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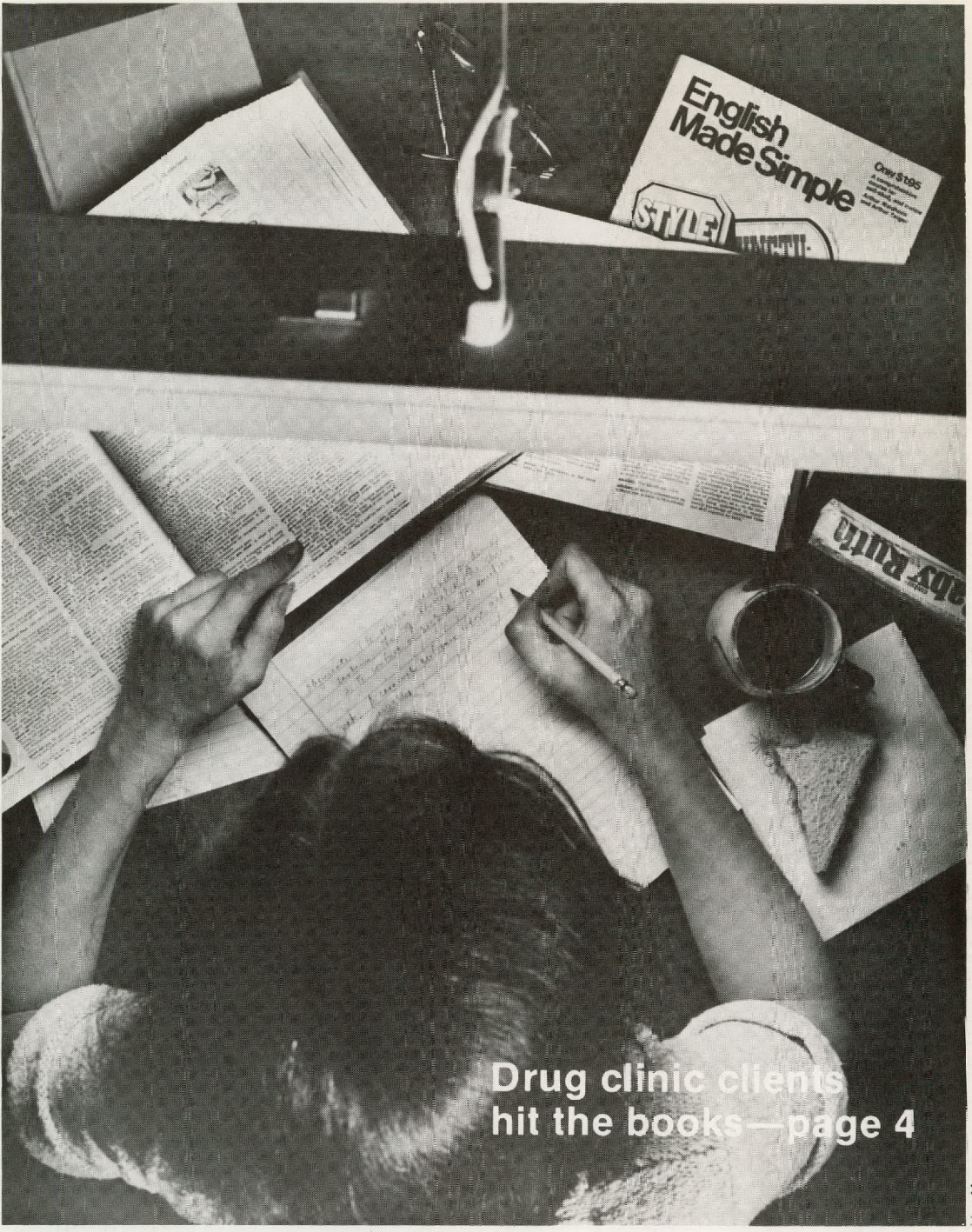


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Texas Research Institute of Mental Sciences □ Houston □ August 1981

the emissary



Drug clinic clients
hit the books—page 4

Mark Meyers



dr. schoolar writes

About the legislative riders

House Bill 656, the appropriations bill for fiscal year 1982-83, contains four riders concerning TRIMS. The first has to do with the institute's governance by the TDMHMR board and is simply a statement contained in each appropriation. The second is a research rider; the third formalizes requirements for TRIMS to provide extramural consultation services to other departmental facilities; the fourth is a transfer rider. The latter three have significant implications for the institute and should be looked at in some detail.

The research rider states: "None of the funds appropriated above may be expended prior to the development of a written Central Office Research Review Committee research plan which outlines measurable departmental research goals, methods by which such research goals will be accomplished, expected costs for the research outlined and procedures by which the accomplishment of goals outlined can be determined. The plan shall be monitored and updated prior to the beginning of each fiscal year and filed with the Legislative Budget Office and Governor's Budget and Planning Office."

The research plan—which is a plan for the entire department, not only TRIMS—has been completed and submitted. CORRC is to determine the research most needed by the department in fulfilling its clinical responsibilities. Goals and objectives are formulated on the basis of a comprehensive group of indicators which include:

1. Diagnostic categories of patients at first admission to state hospitals and schools, and changes in these categories over time.

2. Epidemiologically based curves of population changes, by age group, over the next 20 years.

3. The department's present capacity to serve patients in each diagnostic category and age group, considering both treatment facilities and external support services.

4. Expected changes and shifts of emphasis in treatment approaches.

5. Research needs as determined by a survey of facility personnel.

6. An estimate of the usefulness of research done by departmental investigators, compared to work done elsewhere.

Secondly, the rider requires that the research itself and the methods by which it is to be accomplished be drawn so as to be readily evaluated and measured. Is the work relevant to TDMHMR needs and to national priorities? Does it contribute to basic knowledge? How does the work relate to other studies within the system, and to work in related areas going on elsewhere? What are the training uses, if any? Does the proposed work justify its cost? Is the research being completed on schedule, and are there plans for publication or other appropriate dissemination of the results? Answers to these and similar questions will be closely monitored.

The research rider puts into sharp focus the intent of the legislature that research be the primary function of TRIMS, a purpose clearly stated by the TDMHMR board in 1975 and reiterated in Tim Graves' Legislative Budget Board report last year. In the main, research in the department is at present carried out by TRIMS, and the functions of CORRC and the TRIMS staff overlap significantly. The rider is specifically applicable to

TRIMS; it refers to CORRC; the association is already in place and the assignment is welcome.

extramural consultation

The rider on extramural consultation stipulates that "at least \$275,000 be expended by TRIMS per fiscal year for 'extramural consultation services' designed to benefit the facilities. . . ."

TRIMS is already complying with the requirements of this rider. We have, for example, conducted a tardive dyskinesia survey in state hospitals, and a project is under way to standardize and code behavioral patterns of state hospital patients. We are beginning a study of the incidence and prevalence of physical disease in patients being admitted to state facilities.

The neuropsychology section is attempting to restructure and re-standardize diagnostic rating scales applicable to specific groups of children with learning handicaps. Blood levels of antidepressant and neuroleptic drugs are being run in TRIMS laboratories for patients anywhere in the system who do not respond to treatment.

The psychophysiology and information analysis sections are providing consultation on telephone-transmitted electroencephalograms, not only for diagnosis, but to develop new coding techniques and design computer-assisted methods that will allow standardized EEG screening of patients. Other extramural services, like the clinical consultation and literature-search hotline, have heretofore escaped formal tabulation, but these will now be included in our catalogue of services.

With each of these programs goes detailed follow-up with colleagues in

the facilities about the patients concerned and the findings in question.

transfer rider

The transfer rider requires the TDMHMR board to "determine those functions of TRIMS that could best be performed by other facilities of the Department, other agencies or institutions of state government, or by a community mental health/mental retardation center. Upon making such a determination that these functions could be accomplished in a more effective and efficient manner, the Board is authorized to transfer funds from items of appropriation to TRIMS to other items of the Department's Central Office or institutions and may use these funds to contract with other agencies or institutions of state government or with a community mental health/mental retardation center for the provision of these

services."

The stipulation increases our responsibility to keep board members and others thoroughly aware of what we are doing and how our activities benefit the department. Certainly, only a foolish person would disagree with a general policy that state monies be spent in the most effective manner to accomplish the desired ends. The problem lies in communicating information about our activities and results accurately and understandably, so that reasonable men and women can make a sound judgment. To accomplish this, even in a measure, requires that we at TRIMS communicate and educate, explain and justify, evaluate and reconsider.

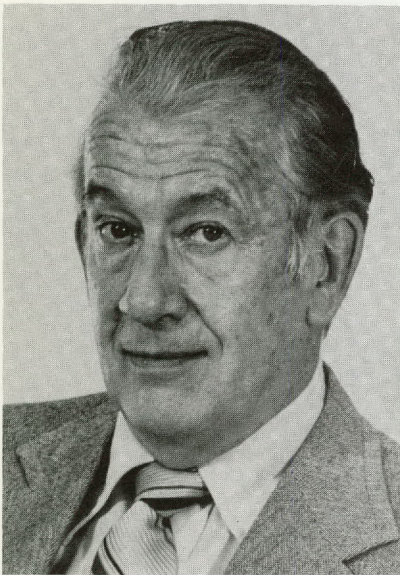
And so, what we will do at TRIMS in the near future will not be greatly different from what we've done in the past. But our activities will be more

focused, and the fact of our doing them will be more widely known and recognized.

what will happen?

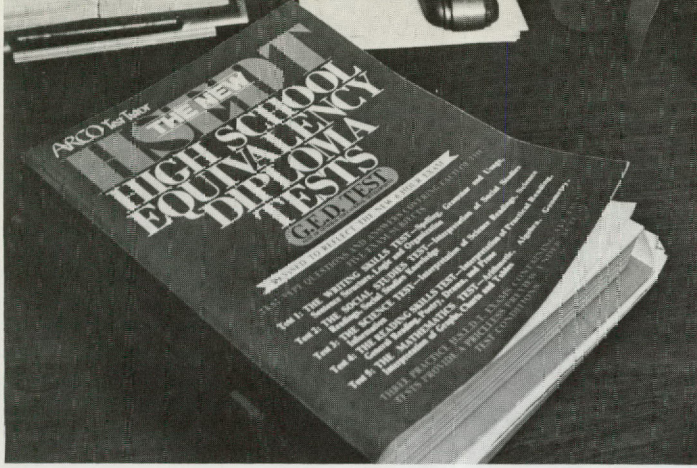
What, then, are the answers to the questions circulating about TRIMS? Will certain of our activities be discontinued, eliminated entirely, or transferred to other agencies? Will TRIMS be transferred out of the department?

I do not know the answers to these questions. But they are not new; these questions and the rumors they spawn have been commonplace for over a decade. I believe that part of the questioning lies in the fact that we are a public agency, and it is simply an inherent factor in serving the public. If we do our job competently, we will have the best chance of retaining the highest possible degree of influence on decisions concerning the institute.



Commissioner resigns

Dr. John J. Kavanagh, commissioner of the Texas Department of Mental Health and Mental Retardation since 1978, resigned July 24. His resignation is effective Oct. 1. "Dr. Kavanagh understood and fully supported the role of TRIMS in the department, and we will miss his leadership," Dr. Joseph C. Schoolar said.



Finishing school Drug abuse clients earn GED and train for job hunting

Looking for a job is seldom pleasant for anyone, but when you're a former heroin addict and never finished high school, the frustration increases dramatically.

To help methadone clients deal with these difficulties, the substance abuse clinic now offers vocational counseling and tutoring for the General Equivalency Diploma exam. Drug abuse clients are able to determine their vocational preferences, hone their job interviewing skills, and learn ways to minimize their discomfort in counseling sessions with Rose Brewer, the clinic's vocational/educational services counselor. Volunteers provide the GED tutoring.

In her vocational counseling Brewer often has clients play a card game to find out what they like and don't like about a job. The card player sorts about 200 job cards into three piles: "Might Choose," "Would Not Choose," and "In Question." The cards cover a variety of jobs—architect, bellhop, jewelry designer, biochemist, paperhanger, licensed practical nurse, TV repairer, chamber of commerce executive, to name a few.

The game, says Brewer, "broadens the job possibilities in the clients' minds" and shows what's important to them in a job. "Knowing the things you don't like in a job is just as important as knowing what you do like," she tells clients. After they finish the game, clients list their "10 perfect jobs."

how to find work

How to get that perfect job is another matter. Besides offering the standard job-hunting advice—think whom you know who can help you get a job, read the Sunday want ads, visit the Texas Employment Commission and private employment agencies—Brewer suggests that clients consult the telephone book yellow pages. Often, she says, clients who are looking for work become depressed because they've "invested themselves and then been rejected."

Instead she recommends that they phone the personnel officers of companies they are interested in to ask if there are any openings. That way, she says, the callers don't even have to identify themselves; if there are no jobs, they "didn't lose much and weren't rejected. I tell them they should start to invest only when they know there's an available job that they're qualified for."

Sometimes, too, she says, just letting clients know that job hunting is "devastating for everyone" helps.

Brewer says she consulted several Houston firms about referring clients to them for job placement and got "a fairly negative response." A few were interested, but only in clients who'd completed treatment and were "rehabilitated." Brewer decided her time would be better spent in working with individual clients, "helping them to be better prepared and to be more expert, if you will, at finding a job."

many want diploma

For clients who have no high school diploma, earning their GED is "one of the most requested and most recognized needs in intake interviews," although they don't necessarily then sign up for tutoring, Brewer says.



Rose Brewer is the substance abuse clinic's vocational/education counselor.

Margie Salvo and Tony Warnick are volunteer tutors. Salvo works in a photo lab and Warnick is a machinist. Judging by the circled want ads below, Warnick may be influencing his math students to learn his trade.



Six volunteers are tutoring clients in the various subjects they'll need to know to pass the GED exam—reading, writing, math, social studies, science. Two clients are now ready to take the test.

Tony Warnick is one of the volunteer tutors. A machinist, he says that one of the things he likes about tutoring is the opportunity it gives him to relate to people. In fact, in his weekly math tutoring sessions, he says, "I spend half the time counseling or just listening, and the other half tutoring."

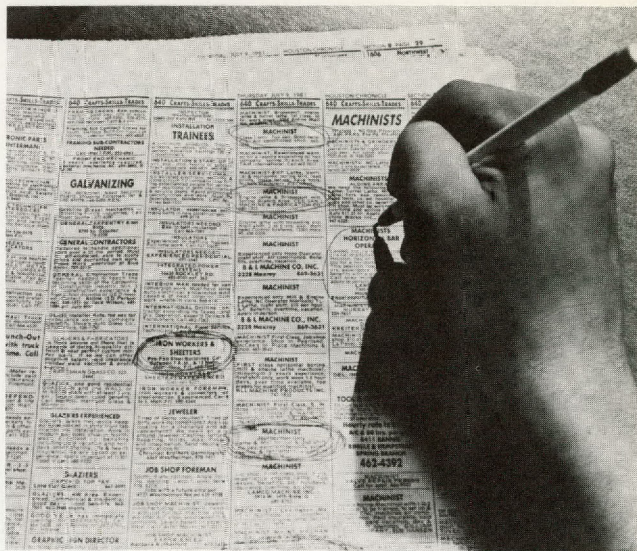
His middle-aged "student" that day admitted her problem with fractions, but she had been practicing the multiplication tables and making real progress. "I've been studying real hard," she told Warnick. "I'm determined. I am going to do it. You have to have a high school diploma or GED to apply for anything now."

While Warnick watched, she solved a page of multiplication problems. "You're doing good," he told her with a smile.

"I've been dreaming sixes," she said. After some rough times when she felt her head "was all jumbled," she started to prove to herself "that I can be a person and contribute something."

can be frightening

Starting work on their GED can be a frightening experience for clients who've had a history of failing in school, says volunteer Margie Salvo. During the day she works in a photo lab but spends one evening a week tutoring at the clinic. She says she tries to create "a comfortable atmosphere" for the tutoring, encouraging her students to talk about their expectations and fears. She believes that getting a GED is something tangible that clients can do for themselves. "They can say 'I set out to do something and I accomplished it.'"

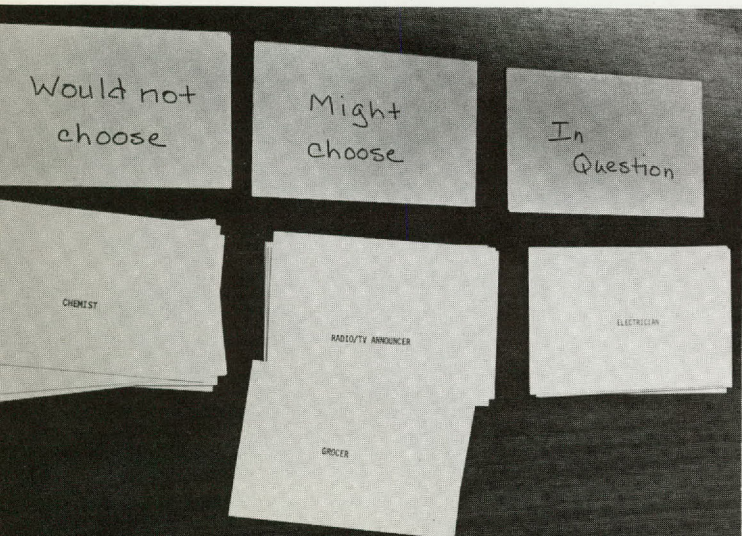


Once a month Brewer meets with the volunteer tutors, a group that includes Becky Langenberg, James Lee Burns, Donna Carlson, Carol Bahm, and Margaret Griffin. Meetings have dealt with such topics as the problems volunteers have encountered and how to deal with clients who don't show up for their tutoring sessions.

No-shows are a distinct problem, which Brewer has tried to resolve by contacting the client who missed a session and having him explain to the volunteer why he was absent. "In that way I try to make him aware of the consequences of his actions," she says.

Because caseloads are increasing at the clinic and funding cuts are possible, the GED program may be eliminated, Brewer says. "I'm going to have to evaluate all the things I do in terms of client change," she says, and, if the work load gets much heavier, she might have to terminate her participation in the tutoring program. "I'd hate to see the GED program go," she says.

—Karen Hanson Stuyck



Tinker, ta lo? Brewer sometimes plays a card game with clients to help them decide what kind of work to look for.

publications

James L. Claghorn, Roy J. Mathew, and John S. Meyer. Reexamination of the biological basis of depression. *Excerpta Medica* 1981, pp. 48-53.

M. Chojnacki, E. Mann, A. Shvartsburd, C.W.E. Wingfield, K. Campbell, and R.C. Smith. Comparison of standard and Holtor-monitored EKGs in a patient treated with several antidepressants. *Research Communications in Psychology, Psychiatry and Behavior* 6:103-111, 1981.

M. Chojnacki, P. Kralik, R. Allen, B.T. Ho, J.C. Scholar, and R.C. Smith. Neuroleptic-induced decrease in platelet MAO activity of schizophrenic patients. *American Journal of Psychiatry* 138:836-840, 1981.

A.J. Delaney, T. Samorajski, G.N. Fuller, and Richard C. Wiggins. A morphometric comparison of central and peripheral hypomyelination induced by postnatal undernourishment of rats. *The Journal of Nutrition* 111:746-754, 1981.

B. Saltzberg, P. Kellaway, M.W. Burton, Jr., and J.D. Frost, Jr. Epilepsy: a heuristic model for relating nocturnal sleep EEG spike distributions to the risk of seizure. *International Journal of Biomedical Computing* 12:9-16, 1981.

Victor Molinari and Prabha Khanna. Locus of control and its relationship to anxiety and depression. *Journal of Personality Assessment* 45:314-319, 1981.

Felice W. Cohen. Art therapy: Psychotic expression and symbolism. *The Arts in Psychotherapy* 8:15-23, 1981.



Dora McBride

□ honors for McBride □

Dora McBride received the community service award of the Mental Health Association of Houston and Harris County for "outstanding service and work in the community to improve mental health services." She also was honored by Governor William P. Clements with a certificate of appreciation for "exceptional and distinguished volunteer service."

In 1979, the National Association of Social Workers' city and state chapters selected McBride as Social Worker of the Year. Case coordinator in the TRIMS child development clinic, she holds leading volunteer positions as well. She chaired the children's mental health advisory council of the Mental Health and Mental Retardation Authority this year and serves on the Mental Health Association's children's committee and the task force on the proposed Houston psychiatric hospital. She was a Mental Health Association board member for two terms.

□ Scholar in Stockholm □

Dr. Joseph C. Scholar presented "Depression, anxiety, and cerebral blood flow" to the Third World Congress of Biological Psychiatry in Stockholm. The paper's co-authors are Drs. Roy Mathew, Maxine Weinman, and John Stirling Meyer.

□ Emissary wins award □

The Emissary won first place in the National Association of Mental Health Information Officers' five-state regional competition. Lore Feldman, Karen Hanson Stuyck, and Marc Meyers were cited for "outstanding achievement." Last year they won the same award, took second place in the national contest, and in May won the Matrix award of the Houston Women in Communications chapter.

□ prize for exhibit □

Dr. James L. Claghorn chaired a training session on interrater reliability of the Hamilton Depression Scale at the New Clinical Drug Evaluation Conference in Key Biscayne. He presided over two research exhibits at the American Psychiatric Association annual meeting at New Orleans, winning honorable mention for the display of his group's research with the antidepressant maprotiline.

□ good notice □

Reviewing *Tardive Dyskinesia: Research and Treatment in the American Journal of Psychiatry*, Dr. Henry Nasrallah writes that the book "contains a wealth of research and clinical information that essentially comprises the state of the art. . . consolidates much of what is worth knowing for both researchers and clinicians. . . (and) is likely to remain for several years a major reference for workers in this area." The book was edited by Drs. William E. Fann, Robert C. Smith, John M. Davis, and Edward F. Domino. Smith co-authored seven chapters.

□ honors and duties □

Glen Razak was appointed to the Mental Health Association board. . . Felice Cohen serves as secretary to the executive board of CAN-DO-IT, the child advocacy and service organization of which she is a

founder. . . . Jane Bemko is in *Who's Who in Library and Information Services*. Founder and former chair of the organization of Substance Abuse Librarians and Information Specialists, international representative of the Librarians and Information Specialists in Addictions, she is the author of the *Substance Abuse Book Review Index 1978-1979* published by the Toronto Addiction Research Foundation. Her updated index is in press.

□ **geri-atrics?** □

Jerry Werner taught a preretirement seminar for Texaco employees recently, and he's the recipient of a letter addressed to "Trims—Jerry Attic's."



Dr. Thaddeus Samorajski, neurobiology research chief, surrounded by summer science students from Sam Houston State University. The university has two-week programs for junior high and high school students, and a trip to TRIMS has been on their agenda for several years. As he does for most visiting groups—and during the school year there are plenty of them—Samorajski explains brain function and gives a short course on the neurobiology of aging.

Continuing education

Aug. 17-18 and Aug. 20-21

Individualized program planning for the autistic person

Sponsored by TRIMS

First conference at Holiday Inn-Central, Dallas; second at Holiday Inn-Emerald Beach, Corpus Christi

For more information, call the office of continuing education at TRIMS: (713) 797-1976, exts. 204 and 205; STS 859-9204 and 859-9205.

'Matter of Time' finds large TV audience

"A Matter of Time," the six-hour videotaped series about aging produced by TRIMS and KUHT, is finding an almost countrywide audience since distribution rights were granted to the Maryland Center for Public Broadcasting.

The Maryland Center, whose most famous show is "Wall Street Week," sells "A Matter of Time" to public TV stations of the Southern Educational Television Association and other organizations, under contract with TRIMS, KUHT, and the Texas Committee for the Humanities and Public Policy, funding agency for the series.

"A Matter of Time" is a sharp look at the myths and realities of aging, at health and housing, retirement and activity. "Off Your Rockers" is, in fact, the name of the segment on legislative issues and political activism. Thelma Schoettker is host and narrator and Peter Baer, chief of the TRIMS audiovisual section, did part of the filming.

"The tapes have been used in many ways by many people," says Howard Rabinowitz, "A Matter of Time" project director and training coordinator for the TRIMS Gerontology Center.

The Harris County sheriff's department has used "A Matter of Time" in training, as have Texas Southern University, Texas Woman's University, and others in Houston.

The Texas Humanities Center of the University of Texas at Arlington rents the tapes, for a small fee, to institutions throughout Texas, and Rabinowitz and other TRIMS staff members show segments of the programs whenever they lecture to health professionals about aging. KUHT-Channel 8 and the University of Texas Health Science Center television system repeat the series regularly.

Some people interviewed on "A Matter of Time," like gerontologist Alex Comfort and Gray Panthers founder Maggie Kuhn, were already world-famous before they participated in these shows. But 94-year-old Houston artist Ezekiel Gibbs has had several exhibitions since he appeared on "A Matter of Time." His prominence is the result of his work and not his television interview, yet "A Matter of Time" made his face familiar to many Houstonians.

Ready for White House Conference

But fears are that elderly's gains of decade will be lost

As laypeople and professionals concerned with services for the elderly meet throughout Texas to prepare for this decade's White House Conference on Aging, fears are being voiced that the budget cuts and reduced social security benefits proposed by the Reagan Administration will wash away some of the gains made in the last ten years.

This year's White House Conference, Nov. 30 to Dec. 4 in Washington, is the third; the last two were held in 1961 and 1971. Since it occurs only once in ten years, it is the culmination of years of discussions and legislative efforts to improve the lives of older people, especially the aged poor, in the United States. White House Conferences on Children also are held once in a decade.

As he was in 1971, Dr. Charles M. Gaitz, head of the TRIMS Gerontology Center, is a delegate to the Washington conference. He and his staff have been contributing to regional preparatory meetings, including the open forum June 30 at the University of Texas Health Science Center at Houston.

"A White House Conference attracts a lot of media coverage but, really, it is an opportunity to crystallize some of the needs of the elderly and to direct attention to them," Gaitz said. "Directly and indirectly, it's a nudge."

But this year's conference "comes at a time when public sentiment and policy in this country, as shown by the administration, reflects shrinking interest in the notion that older people have rights, not the least of which is the right to retire."

bread or bombs

Compulsory retirement and the right to work until whatever age past 65 one chooses are different matters, Gaitz said. "The question is, when somebody decides to retire, are we willing to designate limited resources to this kind of support. The question is whether to allocate funds to handicapped children and old people or to build a bridge or buy a bomb."

As a psychiatrist and delegate to the conference task force on mental health, Gaitz is most worried about threats to the mental health care provisions and community mental health centers legislation achieved during the last few years. Medicare and Medicaid reimbursements for psychiatric services are being reduced. Block grants to the states will be much smaller than the federal government's former support of social programs, he said, and there are no guarantees that the states will spend the money for health and welfare.

"All this is happening at a time when care of the elderly is receiving a great deal of attention and more people are being attracted to training and working in the field," he said.



Bert Kruger Smith of the Hogg Foundation for Mental Health and Houston Schweitzer of Baytown are delegates to the White House Conference on Aging.

training grant gone

TRIMS, for example, has a gerontology training grant for psychiatrists and psychologists which the state legislature did not choose to continue funding. The National Institute of Mental Health grant has one more year to run and is "probably down the tube," Gaitz said.

The same is true of support of research in the social and behavioral sciences, which "is particularly important in dealing with the overall problems of elderly persons.

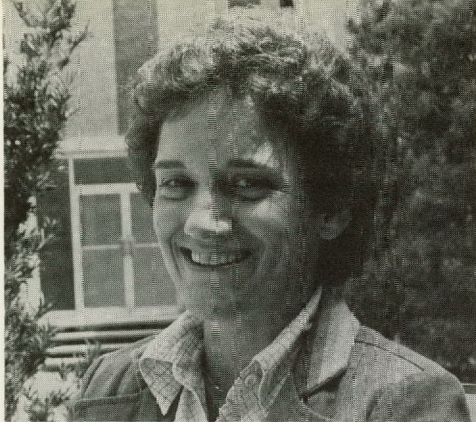
"Research, service, and training seem headed for severe restrictions while the government stresses 'self-reliance' and accuses professionals of promoting their own careers," Gaitz said. He was referring to a recent comment by Dorcas R. Hardy, assistant secretary for human development, that "We do not need to promote the careers of those who constantly stress the problems and inability of the elderly to solve them."

The criticism is not valid, Gaitz said. "To deny the problems and the efforts needed to create solutions is to pull the wool over our eyes. The problems are not going to disappear."

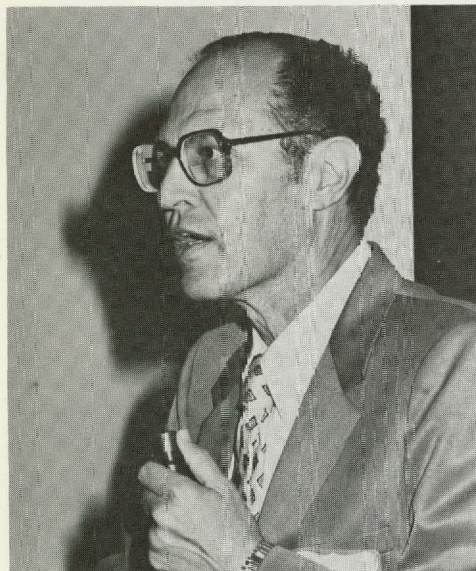
Things are not "really going to change until the elderly persons concerned and their families and advocates are able to have some influence on policy-makers," Gaitz said. "Ideally, volunteers and private philanthropies could pick up some of the slack. But in the competitive world we live in, the elderly are not at the top of the list of people who are given attention."

18,000 people discussed proposals

Jane Sanborn, a coordinator of the Gerontology Center's senior information and outreach service, was



Jane Sanborn



Dr. Charles M. Gaitz

Gaitz chairs APA Council on Aging

Dr. Charles M. Gaitz was appointed chair of the American Psychiatric Association's Council on Aging last month by APA President Daniel X. Freedman.

Head of the TRIMS Gerontology Center, Gaitz served on the APA Task Force on Aging for four years, then on the Council on Research and Development.

His research on diseases of aging and his efforts to improve mental health services for the elderly have been widely recognized. He has just returned from Germany, where he attended a meeting of the Working Group on Behavioral Studies Related to Care of the Aged of the World Health Organization and chaired the session on attitudes toward the aged at the 12th International Congress of Gerontology.

Gaitz was president of the Gerontological Society of America in 1976-1977, and he has led the Committee on Aging of the Group for Advancement of Psychiatry since 1978. He serves on the Harris County Medical Society's Committee on Aging.

An APA fellow as well as a fellow of the American College of Psychiatrists and the American Geriatrics Society, Gaitz is the author of 60 scientific papers. He is a clinical professor of psychiatry at Baylor College of Medicine, chief of psychiatry at St. Anthony Center, and a consultant to the Jewish Home for the Aged and the Veterans Administration Medical Center.

an organizer of the Houston forum to prepare the Texas plank for the White House Conference. So far, 18,664 people have participated in 450 meetings throughout the country.

As she pointed out, nutrition programs and transportation systems to enable elderly people to reach senior community centers and health care facilities were two advances that followed the last White House conference. Like Gaitz, she said the progress made in care for the elderly is in danger of being wiped out.

"This is not the time when new programs will be funded, and I know we can't design a Utopian system. But old people stand to lose a lot. Money is being spent, but not in the right way," she said. "Too much is being allocated to nursing home care, for instance, while inadequate attention is given to home care."

If social security benefits are cut, these changes will affect all but the most prosperous older people and be most detrimental to the people in most need, she said.

"When you think about raising the retirement age of a man who's been operating a jackhammer for 30 years—do you expect him to do hard physical labor until he's 68?"

"And think about the 58-year-old woman who has worked only in the home. If she is widowed, she will have to wait until age 65 to collect her husband's full social security. Meanwhile, she will have a hard time qualifying for disability or supplemental security income (SSI). How will she support herself?"

Since people who have more than \$1,500 in assets are barred from SSI, someone with a slightly higher burial policy will have to cash it in before qualifying for SSI, she explained. "The people who make the laws are glossing over these facts."

Sanborn believes it should be possible to get rid of "double-dipping" (collecting both federal retirement and social security benefits) without hurting disadvantaged people.

Some recommendations made by the Houston conference are:

- Removing unrelated programs from social security—and insuring the stability and integrity of the system by making up current shortfalls from general revenues.
- Giving tax relief to older adults on fixed incomes.
- Providing a policy which favors a unified system of health care, with more emphasis on community-based services rather than institutions.
- Giving equal emphasis to mental health programs within general health care services.
- Eliminating mandatory retirement, removing employment limitations under social security, encouraging saving, and giving tax incentives to the private sector for preretirement planning.

One problem, Sanborn said, is that some significant legislative decisions will have been made before the White House Conference convenes to consider these proposals.

—Lore Feldman

Program: Serotonin in Biological Psychiatry

November 4-6, 1981
15th annual symposium of
Texas Research Institute of Mental Sciences
co-sponsored by the Office of Continuing
Education of the Texas Department of Mental
Health and Mental Retardation
at Shamrock Hilton Hotel, Houston

Organizers: Beng T. Ho, Ph.D., TRIMS; Earl Usdin, Ph.D.,
and Erminio Costa, M.D., National Institute of Mental Health

Wednesday, November 4

- 8:00 Registration
- 8:45 *Welcome.* Joseph C. Schoolar, Ph.D., M.D.,
director, Texas Research Institute of Mental
Sciences
- 9:00 *Opening.* Beng T. Ho, Ph.D., chief, Neurochemistry
and Neuropharmacology Research Section, TRIMS

Serotonin (5-HT) Regulation

- 9:15 *Regulation of 5-HT synthesis.* Arnold J. Mandell,
M.D., professor of psychiatry, University of
California at San Diego School of Medicine, La
Jolla
- 9:55 *Regulation of 5-HT storage and release.* Elaine
Sanders-Bush, Ph.D., professor of pharmacology,
Vanderbilt University School of Medicine,
Nashville, Tennessee
- 11:05 *Regulation of 5-HT catabolism.* Moussa Youdim,
Ph.D., chairman and professor, department of
pharmacology, Technion Israel Institute of
Technology, Haifa, Israel
- 11:45 *5-HT regulation: Pharmacological implications.*
Erminio Costa, M.D., chief, Laboratory of
Preclinical Pharmacology, National Institute of
Mental Health, St. Elizabeths Hospital,
Washington, D.C.

5-HT Precursors

- 2:00 *Substrate regulation of 5-HT synthesis.* Walter
Lovenberg, Ph.D., chief, Section on Biochemical
Pharmacology, Hypertension-Endocrine Branch,
National Heart, Lung and Blood Institute,
Bethesda, Maryland
- 2:35 *Dietary amino acids and 5-HT formation.* John D.
Fernstrom, Ph.D., associate professor of
neuroendocrinology, Nutrition and Food Science
Department, Massachusetts Institute of
Technology, Cambridge
- 3:40 *Analysis of 5-HT precursors in biological tissues:
New techniques.* Ivan N. Mefford, Ph.D.,
Department of Psychiatry and Behavioral Sciences,
Stanford University, Stanford, California
- 4:15 *Serotonergic regulation of neuroendocrine functions:
5-HT precursors, agonists, and uptake blockers.*
Herbert Y. Meltzer, M.D., professor of psychiatry,
University of Chicago Pritzker School of Medicine,
Chicago, Illinois

Thursday, November 5 5-HT Receptors

- 8:45 *Receptors, receptor-sensitivity, and receptor
regulation.* Fridolin Sulser, M.D., professor of
pharmacology, Vanderbilt University School of
Medicine, Tennessee Neuropsychiatric Institute,
Nashville
- 9:25 *Recognition of multiple serotonin receptor-binding
sites.* Stephen J. Peroutka, M.D., Ph.D.,
Departments of Neurology and Neurosciences,
Johns Hopkins University School of Medicine,
Baltimore, Maryland
- 10:35 *Functional activity of 5-HT.* George K. Aghajanian,
M.D., professor of psychiatry and pharmacology,
Yale University School of Medicine, New Haven,
Connecticut
- 11:15 *Uptake blockers.* Philip Berger, M.D., Department
of Psychiatry and Behavioral Sciences, Stanford
University School of Medicine, Stanford, California
- 1:30 Poster session
- 6:00 Reception

What is serotonin?

It has been proposed that the basic roots of behavior are found in two mutually opposed brain systems. One system has been associated with positive action, arousal, and pleasant circumstances. In other words, a "go" system. The second system, equally fundamental, has been associated with sleep, decreased responsiveness, and unpleasant or painful circumstances. This "stop" system is based, at least in part, on the actions of serotonin in the brain.

Serotonin, also known as 5-hydroxytryptamine or 5-HT, is the subject of this year's TRIMS symposium. Discovered about 30 years ago, serotonin is found in blood, intestine, and pineal gland, as well as the brain itself. In the brain, serotonin serves as a neurotransmitter, that is, as a chemical substance which allows

communication between nerve cells (neurons). It is made in the body by the action of two enzymes on the compound tryptophan, which is contained in the food we eat. The level of serotonin is thus at least partially determined by our diet.

After being released by a neuron, and interacting with another, serotonin is converted by an enzyme to 5-hydroxyindoleacetic acid (5-HIAA), which is excreted in the urine. Blood levels of serotonin, activity of the enzymes involved in its synthesis and degradation, and levels of 5-HIAA in urine are all used to study the physiological role of serotonin.

Serotonin has been shown or suggested to be involved in such normal biological activities as sleep, temperature regulation, and perception of pain, as well as such abnormal activities as hallucination and drug addiction. Recently, serotonin has been implicated in migraine

Friday, November 6
5-HT Uptake Inhibition

- 8:45 *A perspective on the molecular aspects of 5-HT uptake inhibitors.* Beng T. Ho, Ph.D.
- 9:25 *Functional consequences of inhibiting serotonin uptake with fluoxetine in rats.* Ray Fuller, Ph.D., Lilly Research Laboratories, Eli Lilly & Company, Indianapolis, Indiana
- 10:35 *5-HT uptake inhibitors: Psychopharmacological and neurobiochemical criteria of selectivity.* Laurent Maitre, Ph.D., Department of Biology, CIBA-Geigy Ltd., Basel, Switzerland
- 11:15 *A clinical overview of bicyclic and monocyclic serotonergic uptake inhibitors.* John Feighner, M.D., director of research, Feighner Research Institute, La Mesa, California

5-HT in Affective Disorders and Other Diseases

- 1:30 *Introduction: Research strategies.* William E. Bunney, Jr., M.D., chief, Biological Psychiatry Branch, National Institute of Mental Health, Bethesda, Maryland
- 1:45 *5-HT in the pathogenesis of depression.* Alec J. Coppen, M.D., D.Sc., MRC Neuropsychiatry Research Laboratory, West Park Hospital, Epsom, Surrey, England
- 2:20 *5-HT precursors in the treatment of depression.* Herman van Praag, Ph.D., professor and chairman, Department of Psychiatry, Academisch Ziekenhuis, Utrecht, The Netherlands
- 3:25 *Central 5-HT, aggression and personality structure.* Gerald L. Brown, M.D., Unit on Childhood Mental Illness, Biological Psychiatry Branch, National Institute of Mental Health, Bethesda, Maryland
- 4:00 *Closing remarks.* Earl Usdin, Ph.D., chief, Pharmacology Section, Psychopharmacology Research Branch, National Institute of Mental Health, Bethesda, Maryland

Accreditation

As an organization accredited for continuing medical education, the Texas Research Institute of Mental Sciences of the Texas Department of Mental Health and Mental Retardation

designates this continuing medical activity as meeting the criteria for 15 credit hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

This program has also been approved by the Office of Continuing Education, TRIMS, TDMHMR, a member of the Council on the Continuing Education Units, for 15 hours of credit or 1.5 CEUs.

Partial support

Alvin and Lucy Owsley Foundation, Abbott Laboratories, CIBA-Geigy Corporation, Duphar Laboratories, Inc., Endo Laboratories, Inc., Entex, Inc., Gulf Science and Technology Company, Lilly Research Laboratories, and Merck Sharp and Dohme Postgraduate Program.

Registration

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 Texas Research Institute of Mental Sciences
 1300 Moursund Avenue
 Houston, Texas 77030
 Attention: Business Office

Dr. _____
 Mr. _____
 Ms. _____

Title _____ Discipline _____

Affiliation _____

Address _____

_____ Zip _____

Telephone _____ STS _____

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Student fee:
 \$25 \$ _____

TDMHMR staff
 (no fee)

Please return this form and check to above address; checks payable to Texas Research Institute of Mental Sciences.

headache and possibly appetite regulation. The role of serotonin will be further explained in a subsequent *Emissary* article.

—Peter Silverman, Ph.D.
 Patricia Kralik, M.S.
 Dorothy Taylor, M.S.



Kralik



Silverman



Taylor

Ferrero is chief of inpatient unit

Dr. James J. Ferrero, assistant director of the TRIMS inpatient service since 1975, was appointed director of the unit last month by Dr. Jack R. Gordon, head of the clinical services division.

Ferrero succeeds Dr. John Griffith, who will be responsible for routine admissions as well as screening of patients participating in substance abuse research.

Ferrero has long been devoted to community psychiatry. He came to TRIMS after directing mental health services for the Mental Health and Mental Retardation Authority of Harris County. Before that he was director of clinical programs for the Texas Department of Mental Health and Mental Retardation, then held a similar post at the Austin-Travis County MHMR Center.

Ferrero said he looks forward to having a new psychiatric hospital in Houston, but acknowledged that many hospital staff members are concerned about "the next two or three years" while administration of a new state-county hospital remains to be decided. The state and county have each appropriated \$12 million for a hospital to be built on Texas Medical Center land one mile east of the center.

"The uncertainty leads to a low fever," Ferrero said. "But how can we look at the deficiencies this community has for treating chronically ill people and not provide increased services?"

credits staff for JCAH approval

He credits the TRIMS staff for the recent two-year accreditation by the Joint Commission on Accreditation of Hospitals. "Obviously, everyone recognizes that the Center Pavilion building is not a physically good hospital. It was not designed for psychiatric care. But having a good staff makes up for the deficiencies of the plant," he said.

"Our service compares very favorably with any other private or public facility in Houston."

Only one patient per month is sent to Austin State Hospital, which is "remarkable" for an acute-care public facility, he said. "We don't send many people away."

Patients remain in the hospital an average of 20 days, spending at least 30 hours per week in active therapeutic contact with staff members.

Although beds were reduced from 60 to 50 to relieve crowding, the unit still cares for 45 to 50 patients at a time. But the staff, cut by five percent last year, is hard-pressed. "We are at the level where we can maintain our service, but we have really severe problems if one person has a wreck, for example, and is disabled for a few weeks. It's almost impossible for staff members to take off their compensatory time."



training and research have grown

Training and research activities have gradually increased, Ferrero said, noting that the unit is a training ground for psychiatrists, psychologists, social workers, occupation-recreation therapists, pastoral counselors, and nursing students from three schools.

Because of strict requirements of research protocols, particularly of studies on drug blood levels of antidepressant and antipsychotic drugs, he said, "we need a considerable number of patients for research. A good inpatient service has to provide all three—service, training, and research."

Board-certified in psychiatry and neurology in 1971, Ferrero received his medical degree from the University of Texas Medical Branch at Galveston in 1953. He has been a teacher at all levels: at Baylor College of Medicine and Texas Tech University, where he holds clinical assistant and clinical associate professorships, respectively; as guest lecturer for the University of Houston and Sam Houston State University; as an elder in the Memorial Drive Presbyterian Church; and as a life member of the PTA and guest lecturer for the Spring Branch school district.

He represents the Harris County Medical Society on the Mental Health Needs Council of Harris County and chairs the legislative committee of the Houston Psychiatric Society.

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

Meditators meet daily

A good number of TRIMS employees are spending part of their noon hours meditating.

Instructed by Bill Taafel, the group meets in the auditorium from noon to 12:30 every day to meditate and occasionally hear what speakers have to say on the subject.

One recent guest, Dr. Dennis Lee, answered questions on meditation and talked about his experiences meditating. A clinical psychologist at the University of Texas Medical School at Houston, Lee also teaches a course at the University of Houston on yoga and psychology.

In western society, Lee said, meditation is frequently seen as a tool for relaxation and relief of stress. But it also has a "transforming aspect," which expands the meditator's awareness so that he or she sees things differently. Meditation, Lee said, deconditions automatic patterns, freeing the meditator from making automatic responses. "Meditating is an expanding process," he said.

Persons interested in joining the class may call Taafel at ext. 346.

8.5-9.2% raises, higher travel pay coming in Sept.

In addition to Sept. 1 salary increases for classified employees that range from 8.5 to 9.2 percent, the 67th Legislature approved an \$8 increase in the state's contribution to health insurance and raised per diem travel and mileage reimbursement.

Unclassified employees—psychiatrists, psychologists, and senior researchers—will receive raises between 2.9 and 8.7 percent. In both classified and unclassified categories, the lower-paid staff members will receive the higher-percentage raises.

But as the legislature giveth, inflation taketh away: health insurance premiums to Blue Cross/ Blue Shield, the company re-awarded the state contract, will go up an average of 17 percent.

Instead of a flat \$40 per diem, new instate travel regulations provide up to \$45 a day for lodging if the traveler cannot secure lodging for less than \$25 a day, and \$15 per day for meals if the hotel room rate is more than \$25. In other words, if a hotel room costs \$42 and cheaper lodging is either impossible or impractical to obtain, the traveler will be reimbursed for the actual cost in addition to being paid \$15 for meals for the day.

According to the appropriations act, "the employee must attach to the travel voucher the actual receipt for lodging and a statement explaining the circumstances whereby lower-cost lodging was not available or practical."

Mileage reimbursement was raised from 20 to 23 cents a mile.

Free pamphlets, films

Single copies of the following publications are free from National Institute of Mental Health, Mental Health Education Branch, 15C-17 5600 Fishers Lane, Rockville, MD 20852:

Attitudes Toward the Mentally Ill: Research

Perspectives

Biofeedback

Coping and Adaptation

Religion and Mental Health

A Consumer's Guide to Mental Health Services

NIMH also lists the following films for free loan:

These People—16 mm film produced by the Pennsylvania Public Health Department. Addresses community concerns about long-term mental patients returning to the community. Also available as 3/4" videocassette.

Toward a Caring Community—16 mm film by New Jersey Department of Mental Health and Mental Retardation. Former mental patients discuss their experience in mental institutions and contrast it with their experience in a community setting.

Both films are available from RHR Filmedia, Inc., 9 East 38th Street, New York, NY 10016.

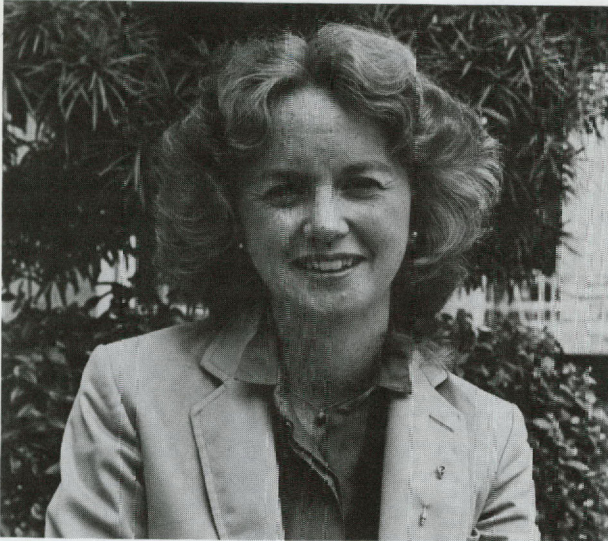
Shelley and Pete. . . (& Carol)—16 mm film by Health Services Administration, Bureau of Community Health Services. Story of two high school students who must deal with their unplanned baby. Winner of 1980 CINE Golden Eagle Award and Silver Award, New York International Film and Television Festival. Write Modern Talking Picture Service, Inc., 5000 Park Street North, St. Petersburg, FL 33709.

The National Institute on Drug Abuse Resource Center has a free audiovisual catalogue which includes information on free-loan films, videotapes, records, slides, and public service announcements. Up to three audiovisual items may be borrowed for two weeks. Write the resource center, Parklawn Building, Room 10A-54, 5600 Fishers Lane, Rockville, MD 20857.

who we are what we do



Working at TRIMS has made **Chandra Watkins** start thinking about a career in psychiatry. "I never really considered becoming a psychiatrist until I worked here," she says. Since May she's been a part-time secretary for Drs. Lazard Brener and Jun-teh Hu and the occupational therapy section while studying for her master's degree in immunogenetics at Texas Southern University. She hopes to complete the degree by next spring and then start medical school in the fall. She has applied to "25 to 30" medical schools around the country. Her secretarial job meshes well with her academic schedule, she says. And she's used to the arrangement. "I typed my way through college." A biology and premed major at Texas Southern, she had a scholarship requiring her to do 20 hours of research a week. She likes research and is interested now in psychiatry, but she wants to leave her medical options open. "I'd like to see what's out there first before I make up my mind about a specialty." Also, she says with a smile, she's trying to work wedding plans into her schedule.



As site project coordinator for the Texas Long-Term Care Channeling Project, **Anne Morrison McNally** has been spending a lot of her time lately in planning meetings and inspections of possible new office space. By next January, she says, older persons who've previously had to locate and then apply for the various forms of help they need—homemaker services from one agency, counseling from another—will be able to present all their needs to one project case manager. McNally came to Houston last fall from Connecticut, where she worked as a research assistant in a long-term care facility and earned her master's degree in public health from Yale University School of Medicine. She wrote her thesis on how the home's residents liked its mixture of age groups and found that neither the young nor the old residents wanted to live only with people their own age. McNally attributes her interest in gerontology to growing up surrounded by older relatives. "I gained a lot of respect for the elderly and learned a great deal from them. Now it's my turn to make a contribution to them."



"I've kind of built my world around this job," **Sherry Rigmaiden** says about her work as an admissions clerk. "Now I can get up in the morning and come to work, and it's always a different challenge." A saleswoman at Joske's, Rigmaiden was recruited to the TRIMS staff by her friend, Celia Wilson, who works in the children's clinic. She hesitated because she was afraid of the medical center traffic and not used to patients. Since then, she's learned so many office and personal skills—she especially likes making patients feel at ease when they first come to the adult clinic—that she is able to say, "Every day I'm learning more and more." Rigmaiden was an only child. "I grew up alone and I enjoy being around people, especially in a place where people depend on me," she says. A totally unexpected event was meeting Marvin Hill, who works in purchasing and supply. They plan to be engaged in December and to marry in a year or so. Rigmaiden wants to have one child and to adopt a second, but "I'm not in a hurry."

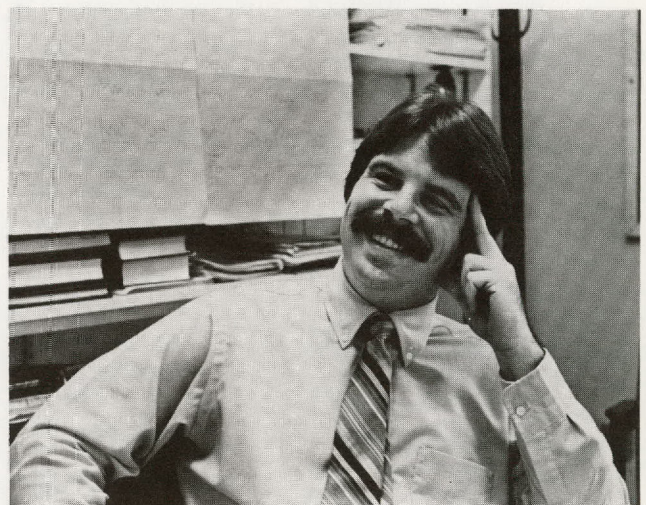
"I never give a patient good advice," says **Dr. Alan Kellerman**. He figures, he says, that there's "lots of good free advice in the world: Stop beating your wife. Stop drinking. Go to work." This is not to say that Kellerman doesn't give his patients suggestions. He might instruct a couple to argue at a designated time. "That gives them a new perspective on their behavior." A clinical psychologist in the adult outpatient service, Kellerman sees patients who are in crisis, "people who could benefit from immediate and short-term therapy." He also taught a crisis intervention seminar for the staff, supervises trainees, and does some administrative work. Crisis therapy, he says, may involve one or two sessions or two to three months of therapy, depending on the patient's problem. A crisis doesn't necessarily affect only one person; he frequently works with couples and entire families. Kellerman believes that patients know "more about themselves than we've given them credit for." He tells them that therapy "is not something I'm going to do to you; it's something we're going to do together."



When **Jean Schwecke** retired from her family's office supply business after 17 years as the bookkeeper, the question was, What now? Her two daughters were married, and she had "entirely too much time." Shopping and social lunches were not her style, and reading all day seemed too self-occupied. Schwecke came to TRIMS as a volunteer and found her *métier* again in the medical records office where she and her skills were warmly welcomed. "I can't boast that I'm doing this strictly for others," she says. "I'm probably getting more benefits from the work myself. I've met so many lovely people and I really enjoy myself here. I like routine work—bookkeeping is my forte." Schwecke is also a fine typist, a talent co-workers Nadine Lokey and Vernell Arceneaux did not want to see wasted just because the office lacked a machine. So they searched out an old typewriter for her, and she is now fully equipped. "I have to have a reason for being around other than my own entertainment," Schwecke says.



On **William Jefferson Keller's** desk are two tools of his trade: a conventional electroencephalogram with rows of wavy lines and a computer printout covered with numerals. Keller, in association with systems analysts Ron Dossett and Jim Kendall, applies the psychophysiology section's automated period analysis to brain-wave records of elderly demented patients and adolescents accused of crimes. Clinical EEGs of violent and nonviolent juvenile offenders look the same. But there's "fairly good evidence," Keller says, that with computer analysis and a new index of electrical brain activity his group developed, "we can reliably differentiate the violent and nonviolent groups. There are subtle differences the clinical EEG cannot detect." Keller is a master's-level psychologist. A therapist for a few years, he came to TRIMS because "through research I might affect more than a small number of people." In September he will enter the doctoral program in clinical neuropsychology at the University of Houston.



photos by Marc Meyers



A great Texas river, the Guadalupe, photographed in the Hill Country by Marc Meyers. *The Emissary* will print great and almost-great black-and-white photographs submitted by staff members. Let's see your vacation pictures!

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