ental Health and M
n should have a re
ining arm.
B. Most research a
eds can best be ser
DMHMR compone

## Inside







# The Emissary

Texas Research Institute of Mental Sciences, Houston

February 1982

Marc Meyers

**The box linked 600 people to Drs. Joseph Schoolar and James Claghorn at first DSM-III teleconference—page 6.**

## Dr. Schoolar writes:

# The Medical Advisory Committee report

Late in 1980 Tim Graves of the Legislative Budget Board, in a report that came to be known as the "Graves Report," recommended that the Texas Department of Mental Health and Mental Retardation review the relevance of TRIMS' activities to the programs and needs of the department and the "appropriateness of the placement of the institute's research activities within TDMHMR."

In response, the TDMHMR board asked a committee of well-known clinicians and researchers, the Medical Advisory Committee,* to address these questions. The committee's report, the result of an almost year-long series of meetings with us, was submitted to the board two months ago. It is, in my view, quite favorable. The Medical Advisory Committee took a balanced approach to the institute and its function in the department and, as did Graves, strongly recommended that TRIMS remain in the department.

The board gave me an opportunity to respond for TRIMS. In the interest of open communication, the committee's major recommendations are excerpted below, each followed by excerpts of TRIMS' response in bold type.

A. The Texas Department of Mental Health and Mental Retardation should have a research and training arm.

B. Most research and training needs can best be served by a TDMHMR component rather than being delegated to other institutions.

**We concur. Research by TRIMS should be focused specifically on the present and future needs of the department, those needs being assessed by the director of TRIMS and the commissioner. Delegation to other institutions would weaken both the process and the outcome. Further, cost-effectiveness would be reduced by interposition of an additional layer of bureaucracy.**

C. TRIMS has a demonstrated capacity to provide these functions even though most of its resources have not been focused on research and training in recent years.

**The board is aware of a specific research plan designed to assess the department's research needs, focus more specifically on those identified needs, and disseminate the research findings by demonstration and consultation.**

D. A number of changes must take place for TRIMS to develop its capacity to function as a statewide resource for the department.

1. TRIMS should be relieved of its major service responsibilities.

**This is a restatement of the principle that TRIMS' raison d'etre should not be one of service, primarily. One must remain cognizant of the fact, however, that to carry out good research and good training a broad spectrum of patients must be available who are potential research and training subjects and who represent every facet and category of mental and emotional aberration. It is therefore necessary that TRIMS retain a patient load of sufficient size and diversity to accomplish its research and training goals.**

**Approximately 10 patients are required to be evaluated for every patient who actually becomes a co-participant in research. In complex protocols, the ratio is much lower.**

**TRIMS must also maintain a high level of treatment capacity; the only critical quid pro quo for patients participating in research is that they develop a relationship with a therapist and continue to get high-level care.**

(a) Outpatient clinics such as the one in the Heights (could) continue by contract with Harris County MHMRA, for example.

**We need to continue our research efforts in substance abuse, particularly alcoholism and hard drugs, since the number of patients affected by these two entities constitutes approximately one-third of the department's entire patient load. But the bulk of the service requirement might well be transferred to another agency.**

(b) Construction of the new 250-bed psychiatric hospital for Houston-Harris County within the next three to four years will relieve TRIMS of the necessity of being the major service provider in that area.

**The state side of the hospital will consist of 125 beds, most of**

**them designed for longer than acute care. When one considers the hospital per se and its major components, one must conclude that (a) a hospital is needed to provide service, (b) TRIMS must continue both inpatient and outpatient activities to meet its research and training mandate, and (c) the University of Texas Medical School must use the hospital as a teaching facility. The most utilitarian administrative arrangement would be for TRIMS to operate the state side of the hospital, carry out its research and training, and have an affiliation agreement with the University of Texas that permits training of UT medical students and residents.**

(c) Such a phase-over from service provided by TRIMS to service provided by the new hospital and/or by other facilities should be planned in an orderly manner so that no patient suffers and the valuable clinical skills of TRIMS' present service staff are applied most strategically.

**It would be difficult to overemphasize this point. Such phase-over must be gradual, worked out in every detail, and must receive the consent of the patients if our service recipients are not to be damaged in the process.**

(d) TRIMS should retain a limited number of patient care facilities (inpatient beds and outpatients) under its own control to perform clinical research. The TRIMS staff has excellent relationships with other service providers in the county and throughout the state, and can let it be known when it is looking for specific kinds of patients.

**Abundant experience supports the fact that research cannot be satisfactorily carried out unless the research patients are under the control of the researcher. To expect that other service providers would keep TRIMS research needs in mind and refer patients fitting those needs is unrealistic.**

2. TRIMS should be reorganized administratively to focus its basic and applied research in a smaller number of areas most relevant to the TDMHMR population.

(a) TRIMS should reorganize the research division. Research and training activities are obviously most productive if structured by long-term goals.

**The areas of focus of our core activities are schizophrenia, alcoholism, aging and geriatrics, developmental disabilities, affective disorders, and violence and aggression. Prevention is to be increasingly interwoven in all core areas.**

(b) The board should establish a Research Council with expert membership drawn from both within and without the department to assist the commissioner and the board in developing priorities and reviewing quality and relevance of research performed by TRIMS.

**A Research Council is in place. Certainly its membership could be both intra- and extradepartmental.**

3. Training activities should be focused primarily on continuing education and personnel development and specialized areas of professional training, i.e., fellowships. This would mean diminishing emphasis on generic training programs, i.e., general psychiatry, psychology, social work, pastoral counseling, etc.

**TRIMS agrees only in part. Certainly the major emphasis in training should be in areas in which we have uniquely trained individuals, and in continuing education which serves as a resource for the entire department.**

**Members are K.D. Charalampous, M.D., chair; W. Robert Beavers, M.D.; Lawrence Claman, M.D.; Byron Howard, M.D.; Grace K. Jameson, M.D.; Joel Kutnick, M.D.; H. Marie McGrath, R.N., Ph.D.; Stuart S. Nemir, Jr., M.D.; Robert M. Rose, M.D.; Alberto C. Serrano, M.D.; H.M. Sorrels, D.D.S.; and J. Adan Trevino, R.Ph.*

**Our psychiatric residency program is designed to fulfill personnel needs of the department. We have a five-year rather than the traditional four-year program; rotations include studies in forensic psychiatry, administration, budget preparation and the like. The uniqueness of our overall training program dictates that the residency continue, and to a degree the same is true of psychology. Individuals who train in the department are more likely to spend their professional lives in the department. Two physicians have graduated and both are in public service positions. Fifty percent of the psychologists trained at TRIMS remained with the TDMHMR. Continuing education and personnel development are only facets of a well-rounded education program.**

(a) The board should establish a systemwide training council.

**We have a statewide Continuing Education Committee that could assume this role with the addition of non-TDMHMR personnel.**

E. TRIMS should be administratively responsible to the commissioner.

**The commissioner should use TRIMS constantly to generate information needed for short- and long-range planning and for carrying out the departmental responsibilities in areas of epidemiology, training, as well as basic and applied clinical research. The director of TRIMS should be a de facto member of the commissioner's staff.**

F. The commissioner should establish a Central Office Training and Educational Review Committee somewhat similar to CORRC in the research area.

**TRIMS strongly agrees. This would require additional funds, but the success of systemwide programs thus far, exemplified by the DSM-III training pro-**

continued

## Medical Advisory report

continued from page 3

**gram, underscores the potential benefit.**

G. The capacity of TRIMS to function as the research and training arm of the department is not dependent on its geographical location. However, it must maintain its integrity and independence from other institutions to have significant research and training productivity.

**TRIMS strongly agrees that to be department-oriented implies being department-owned. Any other arrangement constitutes a reduction of interest in the department, dilution of productivity, and lessened cost-effectiveness.**

**It is important, however, that TRIMS remain in a medical center, as illustrated by our present staff-pyramiding arrangements with various sister institutions in the Texas Medical Center. Faculty members of other institutions serve as unpaid or underpaid consultants to TRIMS, with the overall result that TRIMS' staff is enhanced immeasurably without exceeding personnel limitations and without requiring remarkably increased budget requests.**

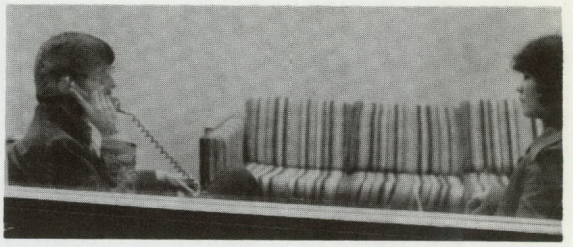
### Full text is available

This is the second TRIMS evaluation carried out during the past two years. The first was also reported in *The Emissary* (January-February 1981). Even though different in its approach—the Graves report being written from a legislative and budgetary vantage point and the Medical Advisory Committee's report from a research and clinical viewpoint—I believe it is significant that both have been quite positive in their assessment of the institute.

Anyone who wishes to read either report entirely may borrow a copy from my office.

## Therapy coaches all have their own style

### Holley supervises from sidelines, Crommelin reviews tapes with students



Mary Beth Holley, left, cues David Quiroz by telephone.

Supervising beginning therapists, says Mary Beth Holley, can be very much like coaching football.

Holley, who coordinates training programs in the child and adolescent section and is assistant chief of family therapy training, sees a lot of value in watching a therapy session in progress. This way a supervisor can see the context in which therapy takes place, can pick up on nuances. Like the football coach, the supervisor also helps the fledgling therapist by "sending signals (in this case, via telephone) on what plays to use."

Sue Crommelin, a social worker in the child and family clinic, prefers to supervise the social work interns assigned to her by listening to audiotapes of the session. In her own training, she says, reviewing her audio- and videotapes with her supervisors was especially helpful. Crommelin encourages students to experiment and try new approaches. "It's one thing to read something and another to try it," she says.

Other TRIMS therapy supervisors hear only their trainees' accounts of what went on in a therapy session. Together they analyze what happened. Why did the therapist choose to do what she did? What are the therapy goals in this case and how did what happened during this session relate to those goals? There are as many approaches to supervision as there are supervisors.

### Combining practice and theory

Both Crommelin and Holley discuss assigned readings with their trainees and use the therapy supervision as "a putting together of theory and practice," Holley says. Like Crommelin, she sees "adding to the trainee's repertoire" as a major function of supervision. One goal of therapy is to give clients an opportunity to do something different, to offer them different possibilities of change. Sometimes the new techniques work, sometimes they don't, she says. "If they don't work, that's data too."

### Coaching from next room

During a session that David Quiroz, a social worker in the child and family clinic, conducts with a young married couple, Holley observes behind a one-way mirror in an adjacent room, providing suggestions to Quiroz by telephone.

In the therapy room the couple is clearly tense and unhappy. The husband looks sheepish, the wife sullen. Bob admits that yes, he's started drinking again. His wife is quiet, sitting as far away from him on the couch as possible. Holley phones Quiroz. This is an old pattern, she says. Glenda is always angry at Bob for messing up, he is always apologizing. The therapists would like to

interrupt that. Maybe Quiroz should see them separately for a while.

When Glenda leaves the room, Bob smiles and relaxes, sitting up straighter now. He complains about his wife, who always wants to do things her way. She gets so upset about his drinking, he explains, because her father was an alcoholic who beat her when he drank.

Holley listens for a while and then phones Quiroz. "Tell him," she says, "in these words, that the consultant is impressed with his psychological grasp of his wife's neurotic fixation and fear of drinking. Let him know he's way ahead of her on that. Tell him the worry I have is his getting the brunt of her problems, so would he be willing to drink no more than four beers at a time?" This "consultant says" sentence, Holley explains, is a technique that allows a supervisor to probe, to see what's going on. If it doesn't work, the therapist can tell the client,

*One of the things she tries to do in supervising, Holley says, is help beginning therapists to become aware of what they habitually do in therapy.*

"Oh, that silly consultant, she's like that."

Bob looks a bit confused by the message but announces that he'd already decided not to drink anymore. Holley phones again. "Tell him it's an excellent idea and we support him." Shortly after that Bob leaves the room and Quiroz talks to Glenda alone.

Glenda is still angry and Quiroz is sympathetic. Bob, she says, has lied to her over and over again about his drinking. Maybe this relationship is "just not supposed to be."

"Keep pushing," Holley advises Quiroz. "Why is she staying with him? Is she really thinking of leaving? Push and support, push and support." The two therapists had agreed earlier that Quiroz should be less supportive and more flexible with this couple. One of the things she tries to do in supervising, Holley says, is help beginning therapists to become aware of what they habitually do in therapy.

**Develop own style**

Both Holley and Crommelin try to assist trainees in developing their own therapy style. In Crommelin's case, what she is most interested in during supervision is helping trainees "develop their ways of working with people. There are many effective therapists who do many different kinds of therapy," she says. "The important thing is whether the client gets better."

In her office Crommelin sits with Lyn Wilson, a social work intern from the University of Houston, listening to a tape of Wilson's sixth session with an eight-year-old boy. The boy's mother brought him to TRIMS when he started stealing things at home.

"There's not much on the tape," Wilson explains, "because I let him do what he wanted to do." He drew on the blackboard, explored the playroom, the two of them played "hangman" together. The tape has long silences, the sound of chalk on the blackboard.

"He sounds much more spontaneous on this tape," Crommelin says, smiling.

**A need to 'do something'**

Wilson agrees, obviously pleased. On the previous week's tape they heard "lots of anxiety." They play it to show the contrast. In minutes Wilson had shot question after question at the boy: "So you practice all the time now? Do you have time to watch TV? What's your favorite TV show? So that's your favorite new show? How about old shows?" The tempo was fast and the questions intrusive. Shouldn't I be doing something? Wilson kept thinking during that session.

Crommelin hears something and stops the tape. "Just listen to this," she tells Wilson, replaying a section in which the boy said something and Wilson replied "okay." "Listen to your okay."

Wilson looks puzzled and listens again. "I don't sound really interested," she says.

"As if you're thinking about what you're going to say next," Crommelin says and then plays the tape to see what follows. "Now that's

Lyn Wilson with Sue Crommelin.

*your* material, not his." Wilson listens and nods agreement.

"There's absolutely nothing wrong with any of this," Crommelin tells her. "That's the subtle part of it. But it isn't play therapy; it's casework with a child." The purpose of play therapy, she says, is to provide a child with a "free and sheltered place," which is what Wilson did in her next session.

Crommelin quotes family therapist Dr. Carl Whitaker who said the best way to learn therapy is through doing play therapy. "You learn how to read nonverbal language, how to track the little shifts in attitudes and behaviors. You have to be trained to notice that."

Crommelin, Wilson says later, is an excellent supervisor for her. Besides the educational part of her supervision—listening to and discussing the tapes—Crommelin teaches her the administrative requirements of doing therapy at TRIMS, offers encouragement and support ("She tells me that this is the time—when I'm a student—to make mistakes"). Crommelin, Wilson says, adjusts to her style of learning. "I'm more task-oriented and she's more intuitive, but she adapts to me to make it easier for me to learn."

Quiroz also has good things to say about his supervision with Holley. The live supervision has taught him to be more flexible, he says. "I go into a session with a hypothesis to pursue, but I'm learning now that I can change once I'm in there, can make a 180-degree shift." He enjoys working with Holley, he says; she brings in new ideas. "I used to be heavy and flat-footed and I've learned to tap dance, to be more fluid."

*—Karen Hanson Stuyck*

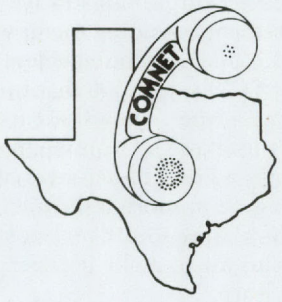
**Not a penny for travel**

# First DSM-III teleconference got 28 facilities together

*"Go ahead and transfer." The woman's voice came over the speaker set on a table on the TRIMS auditorium stage. "Is there anyone who has trouble transferring? Is Lufkin on the line? Is TRIMS on the line?"*

*It was the beginning of the first* DSM-III *teleconference from TRIMS in January and the first continuing education program on the new COMNET (Telecommunications Network).*

*"We're the only state department of mental health that I know of in the country that is doing continuing education programming for mental health professionals using teleconferences," said Dr. Linda Webb, chief of the TDMHMR-TRIMS office of continuing education, the conference sponsor.*




In the TRIMS auditorium about 35 staff members listened while Teri Smith, the voice on the speaker and COMNET operator in the TDMHMR central office, made sure that all state hospitals, state schools, and human development centers—28 facilities in all—had been connected, that the equipment was operating. Accompanied by a code of musical beeps and knocks, Smith ran through a roll call of "monitors" at each facility. Lufkin State School was having trouble getting through. "What am I supposed to do with this roomful of people?" the Lufkin monitor asked.

### 600 on the line

At each facility the audience—an estimated 600 participants—was gathered in conference rooms, hearing the program over a speaker and watching slides that had been sent earlier, along with conference workbooks. In addition, a complimentary copy of the *DSM-III Training Guide* had been provided to all facilities.

Dr. James Claghorn, TRIMS assistant director, welcomed all TDMHMR listeners to the program. A previous series of teleconferences from TRIMS, broadcast only to the eight state hospitals, cost $30 per participant, Claghorn said. If these staff members had had to travel to Austin for the conference, he said, the cost would have been $119 per person.

Dr. Joseph C. Schoolar, TRIMS director and speaker for this program, praised the new telecommunications network, which "draws us together as a department." The first of eight TRIMS faculty members who will explain the new *Diagnostic and Statistical Manual of Mental Disorders (Third Edition)*, Schoolar introduced the series with a general overview of *DSM-III*.

The first official classification of mental disorders in this country, he said, was issued in 1840. There were two categories: idiotic and insane. Today, with the publication in 1980 of *DSM-III*, there are 18 major categories and 210 specific disorders.

### How it's different

Schoolar explained the major differences of the new system. In *DSM-III*, diagnostic criteria are much sharper, such major conditions as schizophrenia and affective disorders are redefined, and new categories like malingering and factitious disorders have been added. Schoolar described the five axes of *DSM-III*. The new system, he said, "facilitates accurate and specific diagnosis."

At several points Schoolar asked for questions or comments from the participants, and many responded. What does "normal" mean? someone asked. Wouldn't a computer system work more effectively than *DSM-III*? Often mentally retarded persons exhibit behavior that can be defined as a psychiatric disorder, but it is related to the mental retardation. Is it fair to apply the same diagnostic criteria to mentally retarded persons as to people of normal intelligence?

Before the next session in Febru-

Sherry L. Grona

Teri Smith, COMNET operator in Austin, takes the roll call to make sure everyone's connected.

ary, Schoolar suggested that participants send their questions to TRIMS so that the speaker will have time to consider the answers. For this session there was not enough time for everyone to ask their questions.

Joyce Sanders, coordinator of the teleconferences, said the program format will be modified to allow more time for questions, but "all questions may not be addressed—or addressed to the satisfaction of the questioner—during the program." In that case, participants may call or write the speaker or the continuing education office for a reply.

Discussing the session afterward with staff members in the TRIMS auditorium, Schoolar said he was pleased with the questions and the participants' response. "There was a friendly feeling about this," he said.

*—Karen Hanson Stuyck*

### Group therapy workshop at medical center in March

The office of continuing education is sponsoring a workshop on basic techniques of group therapy March 24-25 at the Houston Speech and Hearing Center, Texas Medical Center, Houston. Call (713) 797-1976, exts. 204 and 205 or STS 859-9204 and 859-9205 for more information.

## Gerontology Center forum in March

"Attitudes toward the elderly: Implications for delivery of health care services" is the topic of the ninth annual Gerontology Center forum to be held March 16 and 17 in the TRIMS auditorium.

Speakers will be Dr. Barry Gurland, a psychiatrist and director of the Center for Geriatrics and Gerontology at Columbia University, and Dr. Erdman Palmore, a medical sociologist and senior fellow at the Center for the Study of Aging and Human Development at Duke University, who will discuss "Fallacies of professionals on aging."

Gurland is principal investigator on several international studies which have been comparing the classification and treatment problems of the elderly in New York and London. Palmore is the author or coauthor of seven books, including *The Anatomy of Psychotherapy, Prediction of Life Span, The International Handbook on Aging,* and *Social Patterns of Normal Aging.*

More information is available from Howard Rabinowitz at TRIMS, 797-1976, ext. 415.

## Tallevast teaches seminar for Catholic deacons

Prevention of mental illness in on everyone's lips and list of goals these days, but the idea is an old one for members of the clergy. They've always been on that front line, yet not always equipped with enough knowledge about emotional disorders to do the counseling job well.

"An academic religious education alone doesn't enable a pastor to hear a parishioner's problems in depth and it doesn't provide him with the theory and skills to know what to do," says the Rev. William Tallevast, chief of the TRIMS clinical pastoral education section.

He and his predecessors have for years conducted a two-year clinical training program for area clergy, and now Tallevast has begun an ambitious seminar series for 80 permanent deacons (laypersons ordained for part-time special ministries) of the Catholic Diocese of Galveston-Houston.

The six seminars at St. Mary's Seminary deal with the pastor's opportunity of healing and the complexity of a person's psychosocial development; evaluation, treatment, and referral for individuals, couples, and families; and counseling skills.

The program began in January. Afterward, Tallevast may offer the deacons counseling supervision.

This is the first time, he says, that Catholic deacons, rather than priests, have been involved in mental health training in Houston. The program was suggested by Steve LaBonte, a second-year student in the training program for area clergy. LaBonte is a permanent deacon of the Good Shepherd Catholic Church in Spring.

### Delay

Copies of the Oct.-Nov. 1981 issue of *The Emissary* were misplaced by the mailing company and did not arrive in the mail until mid-December. *The Emissary's* staff regrets the delay very much.

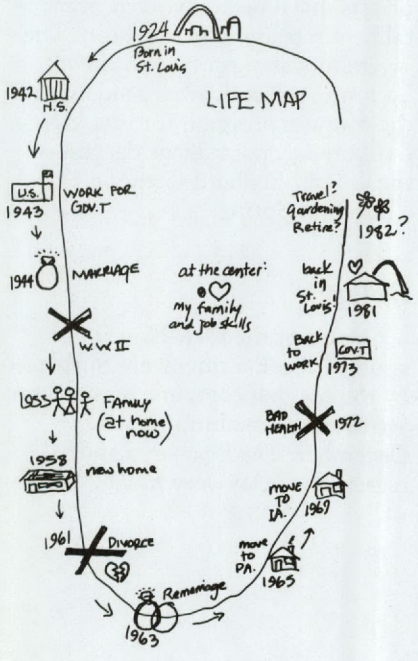
Sometimes in,
sometimes between—
everybody's always

# "GOING THROUGH A STAGE"

ONWARD, NOT UPWARD: JOBS TIGHT FOR A GENERATION OF 'BABY BOOMERS.' NEW DEFINITIONS OF SUCCESS.

Those were headlines in The Wall Street Journal over a story that said, essentially: If money plus status are your equation for success, think it over because there's going to be a shortage.

Workshop leaders Drs. Linda Webb and Neill Carson.




The clipping was in a packet of articles—less about jobs than about changes of life—that were handed to the 25 participants at last December's continuing education workshop, "Adult development and the managerial perspective."

Not that the workshoppers—psychiatric nurses and social workers, agency chiefs, psychologists, and assorted middle managers—talked and looked like an especially status-starved lot. But they all have management problems, and evidently they all wrestle with Freud's ideas of love and work.

So for two days, in discussions and surprisingly revealing psychological exercises led by Dr. Linda J. Webb, chief of the TDMHMR-TRIMS office of continuing education, and Dr. Neill Carson, a consulting psychologist, they examined their lives and goals from the perspective of stages of adults development.

### Calms between storms

The main message, that development continues throughout life in waves of restless and tranquil periods, was quite clear in the map each participant drew in living color of his/her life on a large sheet of paper.

You might assume that younger people drew smaller maps than those in their fifties and sixties. Not so. The younger ones simply described their shorter lives in greater detail. They'd been instructed not to tell deep secrets if they had any; the maps could easily have been rated PG.

Some people drew round shapes with an open end, some produced railroad trains traveling over bridges and through tunnels, some drew road maps interrupted by rock slides. Explaining the drawings in small-group discussions, they identified stable periods which, usually, were preludes to getting on with something new. For some this meant changing careers or returning to school or breaking up a marriage that had not worked.

For the men these alternating periods corresponded quite well to the age spans the instructors had put on the blackboard, based largely on Daniel J. Levinson's study, *Seasons of a Man's Life.* Many of the women had gone through major life changes later—probably, some said, because they had married early and spent their twenties and thirties at home raising children. Careers and graduate school had had to wait.

There was more than one person who said, "Aha! Now I see why I did that then." And, "I think I missed that boat by about five years."

### Why so long?

The question 40- and 50-year-old women raised, Why did it take me so long to feel like a *Mensch*, like my own person? is answered by Levinson's finding that midlife is the

Assemblage of mirrors and fir timbers, from the exhibition of Robert Morris's *Selected Works 1970-1980* at the Contemporary Arts Museum. Photo by Maryanne Carruthers-Akin.

happiest period, when women learn who they are and take on managing roles, while men discover their softer personality traits, Webb said.

Levinson defines adult development as "the evolution of life structure." During a stable period the basic life structure remains relatively intact. During a transitional period the task is to end "the existing structure and to work toward the initiation" of a new one.

And because each transitional period "has its own distinctive tasks," one can't start a new stage until the tasks of the old one are finished. Some babies walk before they crawl, but not many. Some people manage to head large corporations before they're 35, but often they're the sons of the president.

"Time is nature's way of keeping everything from happening at once," Carson said, quoting an anonymous source and adding his own philosophical observation: "Everything takes longer than you thought it would, except sex."

**But seriously**

The group gave itself a test, the FIRO-B by Will Schutz, which evaluates one's actual and expressed desire for affection, for inclusion in groups, and for control of personal and organizational relationships.

The results surprised many workshop participants: some had thought they seek more control and authority than their scores showed, and many saw they like to be left alone much more than they had thought. The results crossed age groups more than the instructors had expected. In other words, one does not necessarily become more of a loner as one grows older, and the 25-year-old person may crave authority as much as the 50-year-old. That is, if the scores are reliable.

One participant took the test home to her husband and was somewhat shocked by his low scores on social inclusion and his high desire for control. Maybe he cheated on the test.

**Whom would you hire?**

The group found itself in little agreement on case studies of hiring that ended the workshop. Webb and Carson had written hypothetical descriptions of the ages, education, experience and backgrounds of several agency staffs and the top candidates for a new position.

One question was which psychologist to hire for an adolescent outpatient clinic. The person was to initiate research, do treatment, and procure research grants. The chief was described as a 36-year-old woman, a psychologist, three years on the job. Her clinical staff consisted of a 24-year-old male caseworker, four years at the agency; a 37-year-old female psychologist; and a 27-year-old woman, a social worker.

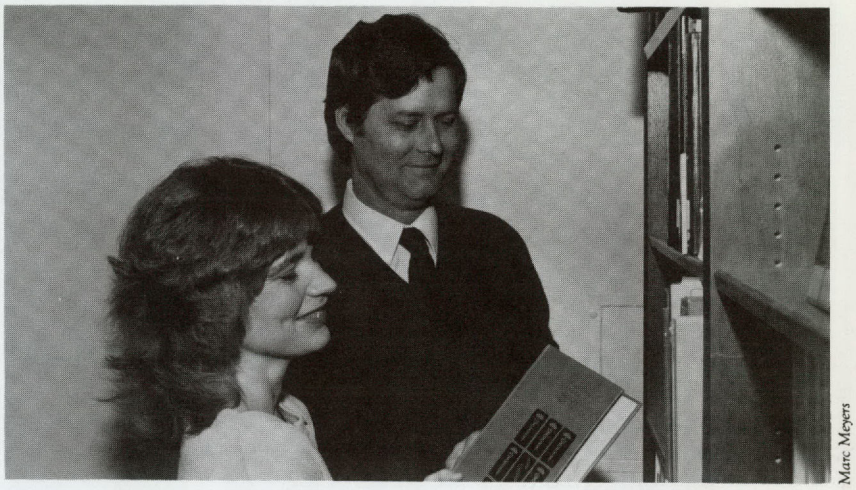
Applicants were a male psychologist, 26, just graduated; a 33-year-old woman psychologist with eight years' experience; a 39-year-old man who had directed research and training at a psychiatric institute for 13 years; and a 31-year-old woman with four years' experience at another adolescent treatment unit. The case study included details about marital status, children, reason given for job change, but little else.

Some participants thought they would hire the former research and training director, while others thought he might not do well in the group because the move would be a lateral rather than upward move. A few settled on the psychologist straight out of school. The majority picked the woman who had worked at another adolescent unit because her stage of adult development and previous experience would fit in best with the present staff.

It's easy to say, of course, that the case studies did not give enough information. For the workshop group they were simply a rehearsal of the kind of decisions they often have to make. The difference this time was that they thought of life stages—both of the present staff and the job candidates—much more consciously.

*—Lore Feldman*

# Forensic staff deals with mental/legal issues



Marc Meyers

Barbara Bowen and Dr. J. Ray Hays

The case might involve determining the sanity and competence of an accused murderer or assessing a parent's and child's mental health for a custody suit.

It's all part of the work of the TRIMS forensic service. Staffed part-time by Dr. J. Ray Hays, a psychologist and attorney, and Barbara Bowen, a nurse-practitioner who is attending law school, the service is designed to help people who have both mental health and legal problems.

The forensic service staff consults with TRIMS therapists about their patients' legal problems and evaluates clients for attorneys. In the latter cases they are frequently called on to judge whether "the criminal justice system is a valid place for a client to be or whether he ought to be transferred to the mental health system," Hays said.

Many of their cases involve evaluating persons charged with murder or family members in child custody cases, Hays said. He and Bowen usually interview as a team. "I look for family dynamics and family history," said Bowen, "while Ray concentrates on personality characteristics of the individual and legal implications."

**Competent to stand trial?**

The sort of cases they encounter might be trying to determine whether a woman who committed murder and subsequently was hospitalized and received antipsychotic medication was psychotic at the time of the crime. She may be competent to stand trial now, but is this a drug-induced competence?

A man involved in a housing discrimination suit wants an expert witness to testify about the mental damages of having housing denied him because of his race.

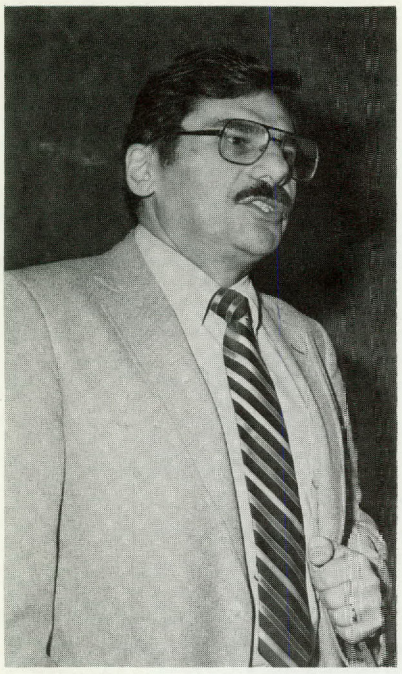
A woman is upset because her ex-husband is trying to take their children away from her. The husband says she is an unreliable parent and is psychotic—after all, she is in therapy. Hays and Bowen will evaluate her parenting ability and help her therapist understand the legal standards involved in a change of child custody.

In custody cases, Hays said, "very often we're asked to assess parents who are in psychotherapy or whose parental rights have been terminated by the courts." The ideal way to do this is by seeing the children, both parents, and both homes in which the children would live. "Evaluating a child at home gives you a lot of information," he said. This seldom happens, however. More often the forensic service staff sees only one parent and the children, so that they are able to evaluate the fitness of only one parent.

As much as possible, Hays said, they try to use their cases for teaching, either individually with a TRIMS therapist who referred a client or in special classes for staff and trainees. Hays has lectured at several workshops on law and mental health, and this month he and Bowen taught a TRIMS faculty resource program, "The courts and you: Medical and legal issues."

*—Karen Hanson Stuyck*

Dr. Alfred Wellner



## Psychologists face a tough professional agenda, Wellner says

*The question of identity—What makes a psychologist qualified? What is a doctoral degree in psychology?—heads the list of issues psychologists have to solve.*

Only four years have gone by since clinical psychology was recognized by all states as a profession, and practitioners now face some "very tough decisions" about the identity and position of their field, Dr. Alfred Wellner recently told TRIMS psychologists.

A diplomate in clinical psychology, Wellner is executive director of Health Service Providers in Psychology, the national organization responsible for reviewing psychologists' credentials.

The question of identity—What makes a psychologist qualified? What is a doctoral degree in psychology?—heads the list of issues psychologists have to solve. Next is accountability, which psychologists "have to deal with much more than in the past," he said. This includes stricter peer review and punishment for violation of the statutes governing practice.

Psychologists must become more involved in advocacy of public welfare and in formulating public policy, particularly as funding of health care devolves from federal to state control. "We are guilty of having been too guild-interested," Wellner said. "There is no conflict between serving the guild interest and serving the public, but we have not had much experience with advocacy."

### Control education

Psychologists must become fully responsible for the education and training of professionals in their field, Wellner said. Currently most psychologists receive their clinical training in medical schools, which means "we're playing in someone else's ballpark." Although 7,000 licenses are being granted to psychologists yearly, there is confusion about degree requirements—a doctorate in education, for example, is not equivalent to a degree in psychology, he said.

Private "diploma mills" are proliferating because state laws governing educational institutions are weak. Many are profit-making institutions not tied to universities, and very little psychology is being taught in them. "In the absence now of a clear set of standards in this country, we have a lot to do to try and establish a curriculum with basic requirements," Wellner said. "If we as a field don't do this, somebody else will do it for us or to us."

In five or ten years, he suggested, psychologists will probably administer their own clinics or hospital services, and they must develop models that serve patients well and are cost-effective.

## *NTSU announces summer course on aging*

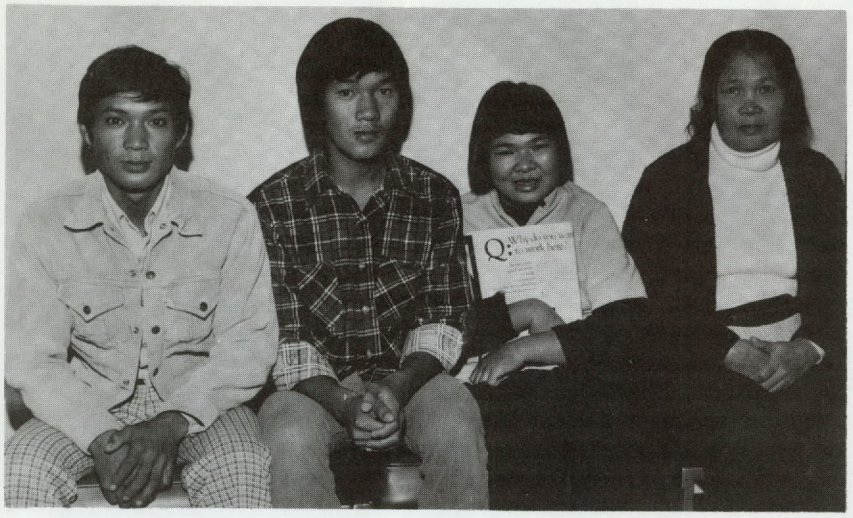
North Texas State University's Center for Studies in Aging will hold its annual summer institute on aging June 7-July 30 at Denton.

Courses include psychology of aging; federal, state, and local programs in aging; crime and the elderly; management of senility; senior center management; leisure counseling; health and nutrition.

In addition, the center will conduct its third international summer institute, titled "Cultural variations on growing old," May 21-June 9 in the People's Republic of China.

For further information contact Eleanor Adams, Center for Studies in Aging, P.O. Box 13438, NT Station, Denton, TX 76203; (817) 788-2763.

# Filmmakers bring Vietnamese family for treatment

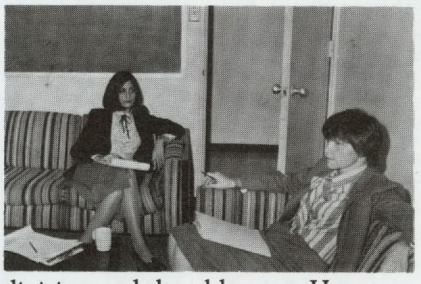


Four members of the large Nguyen family came to TRIMS when filmmakers who are documenting their settlement on the Gulf Coast found that Chau, the mentally retarded daughter, needed help. Left to right, sons Hung and Nguyen, Chau, and mother Can Nguyen. Below left, film director Robert Hillmann with Dr. Mohsen Mirabi. Below right, Riki Weinstein and Dr. Kay Lewis.

Houston journalist Janice Blue and the crew from California had no idea when they started filming "The Newcomers," a documentary about a Vietnamese family in Bayview, Texas, that one segment would be shot at TRIMS.

The Nguyens, Thuoc and Can, have 12 children. They fled Saigon six years ago when the North Vietnamese took over the capital. Daughter Chau, 20, is mentally retarded and without speech, probably as the result of an illness soon after birth.

Their journey took them from Washington state to an Army camp in Pennsylvania, then to Massachusetts and Rhode Island—where Chau was evaluated and treated—and finally to the Texas Gulf Coast. The father, a former police officer, works in the municipal street repair division and the older son, Hung, helps to support the family by shrimping.



Blue is researcher and associate producer of "The Newcomers." She found out quickly that the family needed help for Chau. Documenting their lives and standing aside from their problems would be like doing research without offering treatment.

Chau had left a voluminous medical record behind in New England. Mrs. Nguyen, segregated at home by her lack of English and the incessant care of her daughter, was suffering terrible anxiety attacks. Blue brought the family to TRIMS where Dr. Mohsen Mirabi, Dr. Kay Lewis, and social worker Riki Weinstein learned the family history while, in the adjoining room connected by an observation window, the film crew recorded the interview. Nguyen, 17 and in high school, was translator-in-chief.

Chau is now a patient in the child development clinic where a treatment plan is being designed for her and the family. She is being treated for seizures by the Mainland Cities Clinic at LaMarque and has been referred to the Clear Creek special education program. Mary Helen Sosa is the family's case manager.

Blue and a Vietnamese social worker in the Kemah area are organizing a mother's support group for Vietnamese women, and they hope that Mrs. Nguyen will join it. The film, by Robert Hillman Associates, will be televised on PBS later this year.

*—Lore Feldman*

# We can help

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:

Chairman
Public Responsibility Committee
P.O. Box 20391
Houston, Texas 77025

# Books, papers, meetings

Jane Bemko. *Substance Abuse Review Index 1980.* Toronto Addiction Research Foundation, 1981. This is Bemko's second yearly index of reviews in 370 journals of books dealing with substance abuse.

Chandra R. Misra, Harnath Shelath, and Robert C. Smith. Influence of age on the effects of chronic fluphenazine on receptor binding in rat brain. *European Journal of Pharmacology* 76:317-324, 1981.

George Niederehe. Needs of the aging: Implications for training from the point of view of the aged. *Gerontology and Geriatrics Education* 1:236-240, 1981.

**Gerontology conferencing**

Dr. George Niederehe, Karen Nielsen-Collins, Judith Scott, Darcy Volpendesta, and Dr. Anita Woods are coauthors of papers presented to the Gerontological Society at Toronto on "Metamemory processes and perceptions—age and depression effects," "Relationship of physician and self-ratings of health to memory assessment in the aged," and "Development of a multidimensional caregiver's questionnaire."

Jane Sanborn helped plan a workshop at Goodwill Industries for volunteers and relatives of hearing-impaired elderly persons....Dr. Lenore Tate met with the gerontology faculty and addressed a conference on the status of minority elderly at Prairie View A&M University....Drs. Cynthia Ochs and Mohsain Essa will speak at the April conference on aging organized by the Lubbock Mental Health and Mental Retardation Center....Drs. Paul Chafetz, Tate, and Ochs conducted a staff training session at Pasadena Interfaith Manor, an apartment residence for elders.

"Relating to your confused relatives in the nursing home" was Chafetz's topic at a meeting with families of Green Acres Nursing Home residents....Teresa Algaze taught two classes at Field Elementary School on basic concepts of aging for the school district's program, "Houston youth look at aging."...Dr. Charles Gaitz chaired the recent meeting of the Group for Advancement of Psychiatry's Committee on Aging.

**Emergencies**

Drs. Gaitz, Roy Varner, and Michael Chojnacki led a panel on "Phenomenology and treatment of psychiatric emergencies" at an American Psychiatric Association and Baylor-sponsored meeting in Houston.

Dr. Alan Kellerman discussed "Serious illness: Crisis intervention techniques" with physicians, nurses, and hospital chaplains at a meeting of the Jewish Federation hospital committee.

**Supervising therapy**

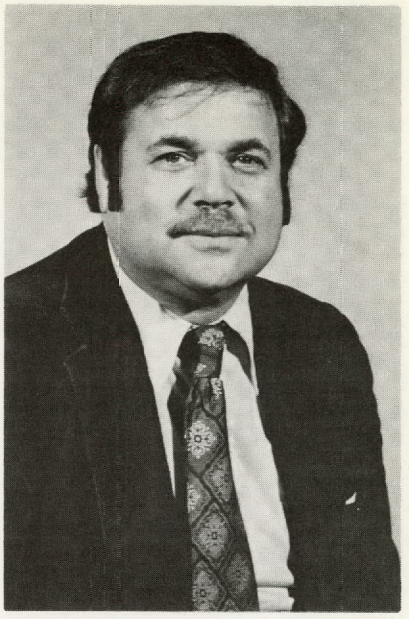
Mary Beth Holley will conduct a workshop on therapy supervision at the statewide conference of TDMHMR social workers March 29-30 in Austin (see related story, page 4).

**Honors and duties**

Dr. J. Ray Hays has a string of new appointments: Associate editor of *Psychological Reports* and *Perceptual and Motor Skills*, journals for which he has been a special reader for three years; planning committee member for the annual conference on competency assessment sponsored by the American Board of Professional Psychology, American Psychological Association, National Register of Health Service Providers in Psychology, and American Association of State Psychology Boards; and Texas Psychological Association representative to the Mental Health Code Task Force. The task force is drafting revisions of the code to be considered by the state legislature next year.

Hays was honored recently for distinguished service on the Texas State Board of Examiners of Psychologists. He has served on that board since 1975 and currently chairs the national body.

Dr. Jon Reck was elected secretary of the Houston Behavior Therapy Association, and Dr. James Ferrero was elected chair of the Board on Medical Legislation and to the executive committee of the Harris County Medical Society.



## *Solway is chief psychologist*

Dr. Kenneth S. Solway has been appointed chief psychologist by Dr. Joseph C. Schoolar, TRIMS director.

A diplomate in clinical psychology of the American Board of Professional Psychology, Solway has served on the institute's staff for 14 years and has been chief of psychology training since 1978.

One of his major functions is to "continue to develop the role of psychologists and the discipline of psychology in the research, training, and clinical programs of TRIMS," Schoolar wrote in announcing the appointment.

Solway was a consultant to the Harris County Juvenile Probation Department, and he has published 25 papers, many dealing with studies of juvenile offenders. He is an editor of *Violence and the Violent Individual*, the collected papers of the institute's 12th annual symposium.

Working with TRIMS neuropsychologist Dr. Jack Fletcher, Solway currently is participating in the design of a national licensing examination for psychologists.

## Jennifer Poole

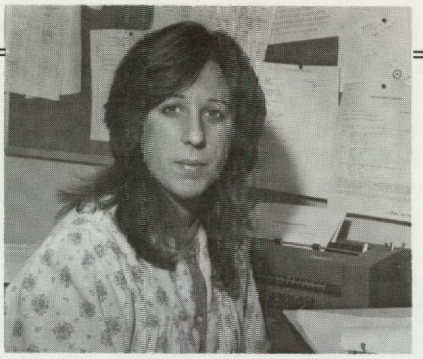
Jennifer Poole, the new assistant volunteer coordinator, is a longtime volunteer herself. Throughout high school and college she worked, without pay, in a string of social service jobs: doing physical therapy with physically and mentally handicapped children, counseling underprivileged children in a summer day camp, leading a reality therapy group for delinquent boys, working as an assistant social director in a retirement home.

As a social work student specializing in gerontology, she also had several unpaid internships. The most interesting was investigating cases of abuse and neglect of the elderly. "The elderly were my favorite group to work with," she says.

About her new job she thinks "it's kind of unique that I'm on the other side of the fence now. I'll be able to understand volunteers' needs when they come in, and my social work background should come in handy too."

Last June Poole received her master's degree in social work administration from Florida State University. The next month she came to Houston on vacation and liked it so much that she moved here in August.

Interviewed on her first day on the job, Poole already had a list of projects planned. "I'm real excited about this job," she says. "I think it's going to be a big challenge."



## Melanie Greenberg

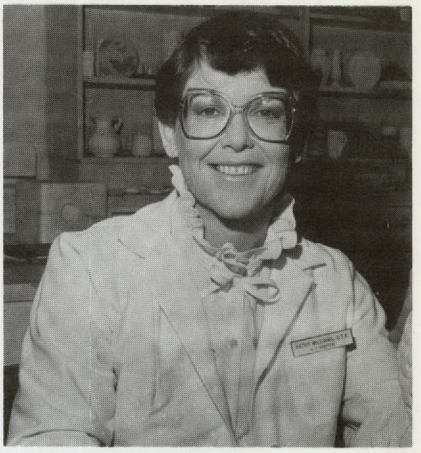
At the end of an interview during which she enumerated work and volunteer and teaching and consulting activities that would put anybody else to bed, Melanie Wolf Greenberg said without the slightest tinge of bragging: "I do have an unusual amount of energy, and I'm probably very efficient. If I haven't got things organized, forget it—I won't be able to sleep."

Greenberg at 25 is already expert enough in computer-assisted medical instruction (she holds a master's degree in public health from UT) that she is an adjunct faculty member for UT-Galveston's School of Allied Health, helping to design teaching modules. She taught a class in computer language for the UT computer center here, and she works with the Baylor College of Medicine Lipid Research Center on a grant proposal for a lifestyle modification program called LIFE/Heart.

Her full-time job is administering the Central Office Research Review Committee, a TDMHMR body headquartered at TRIMS, which monitors research protocols throughout the department. Greenberg wrote the *Guide for Research* and is coding CORRC materials for computer input and retrieval. Besides that she is administrator of the Institutional Review Board, organizing agendas and handling between-meetings communication. The job suits her now, she says, because it teaches administrative skills.

Greenberg's unpaid work includes helping the American Cancer Society with a statewide college curriculum on understanding cancer. She teaches music to kindergarten through seventh-grade children at Temple Emanu El.

Six months ago Melanie married David Greenberg. He's a fourth-year Baylor medical student who will become a pediatrician. Though medical students are notoriously absent from home, "Sometimes he spends more time at home than I do," Greenberg admits.



## Kathy Williams

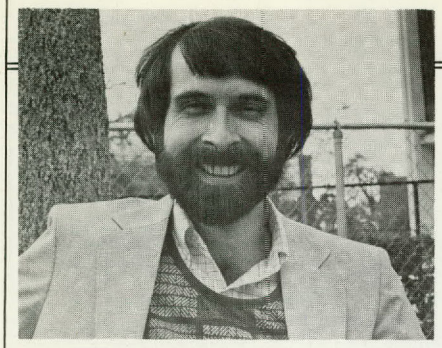
"We try to provide a wide variety of programs," says occupational therapy director Kathy Williams, "so that at some point we can touch every patient in the inpatient unit."

Those programs range from the traditional craft activities—leatherwork, ceramics, woodwork, various kinds of needlework—to a "living skills group" that teaches such things as how to plan a meal, personal grooming, how to find out where to catch a bus. Every day and two nights a week the OT staff arranges recreational programs. "They could be anything from playing volleyball or going to a ballet to having a card tournament," Williams says.

Occupational therapists, she says, "use purposeful activity to help patients reach therapeutic goals like improving concentration and reality orientation, or learning appropriate social skills."

Williams taught elementary school for three years and then stayed at home with her two children. She decided to go back to school to get her master's degree in occupational therapy. Before coming to TRIMS, she worked at Plaza Del Oro Hospital where she was in charge of the pain clinic.

# Who we are



## David Quiroz

One of the reasons David Quiroz is interested in family therapy is the family he grew up in. The eighth of 10 children, Quiroz was exposed early to "numerous family transactions. It was like on-the-job training," he says. "Working with a lot of family members is a natural for me. At home there were bodies all over the place."

A social worker in the child and family clinic, Quiroz says he came to TRIMS because of the family therapy training he could get here. So far he's "very pleased" with that training, attending a family therapy seminar, receiving therapy supervision from Mary Beth Holley (see related story, page 4).

Before coming to TRIMS, Quiroz worked as a social worker in M.D. Anderson Hospital's rehabilitation center and as a caseworker and assistant unit director at MHMRA.

He's found his job at TRIMS a "lively experience" in which he does individual, marital, and family therapy and supervises a master's degree student in social work.

## Ruby Joy Thomas

Ruby Joy Thomas, R.N., transmits a feeling of focus, of complete attention to a conversation even though, to be truthful, she was too busy to talk.

"You have to have a lot of patience to work here," she said on an afternoon when the inpatient unit had several patients with unusually severe medical problems. Newly admitted patients could not be brought from the main building to Center Pavilion because the one available state car had a dead battery. "Never a dull moment."

Yet problem-solving is one of the job's attractions for her. The two nursing specialties Thomas finds fascinating are psychiatric and emergency care. She had worked in the TRIMS clinical research unit until it closed two years ago, then went to Thomas Care Center for profoundly retarded children and a Medstop

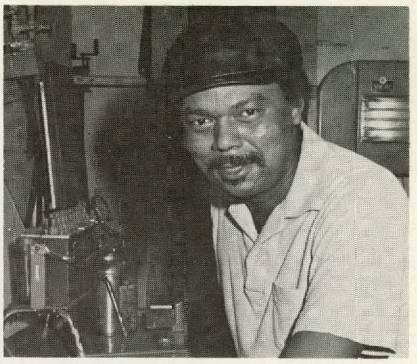
neighborhood clinic which had many emergency patients.

Recruited back to TRIMS, Thomas became medical director Dr. James Ferrero's nurse. "We're like a family here," she said. "We take care of each other. If you don't work well with people here, you don't last very long. The work is hard with little financial reward, and it's not easy to keep mature people on the staff."

Thomas wishes for more time to give each patient more personal attention, and she wishes for a better facility. "My dream for TRIMS would be to have a beautiful hospital with a backyard, and badminton and volleyball courts where patients could work out their energies," she said.

Thomas talked with sadness about Eddie Lee Johnson, the mental patient shot by police officers recently. She believes that, despite the shortage of services, better coordination between the city's public caregivers might have helped to save his life.

Thomas's two sons, 10 and 15 years old, understand when their mother comes home exhausted from work. The younger one took one look at her the other day, went to the kitchen and cooked dinner. "My kids are very patient with me," she said.



## Thomas Lockett

Maintenance mechanic Thomas Lockett is not the first Lockett to work at TRIMS. His wife Pearl, now in nursing school, was a secretary and EEG technician-trainee here two years ago.

Lockett started at TRIMS as a driver, which was natural because he'd driven an Alameda County bus in the San Francisco area for 10 years. The Alameda system is "way better than Metro in Houston—more reliable and with better equipment," he says.

But when the family moved to Houston to be near his wife's parents, he wanted a change. The maintenance job was a step up from driving state vehicles, and Lockett already had some experience with minor building repair. Now he does carpentry, painting, and other maintenance work under Willie Jacko's direction. "There are not too many things Jacko can't do," he says. "He is helping me learn a whole lot."

The institutional setting is new to Lockett. "It's very nice," he says. "The people are easy to talk to and I can relate to the supervisors."

The Locketts have four children, two daughters 17 and 12 years old, and two sons, 16 and 14. Asked about the quality of schools here, Lockett sounds unenthusiastic even though one child is in a Vanguard program. The older daughter, Tonya, is graduating from high school this year. She hasn't decided where to continue her education.

Thomas, the older son, wants to study broadcasting in college, but he's taking a welding course in high school to have a trade to fall back on, his father says.

## Dr. Gary Miller heads department

Texas Department of Mental Health and Mental Retardation facilities this month welcomed their new commissioner, Dr. Gary E. Miller, a psychiatrist and former director of the New Hampshire Mental Health and Developmental Services Agency.

The 46-year-old Miller was TDMHMR deputy commissioner for mental health services from 1967 to 1970. He directed the Rio Grande State Center of MHMR in Harlingen the preceding year.

Miller received his medical degree from the University of Texas Medical Branch in Galveston in 1960 and served residencies at Western Reserve University Hospital in Cleveland, Ohio, and the Austin State Hospital.

Since leaving Texas, he has been assistant commissioner of the New York State Department of Mental Hygiene and director of mental health for the Georgia Department of Human Resources.

'Twas not the first time property supervisor Guy Colahan played Santa Claus for the children's clinic and early childhood kids, bringing gifts from the Volunteer Services Council.

## Georgia Center campaigns for driving while sober

The Coosa Valley Community Mental Health Center in Rome, Georgia, has started a life-saving program called "Keep the high off the highway."

Objectives are to educate new drivers to the real effects of substance abuse on driving and to spread the campaign to the community. The center published an attractive information package—stuffed in a plastic litter bag—that is given to all new drivers by Georgia State Patrol license examiners, and center staff members are out speaking to community groups and on radio and television. A local FM rock station co-sponsors the litter bags.

The packet contains a letter from the mental health center, an article explaining that you don't have to be "stumbling drunk" to be a menace on the highway, and several pamphlets.

For more information write Milton S. Gay at the Coosa Valley Community Mental Health Center, 1300 East First Street, Rome, GA 30161.

**Texas Research Institute of Mental Sciences**
1300 Moursund Avenue, Houston 77030
(713) 797-1976

Bulk Rate
U.S. POSTAGE
PAID
Permit No. 4
Houston, Texas

Address correction requested

**The Emissary**
February 1982
Vol. 14, No. 2

Newsletter of the Texas Research Institute of Mental Sciences, the research-training-patient care facility of the Texas Dept. of Mental Health and Mental Retardation, an equal opportunity employer.

Joseph C. Schoolar, Ph.D., M.D., *director*
Lore Feldman, *editor*
Karen Hanson Stuyck, *associate editor*
Julie Kavitski, *art director*
Marc Meyers, *photographer*

Produced by Medical Illustration and Audiovisual Education, Baylor College of Medicine.