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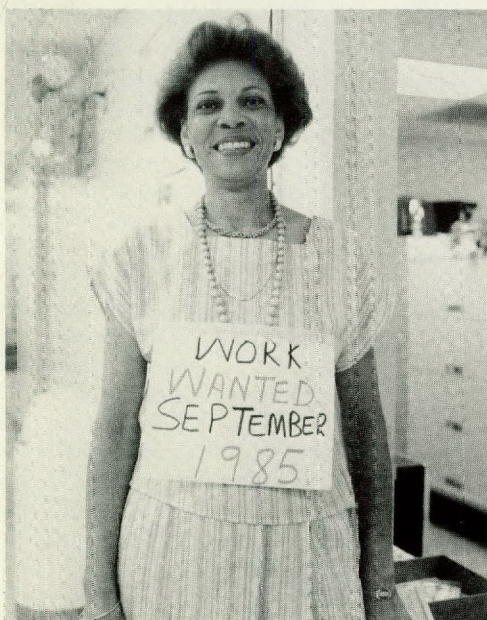
The Emissary

Texas Research Institute of Mental Sciences, Houston

June/July/August 1985



Brad Perkins



Who says it's only a game?

see page 4

Government Publications
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TRIMS is closing

see page 2



TRIMS administrators, division heads, and employees testified before the Senate in favor of transferring the institute to the University of Texas Health Science Center. Standing in front of the state capitol in Austin are, left to right, Alma Rosa Leal, Juanita Jordan, Liz Bradley, Frank Womack, Juanita Edwards, Arlene Landon, Dr. J. Ray Hays, Dr. Charles M. Gaitz, Dr. Joseph C. Schollar, and Dr. Jack Fletcher.

TRIMS funding cut; Institute closing

After nearly 30 years of conducting research, training mental health professionals, and treating thousands of patients, the Texas Research Institute of Mental Sciences is closing Aug. 31, 1985.

The Texas Legislature in May voted not to fund TRIMS as an agency. For 1986, however, legislators appropriated \$1 million for some research functions to be transferred to the University of Texas Health Science Center in Houston and \$6.1 million for the Texas Department of Mental Health and Mental Retardation to use to contract for patient care services which TRIMS has provided.

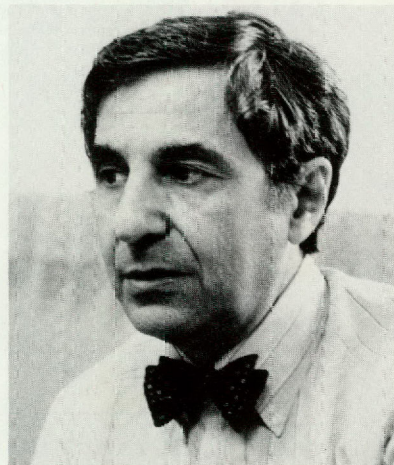
TDMHMR also received \$250,000 to transfer its Office of Continuing Education, currently housed at TRIMS, to the central office in Austin. No other training funds were appropriated.

Preparations began in June to phase down activities at the institute. TDMHMR and UT established task forces to:

- Assist the institute's nearly 500 employees in finding jobs in other state agencies or in the private sector
- Determine how much of TRIMS budget is spent on actual patient care so that a contract to provide those services in 1986 could be awarded.
- Examine TRIMS leases, contracts, and other legal obligations.

- Study what to do with training programs. (TRIMS annually trains 58 psychiatry residents, psychology interns, gerontology fellows, nursing students, graduate social work students, a variety of therapists, and pastoral counselors.)
- Determine which research programs would transfer to the University of Texas' new institute, created under SB 1295, to be called the University of Texas Mental Sciences Institute, TRIMS, current research budget provided by the state is \$2.3 million.

A new state and county psychiatric hospital, which will be run by the University of Texas Medical School in Houston and Harris



Dr. Louis Faillace

County, is scheduled to be completed in the summer of 1986, said Abby Mitchell, project administrator.

Under the bill, TRIMS inpatient services will be transferred to the new hospital. TRIMS currently operates a 50-bed inpatient unit at Center Pavilion Hospital. The TRIMS main building and its equipment will be leased to the University of Texas for \$1 a year.

Dr. Louis Faillace, acting dean of the University of Texas Medical School at Houston and chair of the UT psychiatry department, is organizing the new institute, UTMSI.

"We will have a state responsibility to do applied clinical research. We hope to be doing drug studies, monitoring blood levels for the hospitals, and doing EEGs (electroencephalography) for state hospitals. We want to be a model for state hospitals. Research in mental retardation, particularly Down syndrome, and in geriatrics, alcoholism, and drug abuse will also be important at UTMSI," Faillace said.

The medical school also has a good reputation for training students, said Faillace, who came to Houston from Johns Hopkins Medical School. UTMSI, the new hospital, and the psychiatry department will combine to make Houston one of the finest psychiatric centers in the country, he said.

"How do you write the history of an ideal? It is possible to identify its date of birth, achievements, failures, even the point in time when TRIMS as we know it will cease to exist.

"However, the original ideal of a research/training organization has survived as part of the University of Texas and the Texas Department of Mental Health and Mental Retardation. Patient care will eventually become part of the new hospital.

"The fact that these ideals will survive is probably our most important legacy."

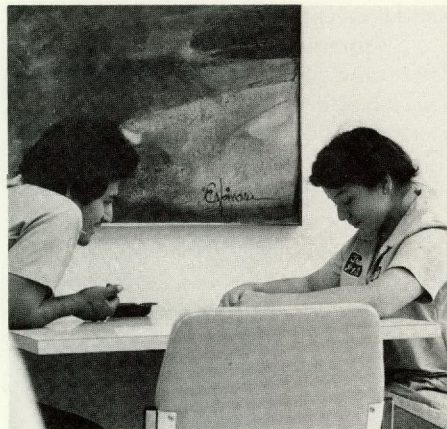
— Harry Turley

The Story of TRIMS

... as told by people who've been around awhile.

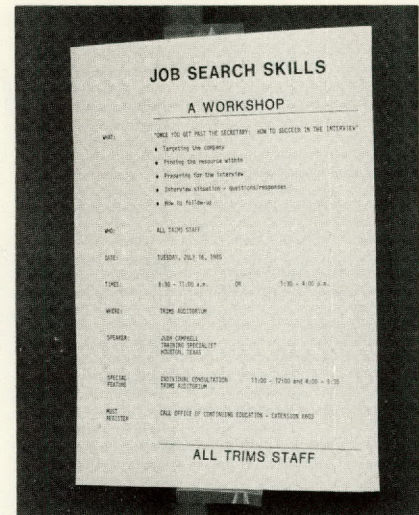


Dr. Joseph C. Schoolar



(Editor's note: This story is excerpts of essays from people who have spent much of their careers at TRIMS. I asked them to write what they considered to be the finer moments and accomplishments of TRIMS. Many told me this search through their memory was painful. Others said it was a catharsis. Some wrote copiously. A few produced a brief line. Some simply refused to do the assignment. A definitive history shall be left to historians.)

— Kathleen Kimball-Baker



Almost 30 years ago, two psychiatrists and five researchers began a psychiatric institute in an old mansion on Baldwin Street. In the carriage house were laboratories; in the greenhouse were drug-yielding plants for testing.

The group represented various departments of Baylor College of Medicine; the site was a loan from the Texas Medical Center.

In 1957, the 55th Texas State Legislature gave the small institute a financial base and a name, establishing the Houston Psychiatric Institute within the state mental hospital and school system.

Dr. William T. Lhamon was the first director; Dr. John Kinross-Wright the first associate director. The institute's four divisions were biochemistry and pharmacology; bioelectronics; psychology; and clinical services.

The institute entered its present quarters at 1300 Moursund in the Texas Medical Center in 1961 and was renamed the Texas Research Institute of Mental Sciences (TRIMS) in 1967.

HARRY TURLEY

Systems analyst

"There are a few of the original dinosaurs left (including myself) who on any given occasion (except this one) can conjure up names, stories, ghosts from the past, and even a picture or two. But I think that it is important to remember that over the years, people made TRIMS function."

DR. JOSEPH C. SCHOOLAR

Director

"Intellectually, there has always been an environment of inquiry and activity that I have found gratifying. We have benefited tremendously from the fact

that we are in a medical center of great dynamism and accomplishment.

"I suppose we remember best those things that have particular meaning to us. In my own case, the Saturday morning "skull sessions" that Dr. William Lhamon held when he was chief will always stand out as superior. His knowledge was encyclopedic and his objectivity unsurpassed.

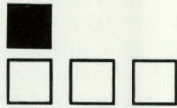
"Our yearly symposium has been easily the highlight of the fall season. We now have 18 volumes of proceedings that have been published and include papers and essays by scholars and scientists throughout the world. This is an accomplishment of which all TRIMS staff can be proud."

DR. DAVID WOOD

Psychologist

"TRIMS ran a halfway house program between 1970-1974 on the 14th floor of the Center Pavilion Hospital. It served patients with histories of multiple psychiatric hospitalizations and chronic psychiatric illness.

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More than mere

Child's Play

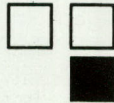


The Mental Retardation and Development Disabilities Center is a place where investigators learn from children's play.

Blocks, books, dolls, mirrors, and puzzles are more than toys for toddlers: they're tools for research about children with Down Syndrome, autism, language delays, and developmental lags due to prematurity.

Many of the studies take three to five years and involve countless hours of scheduling, videotaping, and testing. But the long-term effort pays off in fascinating, often myth-busting, new information.

This story covers the results from three of these studies.



Clinicians at one time thought children with autism were actually bright but deeply emotionally disturbed people.

Research, however, has shown that autism is an all-encompassing disorder that affects the child's behavior, movements, language, and concept of himself or herself.

Autistic children often use first- and second-person pronouns incorrectly, substituting, for example, you for I and vice versa. They frequently echo something spoken to them. And they may inappropriately use a string of words that sounds grammatically correct.

For two years now, psychologist Drs. Katherine Loveland and Susan Landry have been investigating how autistic children communicate—or fail to communicate. They have looked at differences between autistic children and children whose language development is delayed.

"We wanted to find out whether autistic children are just extremely language delayed or if something else qualitatively is going wrong. These are important questions when it comes to intervention," Loveland said.

"We think that autistic children's problems with pronouns and communication in general stem from a failure to learn some important pre-verbal skills."

Pointing and showing, gestures that bring together two people's attention on the same thing, are examples of these skills. They are often called joint attention skills.



Alice Carter and son Zachary, a normal 1-year-old child, share an interesting toy.

"We thought we'd find that the more an autistic child used joint attention skills, the more likely he or she would be to use pronouns. Pronouns are a little like verbal forms of pointing."

The study compared certain communication skills in nearly 50 normal, language-delayed, and autistic children: the length of their utterances, the way they used and understood gestures and pronouns, how they responded to someone directing their attention, and whether or not they could direct other's attention.

All of the children had a language level that normal 30-to 36-month-old children have.

Down syndrome study:

Tales from a mirror

In another study, Loveland compared the way normal children and those with Down syndrome explored and learned from their environment.

Down syndrome, one of the most common causes of mental retardation, is a genetic disorder in which the balance of the twenty-first pair of chromosomes has been disturbed by a third chromosome.

Normally, human beings have 46 chromosomes paired in 23 sets. The extra chromosome in people with Down syndrome (also called Trisomy 21) causes developmental and, often, metabolic problems.

In Loveland's study, she videotaped children, with mental ages between 16 and 38 months, playing with their mothers in front of a large mirror.

"There is evidence that Down syndrome children have problems with attention and that they explore their environment in different ways than normal children," Loveland said.

Mirrors are an excellent stimulus for learning, she added. Children must come to understand how reflective surfaces work. They must, for example, learn that an object and its reflection are symmetrical and move together.

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Language-delayed and autistic children were selected to have the same level of intelligence.

Using toys, bubbles, noise-makers, and others things to attract the children's attention, Loveland played with them and tested their use of different communication skills like pronouns, gestures alone, language used with gestures, and requesting.

In one task, for example, the investigator would do something enticing, like playing with bubbles or eating a snack. Children had to request to join in the activity.

After studying the videotapes, Loveland said she found distinct differences in the way the three groups of children communicated.

Autistic children had the most trouble with tasks that required them to understand both a gesture and a spoken command. When a tester pointed to something and said "Look," autistic children were not as likely to respond correctly as language-delayed and normal children.

"Maybe the combination of gestures and language gives them too much information to process," Loveland said.

Language-delayed children tended to be less socially withdrawn after they reached the age of four or five than autistic children. "Older language-delayed children seem to be more willing to use the language they have after they turn four or five," Loveland said.

The gestures the autistic children used were more primitive (taking and touching) as opposed to informative (pointing to something). Some of the autistic children used practically no gestures.

The children's use of personal pronouns also differed.

To use words "I" and "you" correctly, children must be able to differentiate between themselves and others, to understand that I am "I" to myself and you are "I" to yourself. Normal children can usually do this by age two, Loveland said.

She found that the autistic children's use of personal pronouns was related to the number

Normal one-year-old twins Zachary and Rachael Carter.



of times they initiated communication or used their joint attention skills. There was no relationship between the two skills in normal and language-delayed children.

Normal and language-delayed children are already so good at joint attention skills that the correlation is not an issue for them, Loveland said.

"There's a missing piece for autistic children," Loveland said. "Learning to use pronouns is sophisticated. You've got to be able to understand grammatical principles, for instance, that I and you are substitutes for names. But then you have to learn to use them in a conversation. This is hard for autistic children."



Drs. Katherine Loveland and Susan Landry compare videotapes of normal, language-delayed, and autistic children.

Loveland found that normal children and ones with Down syndrome have the same kinds of exploratory skills in their repertoire: patting the mirror, kissing their reflection, looking behind the mirror, watching their reflection.

Down syndrome children of the same mental age as normal children were as likely to solve a task, like turning around to find the source of a reflection, as children in the control group. But they approached the task differently.

Down syndrome children did much more with the mirror. They were exploring constantly, patting, kissing, moving, making faces. Normal children on the other hand, used a more focused range of behavior. They were less likely to do playful behaviors that did

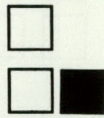


not solve the task, like patting the mirror before turning around to find the object reflected in it.

Loveland also found that children with Down syndrome tended not to look back and forth between an object and its reflection as much as normal children.

"This seems to indicate that they may have trouble shifting the focus of their attention. The fact that they persisted at a single strategy for a long time shows they don't habituate or get bored as quickly as normal children.

A child's ability to shift the focus of his attention is important to his ability to learn. In terms of intervention, Loveland said, therapists should perhaps help children with Down syndrome learn to shift their attention.



With a little help

from Mom

It's called play, but it looks more like a delicate dance.

The mother's gaze is fixed on her six-month-old baby's eyes, hands, and smile. The baby coos at a toy lion in front of him. His mother purrs back softly, imitating the sound of the pretend animal. She jiggles it.

Captivated, the baby moves closer, paying full attention to the toy. Next he notices an object hanging above him. Again, his mother absorbs his cues and gives the dangling toy a gentle swing. The baby's attention is captured once more and he reaches for it.

Their playful interaction flows smoothly; the two are synchronized. And the baby is learning how to focus and shift his attention and discovering that reaching and touching reward him with knowledge.

For five years now, Dr. Susan Landry, a psychologist in the Mental Retardation and Developmental Disabilities Division, has been studying how mothers help their babies develop attention skills.

Premature babies who had brain hemorrhages, fluid build-up in the brain, respiratory distress, and pulmonary disease are of particular interest to Landry. Her previous research showed these complications lead to different developmental delays that can last up to three or four years or longer.

Landry and her staff study all preterm babies born at Hermann Hospital who weigh less than 1800 grams (about three pounds) and have medical complications. The infants are brought to the MRDD section by their mothers at six months, 12 months, two, three and four years. They are given developmental tests and are videotaped interacting with their mothers.

She has found that children who had bronchial pulmonary dysplasia (BPD), a lung disorder caused by the sometimes toxic effects of oxygen, and babies whose brain hemorrhage led to

hydrocephalus, a fluid build-up, were most likely to develop certain learning problems.

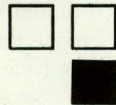
Premature babies who suffered mild degrees of brain hemorrhage or respiratory distress syndrome (RDS), a breathing problem common among babies whose lungs were underdeveloped, tend to catch up by age three as long as they did not have other complications.

Knowing this, Landry looked at three questions:

- Do premature babies who are at high risk of developing learning problems have poorer attention and reaching skills than less-sick and full-term babies?
- Are mothers of high-risk premature babies able to help their children improve those skills as well as mothers in the other two groups?
- What characteristics of mothers related to better attention and reaching skills in their babies?

"One might expect that mothers of the high-risk babies

Zachary Carter engages tester Olia Holowka in a little play.



would have more trouble. The babies are not as responsive to social interaction. They don't give Mom as many clear signals and cues. They don't hold their bodies up as well and they have trouble processing new information. Moms need to scoot up to them and do more, and at the same time, Moms aren't getting as many rewards," Landry says.

She recently analyzed the results of the tests and videotaped interactions of 75 mothers and their babies at six months and 12 months after birth and found some surprising—and encouraging—results.

Landry measured how long babies by themselves could look at an object; their ability to move their attention on their own; how many times they noticed five toys in front of and dangling above them; whether or not and how often they reached for what they saw; and how long they were involved in an activity. Then she looked at the mothers' influence on the same activities.

"Babies learn about their environment by being actively

involved with it. They learn by getting hold of toys and doing things with them. They learn cause and effect and develop their fine motor skills," Landry explains.

Without their mothers, the high-risk babies looked at toys for shorter periods of time than the other two groups. They noticed and reached for fewer toys. And they spent more time not focusing on toys or their mothers.

The encouraging finding, says Landry, is that mothers of all three groups of babies were similar in their ability to help their babies. Although high-risk children had poorer attention and reaching skills, their mothers were as capable of helping them improve those skills as were mothers of the other two groups of babies.

When mothers were allowed to play with their children, babies in all three groups looked at toys longer, noticed more toys, and spent less time fidgeting. The babies reached for more toys when they played with mothers than when they were left alone.

Landry found that the mothers' style of directing the babies' attention also made a difference. Mothers who followed where their babies were looking and worked to engross them further had the greater impact.

As part of the study, mothers filled out questionnaires about their attitudes toward their baby and their marriage. Landry says a mother's attitude of warmth as measured by the questionnaire—that her baby was a source of satisfaction, that she enjoyed having a baby, that the baby had special needs—was related statistically to better infant attention skills.

Landry is now studying the test results and videotapes at the 12-month visit and has found that mothers of the premature babies continue to facilitate their infants' ability to play with and attend to toys.

The results are encouraging, she says, because they show that many mothers of healthy as well as quite sick premature babies have a

natural ability to help their children learn.

Often, mothers who are not working as well with their children are experiencing stresses in their relationships, finances, and day-to-day living. Their confidence in their ability to be parents may be low or they don't understand their infants' needs.

"When it comes to intervention, these results suggest that some mothers have nice skills and don't need a lot of intensive training. Maybe what they need more of is a lot of support, people with whom they can talk and share the joys and problems of parenting," Landry says, "as well as confirmation that they have skills to be effective parents."

The results of this study suggest that other mothers may need to learn more about the developmental needs of their infants and specific techniques to help their children.

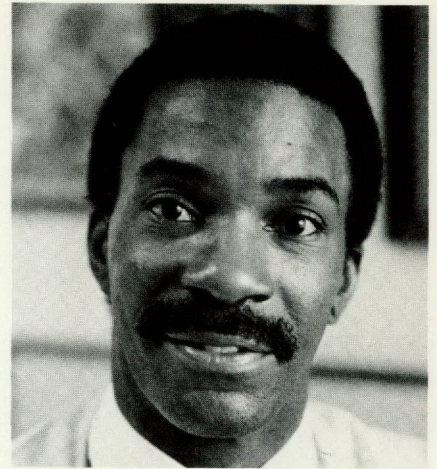


What baby could resist Sandra Vick's smiling invitation to play?

"High-voltage emotions characterize Fore's work as an actor and a playwright."

H ◇ arold

F ◇ O ◇ R ◇ E



Talking to Harold Fore about his dramatic career is a little like conversing with Niagara Falls.

Thoughts, dates, dreams, titles, memories, mentors, and more spill out with the velocity of rushing water. It is that very force and energy that Fore harnesses to create powerful plays and characters.

Fore, administrative assistant in the alcohol treatment clinic, is a tall, lean man with a brisk walk, quick laugh, and amazing typing speed (100 words per minute). His clerical skills have paid the bills in a world not always generous to black actors and playwrights.

But when it comes to his dedication to acting and writing drama, nothing stands in his way.

Fore was born and reared in Port Lavaca, a coastal town about 50 miles southeast of Houston. His father, a well-respected chef who earned modest wages, demanded nothing less than A's and excellence from his five children.

"As long as I can remember, I was 'out front,'" Fore says. When he was four years old he stood in front of a church audience and recited: "I didn't come here to stay. I came here to tell you it's Merry Christmas Day."

Memorizing came easy for him. As he grew up, he won spelling bees, speech contests, and dramatic interpretations of poetry. Music was another forte. He sang, played the clarinet and piano, and organized choirs. In high school, he was the first black student to become a thespian.

His dream became to attend Howard University in Washington, D.C. and major in drama. But at age 15, his father died after a lengthy battle with stomach cancer. Six months later, his mother became ill with uterine cancer. "I basically had to raise myself then," he remembers.

He continued to pursue his interest in music and drama; it was

an excellent emotional release. A turning point in his life was a friendship he developed with a white student named Jim Krisco.

"Jim loved to listen to my choir and we shared an interest in music." When Krisco developed a brain malignancy and was confined to his bed, Fore would visit him daily to play the piano and sing. So touched was the teen-ager that before he died he asked his parents to leave his trust fund to Fore.

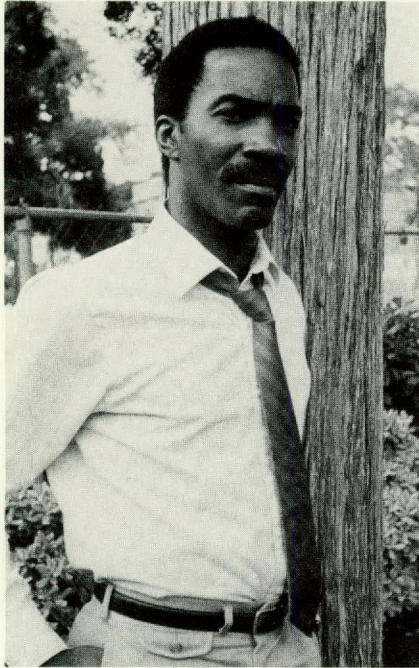
Several weeks after Krisco's death, his parents told Fore about their son's wish. They asked Fore where he wanted to go to college, and he told them of his dream of attending Howard.

"These people are responsible for my education," Fore says with gratitude. "They sent money directly to Howard University and made sure all of my needs were met—even a trip home for Christmas and in the summer.

Attending Howard was a struggle, Fore said. On the first day of classes, drama instructor Marian McMichael, a contemporary of Betty Davis, told freshman students her job was to "weed out the surplus."

She advised them to "go to your dorm, take a nap, come back and tell me that you've changed your major. You will never act, you are wasting your time. Only one percent of black actors find work."

By the end of the third year in acting, the class of 35 had dwindled to four. But Fore flourished at Howard, earning a reputation as a capable and motivated actor. He was allowed to break a



taboo about freshman and sophomore actors performing on the university main stage and added numerous credits to this list. He performed in "Oedipus Rex," "Three-Penny Opera," "Blues for Mr. Charlie," and "Richard III."

He also became actively involved in civil rights issues—something that has influenced his work.

His success, he says, was intoxicating, leading him at one point to believe he didn't need a degree. He dropped out of Howard in his senior year, moved to New York, and entered the "real world of acting." There he discovered his fascination with writing.

He acted, wrote, entered writers workshops, and lived on a modest budget. "During that experience I learned a lot of what Marjarian McMichael said was true."

Fore decided to finish school. He entered Fordham University in New York and got a degree in sociology. With his acting career in a pause, Fore decided to come back to the south where apartments with central air and heat and no leaks in the ceiling could be found for less than \$1,000 a month.

Houston was a boomtown then, a place where he felt he could "peddle his work" and earn a living. He worked at Baylor College of Medicine for a year as a scientific editor, then came to TRIMS.

The mental health field inspired his first major works, both musicals: "Neglected Mother," a tale involving incest and a family's reaction to its matriarch entering a nursing home, and "Izzy," the story of a black musician whose ideals clashed with society and whose alcoholism led to his demise.

Dr. Linda Webb, director of continuing education, saw one act of "Neglected Mother" when it was presented at Texas Southern University. She considered it an excellent training tool for mental health professionals because it dealt with aging, divorce, alcohol abuse, depression, and incest.

Under her sponsorship, the musical was presented at TRIMS and followed by a discussion with social workers, psychologists, and psychiatrists.

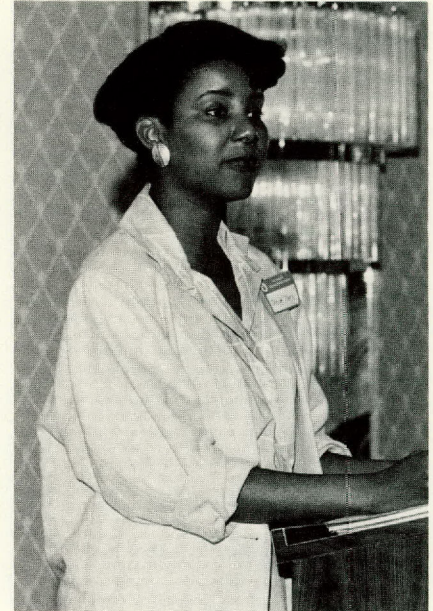
High voltage emotions characterize Fore's work as an actor and a playwright. He soaks in information non-stop, studying people, behavior, and interactions.

Some of the most compelling parts of his plays are the soliloquies. He builds them into his work so that actors have plenty of room in which to interpret the characters they portray.

Fore recently was featured on Channel 13 in a television program called "Crossroads" in which monologues from three of his works were presented. He portrayed two of the characters and discovered yet a new facet of his talents—his television presence. The television captures nuances of his persona that have not appeared onstage.

"Now I realized all the time I spent in New York, I should have been in Los Angeles," Fore says with a laugh. "But I would never trade what I have learned along the East Coast or at TRIMS," he adds.

Shelia Torry addresses volunteers at a sumptuous luncheon.



Volunteers honored

TRIMS volunteers were treated by the TRIMS Volunteer Services Council to an awards luncheon in June at the Marriott Medical Center Hotel.

Sheila Torry, assistant volunteer services director, handed out certificates, pins, and compliments to the hundreds of community members and TRIMS staff members who have volunteered time, talent, and resources for TRIMS patients.

Some of the volunteers and organizations who did not receive certificates at the ceremony included: Joel Hammett, Celia Freeman, W.C. Ragan, Jr., Wyrdham Hotel, Sheltering Arms, Lee McMurrey, Sydney Kindle, and Jimmy Jones.

Honorabilia

Excellent employees

Susan Self received the Genetics Screening and Counseling Service's quarterly employee award of excellence. She was selected by a committee of her peers. Self, a word processing operator, joined GSCS in December 1983.

Jimmy Jones has been named the TRIMS psychiatric aide of the year. The award is given by the Mental Health Association in Texas to outstanding direct care workers. Jones, who has worked at the TRIMS inpatient unit at Center Pavilion Hospital for two and a half years, is known for his humane and caring attitude.



Appointments

Dr. Kenneth Solway has been named chair of the membership committee for the Association of Psychology Internship Centers. He is the Houston Psychological Association's chair of the nomination committee and the association's representative to the Mental Health Needs Council.

Dr. Donald Day was appointed acting director of the Genetics Screening and Counseling Center.

Residents advance

Dr. Renu Thapar, a former TRIMS chief resident, passed her board certification examinations.

Dr. Kinh Nguyen is a fellow of the American Psychiatric Association in the National Institute of Mental Health Minority Fellowship program.

Meetings

Felice Cohen and Kay Cox presented "Incest: A review of clinical experience and art therapy as a mode of treatment" at the regional Institute on Alcohol and Drug Studies.

Drs. Anita Woods, Richard Shewchuk, and T. Samorajski presented workshops at "Exercise and the aging brain: a model of enhanced functional capacity in the aged" at the University of Texas in Austin.

Dr. Sergio Henao discussed "Hysterical convulsions in a Mexican/American family" at the American Psychiatric Association meeting in Dallas.

Nancy Wilson participated in a workshop on "Community-based long-term care: applying lessons learned from national demonstrations and local community experiences" at the National Council on the Aging conference in San Francisco.

In publications

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M. Mirabi, M. Weinman, S. Magnetti & K. Keppler (1985). Professional attitudes toward the chronic mentally ill. *Hospital and Community Psychiatry* 36, 404-405.

T. Samorajski, C. Delaney & L. Durham (1985). Effect of exercise and longevity, body weight, locomotor performance, and passive avoidance memory of C57BL/6J mice. *Neurobiology of Aging* 6, 17-24.

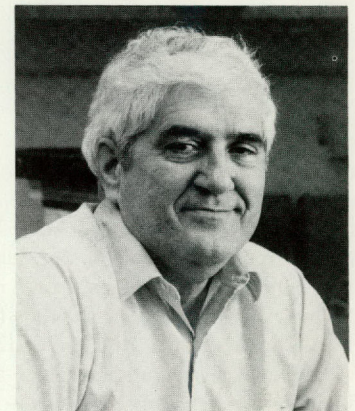
B. Saltzberg (1985). Special electrophysiological tests: brain spiking, EEG spectral coherence. In R.C.W. Hall & T.P. Beresford (Eds.) *Handbook on Psychiatric Diagnostic Procedures* 2, 137-150.

Dr. David Wood continued from page 3

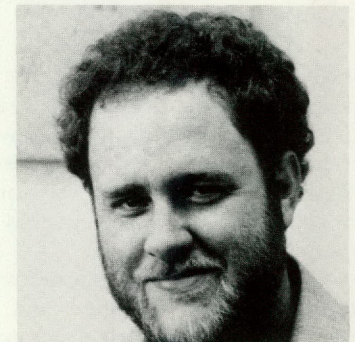
"This program treated up to 16 patients at a time. It was, in my opinion, a very fine program. The Texas Rehabilitation Commission (TRC) sponsored many of the patients.

"Treatment strategies included day treatment programs, group therapy, planned socialization experiences, vocational evaluation, counseling, and placement, as well as classes.

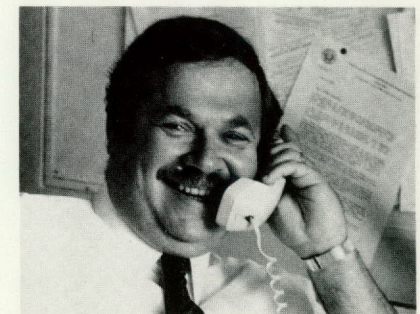
"Given the problems today in finding appropriate community (nonhospital) services for mentally ill people, the TRIMS halfway house program was probably ahead of its time."



Harry Turley



Dr. David Wood



Dr. Kenneth Solway

DR. KENNETH SOLWAY

Chief psychologist

"TRIMS has a history of colorful chief psychologists dating back to Sandy Goldstone, and including perhaps the only woman to hold such a position of authority with any of Houston's major learning institutions, Elna White. It is rumored that she once offered to fund our internship program even if the Legislature didn't.

"Our internship program, accredited by the American Psychological Association, has a local and national reputation going back several years. Though it and our training affiliations with local universities, we have been involved in clinical and research training for several hundred local psychologists.

"Service delivery has always been a major TRIMS mission and psychologists have carried more than their share of responsibilities in that regard. We pioneered at TRIMS in doing behavior therapy, group therapy, family therapy, sex therapy, hypnosis, and other evolving techniques.

"In working with chief psychologists around state, I constantly receive feedback about workshops that TRIMS psychologists were providing for other psychologists and professionals."

DR. LINDA J. WEBB

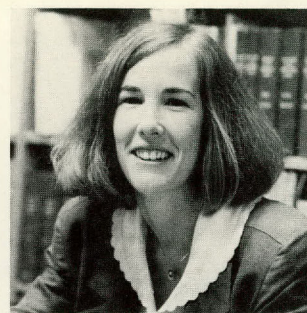
Director of continuing education

"Well, I never thought I'd see the day when I'd be contributing to a final issue of the Emissary. It's hard to believe and even harder to write my thoughts.

"Funny thing, I've been in the basement for the last eight years. It seems the higher up in the organization I've gone, the further down in the building I've moved.

"I won't miss the basement. I will miss all the friends I've made over the years, and especially the wonderful group of people I've worked with in the Office of Continuing Education.

"Our finer moments? In particular, they were when TRIMS



Dr. Linda J. Webb, above left,
Nancy Wilson, above,
Dr. J. Ray Hays, left.



clinicians worked with us to develop the **Diagnostic and Statistical Manual of Psychiatric Disorders-III (DSM-III)** training guide and training program. It was designed to provide training for more than 10,000 professionals in TDMHMR and it was quite an experience.

"We worked long hours and traveled to such exotic places as Lubbock to train trainers from the state schools and hospitals.

"When it was published by Brunner/Mazel, it sold more than 30,000 copies and later was translated in Japanese. That was one of the 'finer moments'."

DR. J. RAYS HAYS

Head of training

"All the students who have been here—that's what I'll remember as an accomplishment."

NANCY WILSON

Texas Project for Elders director

"I came to TRIMS in 1974 immediately after graduate school in Chicago. I planned to stay two years, thinking I would learn all I could and then move on to the competitive East Coast. But in my time as part of the Gerontology Center 'family' I've never stopped learning and I have had many opportunities to grow personally and professionally without 'moving on'.

"It is no secret that there is a very special 'father' who heads our family. Dr. Charles M. Gaitz has made a place for professionals to learn and contribute. He has reminded us of what is possible if you are persistent and hard-working; he has taught us how to talk to anyone and pursue any possibility that will improve the life situations of older people and the understanding of geriatric mental health.

"My memories of TRIMS' finer moments are images of teamwork and collaboration among TRIMS professionals of different disciplines, health and social service agencies in the greater Houston area, and among colleagues throughout Texas and the nation.

"The products and milestones include the Senior Information and Outreach Service, our comprehensive patient care programs, research into dementia, participating in the National Long-Term Care Channeling Demonstration, a six-part public broadcasting service program on aging called "A Matter of Time", the **Aging 2000: Our Health Care Destiny** international symposium, and the gerontology fellowship training program.

"I remind myself that certain things are impervious to legislative action: the gifts of a mentor and teacher, the support and concern of colleagues and staff, the books, lectures, conferences, consultations, therapy sessions, home visits, and supervisory sessions that are the legacies of 20 years of gerontological work at TRIMS."

Fare well, friends



I was a newcomer to mental health when I began working at TRIMS nearly three years ago.

My boss, Lore Feldman, must have known she was taking a big chance when she hired a former newspaper reporter who had spent the past year doing nothing but playing with her baby.

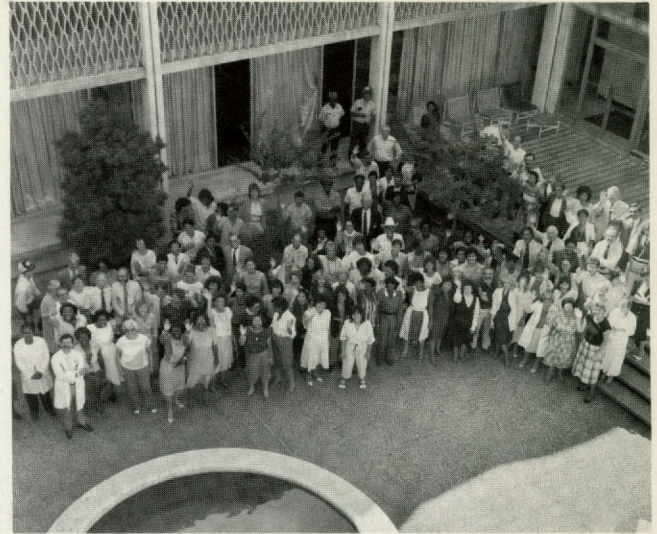
I will be eternally grateful that she did. I have learned much from the people at TRIMS.

I discovered that schizophrenia means more than multiple personalities; that growing old doesn't equate with becoming senile; that chronically mentally ill people can live fulfilling lives in the right environment and with plenty of support and understanding; that most people at some point in their lives experience a form of mental illness; that the war on the stigma of mental illness is far from won.

I learned that arguing can be awfully fun; that going along with an idea with which one doesn't agree is colluding in disaster; that doctors are people too; that I am addicted to word-processing software, helpless and hapless without it; that I am terribly attached to people at TRIMS.

TRIMS has been an excellent place for many people to grow professionally and personally—including myself. Editors and writers of *The Emissary* have always strived to reflect that quality, to show that TRIMS was an institute of people serving people through research, training, and patient care. And I believe they have been successful.

So has TRIMS. Ralph Waldo Emerson wrote about



Brad Perkins

success much more eloquently than I can. So I conclude the final issue *The Emissary* with a quote from him:

"To laugh often and much; to win the respect of intelligent people and the attention of honest critics and endure the betrayal of false friends; to appreciate beauty; to find the best in others; to leave the world a bit better whether by a healthy child, a garden patch, or a redeemed social condition; to know that even one life has breathed easier because you have lived—this is to have succeeded."

—Kathleen Kimball-Baker

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