings.

You may be eligible to participate in this study if you:

- Are 22-64 years of age (men and women)
- Have a diagnosis of Bipolar I Disorder
- Have failed to respond to at least 4 FDA-approved treatments for bipolar depression, including 2 FDA-approved treatments during the current episode.
- Currently taking a mood stabilizer, such as lithium.



You cannot participate if you:

- Have schizophrenia or other psychotic disorders
- Have alcohol and/or substance abuse disorder
- Are pregnant
- Cannot undergo an MRI scan

All study procedures, including devices, surgery, and follow up psychiatric assessments will be provided at no cost to you. Participants will be compensated for each visit to cover time, travel, and parking expenses.

For more information, please contact

Study Coordinator: Michelle Avendano – 713-798-4729

Baylor College of Medicine

HARRISHEALTH

IRB Number: H-53761
Approval Date: 02-24-2026
Expiration Date: 01-28-2027

Menninger Department of Psychiatry and Behavioral Sciences

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The TEXAS PSYCHIATRIST is published 5 times a year. 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.

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EDITORIAL BOARD
Federation Executive Committee

EDITORS
Dieter Burckhardt
Annette Mitrosz

Federation of Texas Psychiatry
1211 W. 6th Street, Ste. 600-216
Austin, Texas 78703
(512) 222-6865
TXpsychiatry@txpsych.org (E-mail)
http://www.txpsych.org (website)

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 *txpsych.org/careers*. The Federation's JOB BANK could be just what you have been looking for.

CALENDAR OF MEETINGS

Visit *www.txpsych.org/conferences-and-events* for up-to-date information on upcoming events and CME webinars for TSPP, TSCAP and TAP

OCTOBER

26-31 **AACAP Annual Meeting**
Atlanta, GA
https://www.aacap.org/AnnualMeeting-2026

NOVEMBER

12-14 **TPA Annual Convention**
Austin, TX
www.texaspsyc.org/annual-conference

18–21 **ACLP**
San Diego, CA
https://www.clpsychiatry.org/annual-meetings/