

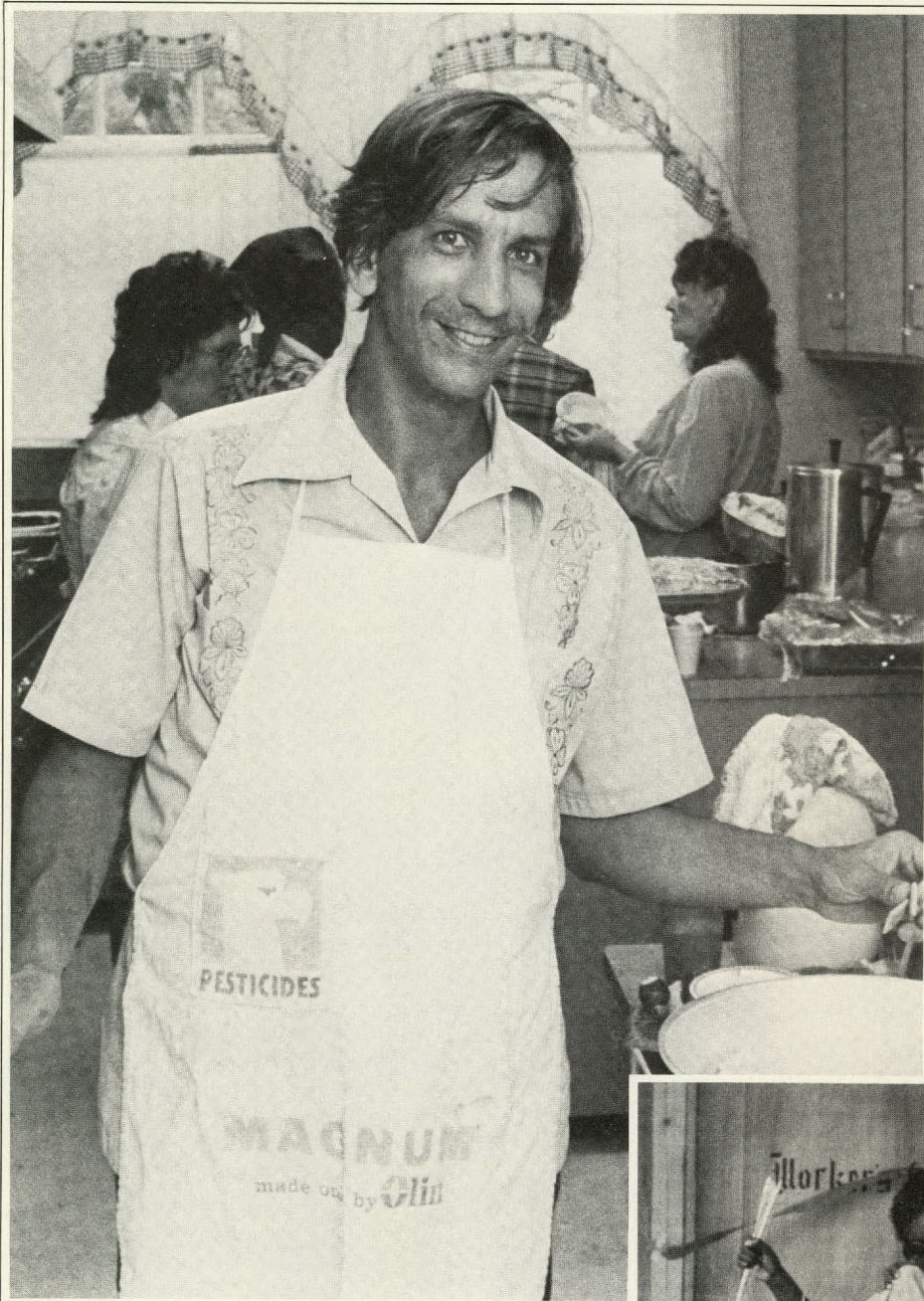
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The Emissary

Texas Research Institute of Mental Sciences, Houston

November 1984



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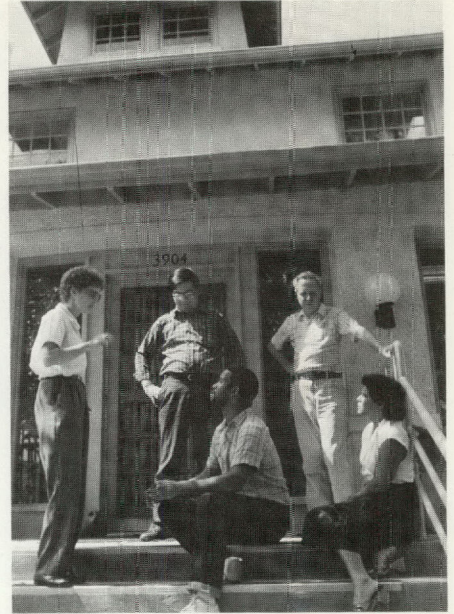
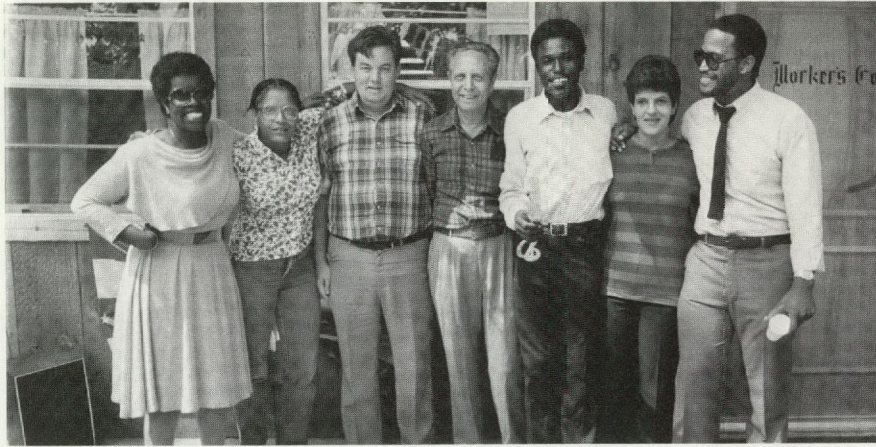
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**The art of belonging:
at Pyramid House**

page 2



Brad Perkins



Enter Pyramid House— as a member, not a client

CRAZY is a word that comes up often at 3904 Austin Street.

Few who enter the doors here are afraid of the word; they've lived with it long enough.

When they walk through the gates of Pyramid House's gleaming complex, they stop being patients, or clients, or cases. They are members, people who belong to a club, people learning and relearning how to laugh, how to connect with other human beings, and how to survive outside of a mental hospital.

Located in the Binz area of Houston—an eclectic mixture of junky houses, remodeled estates, social service agencies, empty lots, clinics, daycare centers, and abandoned buildings—Pyramid House brings pride to the community.

Its grounds are scrupulously cared for by members. They sweep the walkways, manicure the lawn, shine the windows, polish, pick up, and perfect.

Inside the remodeled two-story stucco house, not a speck of dust is allowed a moment's rest; the kitchen would challenge Marvin Zindler's whitest glove; and sunlight floods the rooms through spotless panes of glass—all the work of members.

"We use the word crazy a lot around here," says Kate Sexton, director. "We are not diluting or mystifying the issue. It can be scary for people who aren't used to the word. But for the most part, these are people who are chronically mentally ill."

Breaking the cycle

People who belong to Pyramid House have been in and out of mental hospitals for years. One 42-year-old woman was hospitalized the first time at age 14. She's been in an institution 24 times since then. Another woman in her thirties recounts 50 hospital admissions.

Their comments about mental institutions are barbed, often sardonic:

"If you're rich, you are eccentric. If you are poor, you are crazy and they put you in the hospital," one man said.

"When you enter the hospital your priorities are, first, simply try to survive, second, protect your privacy, and third, protect your personal property—like cigarettes. If by chance you get helped along the way, well, then you're the lucky one," said one woman.

"Yeah, I got something good out of being in hospitals," says another. "It's built my confidence. I now know I can survive no matter where I am. I'm always looking over my back to make sure no one

On cover: Gary Soards, an accomplished member of the food service brigade, and (in smaller photo) Pat Montgomery and Dennis Mullins, who've just cut ribbon to open new Pyramid House workers' co-op.

Top: (left) Pyramid House staff and members share responsibilities—and joy. Pat Montgomery, Mary Sanders, John Aycocock, Stanley Chazen, Walter Branch, Tammy Long, and Dennis Mullins in front of workshop. (Right) on steps of Pyramid House on a sunny day—Kate Sexton, the director, with Jesse Rodriguez, Mullins, Chazen, and Ruth Rocha.



Top: Mary Sanders and Gary Soards in their well-furnished living room.

Bottom: Pyramid House director Kate Sexton, who believes in "challenging wellness, not nurturing illness."

is about to attack me."

At Pyramid House, a part of the Mental Health and Mental Retardation Authority of Harris County, the philosophy departs radically from the way members say they were treated in hospitals. No medication is dispensed and no formal therapy takes place.

"A long time ago, I heard the concept that to help people with emotional problems, one must challenge their wellness, not nurture their illness. I really bought into that and I still believe it," says Sexton, a slender, feisty woman trained as a Gestalt therapist.

Like everyone else

"Club members need the same things that normal neurotics need," she says. "Productive action, housing, friends. If a person with chronic schizophrenia can have these things and take his or her medication, he or she can usually stay out of the hospital."

And so, Pyramid House's three components—work adjustment, residential, and social—provide exactly that.

Members work in one of four areas: The workers co-op, which has a contract to rewind magnetic tape on sophisticated electronic equipment; clerical services, like photocopying, answering phones, keeping records on members' medications, and telephone numbers of social agencies; maintenance, which handles groundskeeping and housekeeping; or in food, where workers plan menus, shop for food, prepare meals, serve members during mealtimes, and clean up.

A Pyramid House staff member is in charge of each of the areas and serves as a case manager to members.

The residential component includes an apartment complex with 12 units that house 14 members; two communal housing units, with five members in one, four in the other; and four additional separate apartments. Housing is located away from the main building, in the Binz and Montrose neighborhoods.

Not a free ride

Members must have an income to live in the rooms or apartments—even if it is county welfare or food stamps. "It's still cheaper than a stay in the hospital," Sexton notes.

Pyramid House also provides recreation areas and activities for members. In a building above the maintenance barn is a large meeting room. Next to it is a recreation room equipped with a pool table, reading material, and comfortable chairs.

A member is in charge of planning outings. And several write and produce a newsletter that is distributed in the clubhouse and to others like it throughout the country.

"Members need to network. I don't think it matters why you are crazy," says Sexton.

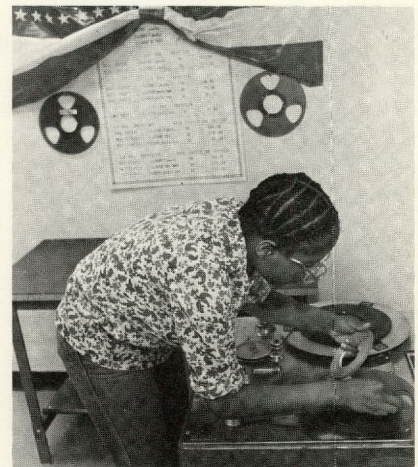
At 3:45 p.m. each day, members and staff meet to discuss what has happened during the day. An executive committee of seven members, which operates under a set of bylaws, handles complaints about staff and members.

"You might call it the Pyramid House Supreme Court," one member joked. Members are expected to:

- Be cooperative and not harmful to self, others, and property;
- take medication as prescribed and follow through on recommended outpatient treatment;
- be dependable and not abuse alcohol or illegal drugs during program hours or at the clubhouse;
- show regard for others by not threatening or performing sexual activities while on the premises;
- clean up after themselves and show respect for others and the clubhouse property.

As long as members are able to live this way, they can participate in Pyramid House. There have been times when a member begins to show symptoms of a breakdown and is unable to care for her- or himself. When this happens, staff members will hospitalize the person.

continued on next page



Sanders winds magnetic tape, a project of the Workers Co-op.

Pyramid house

continued from page 3

Not a rose garden, but...

"For the most part," Sexton says, "our members are making sound decisions or are ready to be accountable for their decisions. It's not all that rosy here all the time...we do gritch at each other.

"However, our tolerance level is probably higher than that of most other health care agencies. That doesn't negate what's going on at places like TRIMS—they're doing good work there too. We just stretch our boundaries a bit more."

For many members the friends they make at Pyramid House become their support system. Often, families members have given up, kicked them out, closed and locked the door.

"You can't really blame them," says Sexton. "They're tired, they're burned out. They've exhausted their money and their energy."

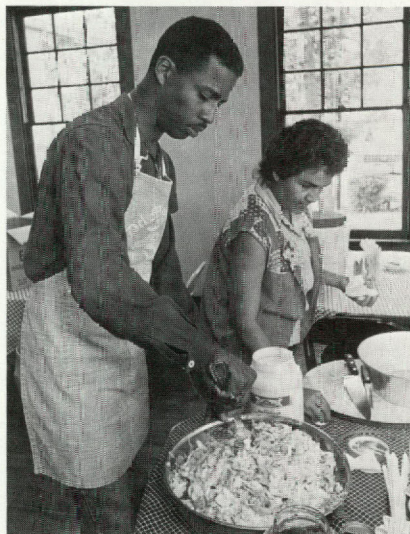
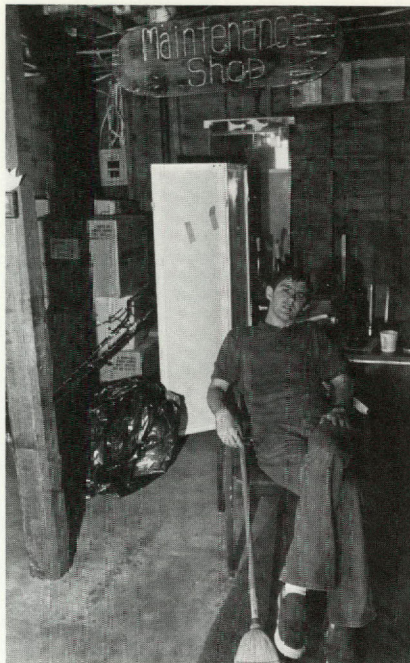
Staff members at Pyramid House try to "facilitate a process, to sit back and let things happen. We're dealing with issues of empowerment and we are trying to share the responsibilities," Sexton says.

Help with hiring staff

Members even help interview potential staff employees. They offer a special perspective that helps Sexton determine, for example, whether or not an applicant has a patronizing attitude toward members that wouldn't surface in a regular interview.

Pyramid House serves 75 members, with 35 to 40 coming every day. It will soon open a catfish farm in New Waverly to help relocate some of the patients who will be released from Austin State Hospital as part of a court-ordered plan.

"We are cost-effective, and I think the community is impressed. I think the measure of our success is that we are able to maintain



Top: Mark Day takes a break in the maintenance shop.

Bottom: Wendall Knight and Rosa Villarreal mix a salad.

Drug clinic not funded, will close Nov. 30

The TRIMS substance abuse clinic at 336 West 21st Street in the Heights has not been funded by the Texas Department of Community Affairs for 1984-85 and is scheduled to close Nov. 30.

The clinic has provided a methadone maintenance program for opiate-addicted clients since 1972 and has 324 clients receiving methadone, a synthetic opiate, and 22 in chemical-free withdrawal programs. The clinic has a staff of 16.

Gregory Kennon, assistant program director, said the counselors have been able to refer a majority of clients to other clinics and to put those who were taking low amounts of methadone into a withdrawal program. But a substantial number of clients cannot afford the weekly \$25 to \$50 fees private clinics charge, and discussions about helping these clients are still under way, he said. The TRIMS clinic's fee is \$14 a week for clients able to pay.

Dr. Joseph C. Schoolar, TRIMS director, said every effort will be made to place clients in other drug-treatment programs and to offer available positions in other TRIMS sections to the staff members who are losing their jobs.

A 1983 quality assurance evaluation of treatment outcome had shown that 60 percent of the heroin addicts were employed while they were taking methadone, compared to fewer than 20 percent of those not taking this legal drug. Clients on methadone had significantly fewer run-ins with the law, compared to their pretreatment record.

The clinic offered counseling and rehabilitation to clients, in an attempt to help them stop using narcotics, Schoolar said.

The clinic's expenditure for fiscal year 1984 was \$464,965. About half of the funds came from federal block grants to the state, the other half from the TRIMS budget.

members in the community and they are able to live fuller lives," says Sexton.

"I'll be honest. Some of our members will never go to work elsewhere. Either they are too old, disabled, or just don't want to. But by coming here, they are productive and that saves the taxpayers money. What we have here is a place where people can grow and reach their potential—members and staff."

—Kathleen Kimball-Baker

Brad Perkins

Taking the punch out of the problem

Children in clinic study learned better ways to solve conflicts

Tommy, 9, was an aggressive little tyke when he first came to TRIMS. For him, solving a conflict meant punching his antagonist in the nose.

Baffled when therapists here asked him to think of a different solution to force, he finally came up with: "I'd tell the president."

Now that he has spent six months in a program to help him learn social problem-solving skills, he has changed.

He can identify his anger, understand why he feels it, think of several solutions to a conflict, and pick one that is better than bruising his peer's face.

Albert, 11, was withdrawn and sad. He said, "I'm ugly, nobody likes me, I don't have any friends."

Six months after participating in the study, his mother told psychologists how pleased she is with his metamorphosis.

Albert's teacher now reports that he is one of the most popular children in her class. He has five girlfriends who call nightly, and he admits he's a "pretty neat kid."

The changes in these children are exactly what investigators Drs. Pamela Yu and Gerald Harris, and Dr. Jack Franklin, head of the TRIMS Office of Prevention, were hoping to report in their recently completed study, a collaborative project between the TRIMS child and family clinic and the prevention office.

Their aim was to determine whether or not a curriculum of social problem-solving skills for children with behavior disorders is a viable treatment alternative in an outpatient setting like the child and family clinic.

Yes, it works

The research data and reports from parents and teachers now indicate that the method works and that children who learn these skills are in much better shape than when they first came to the clinic.

The study began with 35 children between ages 7 and 12, who had an assortment of behavior problems; 21 were placed in the program and 10 made up the control group who received standard therapy offered by the clinic.

Their problems—being overly aggressive and prone to fighting, unwilling to communicate with parents and peers, or depressed, socially withdrawn and timid—had alienated them from friends.

The psychological literature suggests that children who have poor peer relationships in the early years may develop more serious and entrenched adjustment problems later in their lives.

"These kids were on a track going downhill fast," said Harris, a research assistant. "We don't clearly understand why they never learned alternatives to fighting. But it was very important that we do something to stop the train."

The 34-lesson curriculum was developed by the Primary Mental Health Project in Rochester, New York.

Here's how

One lesson, for example, encouraged the children to discuss these kinds of happenings:

"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. ..."



Top: Children learned the subtleties of feelings.

Bottom: Children were asked: What would you do in this situation?

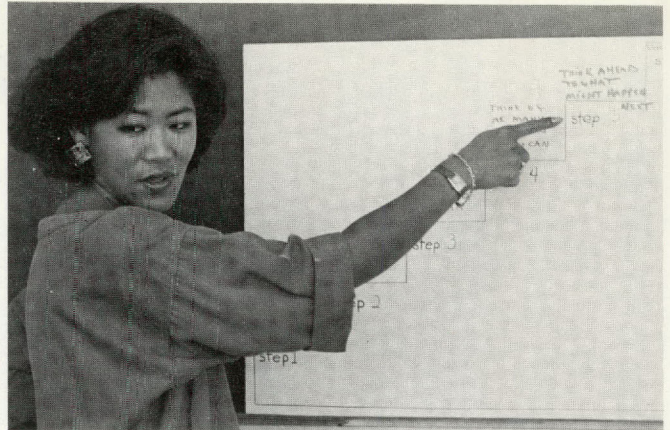
"Tim asked his teacher's permission to play with the other boys at the wrong time. His teacher was talking to someone else so he got mad at Tim. Tim didn't get permission. ..."

"John's solution to losing his friend's game was to buy a new one. But he waited till Sunday night and all the stores were closed. ..."

The recurrent theme: "It sure is important to *think* of good solutions, but it's even more important

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Top: Dr. Pamela Yu has found that children with behavior problems can be helped with a curriculum of social problem-solving skills. **Bottom:** Researchers Yu and Dr. Gerald Harris show children examples of conflicts and ask them to identify feelings they might have in these situations, then think of some solutions.



Behavior study

continued from page 5

to have a good plan for using the one you decide to try."

Before they joined the study, all of the children took intelligence and problem-solving tests. Parents were asked to rate their children's behavior on a checklist. All of the children tested "clearly in the pathological range of behavior," Yu, a clinical psychologist, said.

The children in the experimental group then spent six months in weekly group sessions doing a variety of things—playing games, role-playing, talking—all designed to help them explore ways to see the consequences of their actions and understand the importance of step-by-step planning to make a good solution to a problem work.

Impressive changes

Retested at the end of six months, children in the experimental group had made excellent progress. They were able to come up with better answers than before, they generated more effective solutions and were much more competent at solving problems.

Their ratings on the behavior checklist improved also. They were less compulsive, more willing to communicate, not as apt to lose their tempers, more affectionate, and their parents and educators had fewer disciplinary problems with them.

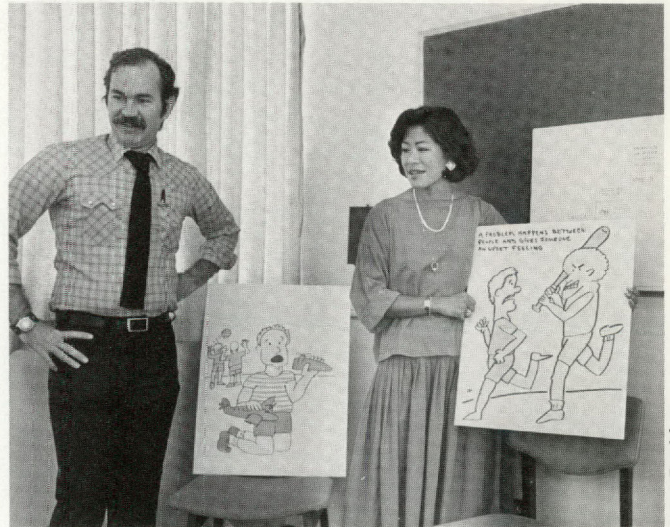
Several children's progress was so impressive, Harris said, that their test scores entered the normal range. "By looking at the scores, you'd never have known they had been in so much trouble before."

"Parents were very pleased about the results," said Yu, who also led group sessions for mothers and fathers of the children in the study. Yu introduced the parents to the principles of social problem-solving skills and discussed conflicts they had with their children and general parenting issues.

A few firsts

The TRIMS study is significant, Yu said, because it is the first time that:

- the curriculum has been tested in an outpatient clinic setting,
- a control group has been included, and
- a parent group was offered.



Brad Perkins

"I think the results are very exciting," she added. "We have found that this is a feasible alternative to standard therapy and that it is cost-effective because it works with groups rather than with individual children."

This kind of therapy could help groups of other people who are at risk of developing emotional problems, she added. Interest in the program grows daily. The investigators have been contacted for information by school districts considering a similar curriculum.

Pound of prevention

The investigators believe that offering social problem-solving skills to children who have behavior problems is an effective way to prevent later psychopathology.

"We need follow-up research to prove this," Yu said. Her study, funded by a \$20,100 grant from the Hogg Foundation for Mental Health, did not include money to follow the children's gains over time.

"But we know from the literature with other populations of patients that as they mature, they sometimes consolidate their gains, which causes almost a snowball effect," she said.

And parents, like Tommy's and Albert's, keep calling with glowing reports six months after the program has ended.

—Kathleen Kimball-Baker

Claire Frey has been counseling, babying, cajoling, persuading, confronting, ordering-about, telling the truth to, and case-managing chronically mentally ill patients for 25 years. She's a chronic social worker, incurable.

And as everyone who knows this small, bombastic woman knows: She is not burned out. If anything, her temperature is rising because she's taken on the cause of people who are most difficult to help—the homeless ones who may not stay put even if a home could be found.

Frey, who says she is a klutz, takes on challenges with the zing of a gymnast. Dealing with patients who have a place to live, remember appointments, and take their medication properly is like warm-up exercise to her.

Frey was the institute's only social worker in the early sixties when TRIMS was the Houston Psychiatric Institute and phenothiazines were coming into use. At the time, the Baylor psychiatry residents wanted patients who were "almost well" and new to treatment. Frey took on patients who were sicker longer, and the social work contingent soon was reinforced by others, Anne Hollis and Frances Addison among them.

"I adore some of the patients," Frey says. "I can do therapy with some of them, and with others I just have to be bossy and very concrete. If you ask 'How are you doing, Charlie?', the patient will say 'Fine.' You have to ask him questions he can answer yes or no (like 'Is your boss still on your case?'), and that's how you find out how Charlie is doing."

Prestige? Not much

Frey suspected from the start—graduating from the Tulane School of Social Work, teaching fourth grade, working in Louisiana welfare offices, then getting her master's degree with a National Insti-



Claire Frey believes "we've got to help homeless mentally ill people in a way that they'll accept."

tutes of Health scholarship to McGill University—that working with poor, sick people would bring her little prestige. And she was right, she says.

"But do you know what saves me? It's trying to help patients who don't respond to treatment, who get thrown out of the few halfway

No home, no help

"I began to get more and more phone calls from parents and patients, crying because there was no place for their adult child or for them. I'd rattle off all these crummy places, and they'd say they'd been thrown out of all of them because they didn't obey the rules. And I would think, now surely I am not helping them because I don't know my job. But I found out there is nothing for these people. *Nothing.*"

Frey joined the adult advisory council of the Mental Health and Mental Retardation Authority of Harris County, sat quietly in meetings for a year, then began to find allies. She was appointed chair of a committee to investigate the fate of homeless, emotionally disturbed people—and found a common battleground with people like Beverly Wuntch, founder of the Alliance for Mental Recovery, other social

Battle for homeless patients is new frontline for Frey

houses we have and live in the streets, who can't remember their appointments, have no clothes or food, and no idea how to get to the welfare office unless I drive them there."

Graphically, too graphically, she describes these patients' illnesses and injuries. In the same breath, she tells about the willingness of staff members in the TRIMS multiphasic clinic to drop what they're doing and examine the patients when they do show up.

Case management is important, Frey says, but ordinary case management is useless for patients living between TRIMS and Ben Taub Hospital, washing up in public library bathrooms, sleeping in unpoliced parks and deserted buildings.

About five years ago, Frey says, she began to realize she had to join community organizations to do anything about mentally ill people who could not be helped in the tried-and-true ways.

workers and volunteers.

They learned quickly that they needed more than good will and anger. They needed research, surveys, facts.

"So I called on Maxine (Dr. Maxine Weinman, a researcher in TRIMS clinical services) and, God bless her, she came with me to the advisory council."

Many months and meetings later, a study of homeless former Austin State Hospital patients in Houston was born and baptized at TRIMS, with Dr. Mohsen Mirabi as principal investigator.

Just in time, too. In May, Frey and the research group, which includes Dr. Sandra Magnetti, plan to present a symposium on these patients' problems at the American Psychiatric Association meeting in Dallas.

They've done a lot of interviews, Frey says. If their symposium proposal is accepted, Magnetti will talk about the homeless people,

continued on next page

APA reports on homeless people

The American Psychiatric Association's Task Force on the Homeless Mentally Ill last month issued a report that calls for a "comprehensive and integrated system of care for this vulnerable population."

The report suggests psychiatric treatment and general medical and rehabilitation services on the streets or in shelters for the homeless. Crisis services should be made available as well as asylum for patients who remain dangerous or gravely disabled.

The task force concludes that, although the concept of deinstitutionalization was "clinically sound and economically feasible," its implementation over the past three decades has been "flawed."

The report advocates reaching out to the homeless who can't or won't come for help.

Weinman will report on her survey of living arrangements, and Frey will talk about case management.

Need different system

"I can tell from reading a lot of papers about case management that the people who wrote them do not know the kinds of patients we're dealing with. If the patient is incompetent and can't manage from one minute to the next, that system isn't going to work as it's been described. How are we supposed to put such patients 'in touch'?"

"These patients get thrown out or wander off from all halfway and room-and-board homes. They are so disorganized they cannot negotiate getting from 8 a.m. to 8 p.m. They lose their clothes. They cannot keep appointments in any clinic, which eventually leads to their mental and physical deterioration."

Frey believes these people need shelters where they can "wander in and wander out. They may not have shoes, but they insist on their freedom.

"While I'm thinking that Louise, one of my patients, will die if I can't help her, she'll talk about her rights and her freedom. We've got to help these people in a way that they'll accept."

—Lore Feldman

Mentally ill retarded patients in drug study

Mentally retarded people are like happy-go-lucky children, with no inkling of what they're missing in life.

If they act up and become unmanageable, give them tranquilizers and they'll behave...like children.

Such thinking represents dangerous ignorance, says Dr. Mohsen Mirabi, assistant head of the TRIMS clinical research division and regional president of the American Association on Mental Deficiency.

He points to a Nebraska study that found 14 percent of mentally retarded people are also mentally ill, and to the fact that indiscriminate use of tranquilizers in institutions for the mentally retarded has been called a "chemical straitjacket" and is now illegal.

With a grant from Roerig pharmaceutical company, Mirabi and an outpatient clinic research team are now halfway through a study to compare the efficacy and safety of two neuroleptic drugs for mildly retarded schizophrenic people living at home or in community settings. Such drug studies have been done, but only with retarded mentally ill people in institutions, he says.

The drugs are thiothixene (Navane, made by Roerig) and thioridazine (Mellaril), which have slightly different chemical actions and have been used to treat schizophrenic patients for about 30 years.

Twenty patients have participated so far; 40 patients, aged from 19 to 60 years, will be included. They are assigned to either drug at random, and their physical health and psychological functioning are tested for 12 weeks.

At the end of the study, each patient's psychological profile and record of drug blood levels will be sent to Roerig for analysis. The research team includes Drs. Maxine Weinman and Sandra Magnetti, who designed the protocol, Andrea James, a master's-level psychologist, and Joanne R. Wenman, a research psychotherapist, who evaluate the patients.

Mirabi plans to extend the study by adding schizophrenic patients who are not retarded and compare results among the two groups. He expects to publish the findings of the study next year.



These clowns caught gambling and smoking cigars in the administrator's plush new van are the *Emissary* staff. They needed a new scene for their picture because they won awards again—for the ninth time—from the National Association of Mental Health Information Officers. The publication took first place for issues edited by Sharon Dotson while Kathleen Kimball-Baker was on leave. **Left to right**, photographer Brad Perkins, photography consultant Peter Baer, editor Kathleen Kimball-Baker, information director Lore Feldman, art director Julie Kavitski. Feldman and Kimball-Baker won first and second prizes, respectively, for news/features.

Women AT WORK

by Linda J. Webb, Dr.P.H.

QUESTION:

There is another woman on my unit who was hired about the same time I was and I'm having some trouble with her. She's a hypochondriac and is frequently out sick. On a number of occasions she has asked me to assume her teaching responsibilities and I have, but then she gets all the credit. I don't want to refuse because the new students will not get adequate supervision, yet I don't like doing all of her work while she comes out looking like a "golden girl." Short of killing her, what can I do?

ANSWER:

Obviously, you are concerned about the quality of training for the students in your institution, but I wonder if you're not taking on too much responsibility. From your letter I assume that you and the other woman are peers with a common boss who is ultimately responsible for the training program.

By agreeing to assume this woman's responsibilities you have indicated that you are a team player and willing to help out when needed. But it sounds like your colleague has begun to take advantage of your cooperative nature. If you continue to do her work, you'll be colluding in a process that sets you up to be angry and her to look like a "golden girl."

The tricky part is how to handle the situation without complaining to the boss. I suggest that the next time she asks you to cover for her, say that you have other pressing responsibilities. If you actually have too much spare time, perhaps you need to expand your responsibilities so that you're not as available to do someone else's work. Suggest that a system for coverage is needed. Indicate that you'll bring it up the next time you meet with your boss or at the next staff meeting. Then when you're at the meeting emphasize your con-



Dr. Linda Webb

cern for the students and the need for a system of coverage. You might say that you are willing to help provide coverage but there are times when you are unavailable. This puts the responsibility on your boss, where it belongs.

You may still have to assume some of your colleague's teaching duties, but if the request comes from your boss, you will, I hope, get the credit that you feel is missing.

If your boss is content to have an informal system in which requests do not go through him, you'll have to deal with your colleague. If you continue to take on her work, you'll probably continue to feel angry and frustrated. If she is not fulfilling her responsibilities, the word will eventually get back to the boss from the students. Then he/she can address the woman's frequent use of sick time. If you continue to cover for her, you're protecting her from the consequences of her behavior and at the same time perpetuating a situation that is not satisfactory to you.

Killing her is probably not a good idea. Changing your behavior will work out better.

TRIMS run is Nov. 17

Artist adds whimsy to T-shirts & posters

Runners in the TRIMS third annual Run for Mental Health will take home a little part of Jane Pearce: her art work.

Pearce, a TRIMS volunteer and outpatient, designed the logo for the T-shirts, posters, and entry blanks. Her whimsical pen-and-ink drawings depict cartoonlike joggers and a trio of running shoes.

Pearce, who works under the signature of "jeClare," is picture-shy and offered a self-portrait instead of being photographed. (It was too difficult to turn down a chance to use her drawing.)

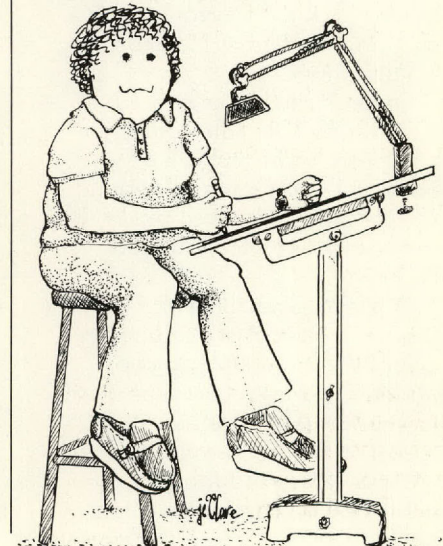
She is talented in several media—copper enameling, sculpture, jewelry, pottery, photography. During a difficult time in therapy, she even made cards, which she sardonically called "hellmarks."

Therapists at TRIMS have been patient and understanding, she says, and she is happy to contribute to the institute through her art.

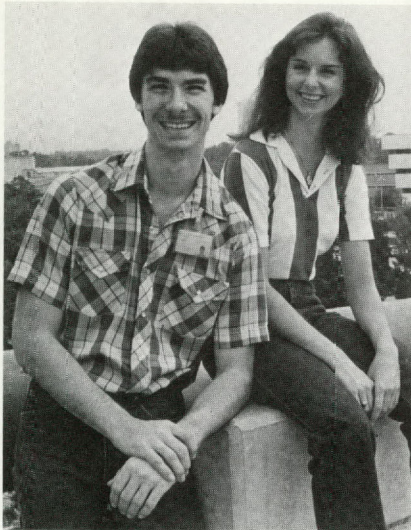
The five-kilometer (3.1-mile) run begins at 8 a.m. Saturday, Nov. 17 in the Texas Medical Center. Registration fee is \$8. Prizes and refreshments are contributed by banks, hotels, sporting goods stores, grocery stores, and a travel agency.

For more information, call volunteer services, 791-6718, and run in Pearce's T-shirt.

Note: Pearce hid a message in the drawing on the poster. Try and find it.



Who we are



David and Lisa Durham

She likes medicine and the sciences. He prefers business and exotic cars. Her idea of recreation is jazzercise. He spends his free time grooming horses.

The two are as different as willow and pine trees but they do share a few things: a last name, parents, an appreciation for Texas A&M University, and an interest in getting to know each other better.

Lisa Durham, a research assistant in the neurobiology of aging section, earned a degree in biomedical science from A&M two years ago and eventually hopes to go to medical school.

David Durham, Lisa's younger brother, is the institute's new driver. He spent a year at Lamar University studying business, then moved back to Houston, and is a part-time student at Houston Community College.

Some day he'd like to go to A&M, which he admires for its traditions, and later own a business—restaurant or clothing store—and maybe even tinker with exotic cars like Maseratis and Ferraris.

What brought them to TRIMS? Lisa came first. After getting her degree she knew she had two options: go into research or pharmaceutical sales. Business didn't appeal to her. So she checked the medical center and found the position in Dr. T. Samorajski's lab.

And, of course, it was she who found the job for David.

Working at TRIMS gives them a chance to get to know each other better. They've lived with different parents in separate parts of the country for several years.

As David puts it: "I can spend some time downstairs bugging Lisa."

Dr. Carol Beebe Walser

Dr. Carol Beebe Walser says she's had her eye on a TRIMS gerontology doctoral fellowship for years.

"I've always known it was an excellent program. I just didn't realize it was *this* good," says the former director of TRIMS volunteer services.

Walser spent eight years at TRIMS, from 1973 to 1981, before leaving to earn a doctorate in clinical psychology at the California School of Professional Psychology in Berkeley.

Her dissertation was on death anxiety and separation anxiety in borderline schizophrenic patients.

She recently completed a two-year "heavy-duty" internship at Presbyterian Hospital of Pacific Medical Center in San Francisco where she served as chief psychology intern and worked with patients of all ages.

Her interest in gerontology stems from her quest for knowledge about the life cycle. "Older age is a part of life I don't know much about yet but it's where we are all headed. I'm very interested in learning about it. I think knowing the whole perspective on life is important."

She says the gerontology fellow-



ship at TRIMS is one of the few in which trainees have a great deal of autonomy and exposure to many aspects of gerontology and types of patients.



Violet Nwokefor

Violet Nwokefor (pronounced wo'-kah-for) knew quite early that she would never be comfortable remaining in her home, a village in Nigeria, learning to raise crops and tend animals.

She had a head for mathematics and a heart for urban life. Fortunately, Nigerian custom allows the eldest daughter in a family to "adopt" a favorite younger sister and bring her into her home when the older sister marries.

Nwokefor's sister did just that and brought her sibling to the city.

When she finished high school, Nwokefor widened her horizons. She asked her brother in the United States to bring her overseas to study. She entered the University of Houston and earned a bachelor of science degree in applied mathematics with a minor in chemical engineering.

Nwokefor is now a research assistant in the biological psychiatry section, where she conducts radioimmunoassays for Dr. Robert Smith's work.

"I love math," she says. "Algebra is my favorite. It's so logical and real to life. Everywhere you look you can see math."

She is working on a master's degree in computer science—and plans eventually to earn a doctoral degree in math.

Honorabilia

GSCS honors Grabowski

Pat Grabowski, a secretary in the Genetics Screening and Counseling Service's Lubbock clinic, received the Employee Excellence Award. She has worked with GSCS for nearly three years. A committee of employees gives the award quarterly to staff members who perform "above and beyond the norm."

New grants

Dr. Jack Fletcher will be co-investigator on a grant awarded to the Houston and Galveston medical schools of the University of Texas to study the neurobehavioral development of children who suffered closed-head injuries in infancy or early childhood.

Funding comes from the National Institutes of Health. The grant was also awarded a Javits Neuroscience Investigation Award, which provides for seven years of funding. Ordinarily these grants cover only three years. The longitudinal study received \$800,000 from the National Institute of Neurological and Communication Disorders and Stroke.

Principal investigator is Dr. Harvey Levin (UT-Galveston), with Drs. Howard Eisenberg and Michael Minor (UT-Houston), neurosurgeons, as co-investigators. Fletcher will coordinate neuropsychological assessments of how children, from birth to age 15, recover from head injuries. The project will include 160 children.

New officer

Nancy Wilson is serving as first vice president of Sheltering Arms, an agency that provides community services for elderly people.

At meetings

Felice Cohen presented "Art psychotherapy—a treatment modality for sexually abused youth" at a meeting of the Council of Agencies Serving Youth of Southeast Harris County.

Dr. Jack Franklin, Brenda Solovitz, Dr. Marcia Toprac, and Richard Polunsky presented a paper, "Quality of life," to the American Sociological Association meeting in San Antonio.

Fourth edition

Jane Bemko is the author of the fourth edition of the *Substance Abuse Book Review Index 1983*, published by the Addiction Research Foundation of Toronto. She originated the series and has done the collection each year. The 55-page guide for librarians lists reviews of more than 500 books.

Bemko also participated in a meeting at the National Institute of Alcohol Abuse and Alcoholism to discuss policies and functions of the National Clearinghouse for Alcohol Information, the information dissemination branch of NIAAA.

In publications

R.C. Wiggins, G.N. Fuller, L. Brizzee, A.C. Bissell, T. Samorajski. Myelination of the rat optic nerve during postnatal undernourish-

ment and recovery: a morphometric analysis. *Brain Research* 308: 263-272, 1984.

E. Frugé. Working with the parents of severely ill children. In D. Copeland, B. Pfefferbaum, and A. Stovall (eds.), *The Mind of the Child Who is Said to be Sick*. Springfield, IL: Thomas, 1984.

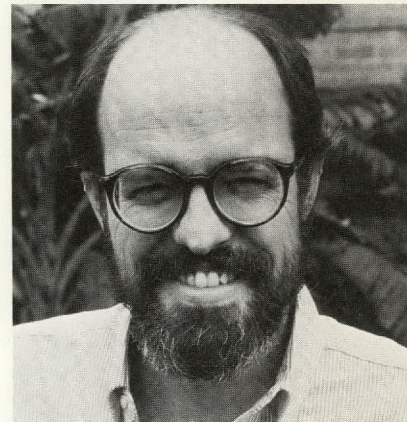
C.M. Gaitz. Psychiatric emergencies of older persons. In B.S. Comstock, W.E. Fann, A.D. Pokorny, and R.L. Williams (eds.), *Phenomenology and Treatment of Psychiatric Emergencies*. Jamaica, NY: Spectrum, 1984.

P.T. Girardin and H. Rabinowitz. Pastoral care and the aged. In A.J. Levenson and D.M. Porter (eds.), *Introduction to Gerontology and Geriatrics: a Multidisciplinary Approach*. Springfield, IL: Thomas, 1984.

Frazier is new NIMH director

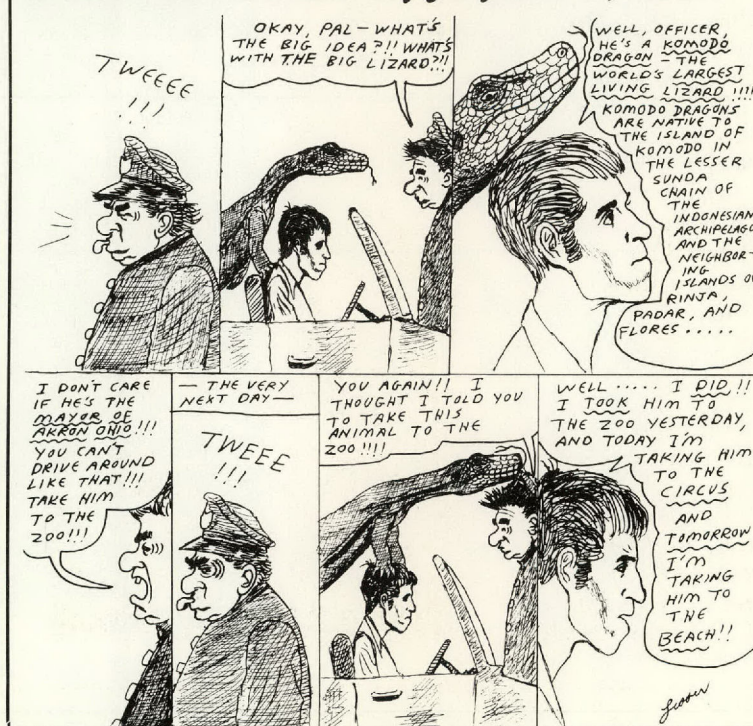
Dr. Shervert Frazier, director of TRIMS from 1962 to 1965 and TDMHMR commissioner for the following two years, is now director of the National Institute of Mental Health.

Psychiatry chief at Harvard University's McLean Hospital for many years, Frazier was also deputy director of the New York State Psychiatric Institute and professor of psychiatry at Columbia University.



Dr. Jack Fletcher

More of Lesser by Jary Lesser, M.D.



Pediatric patients of The University of Texas M.D. Anderson Hospital and Tumor Institute and many friends paraded through the Texas Medical Center to kick off the second decade of their Christmas card program.

Below, large replicas of cards designed by the children hang from a hospital balcony. Call 792-CARD for information about buying the cards. Proceeds benefit the young cancer patients.



Brad Perkins

Dates to remember

Aging meeting in Denton

"Health of Older Adults" is the topic of the annual winter institute of the Center for Studies in Aging at North Texas State University. It will be held Jan. 7-11 in Denton.

To register, contact Eleanor Adams, Academic Program Coordinator, Center for Studies in Aging, North Texas State University, P.O. Box 13438, Denton, Texas, 76203—(817) 565-3449 or 565-2765.

Holiday party set

The TRIMS staff Christmas party is planned for Friday, Dec. 7, from 7:30-11:30 p.m. at the Doctors Club in the Texas Medical Center library building. Hors d'oeuvres will be served and a cash bar will be available. Employees are asked to donate \$5 to cover the costs of food, decorations, and music.

Party coordinators are Maria Gandara and Linda Moon.

Smokeout rally Nov. 12

In conjunction with the American Cancer Society's Great American Smokeout week, Nov. 12-16, Texas Medical Center institutions will hold a smokeless rally, Monday, Nov. 12, in the medical center in front of the Institute of Religion.

The event will feature music, "cold-turkey" sandwiches, and prize drawings. For more information, contact Becky Prince, 528-2877.

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(713) 797-1976

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Permit No. 4
Houston, Texas

Address correction requested

The Emissary
November 1984
Vol. 16, No. 10

Newsletter of the Texas Research Institute of Mental Sciences, the research-training-patient care facility of the Texas Dept. of Mental Health and Mental Retardation, an equal opportunity employer.

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