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Texas Project for Elders: With help, elderly people in poor health can live at home

Government Publications

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Nancy Wilson, director of the Texas Project for Elders, and her staff are researchers who make house calls.

Their laboratory spreads across 711 square miles of Houston and reaches into the homes of nearly 200 elderly people in fragile health.

Part of a nationwide study, the Texas Project for Elders is exploring how best to coordinate social and medical services for frail elderly people who, with help, can live at home rather than in institutions.

For two years, a 15-member team of administrators, social workers, nurses, and office personnel have searched for and screened hundreds of candidates. Now, with months of planning behind them, they are delivering a state-of-the-art social service—case management.

Mixed-up system

Without someone to guide them, elderly people who need medical and social services can easily be overwhelmed by the mixture of programs available, the telephoning, the bus riding and paperwork needed to get help, and what to do if they can't locate what they need. Eventually, unable to care for themselves, they might be placed in institutions.

In the Texas Project for Elders, case managers—experts at dealing with the social agency maze—link their elderly clients to the varied services they need and find alterna-

Something new for someone old

In 1981 TRIMS was selected as the sponsoring agency in Texas for a federal research and demonstration project to help chronically ill elderly people live in their homes despite their disabilities. This is the story of the Texas Project for Elders, its staff, and the people they serve.



Project director NANCY WILSON says her staff must be resourceful and flexible to deal with a social service network that is forever changing.

tives if the services don't exist. The process is often called "channeling." It's a word the case managers happen to dislike.

Their job is complicated, akin to assembling a puzzle—with pieces that move at will, disappear, or change shape.

Linkages between agencies, Wilson explained, are really connections between persons. Because people in agencies change jobs, get sick, take vacations, have different moods, and go in and out of power, case managers must be flexible and resourceful.

"Today's solution may be tomorrow's challenge. You just can't tie things up in nice neat little packages. You've got to be ready for change. And if there's one thing I can say about my staff, it is that flexibility is a key dimension of their personalities," Wilson said.

Team work

A dynamo who has nurtured, shaped, and cheered for the project since its beginning, Wilson depends heavily on her competent clerical staff and three able assistants: Anne Morrison McNally, project coordinator; Betsy Baldwin, case management supervisor; and Jane Corinne, community outreach and development specialist.

McNally, who holds a master's degree in public health from Yale University, is responsible for finding, screening, and qualifying clients for the project.



Project coordinator ANNE MORRISON MCNALLY and her staff have screened nearly 900 elderly people interested in participating in the research project.



JANE CORINNE, community outreach specialist, organizes volunteers and other less traditional sources of help for elderly clients.



BETSY BALDWIN, case management supervisor, leads a staff of six case managers. Four come from TRIMS, one from the Texas Department of Human Resources, and another is provided by Sheltering Arms.

"We've tried to find elders who might not be reached by the typical social care network. We've worked with a variety of sources, but hospitals and home health agencies have been our biggest source," McNally said.

To be eligible for the program, the client must be 65 years old or older, have problems with daily activities like bathing, shopping, and managing money, have a long-term unmet need for major personal care or in-home services, and be willing to participate in research aspects of the project.

"We've really tried to cover the range of possibilities of income levels and social status," McNally said. Clients might come from River Oaks or the Fifth Ward.

The majority, however, have an income of less than \$500 a month, while only three percent earn more than \$1,000 monthly. Nearly three-quarters are severely disabled and 67 percent either live alone or with a spouse.

Most screening is done by phone, but McNally's two staff members also go into homes, hospitals, and nursing homes. The prospective clients answer a series of questions and then are asked to give their verbal permission to participate in the project. Later, they sign a document called an "informed consent," which gives researchers the right to look at their medical records.

Selecting clients

If a person qualifies, a screener gives information about the client to a research firm in Princeton. Mathematica Policy Research's computer randomly selects the people who will receive channeling services and the ones who will become controls, that is, clients not served by the project but referred to other community agencies.

Although a client may be disappointed at not being selected to receive services, "it often appeals to their sense of patriotism to be participating in a project that will give the federal government important information," McNally said.

Information about clients selected for the project is given to Baldwin, who assigns the case to one of her six case managers.



Texas Project for Elders case managers are vital links between their elderly clients and a maze of social and medical services. On back row, left to right, are Bonnie Marsteller, Nancy Wilson, Robin Kennedy, and Dalia Patel. Front row, Hasu Patel, Betsy Baldwin, Fred Hebinck, and Ruby Salazar.

One of the case managers is an employee of the Texas Department of Human Resources, one of many state and other agencies to which the Texas Project for Elders is tied by special referral and service agreements. Sheltering Arms, a United Way agency that serves elderly people in Houston, provides another case manager.

Case managers, Baldwin said, visit their clients many times but the first visit is used for information-gathering and assessing needs. Next, they draw up a care plan—a signed agreement between the client and case manager that outlines the needs and what the services will be.

The clients are carefully followed up, and most are contacted several times a month. After six months, the client's case is reexamined and the care plan revised if necessary. The case manager must also see whether or not the client still needs the project's services.

Filling holes

Case managers cannot always match their clients' needs with the services of a social agency because service gaps in Houston abound. Many times they must look to less traditional sources of help.

Churches and other religious institutions, families, friends,

neighbors, and volunteers fall under Corinne's domain.

A labyrinth of informal resources exists in the community, virtually unknown and unused by traditional social agencies. Corinne's job is to map them out, know them well, and refer her colleagues to them.

Corinne, who spent five years supervising TRIMS's senior information and outreach service, knows this terrain as if it were her own neighborhood.

She has surveyed hundreds of churches and discovered volunteers of all ages willing to help elderly people.

One man, found through the church survey, had recently retired and said he was dedicating the rest of his years to helping needy elders. He has volunteered priceless carpentry work like installing railings on clients' steps and fixing broken floors.

As a result of the survey, churches printed information about the project in their bulletins. This prompted numerous calls and added clients who otherwise would have remained unknown.

Corinne also finds donations for items clients might need. She is currently working on a handbook for clients and families that she (continued on page 4)

(continued from page 3)
hopes will help them understand
their own feelings and work more
efficiently with social agencies
when the project ends.

A milestone

Already the project is halfway through the funded stage. Although, as Wilson says, "we are in the throes of service delivery," the entire staff is constantly mindful that it is a research and demonstration project and will some day be completed.

"I try not to get tunnel vision about the project. In many ways this is a four-year Nirvana and we have to realize that there is life after the project," Wilson said.

Clients will have their cases shifted to other agencies and project staff members will move on to other tasks.

"My big goal is to establish the credibility of case management and community long-term care with as many people as possible," said Wilson, who, in pursuing that goal, is frequently called on to make speeches throughout the state and country.

The information collected in the project eventually will be used by the United States Department of Health and Human Services to

establish policy about future care of the elderly.

The Texas Department of Human Resources and the Texas Department of Aging are also monitoring the success of the project with hopes of using the case management model to provide long-term care for elderly Texans.

"We feel good about being able to help clients and families cope and manage in the community. And I must say that it is gratifying to know that we will have had some impact on what direction the government eventually takes," Wilson said.

-Kathleen Kimball-Baker

Case managers

Linking people to the help they need

No day is typical for case managers of the Texas Project for Elders.

They must be ready to change and rearrange timetables and plans at any moment. The things they do regularly, though, are telephone social service agencies, work on an endless stream of paperwork, and visit or call clients.

Emissary editor Kathleen Kimball-Baker and photographer Marc Meyers recently joined case manager Hasu Patel when she spent an afternoon visiting two of her clients.

Joe John Girash was stricken by polio as a child.

Now, at 78, he is almost completely paralyzed.

Asthma has withered his voice to little more than a whisper, but if

you ask him if the Texas Project for Elders has been helpful, his eyebrows rise, his eyes widen, and through a grin he says: "Oh, yeah."

Ask his wife, Theresa, the same

disbelief and says: "Honey, we couldn't have existed without the Texas Project for Elders."

Hasu Patel, their case manager,

question, and she looks at you in

Hasu Patel, their case manager, has arranged for nurses and aides to come to the home, check Girash's vital signs, adjust his catheter, help with physical and occupational therapy, and make nutritional suggestions.

One aide bathes him, washes his hair, and, as Girash tells Patel who is sitting next to him and holding his hand, "makes me pretty for the girls."

A needed break

Patel is also trying to find a volunteer to stay with Girash so that his wife, whose day is totally consumed by caring for him, can go out now and then.

Mrs. Girash, who has a pinched nerve in her back, at one time had to lift her husband from his bed to his wheelchair and move him to his favorite spot near the television set.

She did this by wrapping a belt around his waist and hoisting him up. Patel was able to help the couple get a mechanical lift that lessens Mrs. Girash's heavy work.

Girash is a handsome man, with thick salt-and-pepper hair and a rosy complexion. He was an accountant until five years ago, when his health declined rapidly and he could no longer walk. The couple, who still live in their River Oaks home, finally declared bankruptcy.



Joe John Garish, left, is pleased with the services that case manager Hasu Patel has arranged for him. Medical attention at home has kept him from being hospitalized despite his severe physical problems.



Hasu Patel (affectionately called "Hot Soup" by her colleagues), above, spends part of her day doing paper work and calling her elderly clients. One of them is Pearl McGuirk, right, who explains that she is bed-bound by a disease that inflames the tissues in her legs and arms. She receives nursing aid and homemaking services—arranged by Patel.



They learned about the Texas Project for Elders from a nun at St. Anne Catholic Church where they are members. Case management by the Texas Project for Elders has prevented Girash from being hospitalized.

"If you ask me," says Mrs. Girash, "the Texas Project for Elders is right behind God."

Then, there are days...

The comments please Patel. Apparently, she has done her job well. But she also has frustrating days.

Once she telephoned a bedbound woman who complained bitterly that her family had deserted when her health was at its worst.

Patel immediately contacted several agencies which agreed to begin providing services to the woman. But when the services didn't begin the next day, Patel received an angry phone call.

Enraged that she had once again been abandoned, the woman cursed and demanded that her case be closed. Patel told her that services normally take 10 days to start and she would try to speed up the process.

Before she even made the calls, though, the agencies contacted the woman, who promptly called Patel back and apologized.

"I could understand how bitter

she felt. I knew it wasn't really me she was so angry at, but it was still frustrating," Patel said.

After visiting with the Garish family, Patel drove to the northwest part of the city to see another client who lives alone in a small apartment complex run for elderly people by the Houston Housing Authority.

Pearl McGuirk, 71, is afflicted by elephantiasis, an inflammation of tissues in her legs and arms. She has had the disease for 22 years.

She is everweight, must restrict her salt intake, and has difficulty moving from her bed, where she spends most of her time, to the bathroom or kitchen in her tiny apartment.

She has been in nursing homes, where she saw elderly people being mistreated, and she doesn't want to go back.

"The Texas Project for Elders found me," she said. "They called on me and asked if I'd like to be part of the program."

Satisfied client

McGuirk said she enjoys being part of a research effort and is quite pleased with the services her case manager has found for her. Patel arranged for a homemaker to come in five days a week to clean and cock meals. A nurse visits McGuirk to take her vital signs and check her general health.

"The Texas Project for Elders has done mighty near everything for me. They've helped, they've been wonderful," she said.

Visits to clients can take between half an hour and two hours. At times, the case manager may find someone needs the companionship a bit longer. And often, Patel said, just a phone call makes a difference in a client's day.

At times, Patel sees a client's need and wants to be able to help directly. But she reminds herself that this is a research project and that she is helping in a different way—one that will have long-range effects.

Hasu Patel, affectionately known by her coworkers as "Hot Soup" (a name coined by a client who called for her but could not quite pronounce his case manager's Indian name), recently became a United States citizen.

She shares her project director's sentiment about contributing to national policy. But Patel said she feels equally enriched by her participation in the project.

"This job pays a lot, not in money so much, but in job satisfaction. When I see my clients' faces light up because of something I've been able to arrange, I get a lot of satisfaction."

-Kathleen Kimball-Baker

Secretary Hardy visits Texas Project



Two officials from the U.S. Department of Health and Human Resources recently visited the Texas Project for Elders, a federally funded research effort. Meeting with project director Nancy Wilson, left, are Dorcas R. Hardy, assistant secretary for human development services, and JoAnn Gasper, deputy assistant secretary for social services policy. Hardy commented that the project "appears to have made an impact" in the Houston area.

Research review committee reports:

Following are abstracts from research projects approved by the Central Office Research Review Committee. Dr. J. Ray Hays, chief of TRIMS special services is CORRC chairman.

Gerard J. Bensburg and Janet J. Smith, Fort Worth State School. Programmatic studies of community based residential facilities and Comparison of opinions of direct care staff in group homes and public residential facilities regarding their jobs. CORRC project 82-0006, completed.

In the first study, state contracts for group home care of mentally retarded individuals were studied. Researchers concluded that unless training, opportunities for vocational and social activities, and outside monitoring of programming are provided, group homes may be more sterile than public residential facilities, even though the cost of care in the first is less.

The second study, undertaken at the Fort Worth State School, indicated direct care staff from both public residential facilities and group homes place a high priority on their role as teachers. They do not view themselves as being involved in activities outside the residence. Group home parents place more importance, the study suggested, on teaching than do staff members at public facilities, who emphasize health matters and maintaining discipline.

Asha Jogi, Ph.D., Austin State Hospital. An evaluation of internal body concepts of emotionally disturbed and normal adolescents. CORRC project 81-0018, completed.

The study examined the differences between emotionally disturbed and normal adolescents regarding concepts about their internal body parts. Subjects were 50 emotionally disturbed adolescents, ages 16 through 19, from the Austin State School institutional setting and 25 normal adolescents from parochial schools. Results indicated emotionally disturbed adolescents had less verbal knowledge of internal body parts than did peers, knew less about the function of these parts, and had different perceptions of the size of the parts than their normal Deers did.

Group will ponder new model of brain

If you've long known that the brain, for better or worse, works like a computer, join a group to explore the idea.

Dr. Edwin E. Johnstone, director of the TRIMS psychiatry residency training program, is organizing a "think tank" of professionals interested in a bioelectronic model of the brain.

"This is an effort to generate some original ideas about how the brain works", he said.

A large board with a diagram depicting the brain as a collection of circuits sits in Johnstone's office.

Scientists tend to formulate theories based on the current state of technology, Johnstone said. Hippocrates believed that four "humors" in the body controlled behavior. Freud held to a "hydraulic model," in which fluid-like drives and instincts directed behavior.

"I'd like to see if we can get people with knowledge of neurology, biochemistry, electronics, neurophysiology, and so on, to start talking with each other and come up with something new," Iohnstone said.

If interested, contact Johnstone at extension 6419.

British gerontologist



Dr. Anthony Mann, a psychiatrist at the Royal Free Hospital of Medicine at the University of London, presented to a TRIMS gerontology seminar a comparison of the British and American systems of caring for elderly people. Mann said that nursing home facilities in England, which are run by the government, offer adequate care but are somewhat boring places to live.

The first page of a lengthy curriculum manual shows a father with an open picture book on his lap and a bewildered expression on his face. His young son, 8, is tugging at his sleeve:

"But Dad, all that the 'Little Red Hen' really had to do was: identify the problem, state the goal, generate solutions, think of the consequences, and try the best solution."

Wisdom from a precocious second-grader? Maybe. But what the youngster is translating for his father is a set of problem-solving skills many well-adjusted children know fairly well.

They are also skills lacking in children with behavior problems that often lead to their being seen in clinics like the one at TRIMS.

Learning new skills

Dr. Pamela Yu, clinical psychologist for the child and family clinic, believes teaching these skills to children will help them cope with stresses in their lives and problems with their peers, and possibly prevent more serious and entrenched adjustment problems later in their lives.

Yu and Dr. Jack Franklin, who is co-principal investigator and director of the office of prevention, have received a \$20,000 grant from the Hogg Foundation for Mental Health to test an interpersonal problem-solving program.

The curriculum Yu will use, which was developed by Dr. Emory Cowen and his staff at the Primary Mental Health Project in Rochester, New York, has been tested successfully in grade schools in Rochester.

A different setting

Yu, Franklin, and their research team will test the curriculum for the first time in a clinic setting. Ultimately, they hope to develop and modify the program so that it can be used throughout TDMHMR facilities as part of the department's prevention efforts.

Staff consultants to the project include Dr. Eileen Cassard, chief of the child and family clinic; Kay Schriner, research assistant; Dr. Jaime Ganc, child psychiatrist; Dr. Randy Phelps, psychologist; and Dr. Jack Fletcher, chief of neuropsychology.

"We'll be looking particularly for

Child clinic to test curriculum



Problem-solving with Pop

What the 'little red hen' should have known

children with peer-relationship difficulties, like children who are disruptive in school and/or alienated from their peers, and those with an overall poor adjustment," Yu said.

The psychological literature shows that healthy peer relations are essential to normal development, Yu said.

Yu and a research assistant will conduct therapy for two groups, each composed of 10 children between ages 7 and 12, who will be selected from referrals to the child and family clinic.



Dr. Pamela Yu, clinical psychologist in the child and family clinic, will test curriculum to help children with behavior disorders become better problem-solvers and more self-reliant.

Testing

During the first three months of the year-long project, the children (and a control group of 20 children) will be given a battery of tests and a physical examination. For the next six months, the children will meet in groups twice a week for one hour at a time.

They will be given tasks that help them understand and identify their feelings, role-play, participate in games, explore ways to see the consequences of their actions, and understand the "need for concrete, step-by-step planning to make a good solution work."

One lesson begins, for example, by discussing vignettes:

"Mary broke her mother's lamp and tried to say she was sorry when her mother was too mad to listen. So her solution didn't work very well...

"Tim asked his teacher's permission to play with the other boys at the wrong time. His teacher was talking to someone else so he got mad at Tim. Tim didn't get permission.

"It sure is important to *think* of good solutions, but it's even more important to have a good plan for using the one you decide to try."

Plans that work

The children are then asked to listen to another vignette and help develop a solution—and a plan to make it work.

"We'll be giving them the lessons in short dosages, then providing them with a more open-ended period afterwards so they can talk about their similar problems. It's very much a group therapy process," Yu explained.

"We want to try to develop cause-and-effect thinking, to help them anticipate the consequences of their behavior and develop other skills for coping in more self-reliant ways. It's like a stress innoculation concept."

During the last three months, the children will be retested to "assess the gains they have made from the program," Yu said.

"If the results indicate that the curriculum is effective, the TRIMS office of prevention will prepare manuals that we will provide to community MHMR centers throughout Texas," Yu said.

-Kathleen Kimball-Baker

Licensed

Dr. Bela Bochkarev, a psychiatry resident who emigrated from the Soviet Union six years ago, has passed her licensing examinations to practice in the United States. In Russia, Bochkarev was a specialist in internal medicine.



Dr. Bochkarev

In publications

After combing through 328 journals that contain reviews of books on substance abuse, librarian Jane Bemko has published the Sutstance Abuse Book Review Index 1981. This is the third time she has published the index, which is mainly a librarian's tool. The 58-page guide that lists reviews of 583 books was published by the Addiction Research Foundation in Toronto.

Dr. Carlo DiClemente, chief of the alcohol abuse center, contributed two case vignettes to Psychopathology—A Case Book by Robert L. Spitzer, Adrean E. Shodal. Miriam Gibbon, and Janet B.W. Williams. It is published by

Honorabilia .

McGraw-Hill Book Company, 1983.

Ching-Wah Wan, Ernest J. Peck Jr., Beng T. Ho, and Joseph C. Schoolar. The residual effect of chronic neuroleptic treatment on neuroleptic binding assay in rats. *Life Sciences* 32:1255-1262, 1983.

Heidi S. Phillips, Beng T. Ho, and John G. Linner. Ultrastructural localization of LH-RH-immunoreactive synapses in the hamster accessory olfactory bulb. *Brain Research* 246:193-204, 1982.

Charles A. Harrington and Joseph Eichberg. Norepinephrine causes a₁-adrenergic receptormediated decrease of phosphatidylinositol in isolated rat liver plasma membranes supplemented with cytosol. *Journal of Biological Chemistry* 258(4):2087-2090, 1983.

At meetings

DiClemente, Dr. Jack Gordon, and Diane Newsome presented workshops at the annual Alcoholism Conference. The El Paso meeting was sponsored by TRIMS, Texas Tech University Health Sciences Center, Baylor College of Medicine, the Texas Commission on Alcoholism, and the Texas Medical Association.

Dr. Chester M. Davis delivered the keynote speech at a symposium of the Pittsburgh Conference and Exposition on Analytical Chemistry and Applied Spectroscopy in Atlantic City. He discussed "The analysis of psychotherapeutic agents by high-performance thin-layer chromatography."

Dr. Mae McMillan joined a panel of four colleagues to discuss "A day in the life of a psychiatrist" at Baylor College of Medicine's conference on careers in psychiatry.

McMillan, child psychiatrist in the child development clinic, has been elected a fellow in the American Psychiatric Association. According to APA president Dr. Keith H. Brodie, "This election reflects recognition by your peers of your special abilities, talents and contributions to our profession."



Dr. McMillan

Teaching award

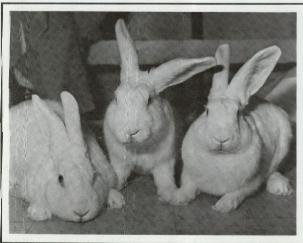
Dr. Charles M. Gaitz was asked to accept the "Distinguished Preceptor" award on behalf of TRIMS from the North Texas State University Center for Studies in Aging. The award is given annually to a field instructor or an agency involved in teaching NTSU students during their internships.

Grant approved

Dr. Randy Phelps has received word that his grant application, "Adaptive mother-child interaction in one-parent families," has been approved and recommended, for funding by the National Institute of Mental Health. He will be notified this summer about funding of the \$110,650 grant.

Praise for chapter

Dr. Thaddeus Samorajski's chapter on neurochemical changes in the aging brain, published in *Psychopharmacology of Aging* (SP Medical & Scientific Books, 1980) received a good review in the January issue of the journal *Muscle & Nerve*.



Lettuce eaters

Fat and fuzzy, these contented looking rabbits are residents of the TRIMS animal colony. The American Association for Accreditation of Laboratory Animal Care recently gave the colony a three-year accreditation. The association makes its judgment using National Institute of Health standards.

Legislators visit TRIMS



"Mending the social care network" was the subject of a presentation sponsored by the Mental Health Association for legislators visiting TRIMS during the annual Harris County Weekend. The program addressed problems facing mentally ill people in the county as well as those who serve them. At far left, Earl Phillips, director of the Houston Housing Authority, and Rush Record, attorney and member of the Texas Department of Mental Health and



Mental Retardation board. At right, left to right, Dr. Charles Gaitz, head of the TRIMS gerontology center, state representatives James Hury (Galveston) and Mike Toomey (Houston). Also present were State Representative Robert Eckels (Houston), Barbara Stanley, legislative assistant to State Senator Chet Brooks (Houston), and Sharon Boatman, assistant director of the Texas long-term care channeling demonstration project.

Pastoral counselors in advanced training

Advanced training in pastoral counseling is now a vailable at TRIMS.

The program, which began last fall, provides training credits toward the certification of counselors as fellows or diplomates in the American Association of Pastoral Counselors (AAPC).

The Rev. William Tallevast, chief of clinical pastoral counseling and training, said the program includes individual supervision, consultations with TRIMS psychiatrists and psychologists, and seminars on theology and theories of psychotherapy.

The students also form a professional support awareness group in which they 'look at their own issues with the clients they serve,' Tallevast said.

To qualify for the program, students must have a master's or doctoral degree beyond the master of divinity and they must have com-

pleted the basic two-year program for AAPC certification at the membership level or have equivalent academic and clinical training experience.

The program is open to clergy of

The Rev. William Tallevast

open to clergy of all denominations. Students generally spend 10 to 12 hours a week in training.

TRIMS also offers the two-year basic program that leads to membership in the AAPC. Currently, Tallevast has four advanced students, four basic students, and one special student who is receiving individual supervision in pastoral counseling.

"Training community clergy in diagnosis, referral, and therapeutic intervention is a primary means in which TRIMS implements mental health prevention objectives through community education," Tallevast said.

More information is available by calling 797-1976, extension 6368.

Team will study family therapy for psychotic teens

The TRIMS child and adolescent section has begun a study to compare the effectiveness of two types of family therapy approaches in treating psychotic adolescents.

The researchers will work with families of adolescents who are between the ages of 13 and 17, are living at home, and have experienced psychotic symptoms, like hallucinations and delusions, for less than six months.

Patients will be treated with neuroleptic drugs and receive either short-term crisis family therapy or multiple-family group therapy.

Investigators are Dr. Sergio Henao, chief of the child and family clinic, and Dr. Randy Phelps, research coordinator for the clinic. Staff psychiatrist Dr. Manjul Mehra will conduct the psychiatric evaluations and prescribe medications.

Researchers hope to determine the effectiveness of the two approaches in reducing the patients' symptoms and preventing relapses. They will also explore the impact of treatment on the overall functioning of the family.

Persons interested referring patients to the project may call 797-1976, extension 6521.

Who We Are



Kathy Drake

At 4:30 a.m., when most of us cling to our last precious moments of sleep, Kathy Drake begins her yoga exercises and an hour of quiet meditation.

It is a routine she has followed for eight years—and part of a way of life that dates back thousands of years.

Drake, a soft-spoken secretary for Dr. Sergio Henao, lives in an ashram, a residential meditation center devoted to Siddha Yoga.

The community numbers 300, though only 25 persons live full-time in the Montrose area ashram. They live cooperatively, taking turns with chores around the house, and they fill their days with the study and practice of meditation.

Drake says meditation allows her to become more "focused" when work gets hectic.

Her coworkers tease her, she says with a laugh, because sometimes she is concentrating so hard



Arlene Landon

For almost as long as she can remember, Arlene Landon, a secretary for the adult clinics, has spent much of her free time volunteering for an assortment of health-related institutions.

During the 1950s, she was one of a handful of volunteers who spent one Sunday in downtown Houston helping doctors and nurses administer the first polio vaccine to hundreds of anxious people.

Another time, she worked with hospitalized mental patients in South Dakota as part of a project for her sorority, Beta Sigma Phi.

"The patients who were locked in the hospital hadn't seen anyone from the outside world for a long, long time. We were part of an experimental program to re-expose them to people from outside." For six months, Landon made coffee, brought cookies, and talked with the patients.

While Landon was working her



Preston Manual

Preston Manual, a maintenance worker at TRIMS for 10 years, has a dazzling smile rivaled only by his blue eyes and the French he unleashes for its surprise effect.

A native of Louisiana, Manual was reared on a farm where even as a child he worked long past sunset to harvest crops like sweet potatoes.

It so happens that his hometown, "a little place between Apaloosas and Lafayette," is called Sunset. Manual later moved to Lake Charles where he worked for 15 years.

"That was about the time I was courting and the young lady I was courting wouldn't speak anything but French," he recalls with a chuckle.

Manual refers to himself as "just an old country boy," though he is hardly boyish. Lean, tall, and handsome, he strides down the hallways looking even more stat-



Susan McMahan

Susan McMahan, a new member of the TRIMS volunteer council board, says she is fascinated with research under way in the medical center.

Her volunteer work in the past led her to the Texas Children's Hospital, where she helped with psychological testing.

Work in mental illness and mental retardation is new to her, she says, so she is eager to discover what kind of research is being done here.

As a board member, McMahan screens all requests for funds submitted to the council.

One request she ardently supported was to put two new TV sets in recreational areas for patients at Center Pavilion. Another TV set will be placed in the downstairs waiting room in the main building.

McMahan, who has a bachelor's degree in history, leads an active life. As a member of the Women's

on her work that no one can draw her attention away. Lunchtime for Drake includes a quick bite from a brown bag meal prepared by ashram cooks. She spends the rest of the hour meditating.

Drake's interest in meditation has taken her on travels around this country, and last October she visited India to live and meditate in an ashram there for a month.

"There is a great deal of poverty in Bombay, but out in the country, it is so beautiful and serene."

way through college, she volunteered time at a hospital where she helped bathe patients, move equipment, and handle intercom calls.

Before she came to TRIMS, Landon worked for the City of Houston, answering calls for public service as a switchboard operator.

She left that job when she decided she wanted to be in the medical center, and she has been with TRIMS for a year.

uesque in his big black western hat and puffing on a pipe.

Manual, who cannot read or write, did not know his actual age until just recently when a Louisiana relative found his baptismal certificate in a hometown church. He no longer must guess his age and now he is proud to tell you that he is 61.

After work, Manual says he is particularly fond of watching two sports—baseball and "rastlin" matches."

Bar Auxiliary (her husband, Thomas, is an attorney with Vinson & Elkins), she helped prepare videotapes of a mock trial and formulate questions teachers can ask their students. The Houston Independent School District is now using the program.

The McMahans have three children. Vance, 21, is a junior at Stanford University; Catherine, 17, is a high school junior at St. John the Divine; and Susannah, 10, is in the fourth grade at St. John.

Dr. Schoolar writes:



About the staff reductions

Under routine administrative procedures, our institute's fiscal status and practices are constantly monitored and audited. When necessary, adjustments are made to correct projected deficits.

Ordinarily, the correction is made by conservation practices in travel and supplies, cutting back on equipment purchases, redoubling grant-seeking efforts, or shifting personnel assignments within the rather narrow limits permitted by law.

But this year there has been no alternative but to effect a controlled reduction in force, and I want to explain to the staff our actions and the factors that necessitated them:

1. Patient fee collections are down about 50 percent from what they were last year. TRIMS policy is that no person in need of treatment be turned away because of inability to pay, and despite the loss of needed revenue, we will keep that policy. During the present economic recession, an increased number of patients simply cannot pay their bills.

2. TRIMS usually experiences a five-percent lapse rate, generated by personnel turnover. This year the lapse rate is almost zero. People who have jobs are holding on to them.

3. Operating costs have increased exponentially, most noticeably in consultation fees, costs of chemicals and other supplies, and telephone bills.

4. New, unbudgeted programs have added to our expenses. We try, of course, to predict all expenditures and plan for them in the budget. But this is not possible in every case.

Some of these factors we were able to anticipate, some not. We have compensated to a significant degree during the year, but at the end of the second quarter it became apparent that more definitive action was necessary. We therefore initiated a reduction in force of 3.8 percent.

All of these factors are rooted in our present economic situation. Any change that affects a single employee adversely is a serious matter. No one can promise that all needed adjustments have been made, but every action will be taken to prevent any future reduction in force.

The division heads have done a careful and sensitive analysis of the situation in making their recommendations to me. I am confident that these unfortunate adjustments will be met with the mature understanding that I have come to count on from TRIMS staff members.

Rodeo buffs

Clinical psychologist Dr. Stephen McColley, occupational therapist Sarah McClain, and occupational therapy director Kathy Williams accompanied a group of about 25 inpatients to the Houston Livestock Show and Rodeo. They were guests of the TRIMS Volunteer Services Council.



Library Tips

Clinical psychologists and researchers of schizophrenia will find librarian Felicia Chuang's spring reading recommendations helpful.

The Handbook of Research Methods in Clinical Psychology, edited by Philip C. Kendall and James N. Butcher (John Wiley & Sons, 1982) is a comprehensive collection of theoretical and methodological papers spanning the major research areas in clinical psychology.

Schizophrenia as a Brain Disease, edited by Fritz Henn and Seymour Kety (Oxford University Press, 1982), focuses on a biomedical concept of schizophrenia.

The book includes reports on biochemical and psychopharmacological studies. The final section contains papers on the use of computer methods to define the detailed anatomy of the central nervous system and the morphology of the schizophrenic patient's brain.

Sexual abuse topic of talk

Sexual abuse of children will be the topic of the TRIMS weekly conference, 3-4:30 p.m. Tuesday, May 31, in the TRIMS auditorium. Dr. Alexander Zaphiris, professor and director of field practicum at the University of Houston Graduate School of Social Work, is the speaker.

Stretch...two, three, four





TRIMS inpatients are enjoying the chance to limber up with new exercise equipment donated by the Volunteer Services Council. Other recreational gear placed in the unit includes balls, weights, and punching bags.

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