

R1775.6  
Em 43  
17:3



# The Emissary

Texas Research Institute of Mental Sciences, Houston

March 1985



Brad Perkins

*An angel there and advocates here*

Government Publications  
Texas State Documents

page 6

APR 17 1985 ✓

Dallas Public Library

# Up from crises

Even Achilles could not escape it. Though crisis is a fact of life, it happens suddenly and demands much in the way of human fortitude and endurance. This is a story about TRIMS colleagues who have coped with crises and learned from them.

◇ Jane Bemko's friends wish she could patent her lens on life.

Beneath the braids and wide, brown eyes is a woman of order, wit, compassion, and guts. Where others might see only mud, she is likely to see dirt, water, and a chance to make pies.

Her virtues come naturally, and they have been well-tested.

More than a year ago, Bemko's husband, Lew, woke up one morning and could barely wash his hands. He figured he had strained some muscles sawing tree limbs after Hurricane Alicia. But when he tried to get out of bed the next morning, he fell, his legs paralyzed.

Bemko recognized the symptoms immediately. As a science librarian, she had recently searched the literature for a colleague whose child had become ill with Guillain-Barré syndrome.

This rare illness causes disintegration of the myelin coating of nerves, paralyzes and atrophies muscles. In its acute form, the illness travels rapidly up the body, often paralyzing the lungs.

Bemko knew she had to hurry. She dragged Lew into the cab of her truck and drove him to the hospital. "He was so frightened and I was trying so hard not to alarm him."

His admission to the hospital's intensive care unit started a two-month ordeal. Unable to sleep, Guillain-Barré patients often begin to hallucinate. Bemko kept a vigil beside her husband, staying up with him at night, feeding him at mealtimes, racing back to TRIMS when he went to physical therapy, and returning to the hospital.

"The strain was incredible. Sometimes I could feel my face shaking from sleeplessness. I lost 15 pounds in three weeks; I shook it off," she says.

Her colleagues at TRIMS bolstered her constantly, she says. Her supervisor helped her arrange sick leave and allowed her to juggle her hours to accommodate her hospital schedule. One friend visited her husband regularly and read the newspaper to him.

◇ "Where did I get my strength? A lot of it came from fellow staff members. They imparted strength to me when I had none left. I think it is



something humans do with each other."

—Jane Bemko

The experience taught her how to accept help guiltlessly, she says. "It was as though I had emptied myself and I had no choice but to take." An aunt with a house near the hospital gave her a key and a bedroom. Another friend offered his office for catnaps when she could no longer stay upright. "He also made me feel like I was so wonderful simply for doing what I had to do."

Bemko credits much to the strength of their marriage. "We have always been able to talk. One night I said to him, 'Look, Lew, you're paralyzed. That's a given and you can't change it. You can take it bad or you can take it good. It doesn't matter right now. But it will make a difference when it's all over. You can come out of this a bitter, angry man, or you can draw on your inner strengths. Like it or not, this is your big chance. Don't blow it!'"

He didn't. And they both improved, she says.

"A crisis like this changes you personally. You get a whole different lineup on what's important. Lew would have done the exact same thing for me," she says.

Her husband recovered 95 percent. To take one look at Bemko today is to stare straight into a story with a happy ending.

◆ **Laddie Hanacek** leans back in his chair, then scratches his nose.

"That's one of the effects," he says casually. "Every once in a while, sensation returns to my right side. Sometimes it's just an itch." He smiles.

Hanacek, the business manager, is recovering from a stroke. From all outward appearances, he is the same man. Jovial, quick to extol the pleasures of country living, and dedicated to his work.

But inwardly he has changed, he says. Hanacek had been working around the clock for weeks to prepare the institute's budget when he had the stroke. "I know that it's not worth it to push yourself too hard. I know better now."

◆ For **Dr. Anita Woods**, a psychologist in the Gerontology Center, the past year is a blur of airports, family visits, and rushes to fulfill her research and teaching duties.

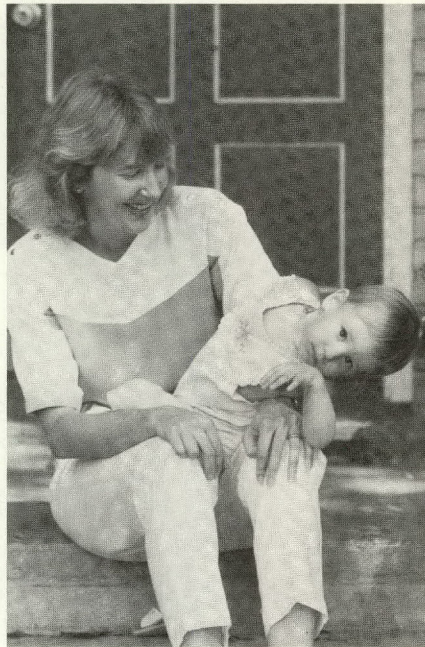
For months she traveled to California to help take care of a dying relative. During that same time her mother in Canada was seriously injured in a fall down a flight of stairs. Woods spent two weeks by her bedside in an intensive care unit and was called into service as a source of information, strength, and guidance for her own family.

She knows stress like her own neighborhood.

"When people tell me that I look as though I'm doing well, it gives me a semblance of order. It gives me the feeling that if I look okay on the outside, I must be doing something right on the inside. That's a comfort.

"There are also days when I say, 'I may look okay, but you don't see me on my bad days when I lock myself in my office and hang my Do Not Disturb sign on the door.'"

Woods says she understands herself better. She knows she has a



**Dr. Anita Woods and Mia**

finite amount of energy and a limit on distractions. Telling people what is going on in her life has eased her distress, she says, and most of the time she is comfortable doing that. "But there are times when I tell people, 'Thank you for asking, but I just can't talk about it right now.'"

Woods, like Bemko, has learned to ask for help. Her two-year-old daughter, Mia, has been a good release for her. "She helped me keep my perspective amidst all the sorrow."

◆ Psychologist **Dr. Jon Reck** says he "felt a readiness" when his father died last November. Being prepared did not assuage his grief; it helped him to understand it.

What surprised him, however, was a subtle kind of communication that took place with his patients when he returned five days after his father's death.

The first patient he saw that morning had never talked about death before. That day, the patient began to talk about his own father's death.

His next patient told about the difficulties of dealing with her mother's reaction to a death in the family—issues that Reck was also facing.

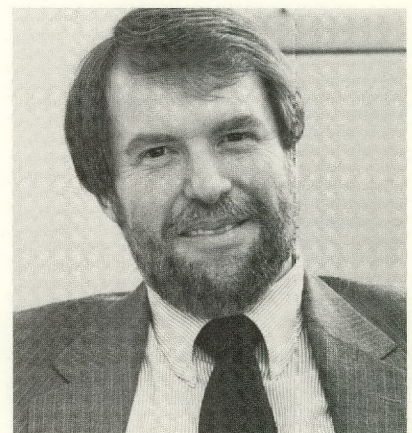
As it happened, his third patient, who had often talked about dying issues, never brought them up that day.

"I don't self-disclose in my practice," Reck says, "but there must have been some kind of transference and countertransference. I'm still not sure how much of that therapy was for the patients or for me."

Work, says Reck, may be quite therapeutic for people in crisis. There is the belief that working under stress must be difficult. But this is not necessarily true, he says. "It can be a reprieve, an oasis."

Reck says the staff members in his clinic are a tight-knit group who support one another in difficult times. They talk often and share problems and solutions.

"I think it is so important to talk it out, shout it out, yell it out. Do anything. Just be sure to deal



**Dr. Jon Reck**

---

## Crises

---

continued from page 3

with those emotions. When people fail to do that, it can result in physical illness, depression, and more stress."

◇ **Dr. Carlo DiClemente**, psychologist and chief of the alcohol treatment clinic, has supervised an interdisciplinary staff of nurses, social workers, psychiatrists, administrative assistants, and researchers for three years.

He is familiar with crises on many levels: his own, those of the people the clinic treats, his staff members'. That savvy has gained him the respect of colleagues.

"Every crisis has a life cycle. In a death, for example, an employee may need massive amounts of support in the beginning—time off, the chance to talk, rearranging schedules—and later the amount of support is likely to change," he says.

"You have to be flexible about schedules and deadlines. Maybe assign some routine tasks until the stress lifts. On the other hand, you don't want to leave an employee with nothing to do so he or she can sit there and think only of the crisis."

As a supervisor, he is willing to offer support outside of the work setting, to draw on contacts and resources to help the employee.

He also sees a fine line between supporting and intruding. If an employee is reluctant to talk about his or her crisis, DiClemente says he doesn't believe in probing, unless the employee is having difficulty at work.

"A crisis can change a person in a debilitating or strengthening way. It can help people refocus on their family or their career. It can be therapeutic. In the mental health field, it can give a person a breadth of experience and help us to understand our fragility and mortality. We hope this will help us and our work."

—Kathleen Kimball-Baker



Kathleen Keppler,  
Carole Perdue,  
and Dr. Kay R. Lewis

---

## Study of community barriers: What prevents retarded people from living at home?

---

TRIMS researchers are studying the TDMHMR list of mentally retarded people in Harris County who are waiting to get into state schools to see what bars these people from living more successfully in the community.

The study by Dr. Kay R. Lewis of the TRIMS mental retardation and developmental disabilities division is funded by a \$90,000 grant from the Texas Planning Council for Developmental Disabilities.

"If mentally retarded people had more and better access to community services, fewer would need to be admitted to institutions for long-term care," said Lewis.

As a first step, Lewis and project co-managers Kathleen Keppler and Carole Perdue have culled some statistics from the histories of 61 people on the waiting list:

- The majority never or rarely act aggressively nor are they considered dangerous.
- Ninety-one percent are not psychotic.
- Nearly one-third are between the ages of 12 and 18; one fourth are older than 30; another 14 percent are between 23 and 30.
- Almost three-quarters are male.
- Sixty percent are profoundly retarded.
- Anglos make up 50.8 percent of the list; blacks, 27.9 percent; Hispanics, 1.6 percent.
- Two-thirds are living with their families or a relative, 13.1 percent are in group homes, and 9.8 percent are in state hospitals.

The council's focus on barriers in the community is part of the national community care movement and the Texas Department of Mental Health and Mental Retardation's growing push toward prevention of institutionalization, Lewis said.

"We're interested in what conditions have led to these applications for state school admission. Are some of these people turning 21 and no longer eligible for public school support? Are services being discontinued as competition for funding increases? Are parents getting old and sick? Have the clients developed behavior problems? Has insurance run out for clients who have medical problems?" Lewis asked.

The applicants' histories are provided by the Mental Health and Mental Retardation Authority of Harris County and the TDMHMR central office. Lewis's team plans to compare their characteristics with similar information from other counties to see if the local data represent state school applicants throughout Texas.

### Waiting list requirements

To qualify for the Register for State School Placement (RSSP), applicants must be evaluated and diagnosed as at least moderately mentally retarded by a state-certified team of a psychologist, a physician, a social worker, and an educational specialist. If the local MHMR organization is unable to place the person in a less restrictive setting or program and if the client qualifies, his or her name is added to the register.

Kepler and Perdue will interview the mentally retarded people and their parents and guardians.

The researchers will try to identify various kinds of barriers:

- Availability of beds and services and funding issues.
- Attitudes: Have parents been told that nothing can be done for their children at home? Have they given up?
- Behavior problems: Are parents and professionals exhausted and losing hope for improvement as children reach adolescence?
- Case loads: Are mental retardation workers overwhelmed and unable to provide enough services?
- Regulations: Are restrictions on the number and distribution of small group-care homes preventing many mentally retarded people from being treated in the least restrictive environment?

"We're interested in finding out what it takes to get on the state school waiting list. Do you have to be a poor, single parent? Do you have to be well-educated? If you are assertive, are you more likely to get your child on the list, or are those who are seen as helpless and weak more likely to have their children placed on it?" Lewis is asking.

### Compare to case management

As a companion project, the investigators will compare characteristics of the children and families on the list with those served by the TRIMS child development clinic in which Lewis worked between 1974 and 1984. "We'd like to see if these (the TRIMS clients) are people who would have ended up in institutions without case management," she said. Living situations of clients in other TDMHMR case management projects will also be compared as part of a court mandate to look more closely at barriers in the community.

Guidance for the project comes from an 18-member advisory council of representatives from TDMHMR, the Texas Department of Human Resources, Texas Department of Health, community and private organizations like Houston's Center for the Retarded.

"The group has given us some excellent ideas. These people are directly involved in care and program development for mentally retarded people," said Lewis, who spent five years as medical director of Richmond State School before 1974.

"We are making our data available as we gather it. We hope our findings will be helpful in setting priorities in communities for services. The project is an excellent chance for us to use our clinical experience for research," she said.

—Kathleen Kimball-Baker



Dr. Jerome Lejeune, professor of fundamental genetics and chief of the cytogenetics department at the Hospital for Sick Children in Paris, has demonstrated a direct association between the mental performance of children with Down syndrome and their glutathione peroxidase blood levels. The research he discussed during a recent Houston visit is so hopeful that TRIMS genetics researcher Dr. Robert Rosan and two parents from Parents of Children with Down's Syndrome went to visit Lejeune in France to learn more about his data. They discussed the possibility of collaboration to test drugs Lejeune has been trying out. The parents' group financed the visit. Lejeune first discovered the existence of chromosomal abnormalities in children with Down syndrome.

## 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:

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



### Circuit rider

Why does Glen Razak, research assistant in clinical services, occupy several Mental Health Association board and committee posts, serve on United Way's planning, allocation, and information resources committee, organize and be a member of the Continuity of Care Consortium?

He explains it easily. Planning and battling for services are Razak's vocation, and it can't be pursued by working in an office minding only your own business. He helped organize the MHA's law enforcement program committee because "it builds a constructive bridge between law enforcement professionals and mental health people."

He is proud of the Continuity of Care Consortium because it is a new network of public and private agency frontliners, mainly social workers. Their goals are to keep mentally ill people from being left without care and to promote the residential facilities Houston needs so badly.

"For me, my outside mental health activities are rewarding group and social experiences. Part

*Above, Pamela Testa, a caseworker, and Anne Thompson, information group coordinator of Harris County Social Services, with TRIMS social worker Claire Frey and researcher Dr. Maxine Weinman in front of the county office. All are working on a study of homeless people. Right, someone on Houston's east side whose life is not reflected in the mural.*

## As need grows and money shrinks, advocates are getting together

*Immersed in advocacy for more and better treatment of Houston's mentally ill people are TRIMS staff members who spend their days in laboratories and counseling sessions, their evenings and weekends working in community organizations.*

*They know all too well that their paid and unpaid efforts are like drops in the Gulf of Mexico. This story, too, covers only a fraction of the work TRIMS people do to improve services and to back up community plans with information.*

of it is recognizing gaps in services and mobilizing forces in the community to fill those gaps," he says.

As a result—and Razak is only one among many people who want this—United Way is encouraging formation of a case management program. Generally, the agency is becoming more active on mental health issues, he says. This is true also for the City Health Department, whose mobile van team will soon include a United Way-sponsored psychiatric social worker able to make referrals to mental health agencies.



### Survey of homeless people

Dr. Maxine Weinman and her associates' study of mental illness among Houston's homeless people has such immediate applicability that she calls it a survey rather

than research.

She came to the Mental Health and Mental Retardation Authority's adult advisory council at social worker Claire Frey's instigation. "I wanted to do something in the community that would bridge my work at TRIMS," Weinman says.

"Mental health people have the responsibility to take on an advocacy role in crucial areas. Research is extremely important for solving some of the mysteries of mental illness. But we must keep in touch with community organizations so that our knowledge will be used."

Weinman's survey will be completed in April, the result of interviews at shelters with people who use these places to eat and sleep, then go back to living on the streets. The information will be used to show, if more proof were needed, that the legislature's mental health priorities in Houston



Brad Perkins

(and elsewhere) should be to fund the whole range of services, from more residential care to adequate outpatient treatment.

"If you have no home, no address, no phone, you have no access to treatment," Weinman says. "And not to treat someone because he or she has no home is a crime. This issue kept coming up in our discussions long before the street people's plight became front-page news."

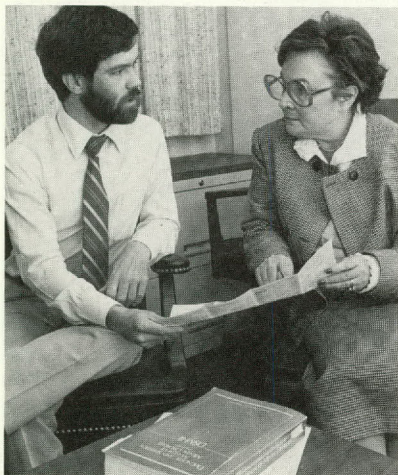
Weinman was recently appointed to the Mental Health Association's research committee, and she is a consultant to the Teenage Pregnancy Clinic at Baylor College of Medicine. "I've been in this work 10 years," she says. "I needed to get out of the office and into the community to share what I was doing."



### Jumped in and swam

For veteran social worker Claire Frey, working with the adult advisory council of the Mental Health and Mental Retardation Authority three years ago was like jumping off the board and into the pool.

She turned out to be a marathon swimmer, happier in advocacy waters than anywhere else. Frey is a vice president and program chair of the Alliance for Mental Recovery and a member of Citizens for Human Development. Both are organizations of patients and their families, the most vocal and



unwavering allies mental health professionals can have.

She joined these organizations, she says, because "I got calls from more and more patients and families in crises. Some patients had been thrown out of their homes because their families could no longer deal with them; some were kicked out of halfway houses because of intolerable behavior. They either had no rent money or lived in horrifying squalor."

Frey knows there is no one answer to these problems. "We ought to, for example, take another look at the policies of what is called maximum hospitalization benefit. Patients who have no place to go are discharged when it has been decided that more time in the hospital would not improve their symptoms. I know this generates a lot of controversy. Some psychiatrists believe patients should be permitted to make their own decisions about their lives while others feel we should keep them in the hospital. The policy needs to be reevaluated because no one decision is correct for every patient."

Similarly, she says, some people believe intermediate, residential care ought to be forced on patients who have poor judgment, but this raises moral and ethical conflicts.

Another of her concerns is the graduate training of social workers. "I wish schools of social work



would get more involved in teaching students how to work with chronically mentally ill people, and teach more about the theories of schizophrenia and other chronic illnesses. Students need to learn how to work with these patients over the long term."

Frey is helping Weinman collect data for the survey of homeless people. "I have been treating these kinds of patients for 25 years," she says. "TRIMS is one of the few places in the United States, and definitely in Texas, that has records going back that far. We need to study those records. We don't always know what works and why, and maybe we could see some patterns."



### In for a penny...

Asked by a colleague to attend an MHMRA adult advisory council meeting for him, Maria Giacosa Williams had no idea how deeply involved she would become and how quickly. She now represents TRIMS on the council, which led to her interest in Pyramid House and the Women's Christian Home, halfway houses she had known only from a telephone-referral distance.

One day Kate Sexton, Pyramid House director, invited Williams to come and see how one of her patients was getting along. Williams now serves in a legislative position on the Pyramid House board and meanwhile has joined Citizens for Human Development and the Alliance for Mental Recovery.

"I became aware of different needs of the mentally ill population. No one program can serve everybody," Williams says. "The more activities you are involved in,

---

*Far left, Glen Razak and Claire Frey are up to their necks in campaigns for community services. Left, Dr. Maxine Weinman says "not to treat someone because he or she has no home is a crime."*

Statue in front-page photo is "The Spirit of the Confederacy" in Sam Houston Park.

---

## Advocates

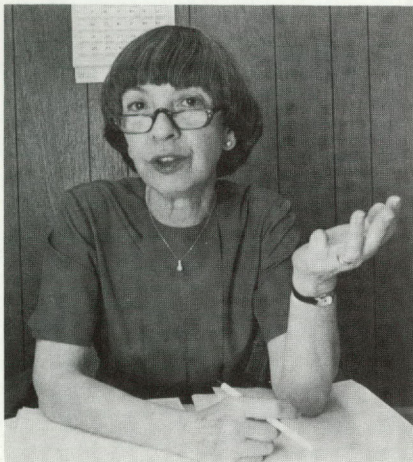
---

continued from page 7

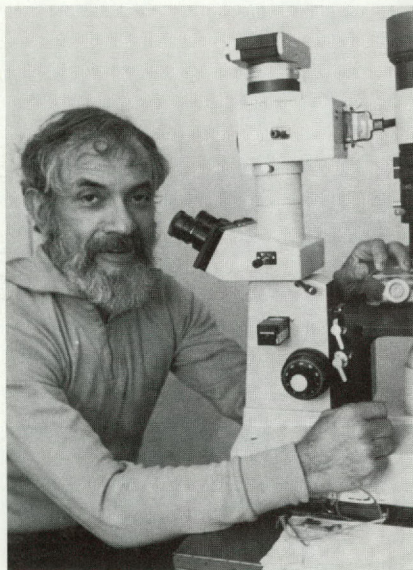
the more you understand how different agencies help different groups and what the needs and problems are."

### Middle man

Dr. Robert Rosan thinks of himself in the middle between patient advocacy groups and psychiatrists. The spot suits him because he does laboratory research of Down syndrome and Alzheimer disease and runs a low-



Above, Jane Peterman is concerned with medical staff credentials and, below, Dr. Robert Rosan advises parents of children who have Down syndrome.



cost practice afternoons and evenings.

He is a member and advisor of Parents of Children with Down's Syndrome and the Alliance for Mental Recovery—activities he says express his "human, soft" side while his brain research is technical work that will, he hopes, bring "hard" useful information.

"It's very important to provide a touchstone for parents when they first encounter mental handicaps in a child and are trying to get help. I believe that patient groups left to themselves without psychiatric input may waste their energy unless they understand some technical issues," he says.



### Same track

It's true that in their free time people do many things different from their usual work. Writers plant roses, accountants breed cattle, social workers paint pictures or ride their bicycles on Sunday



afternoons when there are no meetings. The people interviewed for this account, however, practice their professions nearly around the clock.

Elizabeth Lucas, the institute's chief voice on the information and referral telephone, spent 1,050 hours in five years of answering Crisis Hotline calls.

*Emissary* editor Kathleen Kimball-Baker and audiovisual technician George Ostertag are scripting and photographing a slide show for the Mental Health Association.

And Jane Peterman, the inpatient unit's administrative assistant, is secretary of the Greater Houston Society for Medical Staff Services, an organization concerned with credentialing standards of hospital medical staffs.

The first reason they do all this is that the activities use their best talents and advance the cause closest to their hearts. The other reason was voiced by Marge Sherwood of El Paso Center for Mental Health and Mental Retardation Services, who happened to be at the Winter Gerontology Center Forum.

"We can't do everything for everybody by ourselves," she said. "We need to learn from other people and to get their support. Our contact with others teaches us whom to call when we need a service we can't provide. Bonding with people in other agencies gives us a place to share experiences. We need to work together as a family of agencies."

—Lore Feldman

---

Left, Maria Giacosa Williams represents TRIMS on the adult advisory council of the Mental Health and Mental Retardation Authority.



## TRIMS-UT scientists study brain myelination

Scientists who suspect that undernutrition permanently harms an infant's brain look at today's films of starving African children with foreboding.

Emergency airlifts of food may save some of these children's lives, but they may never grow up to be normal adults. One reason is that the brain's sheathing of nerve fibers, called myelination, a process that begins soon after birth, is damaged and may never recover completely even when the infant is fed normally later on.

The shocking headlines about hunger in African countries have given Dr. T. Samorajski and Dr. Richard C. Wiggins a feeling of urgency about their work that laboratory scientists do not often experience.

Samorajski, chief of the TRIMS neurobiology of aging section, and Wiggins, associate professor of neurobiology and anatomy at the University of Texas Medical School at Houston, recently began collaborating on studies of myelination of the newborn rat brain, which develops much like the human brain.

In myelination, cells layers form along and around axons (the conducting parts of nerve cells) to insulate them and speed up transmission of impulses throughout the brain. Myelin makes up most of the brain's white matter. Its development in rat brain begins midway in the suckling stage, in humans slightly earlier.

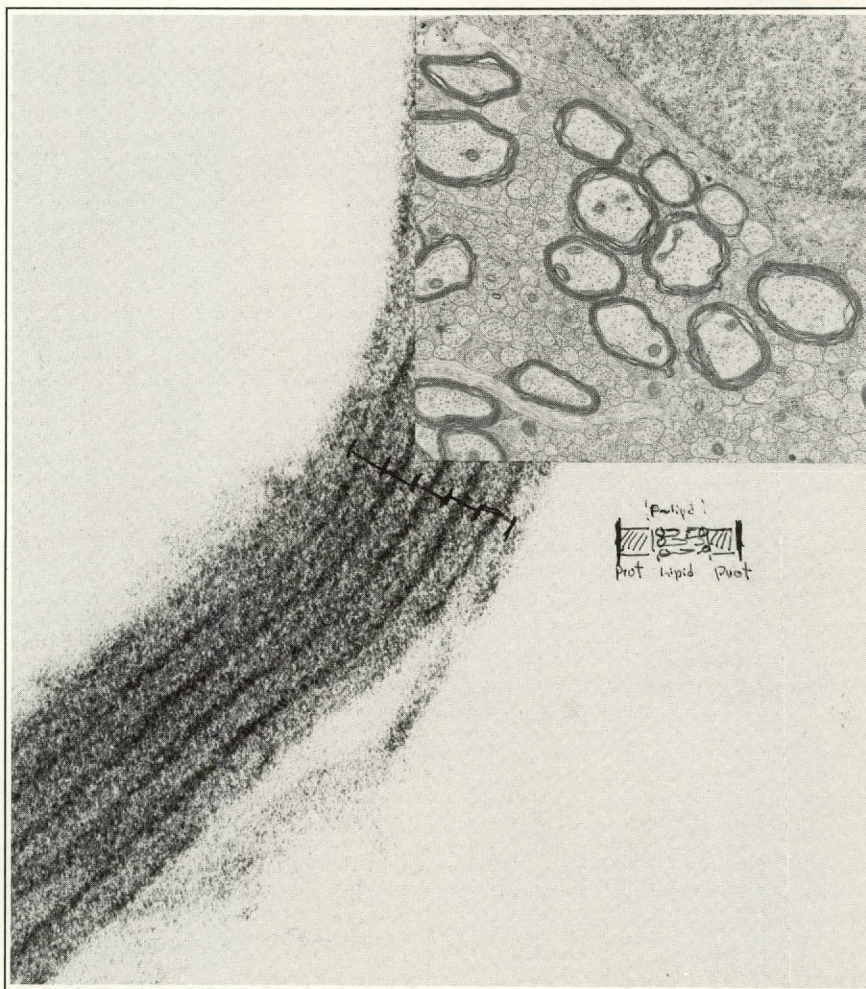
Although the process does not end until adolescence, the critical period of myelination is known to be early infancy. And, unlike the development of other components of the central nervous system which may catch up when nutritional deficiencies are corrected, myelination seems to remain retarded. The abnormally myelinated brain is believed never to function normally.

Wiggins has studied myelination in undernourished laboratory rats for a decade. Undernutrition is a

continued on next page

Right, Dr. Richard C. Wiggins (standing) of the University of Texas Medical School and Dr. T. Samorajski, TRIMS neurobiology of aging chief, collaborate in myelin study.

Below, electron micrographs of neurons and their myelin sheaths, x 10,000, and (inset) myelin x 211,000.



---

## Brain myelination

---

continued from page 9

worldwide crisis, he says, and it affects children in the United States.

"It's difficult to get exact figures because birth and death rates are uncertain, but the projections are that by the year 2000 the world will have two billion undernourished children."

### Biochemistry + morphology

Researchers can address only fractions of problems. Wiggins studied myelination from the biochemical view while Samorajski investigated it from the structural—the morphological—perspective.

The brains the two researchers are studying now with Samorajski's electron microscope are from undernourished newborn rats Wiggins worked with earlier. In controlled experiments, he took pups away from the mothers (called dams) prematurely and periodically, and he examined the effect on pups whose mothers were undernourished. As he and other scientists have found, the most important period of nerve fiber myelination is short.

### See and count fibers

Now Samorajski and Wiggins want to relate myelination to other events of brain development.

"With the electron microscope we can see, count and measure cells and nerve fibers. We can compare numbers of myelinated and unmyelinated neurons at different periods after birth and see which brain areas are most affected by insufficient myelination. We're making startling progress," says Wiggins.

"Not startling, dramatic," Samorajski corrects.

Samorajski displays his myelin micrographs, especially those magnified 211,000 times, like pictures at an exhibition. Wiggins says

application of the information is "limited only by the imagination." To which Samorajski adds quickly, "and the availability of funds."

The two researchers have published several papers recently, with other co-authors, on myelin defects caused by undernutrition in specific brain areas.

Samorajski and Wiggins are concerned with many unanswered questions and some still controversial answers. "We're trying to figure out the nature and extent of myelin damage caused by undernutrition and to relate these to the activity of neurons," Samorajski says.

"Will mammals with an undernourished brain develop normally even when myelination does not recover? We know that myelinated nerve fibers conduct impulses faster and more efficiently than unmyelinated fibers—but what does that mean in the brain in which myelination was damaged?" Wiggins asks.

"At this stage we believe that as we coordinate our studies of the undernourished infant animal's brain, we can begin to learn more about normal brain development."

—Lore Feldman

---

## Library Tips

---

Library tips? An understatement. This time Felicia Chuang recommends one book edited by two TRIMS leaders, based on and named for the 1983 TRIMS symposium on aging, and a book in which psychologist Dr. Pamela Yu is first author of a chapter and contributed to a second one.

*Aging 2000: Our Health Care Destiny* (Springer-Verlag, 1984) was edited by Drs. Charles M. Gaitz and T. Samorajski. It is volume 1, *Biomedical Issues*, to be followed soon by a volume devoted to psychosocial issues discussed at the symposium.

Volume 1 is hot off the press. In

its 44 chapters, the authors discuss many sides of the biomedical knowledge of aging, with a view to future research and the escalating health needs of aged people.

The papers are "directed at practitioners, researchers, and medical educators who will be active and productive in the year 2000, and we focused on those who would influence the evolution of care of elderly persons during the next 17 years," the editors write. "Throughout the conference, we emphasized the application of current knowledge and encouraged a dialogue with scientists about issues and conditions for which there is no present solution."

The book contains overviews of trends in health care and science by Robert H. Binstock and Ewald W. Busse, followed by sections on biologic aging, neurochemistry of age-related diseases, imaging techniques, experimental neuropathology, prevention and treatment of physical disorders, interface of psychiatry and medicine, pharmacotherapy of mental illness, studies with Hydergine, future psychiatric treatment and health care.

A companion piece to the book is a home study course of audiotapes, *A Practical Guide to Diagnosis & Treatment of the Geriatric Patient*, produced by Audio Visual Medical Marketing.

In *Children at Risk for Schizophrenia—A Longitudinal Perspective* (Cambridge University Press, 1984), Dr. Pamela Yu is first author of the chapter on "Child competence as assessed by clinicians, parents, teachers, and peers" and a co-author of "A clinical research approach to the assessment of adaptive function in children at risk."

The book is dedicated to Manfred Bleuler, pioneer in the field of schizophrenia risk research. The authors summarize high-risk research with children in the United States, Canada, England, Denmark, and several other countries.

# ◇◇ C O E X I S T E N C E ! ◇◇

## Why you need at least one procrastinator on your staff

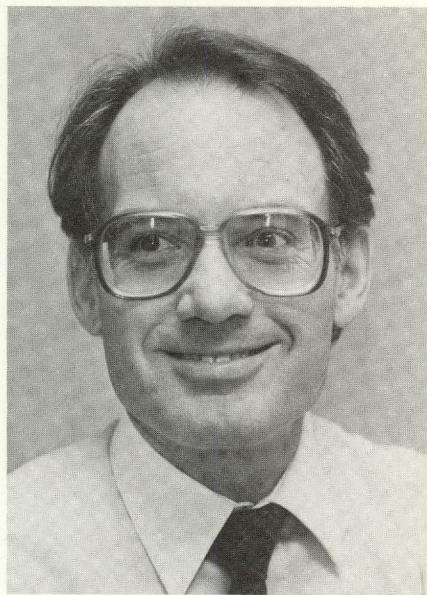
This is the March issue of *The Emissary*, right? And you are reading it in March?

That is so because both writers of this publication are ESFJs (explanations later)—extraverts who are organized and systematic and never miss a deadline.

One of them, not saying who, actually is a mixture of S (sensing and practical) and N (intuitive and visionary), instead of being a true-blue S living only in the here and now.

*And one of them, not saying who, is married to an INTJ, a man of original mind and great drive, so intuitive (N) and analytical (T) that she can take a nap while he decides what restaurant to choose for dinner.*

*This only half-true confession was born at a recent Office of Continuing Education teleconference, "Managing Individual Differences," led by Ken Burks, the TDMHMR staff development specialist who overcame his introversion enough to chair two revealing sessions. That he kept 300 people from 30 facilities on track and came across as gentle and empathetic, though unseen, could be expected from his type. An INFJ, he "quietly exerted influence behind the scenes," as the book says.*



This is Ken Burks, heard but not seen at the workshop.

The book is *Please Understand Me* by David Keirsey and Marilyn Bates, which contains the Keirsey Temperament Sorter of 70 two-choice questions. As the workshopers took the test, they learned their personality types' strengths and weaknesses (the workshop emphasis was on strengths), then discussed how to work well with people different from themselves.

*Please Understand Me* describes 16 personality types, all a combination of I (introversion) or E (extraversion), S (sensation) or N (intuition), T (thinking) or F (feeling), P (perceiving) or J (judging).

"I'm okay, you're okay" is not the message. The point, said Burks, is to "understand how we relate to the world and how each personality type contributes uniquely in a working situation."

There is no good or bad, no right or wrong, no need for guilt if you operate one way but another way looks better. If quick decisions are your SOP and someone else procrastinates, all right. Without contrasting types, a committee might act fast but not thoughtfully.

*Do not hire only your own clones was another lesson. If you do, life at work might be an idyll of consensus, but you'll miss the imagination and foresight (or the single-mindedness and order) other kinds of people bring along.*

continued on next page

# H A R M O N Y !

---

# P R O D U C T I V I T Y !

continued from page 11

*Skeptics at the workshop became believers because the test results seemed accurate and the discussions confirmed them. Extraverted sensing and feeling types outnumbered others because human services attract this kind of people, but the intuitive contingent was represented, and the perceptive open-minded types were balanced by the deadline addicts.*

*When the TRIMS bunch divided into groups according to characteristics, one could have walked into the room and known instantly who was who. In one corner were the verbal extraverts, all talking at the same time. Elsewhere the introverts were thinking.*

Burks warned about misunderstandings between the feeling (F) and thinking (T) types, because the Ts can look hard-hearted and cruel, while the Fs tend to ignore facts. The judging people (J) prefer clear, finite projects, while the perception-oriented ones (P) may never have enough information to act.

In hiring a new staff member, a sensing-judging manager might ask the applicant about his or her past experience, whereas an intuitive-perceptive one might stress "what if" questions: How do you see yourself in this job?

"Our goal is to understand our own and other people's preferences, know why people do certain things in a certain way, and reach some kind of balance in relating to others," Burks said.

*Workshop over, the decisive, practical participants grew more patient with their future-oriented colleagues, the easily irritated ones started giving compliments for good work, and the concrete thinkers began to see the value of abstract reasoning.*

There's no proof for this, of course (SFs don't always need it), but from the harmony-loving (F) point of view, it's very likely.

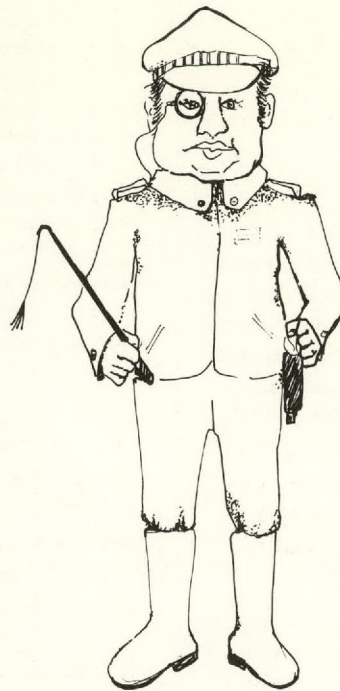
—Lore Feldman

ENFPs are warmly enthusiastic, high-spirited, ingenious, imaginative, and can do almost anything that interests them. They are surprised when people or events do not turn out as anticipated.

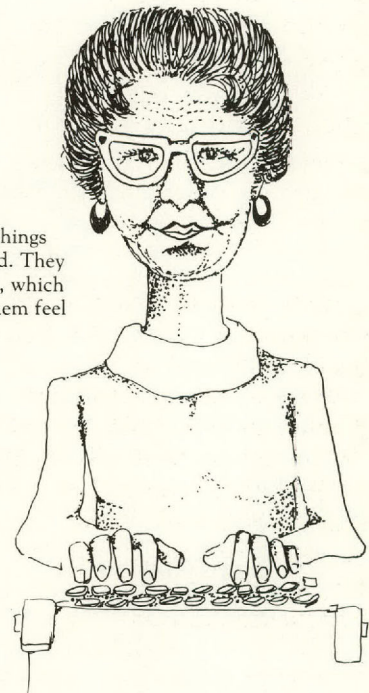


# Comparison of ◇ PERSONAL TENDENCIES ◇

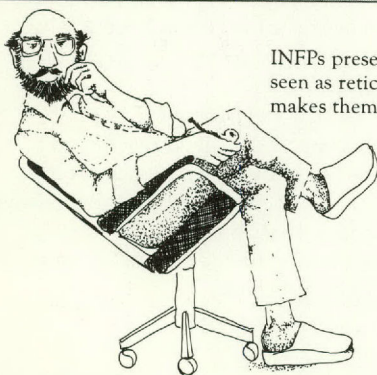
<b>E</b>	<b>I</b>
sociability interaction external breadth extensive multiple relationships	<i>or</i>
	territoriality concentration internal depth intensive limited relationships
<b>S</b>	<b>N</b>
experience past realistic actual down-to-earth practicality sensible	<i>or</i>
	hunches future speculative possible head-in-the-clouds ingenuity imaginative
<b>T</b>	<b>F</b>
objective principles laws impersonal justice	<i>or</i>
	subjective values extenuating circumstances personal humaneness
<b>J</b>	<b>P</b>
settled decided fixed plan ahead closure decisive get the show on the road	<i>or</i>
	pending gather more data flexible adapt as you go open options tentative let's wait and see



ENTJs are commandants. They cannot not lead. They find themselves in command and may be mystified how this happened. They tend to be somewhat unaware of other people's feelings.



ENFJs like to have things settled and organized. They dream of perfection, which sometimes makes them feel vaguely dissatisfied.



INFPs present a calm, pleasant face to the world and are seen as reticent and even shy. Sometimes their idealism makes them feel isolated.

From *Please Understand Me*  
by Keirse and Bates.

*Drawings by Jane Pearce*

---

## Honorabilia

---

### *Lauded by peers*

Dr. Marian Kester, director of the biochemical lab at the Genetics Screening and Counseling Service in Denton, has received the Employee of Excellence award. Kester has worked with GSCS since October 1981. She taught biochemistry at the Texas College of Osteopathic Medicine in Fort Worth and received her doctoral degree from North Texas State University. A committee of staff members selects a recipient of the honor quarterly.

### *Other Denton doings*

The Genetics Screening and Counseling Service held its annual fall conference, a two-day series of seminars on topics ranging from craniofacial disorders to updates on Medicaid changes.

Presenters included James Snowden, Jeanne Nicholas, Maria Garcia, Dieter Gaupp, Frank Lozano, Angela Leonard, Theta Holloway, Kay Ransom, and Drs. Donald Day, Carl Mankinen, Mary Kukolich, Marian Kester, Joe Sears, and Richard Roberts.

Several GSCS staff members attended the American Society of Human Genetics meeting in Toronto. Prenatal diagnosis and X-linked mental retardation were subjects of special interest for Barbara Hettinger, Garcia, Kukolich, Day, and Roberts.

Terri Gallegos, regional clinic coordinator in Edinburg, serves on the advisory committee of the new Parents for Medical Assistance and Support for the Handicapped.

### *Gerontologists in San Antonio*

TRIMS was well represented at the meeting of the Gerontological Society in San Antonio.

Dr. Jonathan Malev, Howard Rabinowitz, Drs. Carol Walser and

Jary Lesser presented "Mid-life career change into gerontology."

Nancy Wilson presented a poster session and paper on long-term care programs for elderly people.

"Measuring behavior problems and dimensions of family caregiving in senile dementia" was a poster session by Judy Scott, Geoffrey Wiegand, and Dr. George Niederehe.

Niederehe also participated in a discussion on "Changes in memory complaints with the treatment of depression: What we know about sex differences."

### *Appointments*

Dr. Charles M. Gaitz has been appointed by TDMHMR Commissioner Dr. Gary Miller to a task force to study the needs of patients who have Alzheimer disease.

Dr. J. Ray Hays chairs an examining committee for the American Board of Professional Psychology.

### *Pastoral counseling*

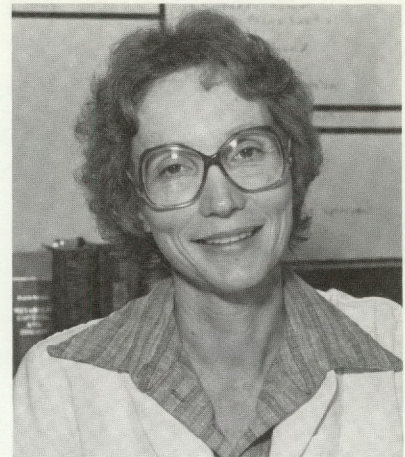
The Rev. William D. Tallevast talked about the frontline role of pastors and rabbis in counseling their congregants at a Deer Park Hospital seminar, "The theory and practice of pastoral counseling."

Nearly half of all people turn to a member of the clergy first when they experience a crisis, he said. Tallevast is director of clinical pastoral counseling and training at TRIMS and has for several years taught psychotherapy to local clergy and lay church leaders.

### *In publications*

Andrew Swihart, O.L. Barr, J.W. Largen, and R.J. Mathew (1984). Order effects in neuropsychological investigations utilizing serial regional cerebral blood flow measurements. *International Journal of Neurosciences*, 24, 303-306.

Anita Woods and James E. Birren (1984). Late adulthood and aging. In *Behavioral health: A handbook of health enhancement and disease prevention*. New York: Wiley.



Dr. Marian Kester

James T. Hartford and T. Samorajski. *Alcoholism in the elderly: Social and biomedical issues*, vol. 25. New York: Raven Press. 1984.

R.C. Wiggins, G.N. Fuller, L. Brizze, C. Bissell, and T. Samorajski (1984). Myelination of the rat optic nerve during postnatal undernourishment and recovery: a morphometric analysis. *Brain Research*, 308, 263-272.

R. Strong, Jack C. Waymire, T. Samorajski, and Zehava Gottesfeld (1985). Regional analysis of neostriatal cholinergic and dopaminergic receptor binding and tyrosine hydroxylase activity as a function of aging. *Neurochemical Research*, 9, 1641-1652.

R. Strong, T. Samorajski, and Zehava Gottesfeld (1984). High-affinity uptake of neurotransmitters in rat neostriatum: effects of aging. *Journal of Neurochemistry*, 43, 1766-1768.

J.R. Hays (1984). Legal aspects of psychological testing. In J. Weaver (Ed.), *A practical guide to diagnostic testing of children and adolescents*. Kansas City: Test Corporation of America.

J. Salamy, B. Saltzberg, M. Clark, and W. Burton (1984). EEG time and frequency domain measures of cerebral specialization. *International Journal of Neuroscience*, 22, 221-234.

B. Saltzberg (1984). Special electrophysiological tests: brain spiking, EEG spectral coherence. In R.C.W. Hall and T.P. Beresford (Eds.), *Handbook of psychiatric diagnostic procedures*, vol. 2. New York: Spectrum.

## Who we are



### Dr. Jane Simmons

Growing up in Aruba might sound idyllic, but to Dr. Jane Simmons, who was reared on the sun-soaked island, the United States seemed like paradise.

When she turned 18, she moved to Greenville, South Carolina, to study sociology at Furman University and later earned master's and doctoral degrees in sociology from the University of Georgia.

Since then she has focused most of her career on social sciences research—looking at child abuse, interdisciplinary teams who work with abusive families, institutionalization of mentally ill and elderly people—but it is her “hands-on” service experience that helped her become a good investigator.

“It’s much easier to understand all the nuances of what you are trying to study if you’ve worked in the field,” she says. Among her experiences are delivering meals to homebound elderly people and working as an advocate for children who have been sexually abused.

Simmons is a research assistant in the comparative services research section headed by Dr. Jack Franklin. In the few months she has been at TRIMS, Simmons has plunged into several research projects.

She is working on the case management study of discharged patients from Tarrant County, and she is helping to design a survey of public awareness of the TRIMS Genetics Screening and Counseling Service.

Another study in the planning stage concerns the phenomena of cluster suicides, like the recent tragedies in Clear Lake City.



### Dr. Richard Shewchuk

Dr. Richard Shewchuk’s idea of a good time is climbing frozen waterfalls.

“It helps to clear the cobwebs,” he says matter-of-factly.

The tall, lean gerontology fellow’s interest in rugged outdoor sports dates back to his childhood in Canada and his family’s frequent hikes. He liked wandering and climbing rocks. As he grew older, he graduated to scaling mountains, and ice formations have remained his favorite challenge.

His academic interest is human growth and development, particularly during the later stages of life.

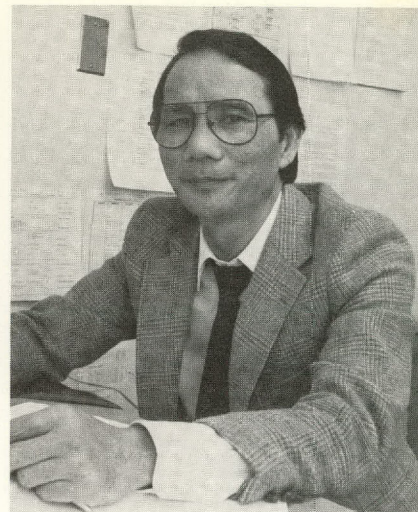
Shewchuk’s doctoral degree is from the University of Oregon where he studied social psychology related to child development and earned a graduate certificate (equivalent to a master’s degree) in gerontology.

“Development doesn’t stop when growth stops,” he says, explaining why his interests include aging.

“I’m concerned about what is happening with the aging population in this country. I think it is important to understand this segment better.

“A lot of human potential is not being realized with elderly people. There have been a lot of stereotypes, and until recently that population has been neglected. We should strive to enable elderly people to maintain their function in life,” he says.

Shewchuk is concentrating on gerontological research and helping to write a grant to study what kinds of factors—level of previous activity, mental health status, views of themselves—predict how well people will function later in life.



### Dr. Kinh Nguyen

Dr. Kinh Nguyen is a man who knows risks well—and has been blessed with luck.

Nguyen escaped from South Vietnam in 1980. He was one of the “boat people.”

After serving as an orthopedic surgeon for the Army of the Republic of South Vietnam during the war, Nguyen was imprisoned by the conquering Communist forces, then was released to practice medicine.

His wife, he said, persuaded him to try to leave the country. Nguyen and two of his children floated on the Pacific for three days before an American oil tanker picked up their boat’s passengers and transported them to Singapore.

Nguyen’s daughter had already escaped two months before with her aunt. Six months after Nguyen and the two children got away, his wife and youngest child fled the country, spending 10 days at sea. They were reunited in Houston.

To resettle in the United States, he had to qualify to practice medicine again. During that study and exam period, rethinking his career, he realized that the thousands of Vietnamese people who came to the United States faced a painful adjustment but could turn to few mental health professionals who understood their culture.

He decided he could help by changing to psychiatry. Houston, he says, has 50,000 Vietnamese people and no Vietnamese psychiatrists. When he completes his residency at TRIMS in two years, he plans to set up practice where he is needed most—here.

# SPICE of life

A pinch of feeling, a dash of judgment

Complete recipe on page 11



Drawing by Jane Pearce

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

Address correction requested

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

**The Emissary**  
 March 1985  
 Vol. 17, No. 3

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, *information director*  
 Kathleen Kimball-Baker, *editor*  
 Julie Kavitski, *art director*  
 Brad Perkins, *photographer*  
 Peter Baer, *photography consultant*

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