

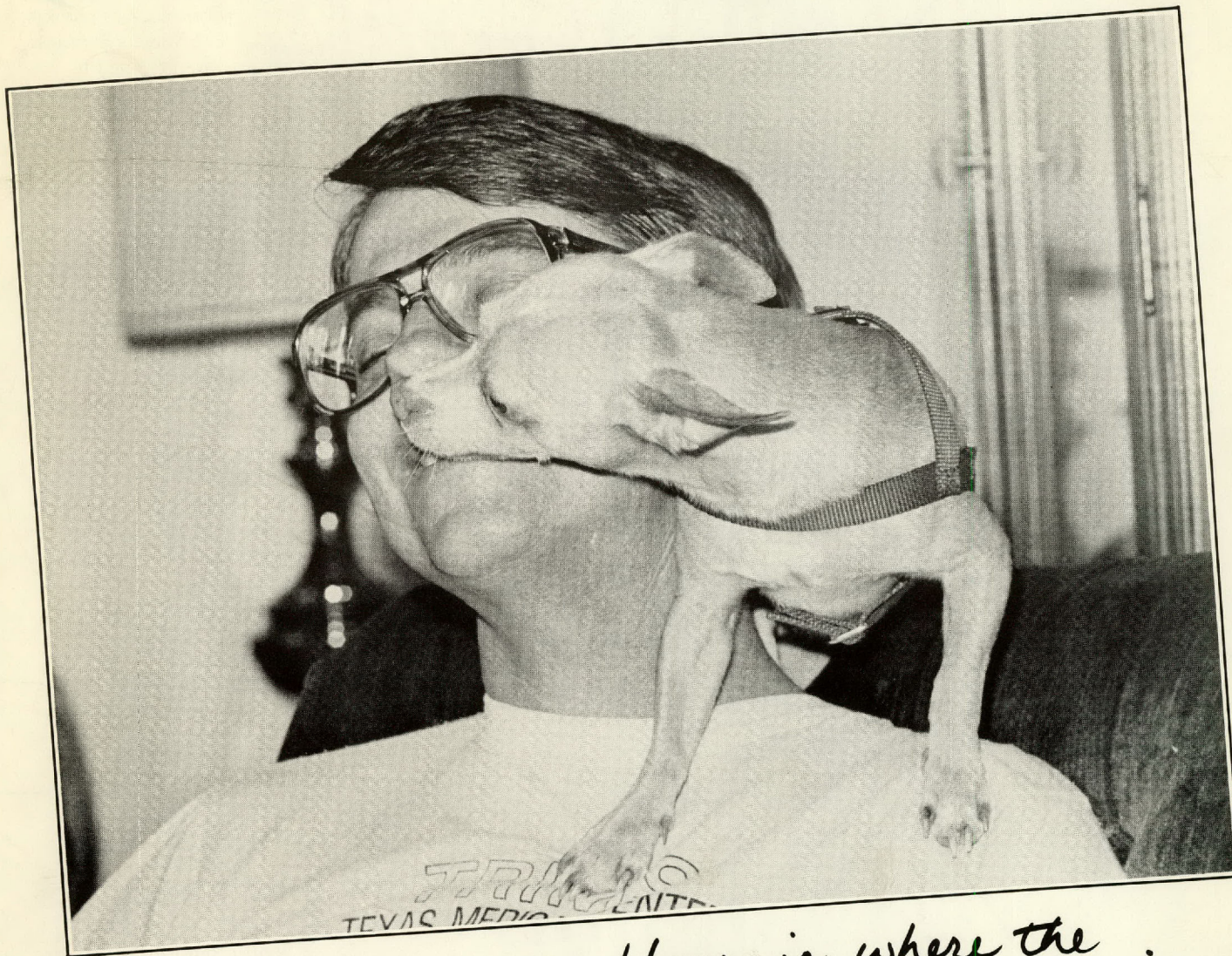
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The Emissary

Texas Research Institute of Mental Sciences, Houston

November 1983



Brad Perkins

*Home is where the
~~cat~~ dog ~~iguana~~ is—*

page 2

Dr. Jary Lesser and Damon

Psychiatrist Dr. Jary Lesser and his pet iguana, Damon, have developed quite a relationship in the six months they've known each other. Damon spends most of his day perched atop a curtain rod in Lesser's bedroom but is willing to grace the doctor's arm or shoulder when beckoned. You know the reptile is quite attached to Lesser—at least as much as lizards can form attachments—because when Lesser puts Damon to bed (in his terrarium) at night, he keeps jumping up and down until Lesser leaves the room. Only then will he settle down for a good night's sleep.



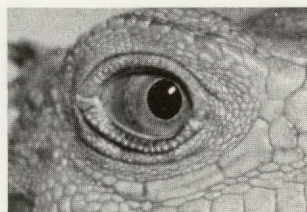
Les Goekler and Pee Wee II

Pee Wee II isn't exactly ferocious-looking but he is fiercely loyal to TRIMS assistant librarian Les Goekler. Pee Wee is happiest when riding on Goekler's shoulders in the car or inside his jacket when it's nippy outside. After all, chihuahuas aren't known for their luxurious coats of fur.



Sharon Botts and Maurice

On a whim, Sharon Botts decided last year that she would join a friend on a whale-watching expedition off the coast of Baja, California. Seeing the whales and even getting close enough to touch them was experience enough. But it so happens that an orphaned sea lion decided to crawl into the boat in which they were riding and adopted Botts. Her relationship with Maurice was brief—two days—but if you want to know the definition of rewarding, ask Botts.



Shedding pet theories

People who love cats are self-sufficient, independent, have a sense of self-worth and are—what else could you want?—well-adjusted.

So are cats who love humans.

People who dote on dogs are needy, can never get enough loving, are doubtful of their own strengths, shaky about personal values—and vice versa.

Then there are the persons or person who love iguanas, and the less said about them the better.

Myrna Harlan, Trixie, and Rojo

Whoever coined the phrase "fighting like cats and dogs" obviously never met Myrna Harlan's terrier, Trixie, and orange tabby rex, Rojo. The two critters are practically inseparable. Though each likes its own domain, they also have great fun playing together, chasing each other around Harlan's townhouse.



Lore Feldman and Rosie

Rosie, Lore Feldman's dog, was born in a room with dimmed lights and soft classical music as Feldman and her daughter Naomi watched. For humans, the gentle birthing technique is called the Leboyer method. For dogs, well, no one we've interviewed has ever heard it named. But it's one of the things that makes considering Rosie anything less than a little person in a fur coat hard to imagine.



Want to fight about it? Fact is, no matter what the veterinarians preach, these creatures are little persons in fur coats.

As isolationist as their owners may be, pets are affiliative. They're decisive. They're expressive. They tell you when and where they want to be stroked, when and what they will eat, when and where they will sleep.

They stand by the door when they want to go out. They don't argue and there's no point in arguing with them. How's that for a relationship?

Here is a photographic report of some TRIMS staff members who need four-legged individuals around the house to make vacuuming the rug worthwhile.



Dorothy Taylor and Chris

When Dorothy Taylor saw a batch of chinchilla persian kittens, she couldn't resist their beautiful eyes and fuzzy coat. She bought one, took the kitten home, and decided it needed a sophisticated name—Christina. Only problem was that Christina, the vet said, was really a Chris. No problem, says Taylor. *He's still gorgeous.*



The all too familiar look of a boring, unnecessary—and expensive—meeting.

Notice how meetings have changed?

Naturally, the 20 TRIMS people who attended the teleconference on *How to Get More Out of Fewer Meetings* Sept. 29 came because the topic was magical. By four o'clock that afternoon they would all know how to do it.

Taught in precise and lively fashion by Marie Jensen of the Office of Continuing Education, the conference was, well, instructive.

It even had its comical moments. Those came when the participants formed pairs, with one instructed to talk while the other was acting interested, then again while the other was completely turned off.

One can be rude to a speaker at a meeting—but not in a two-person group. The behavior turned out to be too embarrassing (and, in this case, hilarious), yet it happens often enough at meetings.

Participants from facilities around the state had no trouble identifying the prime ingredients of good meetings: precise agenda, punctuality, participation, interest vs. boredom, decisions and closure—calling off meetings when they're not needed and disbanding committees that have done their job.


If these commandments were as widely practiced as they should be, the teleconference would have had zero attendance. Who would have needed it?

Teleconference members figured they spend a total of about 210 hours a week at meetings. Even at a too-low cost of \$10 an hour, that's "an enormous chunk out of the state budget," Jensen said. Top managers, she said, spend up to half of their time talking head-to-head. Obviously, all those confabs had better be fruitful, focused, participatory, necessary, combative or peaceful (depending on the participants' style), comfortable for the seat and backbone, and (oh, yes) well planned.


As you may have noticed, since Sept. 29 at four o'clock, all our meetings have been exactly that way.

—Lore Feldman

join
the great



american
smokeout
Nov. 17



Take a day off...

from smoking. Join the **Great American Smokeout** on Thursday, November 17. Millions of Americans across the country will make a fresh start and try not to smoke for 24 hours. How about you? Or, if you don't smoke, *adopt* a smoker for the day and promise to help that friend get through the 24 hours without a cigarette.

CONFIDENTIALITY

Keeping the patients' interests at heart—in private

Working in an institute like TRIMS, where patients and staff members mingle often—in the halls, waiting rooms, snackbar, and courtyard—can be “like a family of 16 kids living in a two-bedroom house,” as one employee put it.

Except in closed offices at appointed times, privacy can be hard to find. This situation leads to an issue that concerns members of the Public Responsibility Committee: confidentiality.

The PRC is a body of community volunteers whose mission is to protect the rights of patients and to investigate in confidence their questions and complaints.

“We feel very strongly about confidentiality and want to make sure staff members realize how important it is to the patients—especially at a time when the institute is becoming more oriented toward research and training,” said one member.

Psychologist Dr. Jon Reck believes confidentiality is critical to therapy and says supervisors of

therapists should be vigilant in making sure their staff members keep a high priority on it.

“The laws about releasing information outside the institute are very clear. They are not as clear when it comes to the community within the institute,” he says.

“Patients should be well aware of the fact that their cases are going to be discussed with supervisors,” Reck said. At times, therapists may need to consult other specialists for more insight into a patient's case.

“But any discussion should be in private with closed doors. When a therapist becomes frustrated and needs to ventilate his or her emotions, those sorts of conversations should not go on in offices with open doors, in hallways, or in the lunchroom.

It is up to the supervisors and trainers to be very aware of the therapists' overall attitudes and pressures,” he adds.

Handle records with care

Michael Parr, chief of medical records and admissions, says having records kept in separate clinics calls for extra care in handling the documents. Clerical workers

should be discreet when working with documents in heavily trafficked places—in word processing areas, for example.

“Confidentiality is another way of saying patient rights,” he says. Parr, who worked at M.D. Anderson Hospital and Tumor Institute before coming to TRIMS, adds that staff members need a lounge, separate from patients, where informal consultations can take place.

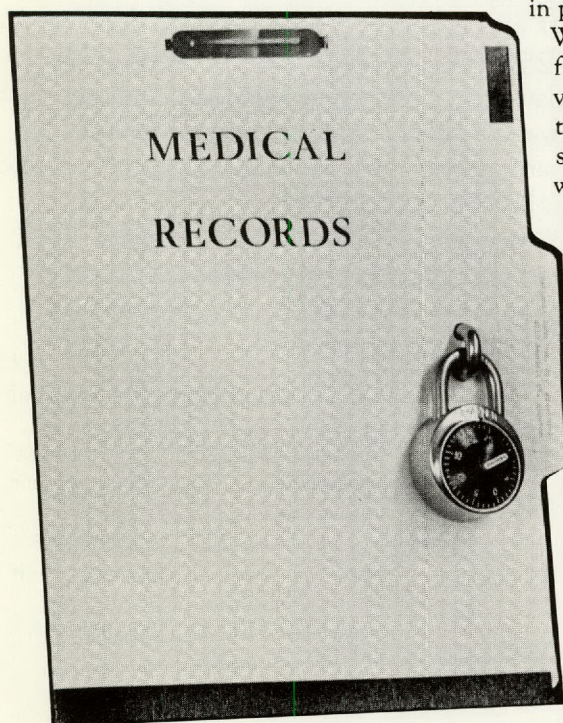
“A lot of good information and help for patients can come out of grand rounds and grand coffees,” he notes.

Veronica Abdur-Rahman, director of nursing at Center Pavilion, says staff members who work in the inpatient unit share a belief in the dignity of the patient and strive to protect it.

But supervisors, she adds, should be sensitive to the feelings of their employees and help them cope with frustrations that may lead to breaches of confidentiality.

PRC members say they hope all employees remember the importance of confidentiality in their work—whether they are therapists, clerical workers, administrators, or researchers.

—Kathleen Kimball-Baker

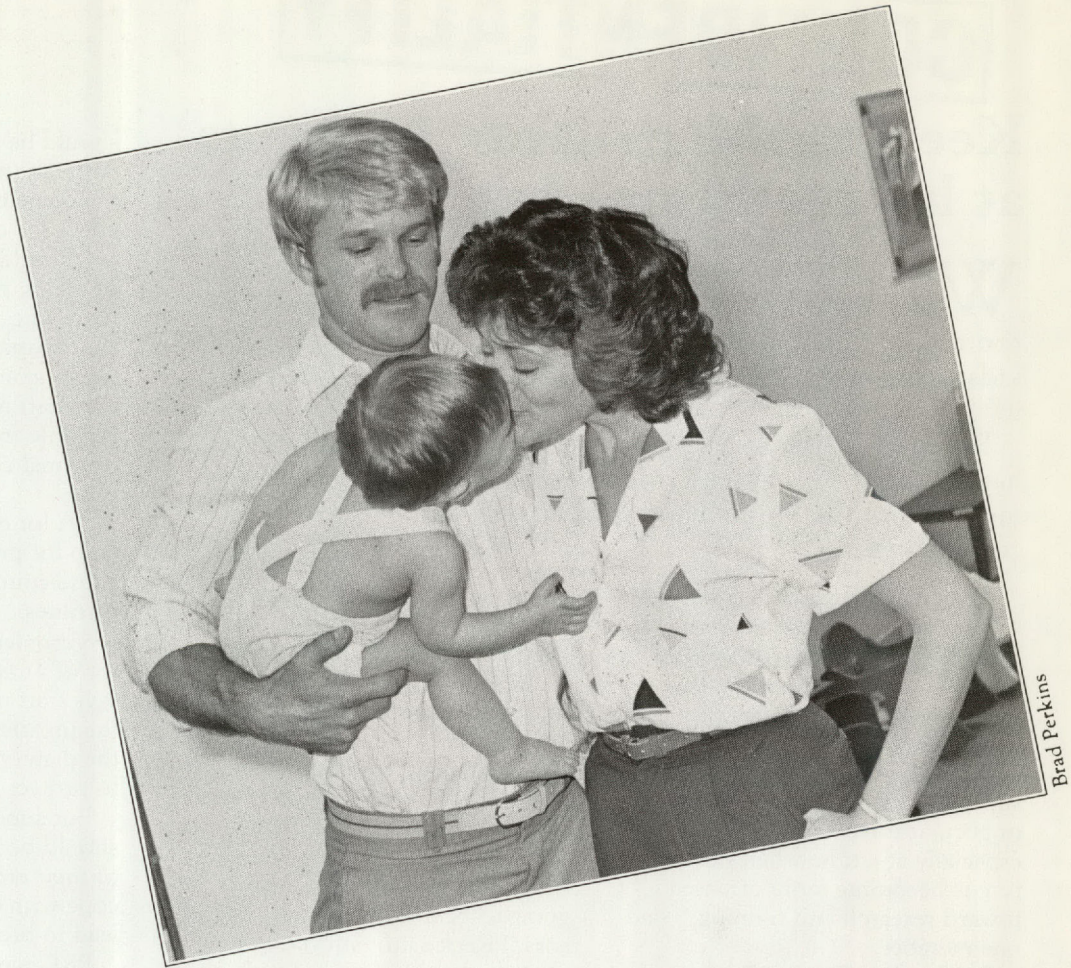


We can help

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

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

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



'This wasn't supposed to happen to a couple like us'

They express their emotions with childlike candor and a maturity that exceeds their age.

At 25 and 23, James "Bubba" and Cindy Bloodsworth, have known painful feelings that others may never experience in a lifetime. They are a resilient couple whose story tells of strength, help, and growth.

Theirs is also a story that illuminates the human side—and the importance—of the Genetics Screening and Counseling Service which recently became a division of TRIMS.

The Bloodsworths, high school sweethearts married soon after they graduated, had been ecstatic about the imminent birth of their first child.

They decorated the nursery, took childbirth classes and, when the day came, handled Cindy's labor and delivery like old pros.

As soon as Matthew was born, he was handed to his proud mother and father who watched in euphoria as their newborn baby blew tiny bubbles.

But something about the whole atmosphere of the delivery room troubled Bubba. "It seemed to me that everything was not quite right. I just felt like something was wrong," Bubba said.

"None of the nurses said 'congratulations.' I figured they were doing their job," Cindy remembered.

The obstetrician also said little.

"Now, I'm glad they didn't tell us in the delivery room. We got

to enjoy the moment of birth for 24 hours," Bubba said.

Retardation suspected

What the physician suspected at Matthew's birth was that the baby had Trisomy 21, also called Down syndrome, and once known as Mongolism.

He immediately notified the family's pediatrician who examined the baby, suspected the same, and quickly contacted the Genetics Screening and Counseling Service in Beaumont.

Before the couple saw their infant again, the pediatrician told them that the child showed characteristics of Down syndrome—slanted eyes and weak muscle tone.

Nurses brought the baby to Cindy who had planned to breastfeed him. But the infant remained on her bed untouched by either parent.

"I was too devastated to hold him. I couldn't do anything but sit there, look at him, and cry. This time, when he started blow-

Matthew delights in a big bright ball that rolls as he walks.



ing bubbles, I was repelled," Cindy recalled.

Bad timing

"There really wasn't a good time to tell us. But they (the hospital) made it real easy for us to reject him by not bringing him to us for 24 hours. We didn't have any bonding time before we got the news," Bubba said.

The new father went home that

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A toddling Matthew leaves no doubt about how much he enjoys his reflection, left. Above, Matthew makes sure his achievements are recognized as his infant stimulation teacher, JoLynn DeCoux, and father, Bubba Bloodsworth, watch.

Matthew

continued from page 7

evening, opened the door of the nursery, looked at all the new baby gifts, and felt an urge to put them away. "These aren't for Matthew. He isn't the baby we were supposed to have," he said to himself.

Back at the hospital, Cindy wept with pity. "I kept saying how sorry I felt for the baby when what I really felt was sorry for myself. I kept wondering if I was going to have to change diapers for the next 10 years of my life."

Cindy pleaded with Bubba to agree to give the baby up for adoption, walk away from the hospital, and pretend the whole event had not taken place.

A pivotal point

In the midst of the first few days of Matthew's birth and the couple's confusion and anguish, they were visited by Toye Babb, coordinator of the Genetics Screening and Counseling Service clinic, and Dr. Van Freeman, a physician with the service (headquartered in Denton) who specializes in genetic disorders and who happened to be visiting the clinic that week.

The Bloodsworths see that visit as a turning point in their despair. Freeman told them immediately that Down syndrome needed to be confirmed by a chromosome test that would take six weeks.

If Matthew indeed had Down syndrome, he would develop slower than normal children and learn at a slower pace, Freeman told the couple. But he *could* learn and the parents *could* set goals for him.

Little is known about Down syndrome children reared at home, he said, because so many have been sent to institutions in the past. "He gave us something concrete to hold onto. You

Toye Babb helps families understand genetic disorders

Toye Babb is irrepresible when she talks about her job, her affection for the families she meets, and the satisfaction both bring her.

As coordinator for the Beaumont clinic of the Genetics Screening and Counseling Service, Babb manages a web of duties with the energy of an



Toye Babb

electric generator. She takes her clients' histories and explains analytic procedures which, only a few years ago, were alphabet soup to her.

She counsels families during the painful times when they first hear about their child's disorder, and she has built rapport for her agency with local educators, physicians, hospitals, and social services.

"It would be nice if I had a clone," she says. "I don't have much time to be anything but busy."

Babb has a bachelor's degree in psychology and sociology and a master's degree in counseling.

wouldn't believe the misconceptions we had heard before Dr. Freeman met us," Cindy said.

After Freeman left, Babb continued to contact the couple, helping them to understand that the emotions they felt were acceptable and normal.

Four days after Matthew's birth, the baby smiled at Bubba. "That was all it took for me. I

Adept now at translating genetic information into lay terms, she laughs at her ignorance when she accepted the job and began intensive training.

"I was back with Mendel's peas when they (GSCS geneticists) were talking about translocation of chromosomes."

Babb's training paid off. And today she has an excellent working relationship with the local pediatricians and neonatologist who call her when they see a child who may have a genetic disorder.

"The youngest child referred to us was one-hour old," she says proudly.

Babb prefers to work with the parents of newborns.

"I like to talk to families right away so I can be there if the situation starts falling apart. If the parents have to hear sad news, I'd like to be there to give them accurate information."

After she has referred clients to her genetics team—nurse, physician, and social worker who visit the 17 GSCS clinics every few weeks—Babb stays in close contact with the families.

Her office is in the same building as the state mental health and mental retardation center's infant stimulation program. She can look in to see how the children she's referred to the program are doing.

"I'm real big on follow-up. I have this feeling I'll still be calling the families when their children are five years old and starting school."

was hooked. I told Cindy that Matthew and I were going home together and she could come if she wanted to."

Cindy was still unmoved by the baby. She went home too, but during the next few weeks, she simply went through the motions of child care.

"I was very aware of what a terrible mother I was being. I

Having worked with Matthew since he was six weeks old, infant stimulation teacher JoLynn DeCoux has developed a warm and rewarding relationship with the toddler who has come a long way.



didn't breastfeed and my first reaction was that I hoped he would die. I felt terribly guilty."

Babb, whose job as a clinic coordinator is to ensure that the family has psychosocial counseling as well as accurate genetic information, called the couple frequently.

She told them when the results of the chromosome test would be ready and was a constant source

of information, guidance, and reassurance, they said. She was also there when the couple learned that the test confirmed Down syndrome.

"I think it was her counseling that made us feel normal about our feelings and helped us to accept them. We called her any time we had a question and she was always ready to help," Cindy said.

Babb told the couple how to get in touch with a support group of parents with handicapped children. And she immediately contacted the Beaumont Mental Health and Mental Retardation State Center's infant stimulation program to enroll Matthew.

Never too early to learn

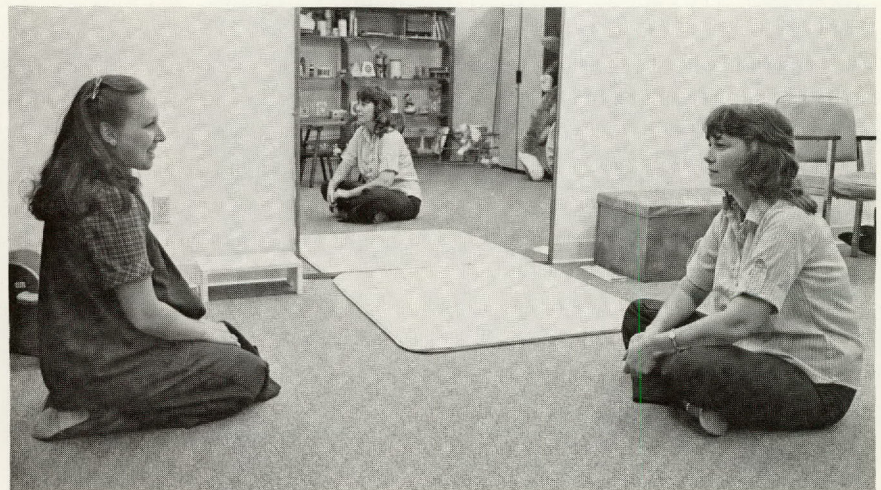
"At first I thought it was ridiculous sending a baby to school," Bubba laughed. But Cindy went and became fascinated with what the infant could be taught.

"They showed me how to teach him things step by step so that he would not have to experience too much failure. When I started to understand how much we could expect of Matthew my feelings changed," she said.

Because of the vigilant counseling and accurate information they received—and the speed with which it was given to them—the couple say they were able to work their way through their anguish quickly. Their love for Matthew soon flourished.

Other families with handi-

continued on page 10



Coordinators of genetics screening and counseling service clinics often refer their clients to infant stimulation programs like this one in Beaumont. The playroom is filled with interesting toys, left, and provides a comfortable place for parents to discuss their children's progress with teachers, above.

Matthew

continued from page 9

capped children who have not sought help from the clinic have not been so fortunate, they said. Many who have children almost a year old still have not come to terms with their children's handicaps.

"I don't think we could have come half this far without the help of these people," Cindy said.

Matthew is 16 months old now and beginning to toddle. He enjoys stacking cubes, drawing, and playing ball with his father. He loves to kiss his reflection in the mirror and bestow affection on his parents who quickly reciprocate.

His speech is delayed but he knows how to draw a smile, laugh, or clap from his many admirers.

Cindy, who is a strict disciplinarian, has withstood criticism from her family who say she is too harsh with the baby. But she believes that Matthew should not

be allowed to become unruly simply because he is handicapped. He must learn to behave properly to live independently some day.

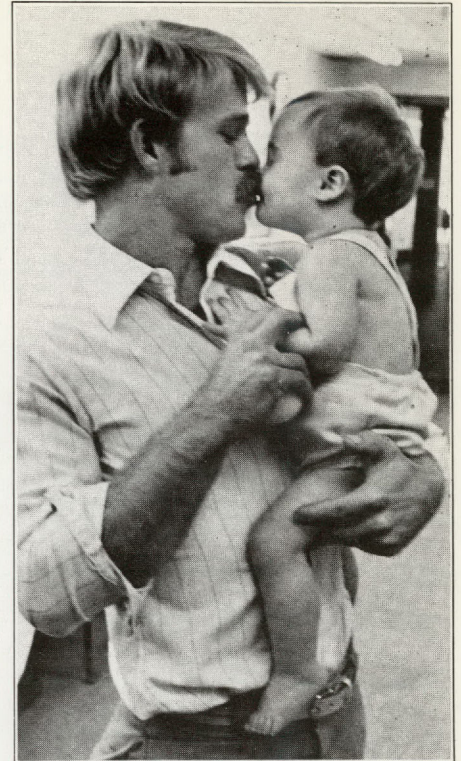
And that is a goal the couple hold for Matthew.

A goal of independence

"We don't think it is unrealistic to think some day he will be able to live away from us. I feel I have a right to have a say in his education. And that makes me more confident," Cindy said. "Learning will always be fun in our household."

The Bloodsworths are expecting their second baby in the spring. They learned through genetic counseling that Matthew's disorder was not inherited from either parent but simply an error of nature.

Cindy plans to have amniocentesis to find out whether or not the next baby will also have the disorder (the chances are about 1 to 2 in 100 because the couple has had one child with Down syndrome). But the Bloodsworths will use the results to prepare themselves—not to end the pregnancy.



Matthew bestows a kiss on his proud father.

"It's not that we want to have two children with Down syndrome. But we're willing to deal with that if it happens," Bubba says. Cindy nods in agreement. And Matthew, who is looking up at his father, claps his hands.

—Kathleen Kimball-Baker

Infants might enjoy Landry's research

Six-month-old infants who were full-term at birth are needed to participate in a study being conducted by TRIMS developmental psychologist Susan Landry.

Her study is a longitudinal follow-up of low-birthweight premature infants. The full-term babies are needed as part of the control group.

The project involves a one-hour visit and free developmental assessment of the baby. Landry is inviting TRIMS employees, their families, or friends who have infants who are six months old or will be in the next few months to contact her at 797-1976, extension 6671.



New social work interns

Left to right, Mickey Gremlin, Carol Purdue, Patty Fitzpatrick, Teresa Algaze, Becky Bain, Barbara Winston, Kathy McCarroll, and Jane Brooks. Missing from the photo is Lynn Mylius.

Medication compliance: Patients learn serious business as a game

Four patients sit around a game board. One player draws a card and grimaces.

It reads: "Ouch! You stayed out in the sun too long without a sunscreen. Take a rest. You miss your turn."

The next patient's draw brings a smile. His card says: "Everything is going well. You're living independently, working, and feeling good. Move ahead three spaces."

The object of this game is to move to the end of the board without too many setbacks. The ultimate goal is to help patients who must take neuroleptic and antidepressant drugs understand the benefits and side effects of their medication and return to more normal lives.

And although it is entertaining, the medication game now being used with small groups of patients hospitalized at Center Pavilion is also part of a research project led by Veronica Abdur-Rahman, director of nursing.

The idea was prompted by a quality assurance study last year that showed that, among patients who had to be rehospitalized for psychotic relapses, 58 percent were not taking their prescribed medication after they were discharged.

"We wanted to see if an intensive medication instruction effort would increase compliance and help those patients who can be helped by taking their medication regularly," Abdur-Rahman said.

She assembled an interdisciplinary team—herself, occupational therapist Cyndi Courtney, and social worker Gwen Scott—to develop the curriculum.

"We've tried to look at a large group of factors, including

employment and ties with family and friends," Abdur-Rahman said.

Patients in the groups attend four sessions. They discuss with the team things like the dangers of mixing alcohol and medication, what to tell families and friends about their need to take drugs, how to deal with employers who are concerned about drug use, and what side effects to expect.

Worry about jobs

"We find that one of the patients' greatest concerns is whether or not to tell their employers at all about their illness," Courtney said.

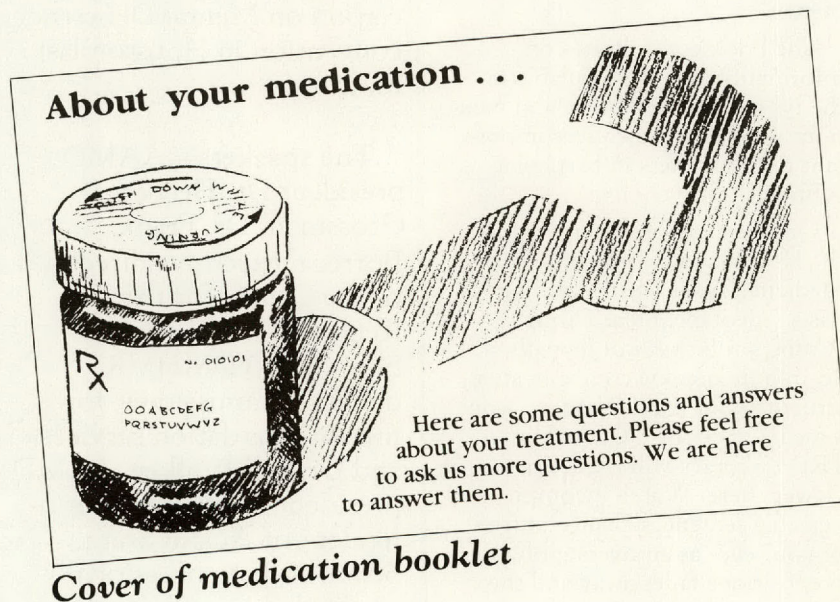


Looking at the medication game are, back row, Veronica Abdur-Rahman, patient Jamie West, Cyndi Courtney, and seated, patient Dwayne Cloud with Gwen Scott.

"They worry that if they do say something, they'll lose their jobs. But we also remind them that if they are doing something like working with heavy machinery they could be jeopardizing their lives when they first start taking the medication." The drugs may produce dizziness at first.

Courtney devised the game to be played during the group's fourth session to reinforce the curriculum and allow spontaneous discussion about what the patients have learned in the previous three meetings.

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Library tips

If you have a passion for writing for psychological journals (who doesn't?) and an insatiable desire for having your first version accepted (who wouldn't?), the TRIMS library has the book for you.

The third edition of the *Publication Manual of the American Psychological Association* is clearer, more complete, and more instructive than ever. It's even friendly, a rare quality among books of this kind. And it will last longer, because it's bound better than the second edition.

The first chapter gives a quick run-down on style changes since the second edition, which include avoidance of sexist language, some changes in statistical and mathematical copy, a change in the author-date reference style, and others. The book costs \$15, a bargain.

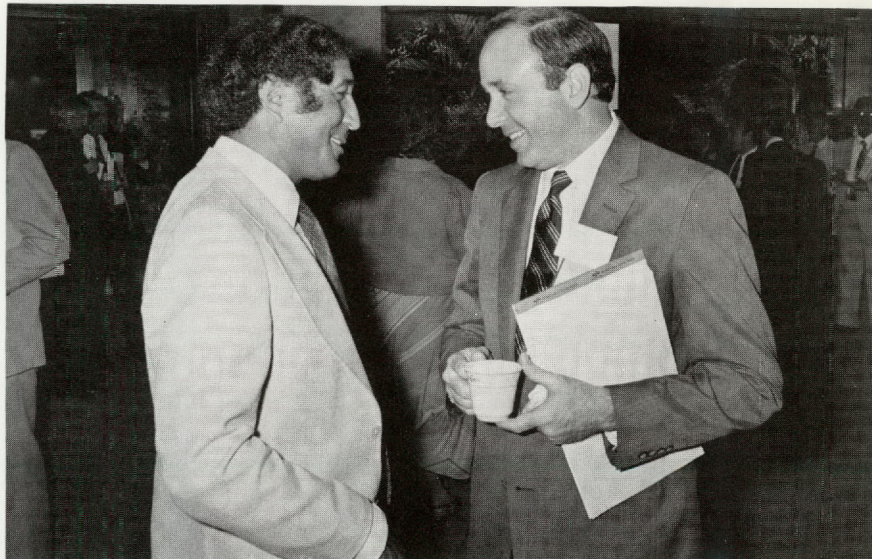
A companion to this book is another APA publication, *Library Use: A Handbook for Psychology*, written mainly for college and graduate students embarking on a psychology research project or paper.

The authors say they have found that most students have little formal training in the use of the library and need a guide to help them search through the wealth of material available to them in the library.

The book concentrates on information sources available in the typical college library and mentions specialized resources important to researchers in particular subfields of psychology.

On the topic of better writing, the Houston Academy of Medicine-Texas Medical Library has a videotape, *Prose Therapy: Writing for Biomedical Journals*, a 28-minute quickie course in style, structure and logic. The tape won a media prize for UCLA. The TRIMS library will request it for viewers here: Watch incomprehensible sentences change in front of your eyes as an oversupply of prepositions fades away and the meaning emerges.

Dr. Gary E. Miller, TDMHMR commissioner, and Dr. Mohsen Mirabi, who chaired the AAMD regional conference. In his brief welcoming speech, Miller drew a parallel between advances won by the civil rights movement and the social progress of mentally retarded people.



Bury jargon and build services, mental retardation leaders say

Some battle-scarred clichés went down, at least for an eight-count, during the panel discussion on “least restrictive developmental disabilities services” during the regional American Association on Mental Deficiency convention in Houston last month.

The speakers—AAMD president Dr. Herbert Grossman, Dr. Frank Borreca, executive director of the Center for the Retarded, Dr. Edward Skarnulis, TDMHMR deputy commissioner for mental retardation services, and Dr. Bill Walker, AAMD president-elect and superintendent of Austin State School—were occasionally applauded in mid-sentence.

Evidently they spoke some truths MR professionals hold dear.

For one thing, not a word of the panel's program title was left standing. “Least restrictive,” Grossman said, is a vague, undefined term that tends to set up battle lines between groups. And “developmental disability,” though a more stylish phrase, is not the same as mental retardation.

“We tend to coin phrases instead of doing something better,” Grossman said. He warned repeatedly against “homogenizing” mentally retarded people, to which the jargon contributes. Lumping mentally retarded people into one category results in neglecting their distinct, individual needs.

“Least restrictive” tends to be elevated to “a message from the Mountain,” Grossman said. Does it mean all institutions are bad and all community placements good? “No one wants to go back to institutions as they once were—overdumped and overwhelmed—

and now they are blamed for it. At the time they were the only ones doing anything, and now they are blamed for not doing it well enough."

Placing a mentally retarded person in a small home in an isolated community is not necessarily less restrictive than a larger place would be. Isolation deprives the person of the most important quality of life—personal interaction, he said.

"Beware of those who say there is one answer," Grossman warned. The federal dictum that 87 percent of the handicapped can be employed in meaningful jobs is ludicrous. "They're playing games with words, and we must call them on that. There is much clinical variation and much variation in potential."

Need new ideas

"We do need new ideas," Borreca said. "Remember, all over the country groups of parents meet together informally, and all are concerned about getting services for their children. Parents once worked diligently to have a child placed in a state school. That was the least restrictive environment of

that time. The parents put the child there to flourish, to grow, to be nurtured."

Sheltered workshops are not a magic answer either, he said. They are turning out to be not good for everybody. "But when a person's placement in a sheltered workshop failed, we used to blame that person: his IQ was not right, the family was not cooperating, the employer was not empathetic enough.

"Now we must ask: What's wrong with the system here that isn't clicking? It's very difficult to change those ideas."

Listen to parents

Borreca advocated genuine involvement of parents, not only having parents present as a retarded child or adult is evaluated by a roomful of professionals. "The parent sits there with us, very meek and modest. Then we ask the parent's opinion and she says, 'I guess that's all right.' We call that parent participation."

He spoke forcefully for the men-

tally retarded person's own contribution to planning his or her life. "In the past we never gave credit to that person for having judgment in making decisions. Mentally retarded people should be the primary spokespersons for their own needs. Can we accept their input? Or will we continue to pat them on the head and say, 'That's very nice, but we have a plan for you?'"

Skarnulis stressed diversity of services.

"We are beginning to look closely at reasons for a mentally retarded person's admission to a state school. What did the family really ask for? Does the child need an institution seven days a week, 24 hours a day? Or should the placement be Monday through Friday because he'll be okay at home on weekends?

"Nowhere is it written that we have to develop either/or services. And we must recognize that people's needs shift over time," he said.

The four-day meeting at the Four Seasons Hotel was chaired by Dr. Mohsen Mirabi, AAMD Region V chairman-elect and chief of TRIMS adult psychiatric services, and coordinated by Kathleen Keppler, research assistant. The 300 participants came from Arkansas, Kansas, Louisiana, Missouri, Oklahoma, and Texas.

One telling comment after the Wednesday morning panel discussion came from George Stack of Louisiana. "When our government talks about 'maximizing' the dollar," he said, "that means hitting entitlement programs and making our regulations more restrictive. That's when 85 percent of the people we try to serve slip right under the rug."

—Lore Feldman



Dr. Herbert Grossman, AAMD president and director of the Institute for the Study of Mental Retardation and Related Disabilities, with Dr. Mohsen Mirabi. Grossman, who practices pediatric neurology, warned against simplistic ideas. There is nothing unique about mentally retarded people also being mentally ill, and the phrase "dual diagnosis" is absurd, he said.

Who we are

Donna Macchietto

Donna Macchietto knew she wanted to be a nurse from the time she was three feet tall and wore a kiddie nurse's cap and blue cape.

Two feet taller and a little older now, Macchietto is indeed a nurse in the geriatric clinic. She counsels elderly patients about their emotional and health problems and connects them to the services they need in and outside TRIMS.

She's moved away from direct nursing care, though she monitors her patients' physical status, takes an occasional blood pressure, or answers an emergency call.

After earning her bachelor's degree from Western Connecticut University, she worked for two years in intensive care at a New Haven hospital affiliated with Yale University.

"Talk about intensive," Macchietto says. "Dealing with life-threatening emergencies on a daily basis takes its toll. After doing that for a while, I knew that I had to get a different kind of job."

Fortunately, about that time, she met her future husband, Isadore Cavarretta, at a gymnastics camp and discovered a graduate program in Houston that interested her.

She moved to Texas and worked at Houston International Hospital as a psychiatric nurse while earning her master's degree in medical surgery with a concentration in geriatric care at Texas Woman's University.

She still enjoys escaping from the hectic pace of the medical center by sailing, scuba diving, and taking care of a farm on weekends.

Sharon Lash

Sharon Lash could hardly be accused of lacking a spirit of adventure.

Three years ago, she packed a few belongings and took a bus from Akron, Ohio, in search of a good job in Houston. She left behind family, friends, and surroundings she'd known all her life.

She arrived in Houston with the names and phone numbers of a few friends of friends and without so much as a hotel reservation.

Lash called her contacts, "found them to be really friendly people, and ended up getting an apartment together with the girlfriend of a guy I knew back home."

About a year later, she decided to study sociology in graduate school, but after having worked at TRIMS part time, found she was much more interested in returning to psychology, the field in which she already had a bachelor's degree.

She's now working on her master's degree at Texas Southern University, counseling adolescents at St. Joseph Hospital as an intern, and is an administrative technician in the child development clinic at TRIMS.

In her job here, she says, "I do anything that's needed"—reception, helping researchers with a study of autistic children, and clerical work.

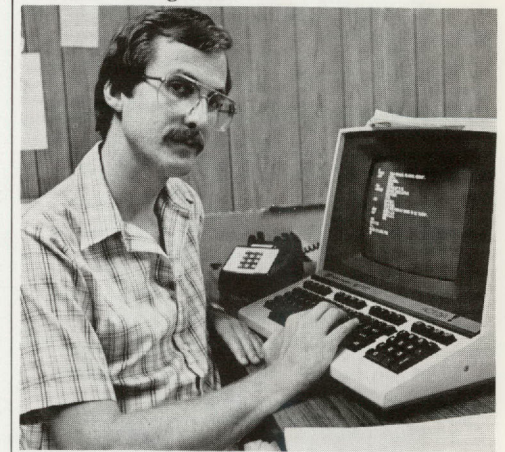
Her adventurous spirit also came through during Hurricane Alicia when she braved her way to work through the storm to help do research with a child whose equally undaunted parents had driven from San Antonio.

She hopes to work with children and troubled adolescents. "I think it's got to be one of the hardest periods of life to go through. I'd like to be able to help adolescents learn to make decisions on their own and not be so influenced by peer pressure."



Richard Baumgartner

Donna Macchietto



Richard Baumgartner

Dr. Richard Baumgartner started out studying physical anthropology, found himself interested in medicine and the measurement of disease processes, and along the way turned into a "methods freak."

As a statistician in the biological psychiatry section, Baumgartner spends long hours facing a computer to design methods for analyzing Dr. Robert Smith's data on the response of patients to neuroleptic drugs and information from the patient's computed tomography brain scans.

While working on his doctorate from the University of Texas School of Public Health, Baumgartner went to Taiwan to see how a nutritional supplement affects pregnant and lac-

Honorabilia



Debbie Huntley

Sharon Lash



Debbie Huntley

Debbie Huntley's interest in childhood depression brought her to a TRIMS job that calls for everything from audiotaping family interactions to analyzing computer information to writing public service announcements for television and radio.

Huntley, a graduate psychology student at the University of Houston, is an assistant to TRIMS psychologist Dr. Randy Phelps who is studying the relationships between mothers and their eldest children in single-parent families.

"It's been wonderful to get in on the ground floor of such an interesting research project. Not every graduate student gets this kind of opportunity," she says.

Since she began this summer, Huntley has helped develop questionnaires for screening families, written advertisements and announcements to recruit research participants, arranged appointments with families to audiotape their interactions, and worked on a coding method for analyzing the data.

That takes 20 hours a week. She splits the rest of her time between course work for her master's degree and a practicum in therapy, with a few hours here and there for playing tennis.

Huntley was born and reared in a Minnesota town of about 500 people. After finishing her bachelor's degree in psychology at the University of Minnesota, she looked for a graduate school that offered a specialty in the study of depression.

The University of Houston was one of a few in the country that did, so she traded in her down jacket and boots for shorts and sandals and made the move.

tating women.

The study awakened his interest in statistics and analytic methods. When Baumgartner started looking for a job after graduation, this came in handy. "When the market for anthropologists collapsed, I went to graduate school in public health, only to find that market had collapsed too."

Now he awaits approval of a grant that would allow his section to use nuclear magnetic resonance (NMR) imaging to study the living brain.

"After having trained in anthropology, measuring fat folds, abdomens, and girth with tools like calipers—stuff from the Dark Ages—I find it extraordinary to be able to look at all the dimensions of a living brain with this new device," he says.

New post

Felicia Chuang has been elected president of the Association of Mental Health Librarians,



an affiliate of the American Psychiatric Association. She was local arrangements chairman for her organization when it met during the 35th Institute of Hospital and Community Psychiatry.

At meetings

Nancy Wilson participated in a panel discussion, "Nursing homes are okay, but not for me or mine: Issues and answers in long-term care placement," at a conference sponsored by the University of Texas Health Science Center's department of family practice and community medicine, the division of geriatrics in the department of internal medicine, and the Southwest Long-Term Care Gerontology Center Planning Project.

Dr. Mae McMillan discussed "Evaluation and treatment of patients from non-white ethnic groups" during the annual meeting of the Association of Mental Health Librarians.

McMillan also has been asked to submit biographical information for the first edition of *Notable Women of Texas*. Invitations went to fewer than one percent of Texas women.

Dr. Thaddeus Samorajski lectured on the neurobiology of senile dementia to the International Symposia of Gerontology and Psychiatry in Murcia, Spain.

In publications

P. Hicks, C. Rolsten, D. Brizzee, and T. Samorajski. Age-related changes in rat brain capillaries. *Neurobiology of Aging* 4:69-75, 1983.



Did your feet run Nov. 5?

Nearly 800 people lifted their soles for mental health Nov. 5 in the second annual TRIMS-Medical Center run. They logged five easy (easy for you, hard for me) kilometers and raised \$5,000 for TRIMS patients. Watch for photos in the next issue of *The Emissary*.

Medication booklet

continued from page 11

The research team and nurse-therapist Marilyn Barber have also written and published an eight-page booklet, illustrated with drawings, that answers common questions patients ask about their treatment with neuroleptic and antidepressant drugs, like: "I don't like medication. May I take it only when I think I need it? May I try another kind? Can the amount be decreased?"

So far, the team has gathered 19 patients and hopes in the discussion group to work with at least 10 more before analyzing the data. The team expects to continue the group another six months and eventually to develop a curriculum that staff members on the evening shift can use.

—Kathleen Kimball-Baker

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