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# The Emissary

Texas Research Institute of Mental Sciences, Houston

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**You call this  
work, Mama? - page 2**



Brad Perkins



# See mommy work. See daddy work. How do they do it?

(Note: You've seen them. Bags under their eyes. Their clothes have a wrinkle or two, maybe even a mouth-shaped patch of white on the shoulder. Sometimes they arrive a bit late, leave a tad early. And, miraculously, they get their jobs done. They are working parents at TRIMS. Editor Kathleen Kimball-Baker interviewed eight parents for this report.)



The majority of employees at TRIMS have a second career: being parents.

They often live on an amount of sleep that would have been considered a nap during their childless days. For them, taking a nap now means nodding out at a stoplight on the way home from work.

The demands of their children and the pressures of their jobs make them feel like a fraying rope in a relentless tug-of-war. And yet most carry on this lifestyle quietly. In fact, they are quite surprised when someone asks to interview them about how they manage.

In spite of the fatigue, stress, and frustrations, they cherish the opportunity to be a mother or father and many even say parenting has enriched their lives as employees.

## More time!

Some of the words they use when asked for their immediate impression of working and parenting are: hard, too many responsibilities, challenge, never enough time.

"I've tried to be the same employee that I was before I was pregnant," says Rima Aivazian, an administrative assistant in the business office who has a 14-month-old boy named Oshin. "But I do believe that my baby is more important than anyone else. My family comes first. What gives? Me. I've lost 35 pounds."

Children, especially sick ones, receive top priority with these parents. That may seem contradictory to their impression that being parents has made them better employees, but they explain it this way:

"I am very job-intensive," says Dr. Maxine Weinman, a researcher in the clinical research division and the mother of 15-month-old twin boys and 16- and 18-year-old girls. "During the day, I don't take a lunch hour because I know I might need that time when a problem comes up with the children. I work straight through. I feel exhausted but not deprived."

Psychologist, Dr. Alan Kellerman, who is the father of Lisa, 2,

and Michael, 5 months, says that having children has increased his sensitivity as a therapist and as a supervisor of students in the mental health professions.

"Without a doubt, my appreciation for adult and child development has been enhanced. I don't feel burned out anymore. My work now feels like an extension of my life. As I help my children grow and develop, I feel like I'm negotiating my own development and that helps me in my work," he says.

## More patience

For Annett Baptiste, a social worker in the Gerontology Center, having a child has meant gaining more patience. "It's made me a better person and that sure can't hurt my job." Baptiste's son, Terrell, is almost 2.

David Francis, a doctoral student in neuropsychology and a data analyst in the alcohol treatment center and the mental retardation/developmental disabilities center, is a new father. One-month-old daughter Ashleigh has changed his priorities. "I now see this as so much more important and enduring. That puts my work in perspective. I'm much more responsible."

The most difficult aspects of



working and parenting seem to change over time. But in the beginning, the overwhelming complaint is lack of sleep.

"I used to fantasize about sleep," says Weinman. That's not surprising. When her twins, Daniel and Adam, were infants, one would wake up in the middle of the night to nurse. His hunger cries awakened the other, who promptly wailed louder so he would not be left out of the feeding line. This went on several times a night for what seemed like endless months.

### Daydreaming about sleep

Weinman returned to work when the twins were 2 months old. "I don't think I was running on all six cylinders," she says with a laugh. "Once we had a going-away luncheon for colleague. I kept daydreaming about how nice it would be to go to the bathroom, stretch out on the tiles and fall asleep." Not long after, she konked out at the table.

Sleepless nights are an undeniable part of caring for a sick child, and illness seems to rank second on the hard-part-of-parenting list. Again, the child takes priority for parents interviewed. But, frequently, parents share the burden and trade taking days off from work.

"Our department seems to be very understanding when a child is sick," says Baptiste. "I know that if Terrell is sick, I have people who will cover for me. People here know what it's like to have a crisis as a parent."

For Dr. J. Ray Hays, acting head of training, the most difficult part of working and parenting is getting and staying in a routine. His wife, Bethany, is an obstetrician and has irregular hours, so Hays's job is to awaken the children—Josh, 2-1/2, Seth, 5, and Will, 8—dress them, feed them, and take them to their respective schools, all before he comes to work.

"The children really respond well to a routine. I don't always. So it's the hardest thing for me."

### And, oh yes, guilt

Some of the parents grapple with guilt. Leaving their children in someone else's hands, not

spending enough time teaching and training them, not making enough time for their spouses, not keeping a clean house are among the biggest prompters of guilt feelings.

"I wish I could be with my kids more to play with them and teach them things," Kellerman says. "Like in the morning. The time is so limited so I end up feeding Lisa when I know she could feed herself. It would just take too long. I feel like I don't attend to their needs as much as I should because it's so hard just getting through the daily processes of living."

Aivazian has stopped taking her child to the babysitter. Her husband does. The parting is too much for her to bear. "I cannot stand to see him crying. I call my husband who tells me about it and then I feel so down anyway."

Leaving is also hard for Kellerman. "Separation is an issue for everyone, but it's so much clearer for a child. It brings up my own fear of separation. When I leave her, I feel her little pain, big pain, so much."

Baptiste says she probably is too protective of the baby. "I really take care of him first, so lots of times I feel like I've neglected my husband."

Jane Corinne, assistant project director for the Texas Project for

Elders, is a single mother with custody of 5-year-old Rachael.

### Dog hair belongs on floor

"I had a constant feeling of being overwhelmed after my ex-husband left town. There was always dog hair on the floor and I went around feeling out of sync. I'd look at other people's immaculate houses and feel so guilty. At some point I realized I couldn't do it all. I tried not to feel inferior and to feel more at ease with household management—as it were," she says.

Hays, on the other hand, says he never feels guilty. "We each have our jobs to do. The children's job is to go to school and make good grades. My job is to work and make money. As long as we are all fulfilling our duties, everything is fine," he says.

Perhaps some of his confidence comes from his experience. This is his second family (he has two much older children from a previous marriage), he is more mature, and he has made significant advances in his career.

"With this family, I'm much more relaxed and can enjoy the daily caregiving tasks. I've stopped traveling so much and I can be home if I have to," he says.

This summer, Hays also worked



Chaos is a normal part of living for (left to right) Dr. Maxine Weinman, her daughter Veronica, son Daniel, husband Dr. Henry Epstein, and son Adam. Daniel and Adam are twins.

Brad Perkins



Continued from page 3

out a plan to be home with the children more during the day. He took part of his vacation time in half-days during August. He took the children swimming in the afternoon and spent time playing with them.

"It was wonderful. I got to see Josh (the youngest) go off the high-dive for the first time," he says, beaming. "That's something I would have never seen if I hadn't taken the time."

### Need more flexible hours

Although many of the parents work because they have to financially, none said they would stay home full-time, even if they had a choice. Several have resolved the tug-of-war between home and job by working part-time. Others would, if their jobs allowed it.

"At times I want to be at home with Terrell, but I know that he is better off being with other kids. I know I couldn't handle being at home all the time with him, but sometimes I wish I could work part-time," says Baptiste.

Aivazian agrees. "I think it would be bad to be home all the time. The baby needs to associate with other children, but I'd rather be able to work part-time."

"I'd give my eye teeth not to have to work 40 hours," says Corinne.

Kellerman has reduced his time to 20 hours and says it works out beautifully. He and his wife, Elaine, have coordinated their schedules so that the children need only a limited amount of care outside the home.

### Bring the kids?

All of the parents agreed that having child care at TRIMS would relieve most of their stress, guilt, and at least some of the fatigue that accompanies carting children to babysitters and other activities.

"When my baby does something new, I want to be there to see it. The firsts are really important to me and it hurts when I can't be there," Aivazian says.

Mothers who choose to breast-feed find returning to work partic-



The Hays gang: (above, left to right) Will, Seth, Dr. J. Ray Hays, and Josh. (Right) Jane Corinne and daughter Rachael.

ularly frustrating—and many wean their infants before they'd like to because it is so difficult to manage both tasks.

"I would have liked to have nursed longer," says Weinman. "It would have been quite helpful to have the twins nearby. I'm sure I could have worked later and wouldn't have had to be on such a tight schedule."

Kellerman says having children on the work premises "reduces stress, reduces time, and would help parents become more involved in the business of education." A monthly meeting of parents, for example, would let them share their problems and solutions and might lead to some valuable input in the child's education.

Some universities, he says, offer child-care to employees and coordinate it with research and training.

### A lot depends on supervisors

The majority of parents say TRIMS has been a supportive place to be a working parent, but all agree that much depends on the supervisor's attitude and appreciation of the stresses and conflicts.

Whether or not the supervisor has children seems to matter somewhat, but it does not mean that a supervisor who has a family will necessarily be more understanding than one without.



Accepting the stresses and conflicts as a way of life is vital, they add.

Dr. Anita Woods, a research psychologist in the Gerontology Center, says she realizes she will have an eternal conflict between being a mother and being a professional. She's stopped trying to choose between roles and tries to do both as gracefully as possible. She has an 18-month-old daughter named Mia and would like to have more children.

Aivazian says she tries to handle stresses "slowly and easily. I convince myself that I'm in it now, so I've got to make the best of it. That's been a big help."

Kellerman says, "I realize I can't be perfect. But I also realize that there are a lot of demands in the world and it's not perfect either. Maybe being an imperfect parent is better training for my children in the long run."



# Happy at work and at home

## Jensen says today's families can be both

When Marie Jensen's young family needed a new car, they called a meeting and parents and children defined the criteria for buying one.

They settled on the need to accommodate an ice chest for vacations, ample room to haul a cello (one of the children is a musician), and good gas mileage.

The gang traveled from one end of Interstate 10 in Houston to the other, visiting car dealerships and finally choosing a 1975 Volkswagen Rabbit. "It was a lemon. It stalled out on our first trip. But we all made a bad decision and nobody got singled out as the bad guy."

Jensen, coordinator in the Office of Continuing Education, used this story to illustrate the value of giving children a voice in family decisions.

### Roles have changed

It was one of many ideas she discussed in a teleconference designed to help families build harmonious relationships and cope with the stresses they feel when parents combine two careers: working and being parents.

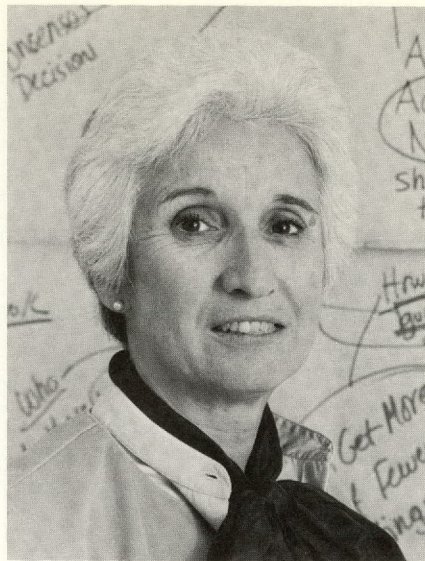
Families and child-rearing styles in the past were less egalitarian than today, Jensen said. Values in the families of origin of today's parents included honesty, hard work, courtesy, education, respect.

"Children were often encouraged to be honest about their actions ('I took a cookie from the refrigerator') but not open about their feelings ('I'm mad at you because you wouldn't let me have a cookie'). Being truthful about your feelings often meant being disrespectful," she said.

"The rule was do as I say, not as I do," she said. Fathers weren't supposed to be disturbed by greasy little hands, and mothers who were in full-time charge of household duties tended to insulate the fathers.

With more mothers now working outside the home, a new picture of families—healthy ones—is emerging. It stresses communication, equality, brainstorming, and building self-esteem and eventually self-reliance, Jensen said.

Working parents are now more likely to share responsibilities of caring for the children and managing household chores. To help working parents make



Marie Jensen

life at home a bit smoother, Jensen suggested the following:

### Communication

- When a child has a problem, use reflective listening. Try to mirror his or her feelings by saying, for example, "You seem pretty discouraged about your report card," rather than, "Why did you make a C in conduct?" That opens the topic for discussion and doesn't put the child on the defensive.
- Explore some alternatives to the problem and brainstorm about solutions. Allow the child to be creative, then help him or her choose one and follow through.

### Building self-esteem & self-discipline

- Make sure the child is getting the attention he or she deserves and note his or her strengths. Take the time to train your child in ways to become self-reliant—dressing, emergency measures, household maintenance.
- Allow your child to experience her or his own power by permitting choices, a voice in decisions that concern the child, and never do for the child what she or he can do alone. Give your child freedom appropriate for her or his age and permit areas of privacy.
- Allow the child to experience the consequences of his or her actions. Let a procrastinator, for example, to stay up all night trying to finish a project. The next day, the child will have such difficulty making it through school, he or she probably won't want to do that again.
- Be affectionate, give your child a sense of belonging, of being unconditionally accepted, and play with him or her as much as possible.

### Family councils

- Meet regularly in a family council. Use Robert's Rules of Order, make an agenda, and keep minutes. Treat all members with respect and allow everyone to express feelings openly. Brainstorm to find a solution. Then close the meeting with some kind of ritual, like making popcorn, bike-riding, or singing.
- Avoid pitfalls of meeting beyond the established time limits, changing times, dealing with symptoms of problems rather than actual ones, allowing domination by one member, and making exceptions to agreements made during the family council.

—Kathleen Kimball-Baker



# All work and no sleep make Mommy & Daddy a little

## CRAZY!

"After I started working, I just became overwhelmed by trying to do all the housework and child care. One evening, after I got home from work, my husband was sitting down and reading the paper. The baby was hungry, I was hungry, and I was trying to make dinner.

"Suddenly, I lost it. I started shouting, 'I've had it! I'm not going to iron your shirts or cook your meals or anything. I'm just going to take care of this baby and that's all.' I think he was in shock. He really responded. He's a better cook than me."

—Annett Baptiste

"I can remember times trying to discipline Rachael and actually having to stand at the door pulling the door knob closed while she's screaming, kicking, and trying to pull the door open. 'This is absurd,' I'd say to myself. Five minutes later, everything would be better, someone would come over to visit, and compliment me on what a good parent I was. I just couldn't believe they'd missed this awful scene by minutes."

—Jane Corinne

*Every parent seems to experience times when things go absolutely haywire. Mature behavior and reactions fly out the front door when pressures become unbearable.*

*Several TRIMS parents shared these experiences:*

"I was coming back from Tennessee with three boys in the car. The littlest one kept extruding parts of his body from the car window. I asked him several times to stop and he wouldn't. Finally, I had to stop the car in the middle of traffic, get out, and physically put him back in his place. He wasn't too happy about it but somehow we made it."

—Dr. J. Ray Hays

"We were going to catch a plane to Dallas at 5 p.m. It was 3 p.m. and nothing was packed. The two kids were hungry and screaming. I'd had very little sleep. I kept jamming the pacifier in Michael's mouth to keep him quiet and he kept spitting it out. Lisa was whining and I finally picked her up, sat her in one place and told her she

could just cry all she needed to but I just couldn't do anything right then.

"I was getting madder and madder at Elaine by the minute. She was doing a workshop and was late. By the time she came home I was screaming and shouting at everyone. Once we finally got in the car, things calmed down."

—Dr. Alan Kellerman

"I was trying to feed the baby dinner and he wasn't eating. I was so worried about him getting enough calcium. So I decided to give him some yogurt. He wouldn't eat that either. So I tried something different. I put the radio on, and danced back to him with the spoon and this time he took a bite. He thought it was so funny to see Mommy acting like that. I kept doing it. One time, I disappeared into the kitchen and came dancing out again, but this time, I tripped, fell, and the yogurt went everywhere. It hurt so much but he just laughed and laughed."

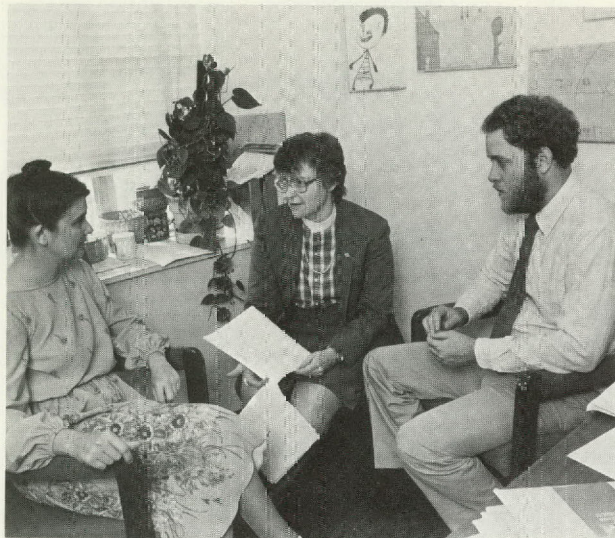
—Rima Aivazian



(Left) the Kellermans—Lisa, Elaine, Alan, and Michael. (Above) Rima Aivazian and Oshin.



(Left to right) Jeannine Kriegel, Drs. Kay Lewis and David Wood.



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## Does fenfluramine help autistic people?

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*Yes for some, maybe for others.*

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*David Guidry, an autistic child raised in a loving family and taught by a devoted teacher at the Center for the Retarded, was the Emissary's cover child in March 1983.*

*David was then one of 16 autistic persons at TRIMS who were participating in a nationwide study of the possibility that fenfluramine, an appetite-suppressant drug that also lowers brain serotonin levels, could help autistic people learn more, behave more acceptably, relate to others better, become more aware of the world around them and, above all, stay out of institutions.*

The results from research with 150 clients at 17 other centers, coordinated by Drs. Edward Geller, Edward Ritvo, and Betty Jo Freeman of the University of California at Los Angeles, have not yet been summed up and reported.

But, judging by results gathered in the TRIMS mental retardation/developmental disabilities center, the answer to "Does fenfluramine help autistic people?" seems to be yes and maybe.

### Findings here

Dr. Kay R. Lewis, a pediatrician, Dr. David Wood, a psychologist, and Jeannine Kriegel, a social worker and coordinator of the study, reported that:

- Fenfluramine "is effective in improving attention, relatedness, and language in some individuals with the syndrome of infantile autism."
- Fenfluramine is most effective in autistic people whose serotonin levels are not extremely and abnormally high, but the relationship of serotonin to autism needs further study.
- In most autistic children, the gains from fenfluramine administration are not high enough to register as significant on IQ tests or adaptive behavior scales.
- The greatest gains are made by children who are in highly structured training programs.

Fenfluramine increases "the effectiveness of a good program. It does not replace it."

- Fenfluramine is "probably a safe drug when used for the reduction of autistic symptomatology." Improvements outweigh possible side effects of slight weight loss and a few days' drowsiness after drug administration begins.
- The drug may cause seizures in some autistic persons, but this is not clear because 20 percent of autistic persons have seizures anyway.
- Fenfluramine seemed to reduce self-injurious behavior in several participants in the TRIMS study.

### Study design was 'blind'

Like those at the other centers, the TRIMS study was "blind" and conducted in varying phases—placebo alternating with fenfluramine—whose sequence only Lewis knew.

David Guidry's parents, for example, decided not to let him participate in the study's second phase because he was not doing well at that time. Lewis could not tell the Guidrys that David was then only taking a placebo.

Good case management, however, helped David. Kriegel was instrumental in getting David's school district and the Center for the Retarded to place him at Avondale House for three months

of intensive residential care. He is doing much better. "The moral is that TRIMS research patients are served and not treated as numbers" was Lewis's comment.

A new piece of information from the study is that social behavior tests, not IQ or psychological tests, tell most about autistic people's functioning. "The best objective indicator of change was the Ritvo Real Life Rating Scale," Lewis said. "IQ or ordinary psychological instruments are not appropriate for measuring autistic people's progress. They don't register the small improvements autistic people are able to achieve."

One sad result was that some of the clients whom fenfluramine helped most, and who were also the best-functioning ones, became depressed as they became more conscious of their disabilities. Antidepressant medication seemed to help them somewhat, Lewis said.

Lewis and her staff, assisted in neurochemical assessments by Dorothy Taylor of the neurochemistry and neuropharmacology research section, intend to continue studying fenfluramine, probably adding research subjects who have "broader developmental disabilities than autism," Lewis said.

The studies are still preliminary as the drug is not yet approved for treatment of autism by the Food and Drug Administration.

—Lore Feldman



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## Lewis hopes to form university satellite

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Ever since Dr. Kay Lewis came to TRIMS from Richmond State School in 1977, she's wanted to put together a "UAF." Although this sounds like an unguided missile system, it is a university-affiliated facility for the developmentally disabled, in this case a satellite program of the University of Alabama at Birmingham.

If the proposal is approved, the TRIMS satellite, part of the mental retardation/developmental disabilities center, will become a branch of UA-B's Chauncey Sparks Center for Developmental and Learning Disorders.

A feasibility study supported by TDMHMR, the Texas Council on Developmental Disabilities, consumers, and other Texas agencies is under way. If the proposal is funded by the federal granting agency—the Administration on Developmental Disabilities—TRIMS will be able to conduct interdisciplinary training programs and, as Lewis says, "disseminate information on state-of-the-art skills and services."

The purpose of the satellite program would be to enhance statewide resources to fill gaps in developmental disabilities services, information networks, training, and applied research.

### Classes could take the byte out of your blank screen

If a blank computer screen is staring at your blank face, the Office of Continuing Education's teleducation program might help.

On Mondays from Oct. 1 to Dec. 3, information analysts Dr. Sigsby Rusk and Bill Burton will lead 90-minute sessions to introduce novices to the world of computers.

The series will cover the revolution in computer technology, its impact on organizations and society, its concepts and jargon, and describe the basic components of computer systems.

The schedule is: Oct. 1—system components; Oct. 15—the CPU and memory; Oct. 22—storage; Oct. 29—input and output; Nov. 12—operating systems; Nov. 19—computer software uses; Nov. 26—computer software applications; Dec. 3—trends in computer technology.

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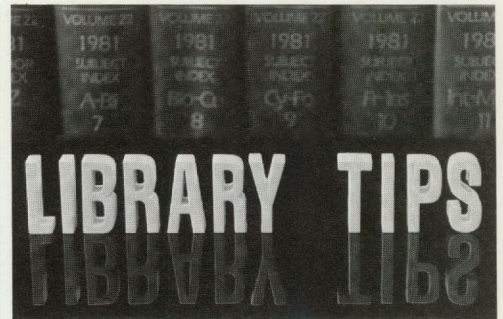
## We can help

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The Public Responsibility Committee, composed of volunteers from the community, has been established to assist in protecting the rights and interests of every patient in the care of the Texas Research Institute of Mental Sciences (TRIMS).

Complaints, questions, concerns, or suggestions may be made known by writing to:

Chairperson  
Public Responsibility Committee  
P.O. Box 20784  
Houston, Texas 77225



Depending on what's at the top of your mind, you will want to read at least one of the books Felicia Chuang recommends this month.

*Lives in Process: Mildly Retarded Adults in a Large City*, edited by Robert B. Edgerton (American Association on Mental Deficiency, 1984) offers a complete view of mentally retarded people's lives and social adjustment in the community and the community's adjustment to them. The chapters deal with employment experiences, friendship, directions and language patterns, self-perspectives on being handicapped, views of boredom and eventfulness. Two chapters are about the educational inequality of black children designated as retarded at school and forever so labeled, and with differences in the way black families deal with mildly retarded members.

*The Natural History of Alcoholism* by George E. Vaillant (Harvard University Press, 1983) is a true textbook—round (no, the book is rectangular), complete, general and specific. Vaillant divided his text into "What is Alcoholism?," "Patterns of Recovery," "Methodology" (study and measurement), and "Lessons for Treatment."

And here comes *Assessment in Geriatric Psychopharmacology*, edited by Thomas Crook, Steven Ferris, and Raymond Bartus (Mark Powley Associates, 1983), which may be a relief to the many critics and practitioners who complain that most assessment instruments are not appropriate for elderly patients.

The authors address the controversies in the field, admitting that they will persist. But they discuss the problems in such detail—clinical rating scales, psychological performance tests, neuropsychological assessments, preclinical assessment—that the book can't help being useful.



## Geriatric fellowship is 'true education,' Malev says

Dr. Jonathan Malev, nearing 50, spent a long time in private practice before he became a geriatric psychiatry fellow in the TRIMS Gerontology Center in 1983. He explains in his usual thoughtful way why he entered the program and what it has done for his perspective on life and work.

"I had been thinking for several years that I should be doing some kind of further significant educa-

ting of myself as a psychiatrist. I had been thinking of subspecialties, but nothing interested me as much as epochs of life."

The idea jelled for him, he says, after talking to Dr. Roy Varner, now medical director of Houston International Hospital and a close friend. Varner was then associate head of the Gerontology Center.

"He was right, the program is a beautiful situation. A lot of energy and resources are being devoted to true education. It was almost a



monkey on my back to take advantage of the whole opportunity," Malev says.

He spent three quarters of his time as a fellow and saw his

*continued on page 10*



New students—a warm (maybe too warm) welcome. Above, social work interns are (left to right) Robin Smith, Carol Harris, Sarah Soroka, Lynn Merkel, Gerald Goldap, and Vivian Moss.

Top right are gerontology fellows Drs. George Voelker, Dahlia Garces, Carol Walsler, and Edward Luke.

At right, psychology interns Xyna Bell, Sari Meltzer, Carol Torrence, Barbara Leventon, Mike Unger, Stephen Pierrel, Carolyn Ivens, and David Partyka.





Continued from page 9

private patients in the evenings and on Saturdays. Until December, he is also working with Dr. Suha Beller, director of the University of Texas Medical School geriatric psychiatry program.

"The fellowship program has interesting payoffs," he says. "Studying old people has given me a better perspective on diagnosis and treatment of people in other age groups. Rather than being a subspecialty, geriatric psychiatry is a generalizing experience. It seems to me—that is my fantasy, at least—that learning about the end of life gives one a complete picture. Knowing about the lives and problems of older people opens up the mystery of what it's like to live until the end.

"Now, when I talk with younger people, instead of talking about the past and present alone, I can confront them with the potential future. Geriatric psychiatry has opened up all the pathways for me."

Because the fellowship program is so well conceived and organized by Dr. Charles M. Gaitz, Gerontology Center head, and Howard Rabinowitz, training coordinator, Malev says the bureaucratic folderol of a state agency doesn't bother the fellows much.

"Our paperwork is minor. That's a tribute to the framework Gaitz and Rabinowitz built, and to our teachers who work hard to keep it that way.

"I feel a combination of guilt and inspiration. I could never complain of barriers to learning. In a way now, I feel almost guilty when I'm engaged in interests outside of gerontology."

Malev will leave the program in a geographic sense only, and he will share his experience of midlife career change at the Gerontological Society meeting this fall. Although he has always supervised a few psychiatry residents at Baylor College of Medicine, he intends to become more involved in teaching and in psychiatric treatment and staff training for nursing homes and geriatric inpatient units.

—Lore Feldman

## Essa returns to Houston to head VA geriatric unit

*It seems somehow ironic that a Malaysian medical student who was once critical of the United States would eventually come to be an administrator in an huge agency of the federal bureaucracy.*

But Dr. Mohsain Essa, new head of the Veterans Administration Medical Center's psychogeriatric unit and former TRIMS gerontology fellow, explains it quite simply: "It's one of the few ways to work for people who are less fortunate in this country."

Essa's feelings about the United States—that it exploited smaller countries and preached democracy but practiced racism—softened during the Watergate investigation. And last year he became a citizen.

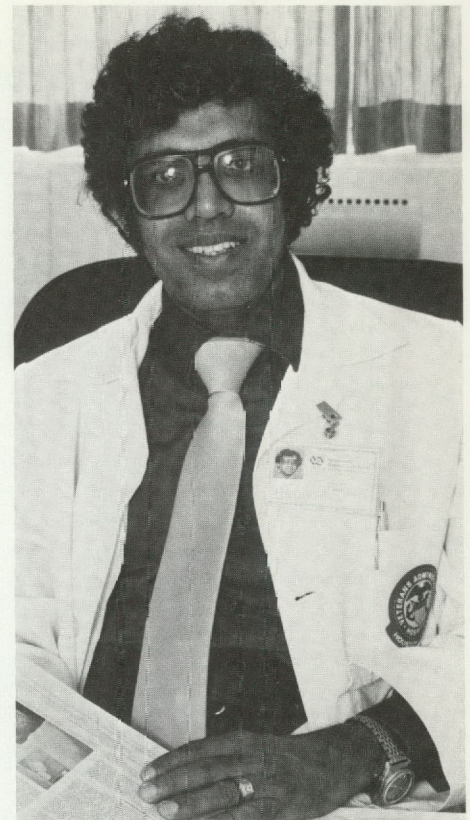
"I realized that this is a country where even the president, the highest official, was not above the law. I am from a country where the rule of the law does not hold true for everyone," he says. Malaysia is run by monarchs, and censorship of human-rights issues in newspapers is common.

### Prefers public service

Essa says he was poor as a child and he is committed to helping low-income patients. He prefers to work in a public agency because he doesn't have to charge what he considers expensive fees private physicians must have to run their offices and pay staff members.

Geriatrics, he says, is a fascinating field because medicine and psychiatry interface frequently. Seeing and interviewing geriatric patients makes history come alive, he adds.

"I've always loved history. I get



Dr. Mohsain Essa is new head of the psychogeriatric unit at Veterans Administration Medical Center.

the opportunity to hear first-hand about it from my patients." One, he said, was a driver for General Douglas MacArthur in Australia, and another was aboard the U.S.S. Hornet when it launched the aircraft that bombed Tokyo.

Essa says his fellowship at TRIMS—from 1980-1982—gave him excellent training for the field. He served a rotation at the veterans hospital as a fellow and will now instruct the current fellows.

His goals for the psychogeriatric unit—founded by Dr. Ala Drooby who recently went to Saudi Arabia—include expanding research and helping to become a part of a network of agencies that treat geriatric patients, follow them carefully, and stress continuity of care.

The unit now serves 36 patients. It is staffed by one other psychiatrist, a psychologist, social worker, physician's assistant, and nurses.

—Kathleen Kimball-Baker



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## They made career decisions this summer

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*The institute received a gift from the City of Houston this summer in the persons of Joyce Faye Davis, Loretha Johnson, and Sharon Mitchell.*

*The three young women were selected to work here by the city's summer job training program, at minimum wage paid by the city.*

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Davis is a poised, quick learner who worked in the personnel section with Helen Dale and, during her last few weeks, microfiched medical records. At Texas Southern University since 1983, Davis started to study pharmacy, then switched to business management. She expects to graduate in 1986, her education not the least interrupted by her marriage earlier this year.

She said "working at TRIMS has been more enjoyable than any job I've ever had. I've met people from all different places and different countries, and here they all seem to get along as one family. That's as it should be. Helen Dale taught me about time cards—she is so nice she really lights up the personnel department."

Johnson and Mitchell worked as mental health worker-trainees in the inpatient unit, one during the day, the other on the evening shift.

### **She soon felt comfortable**

For Mitchell, who has worked as a security guard



alone at night in deserted places like grain warehouses, where she said she was never afraid, the hospital was intimidating at first. "But the people there—both the employees and the patients—never let me worry. They came over to me on my first day and made me feel comfortable. They taught me what to do in every situation."

Mitchell will enter Texas Woman's University in January to study nursing. It's a decision she came to this summer, after spending a few years after high school not knowing what she really wanted to do. She'd thought of entering the police force or continuing to work as a security guard.

She is unusually tall, 6 feet 3 inches, and athletic enough to have been offered basketball scholarships. She rejected them, knowing that such a career wouldn't give her the best education. Mitchell's brother Leonard plays football for the Philadelphia Eagles, and so she knows all about this. Her three-month look into the profession convinced Mitchell to become a registered nurse.

### **Nursing it is**

For Johnson, that same decision was etched in granite this summer. A nursing student at Texas Southern University, she expects to finish the five-year program in three years and earn a master's degree after that. She's used to attending weekend college, summer school, and working.

"The job here made me want to follow a nursing career even more," she said. "Mental or physical illness, it doesn't matter—I just want to be a nurse in a hospital. And I needed the psychiatric experience."

Johnson had already been trained in taking vital signs before she came here and continued to do this. She credits mental health worker Frank Gordon and nurse Cassie Glover as being her main teachers. Would she come back?

"I'd be glad to come back next summer and the summer after that!" This is true of Davis and Mitchell too. They liked working at TRIMS. Davis would stay on if a job opens up, and so would Mitchell, part-time. And the people who got to know them would like it too.

—Lore Feldman

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Loretha Johnson, Sharon Mitchell, and Joyce Faye Davis—three young women who made their mark on TRIMS and vice versa.

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# Women AT WORK

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by Linda J. Webb, Dr.P.H.



## NOTE

The idea for this column grew out of my own experience and interest in the dilemmas women have as they enter the work force and assume positions of responsibility and authority in state agencies. There are few female role models and mentors to help pave the way. Consequently, it is often difficult for us to express our concerns as we struggle to succeed in what has historically been a male-dominated system.

This column is intended as a forum for women to ask questions about the dilemmas they experience in their work roles. I do not mean to imply that women are the only ones who have problems on the job. Quite the contrary. Many of the questions asked and answers given could apply to both men and women. If the dilemmas are unique to women, I will try to highlight the aspects that relate specifically to us.

Having worked at TRIMS for 15 years, I have a perspective that I hope will be useful to other women. I don't have all the answers. More important than the "right answer" is raising the questions. In sharing our concerns, I think we can all learn from our experiences as women at work.

I invite you at TRIMS and in other state agencies to send me your questions in writing. I realize that it takes courage to express your concerns, and I will be careful to protect your anonymity. If you disagree with my responses or have additional thoughts about any of them, please write to me at TRIMS. I may include the responses in the column.

## Question

I have been with the state in my first professional job for a little more than a year. I started out part-time and when I completed my degree I was able to get a full-time position. The problem is that I am being paid less than some of my colleagues who do exactly the same work I do and who started out the same time I did. I can't decide whether or not I should speak to the director of the institute about this. I know that I'll get nowhere if I talk to my boss about it. I don't respect him. He is ineffectual in handling organizational politics and is basically incompetent. What should I do?

## Answer

Your question about salary confronts many others, men and women, working in the state system. It is not unusual for employees in similar positions with the same degree and experience to have different salaries. The most common reason is that people doing the same type of work are hired under different job classifications.

Managers generally want to hire the most qualified, experienced, and competent individuals possible. Thus they may hire two people with equal degrees and experience for two different job classifications, for example, one recent M.S.W. graduate for a caseworker II position, the other as a caseworker III, at a \$3,000 difference in salary.

New graduates, as well as some seasoned professionals, are often willing to take a lower salary to get into an organization. They believe that after a while they will be able to get a salary increase commensurate with their education and experience. Frequently managers conclude in this fantasy by promising to submit a request for a reclassification after some time.

Unfortunately, during a recession, the chances of getting a reclassification or even a merit increase in a state institution are extremely slim. Even under the best financial circumstances, it is difficult for managers to get their positions upgraded because their

budget is limited by legislative appropriation.

Now you and I both know that some managers are able to get their employees reclassified. Such a feat requires both adequate justification that the nature of the job has changed and some organizational savvy.

Your description of your boss indicates that you don't have much confidence in his ability, so you want to go "over his head" by speaking to the director of the organization. I caution you against this. Only with your boss's full support and endorsement would I recommend that you take your concerns directly to the head of the institute.

It sounds as if you haven't been able to establish an effective working relationship with your boss. You undoubtedly had some sense of his competence, reputation, and experience when you accepted the position but have for some reason become disillusioned, disappointed, and/or angry with him.

Your reaction is not all that unusual. It's easy, after working so hard to get through school, to be disappointed by the realities of the situation. As women eager to establish ourselves in the professional world, we expect a great deal from ourselves and our supervisors. It's hard for anyone, including ourselves, to live up to our expectations.

Because your relationship with your boss is so important to your own personal growth as well as success in the organization, I strongly encourage you to take a look at your attitude toward him



and try to understand the reasons for your reactions. Then start to work on building an effective working relationship with him. Easier said than done, right?

Here are a few suggestions on how you can begin to develop an effective working relationship with your boss:

- Try to find something that you can learn and appreciate from him.
- Seek his advice when you need his expertise.
- Share information that may be of particular interest, e.g., journal articles, newspaper clippings.
- Congratulate him on his accomplishments and achievements.
- Express your appreciation for things he does for you.
- Take time to visit and get to know him during office social events.
- Recognize that in your position you may frequently be the "go-fer."
- Be as competent as you can and contribute to the overall success of the work unit.

If, after time and effort, you are not able to establish a satisfactory working relationship with your boss, then I recommend that you look for another job. If you have no respect for your boss, it's unlikely that you'll be happy in the job or that your boss will go to bat for you when it comes to a salary increase.

In time, with his support and a budget surplus, rather than a deficit, it may be possible to have your position reclassified. But without your boss's support, it's unlikely that it will ever happen.

*Dr. Linda J. Webb is director of the Office of Continuing Education where she manages a staff of 11 people. Her education includes a bachelor of science degree in occupational therapy from the University of Florida, a master's degree in public health from the University of Texas School of Public Health, and a doctorate in health service administration, also from UT.*

# Lift your soles for MENTAL HEALTH



## November 17

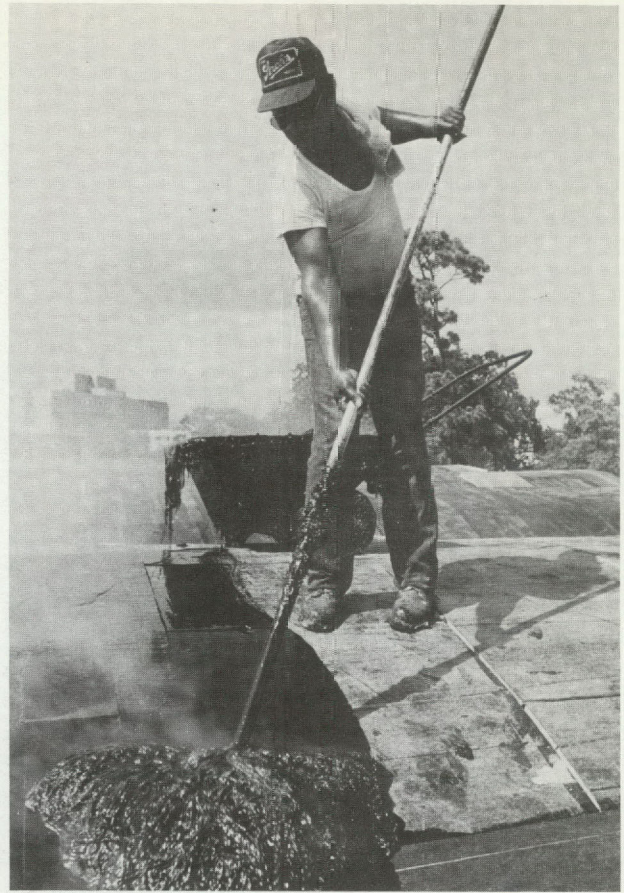
Do yourself and TRIMS patients a little (or maybe a breathtaking) favor, and spend Saturday morning, Nov. 17, in a five-kilometer Run for Mental Health around the Texas Medical Center. Starting time is 8 a.m.

Entry blanks are available at TRIMS (call volunteer services, 791-6718) and in the pockets of posters to be found at many other medical center locations. The registration fee is \$8, and people of all ages are welcome.

The run will be supervised by the FM 1960 Running Club, but not only winners in the various age and gender categories have a chance at prizes. So far, the Four Seasons Hotel and Guest Quarters have offered weekends for two, Rodney's and Leslie & Co. are contributing gift certificates, Stella Cottrell Travel is offering a weekend in Galveston, dinner for two will be served by Hunan Dynasty and the Westin Oaks Hotel, the Waist Basket is giving a one-month membership—with many more prizes to come. All participants receive T-shirts and fruit, fruit ices, and other wonderfully healthy snacks.

Last year 650 runners raised nearly \$7,000 for mentally ill patients at TRIMS. This time, who knows? The number may climb to a thousand because running for mental health, officially and in company, is even better than doing it all alone.





## Sooooo hot!

Thanks to the fine work of these men, TRIMS is covered by a new roof. Starting in July, the roofers worked for more than three months to install one-inch insulation, three layers of felt, and a cap sheet of fiberglass with white rock for decoration. The job cost more than \$100,000 and a lot of sweat.



Brad Perkins





TRIMS's roof rolls like a choppy sea and made a challenging job for these roofers. Above, one worker finds relief from the heat with cold water.




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## Dr. Laosa retires from Austin State Hospital

Dr. Luis H. Laosa, superintendent of the Austin State Hospital, retires this month after working in the Texas Department of Mental Health and Mental Retardation for 24 years.

Dr. J.R. Clemons, TDMHMR deputy commissioner for mental health services, said Laosa "overturns many hospital myths and accepted rituals of conduct for patients and staff and in the process he paves the way for successful support programs throughout Central Texas."

"Dr. Laosa demonstrated his belief in the importance of carefully operated community programs for hospital patients and has initiated many of them. Finding

someone with his unquestionable professional competence and concern for patients promises to be extremely difficult," said commissioner Dr. Gary E. Miller.

Laosa graduated from the Havana University Medical School in Cuba in 1942. In 1961, he came to the United States and joined the staff of the Confederate Home for Men, a facility of the Board for Texas State Hospitals and Special Schools, predecessor to TDMHMR.

He was appointed ASH superintendent in 1972, after serving as director of the Central Brazos Valley Unit and the psychiatric residency training program at the hospital.

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## Anderson patients paint bright holiday cards again

Delightful Christmas cards, illustrated by young cancer patients, are available from the department of volunteer services of the University of Texas M.D. Anderson Hospital and Tumor Institute.

Eight designs are offered, one per package. They come in packages of 20 for \$6, tax-deductible. Proceeds from the sale are used for pediatric patients in projects like Wednesday afternoon parties, an interpreter for Spanish-speaking patients and their families, and outings to special events like the circus.

Contact the Department of Volunteers, Box 114, Texas Medical Center, 6723 Bertner Avenue, Houston, Texas 77030 or call (713) 792-6266.



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## Who we are

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Ruby Brown

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### Ruby Brown

Ruby Brown is one of the first 25 nurses in the United States to be trained in infection control in a Centers for Disease Control-sponsored local course.

She graduated in 1982 from two-month training at the University of Texas School of Public Health and is the inpatient unit's infection control nurse. The job requires monthly surveillance of patients who are taking antibiotics and sampling of the hospital's air, vents, and kitchen every three months. The infection control committee chaired by Dr. Suzanne Bafus receives the results.

Starting her career as a nurse's aide, Brown graduated from the St. Luke's-Texas Children's Hospital licensed vocational nursing school and received her R.N. degree from Alvin Junior College. During that academic marathon she raised six children.

Talking about them brings a rare smile to her face. Three of the children are still in college, one at Texas Southern University studying business management, one a nursing student at Lamar University, one at the University of Texas now and intending to go to medical school. The older three have

graduated and are working—for a bank, the light company, and a telephone company.

"Yes, I'm proud of those children," she says.

Brown started working at TRIMS eight years ago in the hospital's clinical research center.

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### Minranda Robinson

Minranda Robinson will let somebody else worry about learning breathing exercises for giving birth. She plans to drive herself to the hospital, be "knocked out," and have a baby.

And it wouldn't be surprising if it happened just that way. Robinson, an administrative technician in the mental retardation/developmental disabilities center, is pretty strong. She has no qualms about becoming and remaining a single mother.

Last year, after working daily from 8 to 5, she attended Texas Southern University every evening, studying for a master's degree in business administration. She had earned a bachelor's degree from Grambling University three years ago.

Being pregnant has barely slowed her down. "I haven't felt sick at all," she says proudly. She's not in school right now. She will take a three-month leave of absence before hopping right back into work.

She says she's not looking forward to being alone with her baby during the early months, so she plans to go home to Louisiana where her mother can help her. Grandmother is absolutely thrilled, she says.

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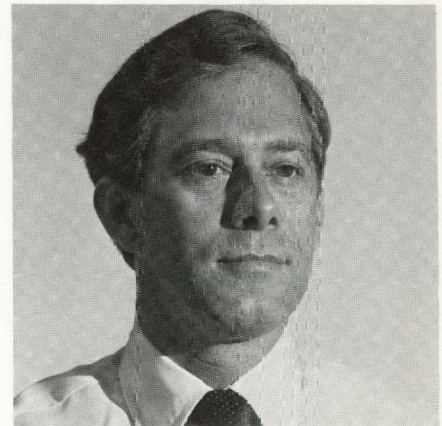
### Dr. Donald Day

Dr. Donald Day is the newest member of the Genetics Screening and Counseling Service medical team.

Day was director of the Center for Craniofacial Anomalies at the College of Medicine, Health Scien-



Minranda Robinson



Dr. Donald Day

ces Center, University of Illinois in Chicago. He attended the University of Illinois College of Medicine and is board-certified in pediatrics and medical genetics.

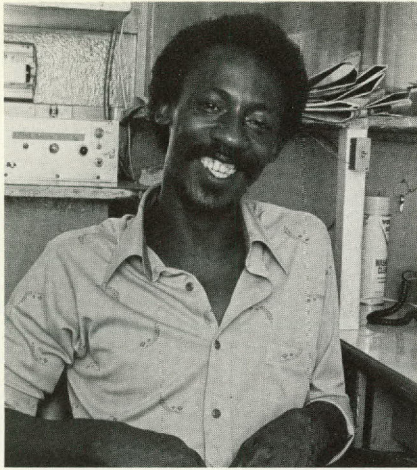
Day says genetics is challenging because there are few clear-cut or routine problems to be addressed. One must ferret out information, be careful about conclusions, and provide families with information they need to understand their child's problems, he says.

"I don't view myself as just being a dysmorphologist, a geneticist, or a pediatrician." What he values most in being a part of GSCS is that he can bring many areas of expertise to families.

"You see, it's a continuum. If I can in any way help a family to work through their problems, I have done something for the state of Texas and for myself, as well as for the family."

Of GSCS, Day says, "It is so pleasant to work in an organization in which the avowed goals match the services delivered."





John Davis

## John Davis

The hardest part of John Larry Davis's job as boiler operator is working the 10 p.m. to 6 a.m. shift two days a week.

"I do everything to stay awake—read, sing a lot, you name it," he says with a laugh. This morning, an interview is keeping him awake.

"I really enjoy this job. Every other hour I get to go above (his office is in the basement) and look at all the pleasant faces, if I'm working days. That's one of the nicest things." He takes readings on temperature and pressure gauges throughout the building and is responsible for security.

At night, he says, he is often completely alone in the building. Night sounds, like the whooshing of a vent in the elevator shaft, can make the building seem a bit like a setting for an Alfred Hitchcock movie. Davis says the sounds just "take a little getting used to."

In Houston for 15 months now, Davis was raised in West Texas. One of his most memorable jobs was at Lubbock State School where he worked as an aide. He remembers with fondness one profoundly retarded client who was so hyperactive he needed one-on-one supervision. Davis was put in charge. "We got pretty attached to each other. I really fell in love with those guys."

Eventually, he says, he'd like to go back to school and learn more about mental health and mental retardation. But for now, he is happy to have another job with TDMHMR.

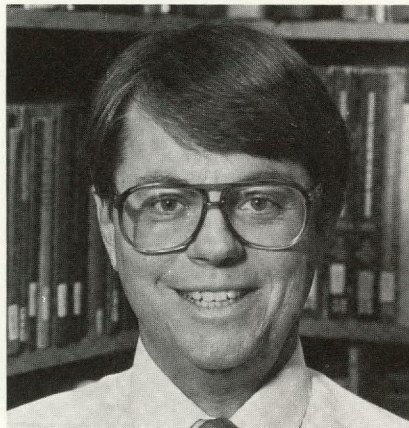
## Honorabilia

### Computer whiz

Les Goekler spent the summer helping to computerize library circulation at Houston Community College-Milby campus, where he works after putting in a full day at TRIMS.

Circulation information for some 21,000 books was entered into the computer at a cost of \$1,000. Each book received a bar code like the ones on products in grocery stores that have automated check-out.

To check out books, librarians



Les Goekler



Monica Kozak

will simply wave an electronic pen across the bar code. What's more, Goekler says with glee, the computer handles overdue notices automatically. He wouldn't mind if TRIMS had such a system.

### Honored by peers

Employees at the Genetics Screening and Counseling Service

in Denton, a division of TRIMS, honored personnel director Monica Kozak with the Employee Award of Excellence.

The honor is awarded quarterly by a committee of six rotating members: two from the medical department, two from social service, two from the education, administration and fiscal service departments.

Recipients are nominated based on their efforts to establish good relationships with their fellow workers, on the tasks they complete, and their commitment to the agency. They are given a luncheon, a certificate, and a day off when possible.

### New degree

Pamela Alley earned a master's degree in behavioral science from the University of Houston-Clear Lake. To complete the program, she served a two-semester internship in the employee assistance office at Johnson Space Center (NASA) while working full-time as a caseworker at the TRIMS drug abuse study clinic in the Heights. She had a 4.0 grade point average.

### Appointment

Dr. Jon Reck has been elected 1984-85 president of the Houston Behavior Therapy Association.

### In publications

Felice Cohen. TRIMS study seeks incest markers in children's art. *The Arts in Psychotherapy* 11:117-118, 1984.

### Dynamic duo

The *Jewish Herald-Voice* featured an article about the "combined community endeavors" of Howard Rabinowitz and Howard Trusch. Rabinowitz, a rabbi, is training coordinator of the Gerontology Center. Trusch, a cantor, spent seven years as a psychotherapist in the marriage and family clinic at TRIMS.

The paths of their careers have crossed many times since they met in 1960 as students at the Hebrew Union College-Jewish Institute of Religion in New York. Currently they lead services at Congregation Beth Shalom in the Woodlands.



# How to prevent crises and handle those that happen

The TDMHMR symposium, *Crisis Treatment and Prevention in the Mentally Ill and Retarded*, takes place Nov. 1-2 at the Warwick Hotel in Houston. It's not too late to register.

## Registration

**"Crisis Treatment and Prevention in the Mentally Ill and Retarded."**  
November 1 and 2, 1984

- Yes, I plan to attend the TDMHMR Symposium on November 1 and 2, 1984 in Houston, Texas
- Enclosed please find payment\*
- \$65 TDMHMR facilities/Community MHMR Centers
- \$125 others
- personal check enclosed       money order
- purchase voucher                       interagency contract (four or more registrants)
- Please send more information

\*All registrations must be accompanied by payment or indicate method of payment. Please make checks payable to **Texas Research Institute of Mental Sciences**. Send payment and registration to:

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1300 Moursund Avenue  
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- Mental Health Track                                       Mental Retardation Track

For more information call:  
(713) 791-6603 or STS 874-6603



## Letters to the editor

### Failed to address nurses' contribution

Editor:

The August 1984 issue of the Emissary contained an article on the forensic unit of the MHMR Authority of Harris County. You focused on Dr. Kornblit and Tom Whitehead, the plight of the clients, and the improved quality of the environment in the new facility. You also mentioned job satisfaction.

There are registered nurses on duty in that unit 3 shifts a day, 7 days a week, under the direction of Bettye Lewis, R.N., Ed.D.

I find it interesting and disappointing that you failed to address the contribution which nurses make to the care of these clients. As I am sure you must be aware, a word of recognition can certainly add to the sense of job satisfaction. It is unfortunate that the nurses at the forensic unit did not receive such attention in this article.

I do enjoy each Emissary and look forward to future publications.

Gail W. Crawford, R.N., M.N.  
Nursing Consultant  
Office of Medical Services  
Texas Department of Mental Health  
and Mental Retardation

### Nursing as difficult as work of other professionals

Editor:

I read your August 1984 issue of the Emissary and noted the extensive article that you had written about the Forensic Psychiatric Unit, which is the treatment setting for mentally ill inmates of the Harris County Jail. The article was interesting but I found it to be incomplete when the nursing department was ignored as a part of the treatment team.

Nothing was mentioned that there was a nursing department on the unit that functions 24 hours per day. All of the nurses are licensed practitioners and their credentials range from doctorate degree to the B.S. degree in nursing and licensed vocational nursing. Nurses are in primary contact with the patients on a 24-hour basis. It is interesting to note that no importance was given to nurses who are performing jobs just as difficult as those of other professionals on the unit. They are on the unit when doctors and other professionals have completed their day. How can a health facility render quality patient care and meet professional health care standards without the input of professional nurses?

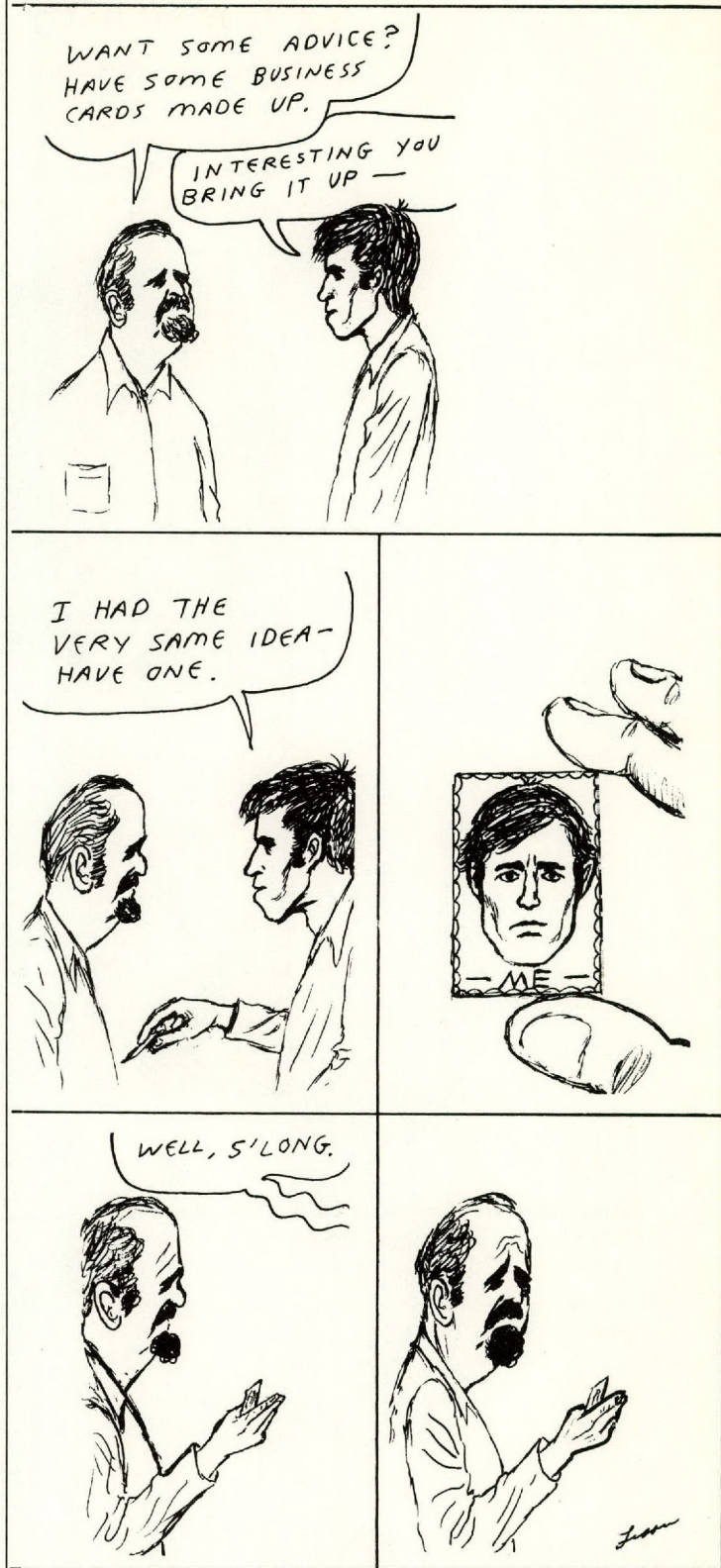
Hopefully, you and other health care providers will recognize and respect the importance of nurses as being members of the health care profession, whether it is on a small health care unit or from a national perspective.

Bettye Davis Lewis, R.N., Ed.D.

*We agree with Gail Crawford and Dr. Bettye Lewis, and mentioning the nurses now (and printing these letters) does not correct our failure to include them in the story. These are the nurses who work in the forensic unit of the Harris County Jail with Dr. Lewis, director of nursing: Lorraine Anderson, R.N., B.S.; Yearly Doyle,*

## More of Lesser

by Jary Lesser, M.D.



R.N.; Gerry McCall, R.N.; Rose Montgomery, R.N., B.S.; and licensed vocational nurses Dinah Brown, Dorothy Edwards, Annette Ross, and Carolyn White.



## A new baby

How sweet it is...or is it? We asked eight working parents at TRIMS how they manage the tug-of-war between roles as mother or father and working. See Page 2. David Francis cuddles one-month-old daughter Ashleigh as mom, Sherry Hughes, looks on. Their comment? Yes, it's very sweet.



Brad Perkins

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