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# The Emissary

Texas Research Institute of Mental Sciences, Houston

September 1984

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Brad Perkins

**HELP!**

page 2



Intake worker Elizabeth Lucas

## Gateway to help is narrow

### Lucas listens to the voice of despair

*For Elizabeth Lucas, coping with Monday morning is like holding back the flood with a fish net.*

*From the moment she walks into her office, a tumble of phone calls pours in from people pleading for help.*

*Lucas is often the lone intake worker for adults seeking admission to one of TRIMS's outpatient clinics or the hospital.*

*In good times, she has 15 appointments to hand out—two weeks away. In times not so good—as in August, when most of the psychology interns have finished their training and psychiatric residents and other therapists are taking vacations—she is lucky to have nine open slots.*

With these scant dates to offer, she speaks to 70 or more people who have been jobless for months; have little money and no insurance; have been dropped by private therapists; can speak only broken English; are running low on their medication (the only thing

that keeps them in touch with reality); find suicide a compelling alternative to life; speak in voices crumbling into hopelessness; are breaths away from a breakdown. All want just one thing: a chance to get help from TRIMS.

By 8:45 a.m., all the appointments

are taken. But the calls keep coming. Many people know Monday is their only chance of finding a way into TRIMS. They have been trying every Monday for weeks.

They ask Lucas for an appointment quietly and with the courtesy of someone seeking an audience with the pope. But their desperation is barely restrained.

"I'm sorry, but we have no openings," Lucas responds politely. Again, they plead their cases as if the urgency of the problem will miraculously open an appointment. It does not. "All I want is an appointment," they say. "I don't know where else to go."

#### Referral, when possible

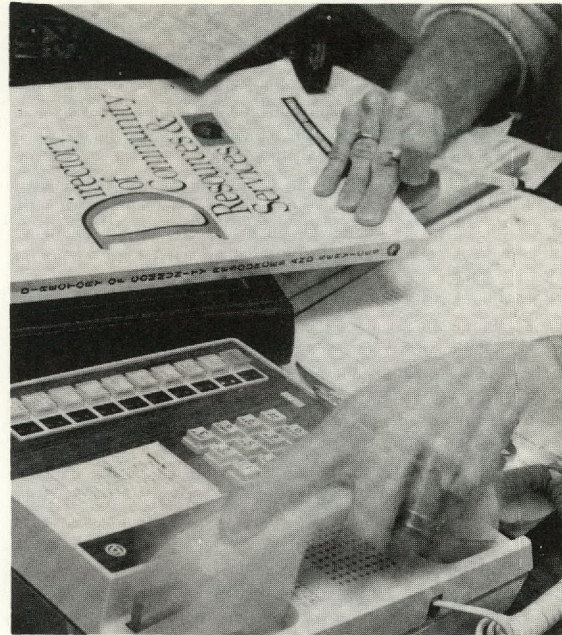
Officially, Lucas's job is not crisis intervention, but intake and referral. Unfortunately, there are few places to which she can send people in such great need. If they have some money, she refers them to clinics like the University of Texas Medical School, the Family Service Center, Catholic Charities—agencies whose fees are based on a sliding scale. For emergencies she suggests Ben Taub Hospital.

Her telephone conversations are interrupted by annoying beeps that indicate someone else is trying to get through. Even people who begin calling promptly at 8 a.m. are not assured of an answer; their calls may not reach Lucas for another two hours, and their frustration spills out when they finally do get an answer—the wrong one, No.

"I've been calling for two hours today and I've tried for weeks before. Now you tell me all the appointments are gone and that I need to call back next Monday? And even if I do get through, I can't get an appointment until two weeks from then? Well, I just may be dead then," one man says.

Every Monday Lucas hears stories like these:

- "I've been depressed for a year. I've been seeing a psychiatrist, but at \$100 a shot I just can't afford it any longer. My mother has disowned me; she just can't believe a woman can have problems like these. My problems build up so much that finally the balloon just gets too big. I'm in the hospital now because I broke my neck trying to jump out of a window... You have one appointment left? Oh thank God."
- "I'm on the verge of a breakdown. I need to talk to someone. I can't sleep or eat. I haven't slept in two days. I'm shaking. I'm in the middle of a divorce." His voice breaks into tears.
- "My sister-in-law went through a divorce a year ago. She's terribly depressed and acts like a child most of the time. She walks, cries, wrings her hands, and says she'd be better off killing herself. I've begged her to see someone voluntarily but she won't."
- "I think I have two personalities."
- "My husband needs hospitalization. He was terminated from his job because of his emotional problems. I've been trying for three weeks to get an appointment. Your agency sounds like such a good place, I just want to bring him there."



Brad Perkins

Lucas, a compassionate woman who has worked in the position for five years, says there are times when she feels like running down the hall and hiding. But when the pressure becomes unbearable, she puts the caller on hold, takes a few deep breaths, regains her composure, and picks up the phone again.

—Kathleen Kimball-Baker

## Wider 'front door'

# Revamping intake should improve care, research

TRIMS needs a "front-door" unit for accepting more patients, getting immediate care for those who need it, and helping patients find other services in the community, said Dr. Jack R. Gordon, head of clinical research division.

Current staff, money, and policy allow TRIMS to serve fewer than 10 percent of the 9,000 people a year who call this agency for help with their mental problems, Gordon said.

"The demand for services is high, our resources are low, the population has fewer dollars, and what resources we do have are being diverted to do both research and service," he said.

"Right now we are operating on a first come, first-served basis. But

the system is beset with casualties, people who fall through the cracks and don't get help. It might be that the last who come are the first who should be served.

### More need help

"We are skimming off the top of the population that needs help, when maybe we should be accepting more from the middle and bottom," he added.

Although the "givens" of resources and policy won't be changing much, Gordon said, his division is working on plans to improve TRIMS's ability to offer simultaneous patient care and clinical research.

Gordon called the plan a "front door for the public" unit. It



Dr. Jack R. Gordon

involves the following:

- Channeling phone calls from

*continued on page 4*

## No quick cures for alcoholism

# Clinic helps addicts change at their own pace

Slick commercials that prey on an alcoholic person's desire to kick the addiction by promising quick and lasting results are a fierce annoyance to Dr. Carlo DiClemente.

"I'm afraid there's a lot of money to be made in 'curing' alcoholism," he says. An alcohol-addicted person may sober up in such a program, but as DiClemente knows from his research on the stages of change, the abuser is hardly cured.

Persistence is the key to overcoming a drinking problem, says DiClemente, head of the TRIMS alcohol treatment clinic and a research psychologist.

"Most people need to make several attempts before they can manage the addiction. Until they've had a number of losses, they can't really start to deal with their alcoholism," DiClemente says.

### Collecting data

His clinic opened three years ago, and so far 400 patients have contributed data to support his theory that alcohol abusers must go through a cycle of change, often more than once, before they can control their addiction.

DiClemente recently published a book on this theory with colleague Dr. James O. Prochaska at the University of Rhode Island, entitled *The Transtheoretical Approach: Crossing Traditional Boundaries of Therapy*.

Drinkers, DiClemente says, frequently start out being unmotivated, then begin to consider change, seriously contemplate quitting, stop drinking, and either maintain sobriety or relapse.

"Since we began the program, treatment programs offered in the private sector have grown tremendously. We tend to get a more problematic group of people who have many needs when they come here," DiClemente says. "Typically, we're getting the kinds of patients who would go to a private psychiatric hospital for help if they didn't have so few means, so few resources."

DiClemente designed the TRIMS program to offer much more than detoxification and some counseling.

"We used the concept of case management from the beginning," says Betty Hofker, a nurse-therapist. Patients are assigned a case manager who may contact them daily, arranges medical and social services, and guides them through the program like a dependable friend and advocate.

### Admitted quickly

With few exceptions patients are called back the day or day after they call the clinic and are seen within a few days. "An alcoholic may not know where he'll be from day to day. So we can't waste



Drinkers must go through a cycle of change before they are ready to quit, say members of the alcohol treatment clinic. **Left to right**, Betty Hofker, Dr. Carlo DiClemente, and Gwen Scott.

any time getting a person in," Hofker says.

Sometimes the patients will need a few days to withdraw from alcohol under medical supervision at Center Pavilion, the TRIMS inpatient unit. Some patients can be best helped by being referred to an intensive program like at Austin State Hospital.

When people are admitted to the clinic, an outpatient unit, they go through multiphasic screening. Extensive blood work is done, the patient is examined thoroughly, and medical problems are noted and treated, if possible, or through a referral elsewhere.

"We use our own medical facilities to the fullest," Hofker says. "We want to have as much information as possible for the staffing (when the case manager meets with a physician to discuss the patient's status)."

Patients then fill out a battery of questionnaires to help the clinician-researchers understand such things as the patient's family background, attitudes about themselves and their drinking, how they cope with problems, their history of alcohol abuse, and the stresses in their lives.

"Next we determine what we can do to help. We look at the alcohol problems as well as other psychiatric disorders they may have. We very seldom find someone who doesn't have psychiatric problems," Hofker says.

### Therapy begins

Patients are encouraged to join group sessions immediately. The clinic staff offers these groups:

- Education—the physical and psychological effects of drinking;
- Alternatives to drinking—like recreation, hobbies, ways to deal with stress, relaxation;
- Insight—reflecting on interpersonal relationships, stressing that each person is responsible for his or her own feelings;
- Family awareness—teaching methods of intervention to family members to help them confront the dependent person and persuade him or her to seek therapy;
- Resocialization—how to relate to people without using alcohol;
- Values clarification—setting goals and making commitments.

Sidney Williams lost his family, jobs, shelter, and happiness to alcoholism.

He has spent the past 20 years in and out of treatment programs—at TRIMS, twice at the Veterans Administration Medical Center, once at Rusk State Hospital. Each time he recovered enough to persuade himself he had conquered his addiction. Each time he hadn't.

"Until you get down real bad sick and broke, until you admit to yourself that you are truly an alcoholic, you can never really change," says Williams, who is divorced and the father of six children, most of whom stay away from him.

### Drank as a teen

He began drinking at 17. "I thought I was doing something real smart. I'd drink until I'd pass out. There were times when I'd feel real high and alcohol would help slow me down. Then there were times when I felt so low, I would drink to go to sleep and get away from problems."

During his repeated treatments, Williams was diagnosed as having a manic-depressive disorder. The manic phase made him feel invincible. "Man, I couldn't wait to get a job and work. I felt real strong. I couldn't be still. That's when I'd start to get into trouble."

The drinking increased. "I'd get drunk, start missing work, and getting sick. You do just about anything as an alcoholic. Cheat, steal, lie, hurt people's feelings. Then when you sober up, you've still got a conscience and all those bad things you've done bother you."

Depression quickly followed.

When needed, therapists also offer individual and marriage counseling. If a family seems to need long-term therapy, members are referred to the TRIMS child and family clinic.

"Many people who come to the clinic have not been gainfully employed for a long time. Often we refer them to the Texas Rehabilitation Commission, their disability being alcoholism," Hofker says.

The clinic does not demand sobriety at the time of admission. And patients are not hounded about it while in treatment. They are, in fact, encouraged, above all else, to be honest about whether or not they are drinking, Hofker says.

## Not much left, except hope for change



"After a while, I was just looking for that good feeling again. But you don't feel good anymore. You just drink to get drunk. Nothing more. The older I get the worse it gets."

For years, Williams says, he vacillated between thinking he was only a manic-depressive person or an alcoholic, treating one problem at a time.

### Complete care

He is being treated for the manic-depressive disorder with lithium, has formed a relationship with his case manager, Betty Hofker, who checks him daily, has periodic check-ups from a physician here, and participates in group therapy.

"Being able to talk is so good. I have all this guilt and remorse to deal with," he says.

Sidney Williams has admitted to himself that he has both a manic-depressive disorder and an alcohol problem.

In his present condition he also has emphysema and a hernia, he says, he is unemployable, but he hopes one day be able to return to his trade as an auto mechanic.

Most of all, though, he is looking forward to proving to his children that he can get better. "I want to visit my kids, spend more time with them, and show them that what life I've got left, I can straighten out. Mainly, I've got to prove it to me. It's been one hell of a life."

—Kathleen Kimball-Baker

### Not an escape

"Because we are an outpatient clinic, these patients still face the stresses—like job and family problems—that go hand and hand with their drinking problem. People move through the stages of change at their own pace. Many times they have to be exposed to a lot of losses before they make their decision to change."

Patients are discharged when the staff believes they are gaining from the therapy. "We like to think in terms of a six-month program, but we've had some people here for two years," Hofker says.

Gwen Scott, a therapist and case manager who has been with the clinic since it opened, says she has seen

*Continued on next page*

the population change dramatically in the last three years.

"When we first started out we had people from many walks of life." But as unemployment rose many more jobless people and those referred by the courts because of driving-while-intoxicated convictions came to TRIMS. "We see a lot of denial and resistance in these people but we have a captive audience," she says. Pressures, however, do not guarantee change.

#### Outside the clinic

Case managers have worked hard to identify agencies that will help meet patients' needs for food, clothing, shelter, child-care, and detoxification when TRIMS's beds are filled. "We've found hospitals that will donate beds for people who need to get completely away from alcohol before we can begin treatment," Scott said. Case managers stay up-to-date on changing social services.

Other members of the clinic staff include psychologist Dr. Steven McColley, program director; psychiatrist Dr. Vivi Daniels; case managers Norman Weeden and Riva Okonkwo; chemical abuse resource specialist Jane Bemko; and administrative assistant Harold Fore.

"We've really tried to pull together as many resources as we can to help these patients," DiClemente says. "No outpatient treatment program can do everything, but it's important to tie into what's available in the community and aggressively go out and get what the patients need."

With the information the team has collected, DiClemente plans to look at what combination of patient characteristics will help determine who can be best helped in an outpatient setting. Some of those include socioeconomic status, family stability, employment status, age when drinking began, duration of drinking problem, and to what extent problems like depression, anxiety, and interpersonal conflicts are involved in the alcohol abuse.

*Kathleen Kimball-Baker*

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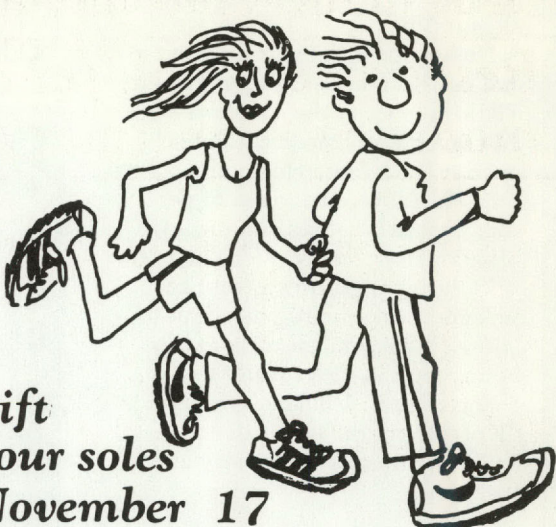
## Looking for former Cartwheel residents

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Advocacy, Inc. is seeking help in locating children who will benefit from the settlement of a class action lawsuit against the Texas Education Agency and the Wharton Independent School District.

The suit resulted in the closing of the Cartwheel Development Center in 1981, and the 120 children who lived there are now eligible for hour-for-hour instructional compensation for the education they missed, even if they are now older than 22.

Not all children have been located. Diane Shisk of Advocacy, Inc., 1006 East 50th, Austin, Texas 78751 (1-800-252-9108) needs names, current address of child, and name, address, and telephone number of the child's parent or guardian.



**Lift  
your soles  
November 17**

Joan Benoit would think of it as a little walk around the corner, but for most other people it's a RUN.

The TRIMS Volunteer Services Council's third annual "Lift your soles for mental health" event—a five-kilometer (3.1 mile) run in the Texas Medical Center—is scheduled for Nov. 17, beginning at 8 a.m.

Runners and joggers will have the right-of-way on medical center streets that Saturday morning and a chance to win prizes in their age and gender categories. Registration fee is \$8.

Last year 950 runners raised nearly \$7,000 for mentally ill patients at TRIMS.

Special T-shirts, prizes, and refreshments are contributed by sponsors that include banks, hotels, restaurants, sporting goods stores, and grocery stores.

For more information, call volunteer services at TRIMS, 791-6718.

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## Meetings not to miss

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**Cancer Counseling:** Baylor College of Medicine Department of Psychiatry, at Main Building, University of Texas Medical School, Friday Oct. 16. \$15, 6 AMA Category I credit hours. Contact Lynne K. Tiras, Baylor, 799-4941.

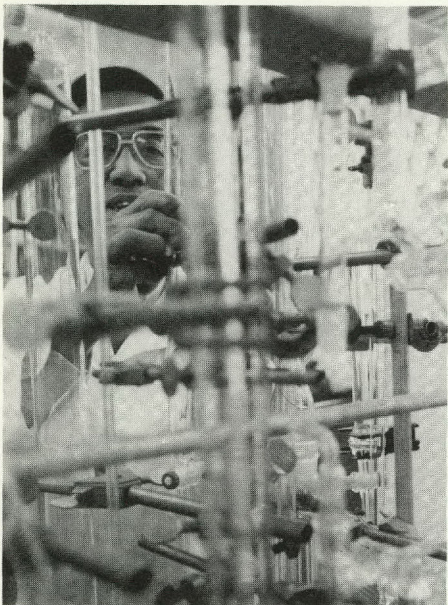
**Micros and Medicine:** Houston Academy of Medicine-Texas Medical Center Library, at Shamrock Hilton Hotel, Feb. 7-9, 1985. Microcomputer applications in information access, clinical decision-making, office/practice management. Contact Damon Camille, Jones Library Building, 797-1230.

## Drug induces memory loss in mice

### Researchers look for animal model of Alzheimer disease



Carey Pope trains mice to memorize a maze, then injects them with a drug that destroys brain cells important to memory.



Dr. Beng T. Ho says an animal model of Alzheimer disease is needed to test drugs that may arrest memory loss.

Deprived of liquids, a mouse runs down a long corridor in search of a precious drop of sugar water. It tries the other corridors until all eight drops of water are gone.

The next time the mouse is in the maze, it notices objects dangling from the ceiling and uses them to determine which corridor it has already run down. Eventually, the animal has memorized the maze and can find the water with no errors.

Now comes an injection of ethylcholine aziridinium chloride (ECA), a toxin that destroys the brain's cells that manufacture acetylcholine, a substance important to memory.

TRIMS researchers are injecting ECA into mice and examining how the substance interferes with the animals' ability to perform in the maze and how it disrupts the animals' memory. Ultimately, they hope to develop an animal model of Alzheimer disease, a form of senile dementia that causes progressive loss of memory and intellectual function in human beings and eventual death.

"Little is known of what causes Alzheimer disease," says Dr. Beng T. Ho, chief of the neurochemistry and neuropharmacology research section. Because Alzheimer disease can be verified only by autopsy, an animal model is needed to test drugs that can perhaps arrest the deterioration of the memory process, Ho says.

#### Cholinergic menace

Research has shown that persons with Alzheimer disease have an abnormally low level of acetylcholine, a neurotransmitter linked to memory. ECA appears to interfere with the cholinergic system; one of its actions is to alter the

chemical pathways responsible for making acetylcholine.

TRIMS researchers have found that brain tissue taken from mice given injections of ECA has biochemical lesions like those seen in the brain of Alzheimer patients.

Carey Pope, a graduate student in Ho's section, has found degeneration of the cholinergic system in the hippocampus, an area of the brain vital to memory. To verify the presence of these lesions, Ho's team is collaborating with researchers in the immunocytochemistry laboratories at Hershey Medical School in Pennsylvania who will run more extensive tests.

#### Mice lose memory

Research from Pope's pilot study of mice running the mazes also indicates that ECA harms the animals' memory. About half of the trained mice given the drug were unable to perform the tasks they had learned.

Pope found that choline acetyltransferase, the enzyme responsible for converting choline into acetylcholine, disappears in the brain of mice injected with ECA. Pope is now repeating his experiments to verify his results.

"It seems we have something here," says Ho. "If so, we can next try to find drugs to restore some memory and try to find some chemical markers in the blood of animals that may give some warning signs of the disease.

"I don't think science will ever be able to prevent aging, but we can stop a lot of the harmful things that happen to elderly people. Loss of memory can be devastating, and if people don't lose this faculty they can live long lives happier and healthier," Ho says.

—Kathleen Kimball-Baker

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## Gateway

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Continued from page 7

intake worker to clinicians who may be able to help people without bringing them in for the half-day intake procedure and perhaps determine which patients could contribute to research protocols;

- providing group therapy so that people who need immediate counseling do not have to wait two weeks for an appointment and so that the therapists' time is stretched to serve more patients;
- offering case management by experienced social workers who will stay abreast of changes in community services, help patients find these services, and stay in contact with them;
- perhaps offering a consultation between a therapist and physician for people TRIMS cannot serve but who need immediate help.

Gordon said he would like to see information collected on all people who seek help at TRIMS as well as ask those who are admitted to contribute to research in some way.

—Kathleen Kimball-Baker

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## We can help

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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 20784  
Houston, Texas 77225

100, 93, 86, 79, 72, 65.

Good!

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## Count backward by sevens— it's part of a neurology exam

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Reagan ... Carter ... Ford ... Nixon ... Johnson ... Kennedy ... Eisenhower ...uhmm ... Truman?

During that embarrassing pause the person asking the question says: "That's okay, you're doing fine."

What sounds like an election-year recital is the answer to a neurologist's memory-test question: Can you name the U.S. presidents backward?

And: please subtract by sevens from 100. And: remember Parnassus and Third Avenue, Rocky Mountains, orange grove.

Describing the components of a neurological exam, Dr. Ernest Sears, director of the new TRIMS neurology clinic, sounds as though he has discussed it a thousand times. He has. He's taught it, he's done it, and it's as familiar to him as iced tea.

A neurological exam has seven main parts to assess a patient's nervous system function—mental status, cranial nerve function, motor and sensory function, reflexes, coordination, and gait capacity, he says.

He lists the ways this is done, making a few mild jokes on the way. If a person is well, a neurological exam is no problem. One remembers (now what were those?) Parnassus and Third Avenue, Rocky Mountains, orange grove for three minutes, one's arms and legs will jerk appropriately when tapped with a little rubber hammer, and one can walk a straight line with normal gait.

But the people Sears examines have been sent to him by TRIMS physicians because the patients may have organic brain diseases like senile dementia or other neurological deficits.

### Better medical chart

Sears now contributes his own

expertness to patients' comprehensive examinations. To treat mental illness appropriately, physical and neurological problems must be diagnosed or ruled out. As the coordinator of the multiphasic clinic, where patients receive their initial physical examination, he is developing a more informative but easier to chart medical record. "We are trying to make the problem-oriented record more efficient so that, at intake, a patient's medical problems will be identified for the primary physician in a more foolproof manner."

Sears is also trying to improve procedures for handling hazardous laboratory specimens, mainly those from patients who have hepatitis, syphilis, and autoimmune deficiency disease (AIDS).

The multiphasic laboratory staff, he says, is "constantly wrestling with the risk of contact with bio-hazardous tissue from patients who might have these illnesses. We have to protect the lab workers while minimizing potential discrimination against the patients."

### Blood-brain barrier study

Sears is engaged in several basic research projects with technical assistant Norma Llansa. One concerns ways of measuring blood-



brain barrier defects early in disease processes like senile dementia. Currently the only way to diagnose Alzheimer disease definitively is at autopsy. Computed tomography scans pick up major areas of blood-brain barrier breakdown, but many areas of abnormal brain tissue in living patients who have Alzheimer disease are too small to be detected by this technique.

In experiments with mice and rats, Sears is attempting to break down and then repair the blood-brain barrier with injections of glucocorticoid and polyamine inhibitors. These substances, he says, may turn out to be diagnostic as well as therapeutic tools in Alzheimer disease.

Working with Dr. Richard Allen, Sears also has a proposal under way to enable small teams throughout the TDMHMR to

diagnose patients who have tardive dyskinesia. The two researchers have produced a videotape of sample examinations of patients who have either mild or severe dyskinesia, and of a normally functioning person for comparison.

Tardive dyskinesia, sometimes caused by long-term treatment with neuroleptic drugs, causes involuntary movements of the face and limbs. Sears hopes to form a team of one interviewer and one cameraperson to interview patients at state hospitals. The tapes would then be examined at TRIMS.

If the tapes turn out to be good diagnostic instruments, Sears says, they could be used to train staff members at each state hospital to check patients for early signs of tardive dyskinesia.

—Lore Feldman

## Honorabilia



### 'Thing' wins

(Editor's note: We can't resist printing this item exactly as it was submitted.)

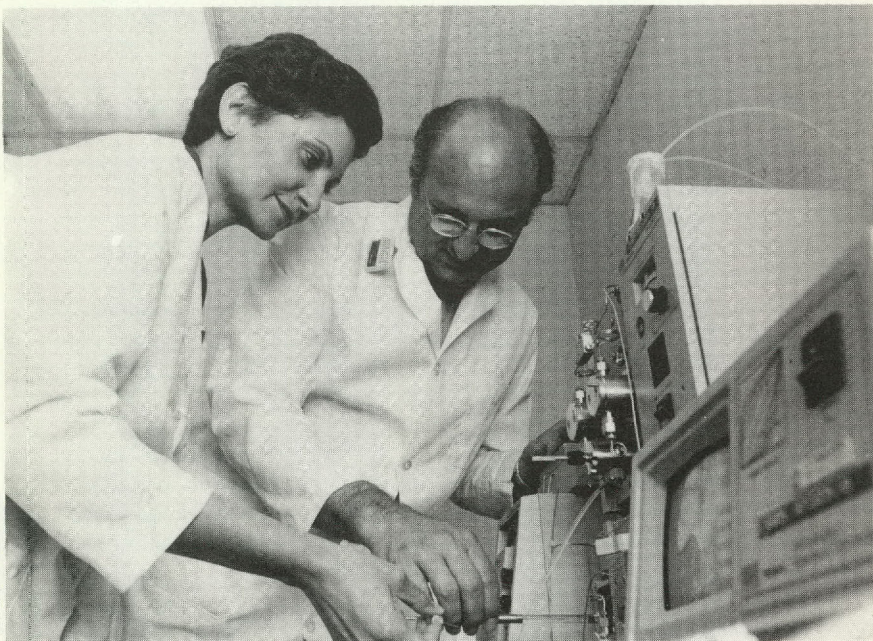
"That distinctive (some unkind souls might say 'ugly') orange vehicle seen occasionally in the immediate vicinity of Center Pavilion Hospital has salvaged its self-respect and brought honor to its noble marque. The Volkswagen Thing, owned, hypercathed, and tastefully refurbished by John and Sophia Galloway, is proud to announce that it captured third prize in its class at the VW Day 4 auto show in July. (Laughter will not be appreciated and may bring down a scourge of Beetles.)"

### At lectures

Claire Frey lectured on social work with chronically mentally ill patients at the University of Houston Graduate School of Social Work. Her discussion included videotapes of group therapy sessions.

Gwen Scott presented a workshop on "The correlation between domestic violence/alcohol abuse and appropriate behavior" at the Institute of Alcohol Studies at the University of Texas in Austin.

Continued on next page



Brad Perkins

Lab assistant Norma Llansa and Dr. Ernest Sears inject polyamine sample into high-performance liquid chromatograph for blood-brain barrier study.

## Honorabilia

### On television

Pat Gentry discussed demystifying therapy on Sally Webb's "Mid-day" on University of Texas television.

### At meetings

Dr. T. Samorajski presented "Piracetam plus lecithin trials in senile dementia of the Alzheimer type" to the New York Academy of Science Symposia on Brain Dysfunction. Drs. George Vroulis and Robert C. Smith are co-authors.

### A capitol invitation

Dr. Joseph C. Schoolar has been invited by Secretary of Health and Human Services Margaret Heckler to chair the Drug Abuse Advisory Committee of the Food and Drug Administration.

Dr. Mohsen Mirabi was appointed to the board of trustees of the American Foundation on Mental Deficiency.

### In publications

Suzanne Graham-Bafus, Richard H. Allen, Jack R. Gordon. Evaluation of a methadone rehabilitation program. *Psychological Reports* 55:99-106, 1984.

James W. Lomax, Linda J. Webb. Differential utility of A.K. Rice and National Training Laboratory experiential conferences for psychiatry residents. *Journal of Psychiatric Education* 7:4, 1983.



Pat Gentry

## Samorajski joins Florida scientists in brain study



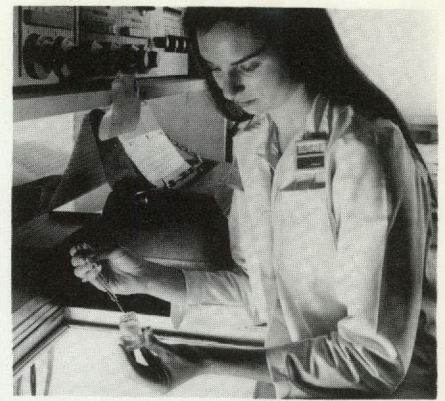
Dr. T. Samorajski and neurobiology of aging researchers are receiving parcels from Florida that only a neuroscientist could want: half-sections of autopsied human brain.

Samorajski is working with researchers of the Center for Alcohol Research, University of Florida at Gainesville, who are studying the consequences of alcohol abuse in the aged human brain.

"We're a small part of a large multicenter, multidisciplinary study," he said. "Our own interest is mainly in the hypothalamus and limbic system, the brain structures altered by aging, alcoholism, and Alzheimer disease."

The limbic system is the brain's main relay station for intellectual and emotional signals. "It seems to play a major role in memory processes," Samorajski explained. "Certain portions of this system—the nucleus basalis of Meynert—show extensive degeneration in Alzheimer disease. This results in severe losses of cholinergic markers in the neocortex and hippocampus, which are major memory-processing centers."

The hypothalamus, he said, controls the pituitary gland's release of the hormone prolactin. TRIMS researchers have suggested that measuring prolactin levels in blood may provide information about the progression of Alzheimer disease and "more important, whether or not a drug treatment is beneficial at the molecular level of



Left, the model and the real thing. Above, Lisa Durham puts brain sample into liquid scintillation counter.

the human brain."

### Welcome research opportunity

The dementing diseases of aging can be diagnosed with certainty only after death and researchers rarely have access to such a wealth of human brain tissue.

Another bonus in the TRIMS-University of Florida collaboration is that the brain sections are always accompanied by detailed medical histories of the deceased persons, and the samples are from people who died of alcohol-related and other causes.

"We are considering the possibility that Alzheimer and Korsakoff (alcohol) psychoses produce similar neurochemical deficiencies," Samorajski said.

"This is the first time questions of the neurobiology of the brain are being addressed in a coordinated, multidisciplinary way. The studies involve pathological states of the brain, the ability of the synaptic receptor system to function, and the status of the neurotransmitter system at death from various causes."

If the biological basis of dementia were better understood, he said, better treatment strategies might be developed to arrest or even reverse cognitive deficits associated with dementia.

Principal investigator of the Florida study is Dr. Kenneth Finger, with Drs. Gerhard Freund and Nathan Perry as co-investigators.



Clutching a few artifacts from the office of their fearless leader, chief psychologist Dr. Ken Solway, are graduating interns, *left to right*, Julie Purser, Claudia Anderson, Peter Cousins, Laura Stephenson, Donna Cohen, Donna Hilton, and Walter Weinstein. Not pictured is Frances Worchel.

## *First full class of residents graduates ... and interns take their training to the field*

### Psychiatrists

TRIMS began its residency program in 1977 with the goal of training psychiatrists who would serve in the public sector. Of the 14 who have completed training here, 11 have found jobs in public agencies, four of these at TRIMS.

"The program improves more and more each year," Dr. Mohsen Mirabi, who directs the residency program, told family, friends and members of this year's graduating group. It is the first year that a full class—four residents—graduated.

**Dr. Antonio Bartonico** will join the Texas Department of Correction's Jester Pre-Release Center in Sugar Land. He is from the Phillipines.

**Dr. Bela Bochkarev** will join the Rochester Psychiatric Center in Rochester, New York. She attended medical school in the Soviet Union.

**Dr. Victor Gutierrez** will work for the Beaumont Mental Health Center. He is also from the Phillipines.

**Dr. James Joiner** will enter private practice. He attended medical school in Galveston.

### Psychologists

Psychology interns who completed a year of training at TRIMS:

**Donna Hilton** will begin a family therapy postdoctoral fellowship under Dr. Sergio Henao's supervision this fall.

**Donna Cohen** has accepted a postdoctoral fellowship with the Houston Child Guidance Center.

**Claudia Anderson** will write her dissertation.

**Laura Stephenson** will begin a postdoctoral fellowship in geriatrics in Maryland.

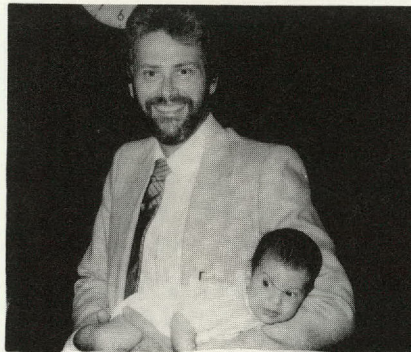
**Frances Worchel** will join the counseling center

faculty at Texas A&M University.

**Julie Purser** will return to Washington University in St. Louis to complete her dissertation.

**Walter Weinstein** will complete his dissertation.

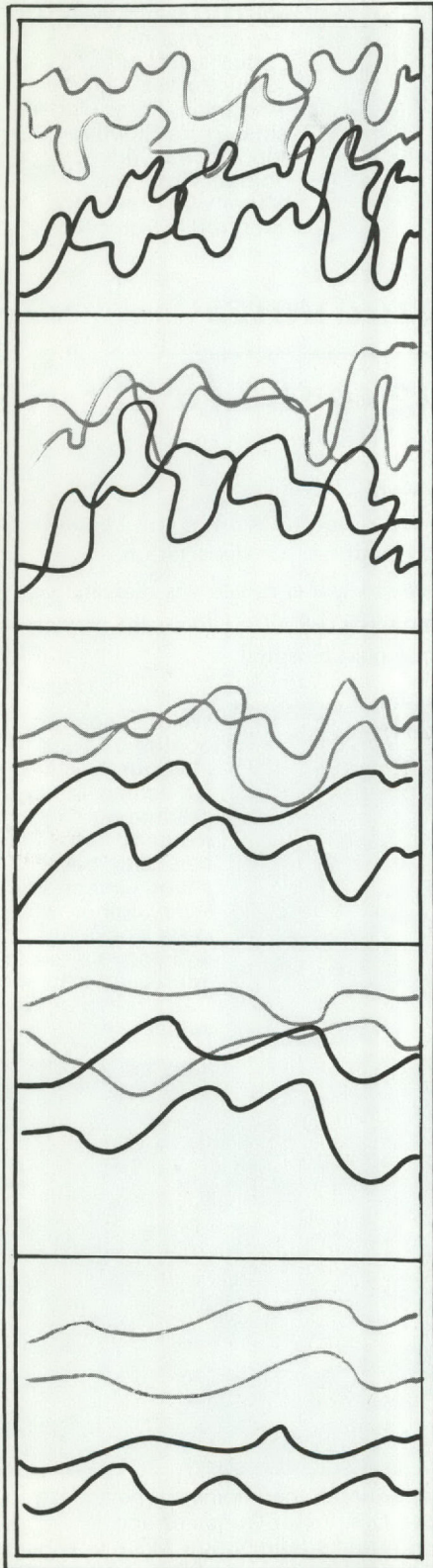
**Peter Cousins** will work with adolescent patients at Houston International Hospital.



Will the legacy continue? Tune in in about 30 years. Dr. James Joiner, graduating chief resident, holds his new baby boy Jacob Gideon Wellesley Joiner, who is six weeks old and appears to be impressed with Dad's grasp of the subject.



Happy faces at the graduation ceremony for psychiatry residents: *left to right*, Drs. Victor Gutierrez and James Joiner with program administrator Millie Gresham, Dr. Mohsen Mirabi, acting chief of psychiatry training, and Drs. Bela Bochkarev and Antonio Bartonico.



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## SYMPOSIUM NOV. 1-2

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# Crisis Treatment and Prevention

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"Crisis Treatment and Prevention in the Mentally Ill and Retarded" is the topic of the symposium sponsored by the TDMHMR-TRIMS Office of Continuing Education Nov. 1-2 at the Warwick Hotel in Houston.

Participants will attend a joint general session on the first day, then break off into two tracks, mental health and mental retardation, on the second day. TDMHMR commissioner Dr. Gary E. Miller and TRIMS director Dr. Joseph C. Schoolar will open the symposium.

Topics and speakers Nov. 1 are *pharmacological advances in treating seizure disorders and psychosis*, Dr. Larry Ereshefsky, University of Texas Health Science Center, San Antonio; *pharmacologic principles and management of epilepsy*, Dr. L. James Willmore, University of Texas Medical School, Houston; *geropsychiatric syndromes*, Dr. Roy V. Varner, Houston International Hospital; *teaching bonding to aggressive and self-injurious persons*, Dr. John McGee, Meyer Children's Rehabilitation Center, Omaha; *treating the violent patient*, Dr. John C. Kuehnle, Harvard Medical School.

### Second-day topics

Mental health discussions Nov. 2 concern *rapid treatment of psychotic patients*, Drs. Kuehnle and Schoolar; *early intervention in alcoholism*, Dr. Donald Gallant, Tulane University School of Medicine; *preventive and treatment strategies in schizophrenia*, Dr. Marvin I. Herz, State University of New York, Buffalo; *intervention techniques*, Dr. Paul Polak, Fort Logan Mental Health Center, Denver, Colorado; *lessons from the study of relapse of addicted persons*, Dr. Saul Shiffman, University of Pittsburgh. Dr. Jimmie R. Clemons, deputy commissioner for mental health services, will open the session.

Mental retardation topics are *genetics research and treatment of autism*, Dr. Edward R. Ritvo, University of California, Los Angeles; "being retarded is the first offense," Delores Norley, attorney from Deland, Florida; *family support services*, Dr. Wade Hitzing, Ohio Society for Autistic Citizens, Columbus; *educational factors*, Dr. Douglas Biklen, Syracuse University; *crisis prevention for persons with severe developmental disabilities*, Dr. G. Thomas Bellamy, University of Oregon; and *crisis prevention for the mentally retarded*, Jacques Pelletier, Canadian Association for the Mentally Retarded.

Programs and registration information are ready. For more information contact the continuing education office at TRIMS (713) 791-6603, STS 874-6603.



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## Joe McMillan

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Joe McMillan is a man who won't be stopped by disabilities.

Soon after his birth at home, a bacterial infection scarred his retinas, leaving him with vision adequate for reading but not driving. Later, a childhood viral infection damaged the right auditory nerve, causing hearing loss.

But physical limitations did not prevent him from attending college, earning a degree in accounting, and graduating from Texas A&M University with honors.

Luck was with him in 1966 when he was a history-government major at the University of Texas in Austin. The day Charles Whitman barricaded himself in the tower and sprayed the campus with bullets, McMillan was eating a snack in a nearby building. He left through the side door seconds before Whitman began gunning down pedestrians. If McMillan had used the front door, he would have been in firing range.

McMillan, supervisor of accounts payable, has been at TRIMS for five years. He met his wife in the accounting department and they have been married almost two years. She left TRIMS to take a job with an insurance company and is a claims adjuster.

He is also working "very slowly" on a master's degree in accounting at the University of Houston and is interested in writing essays about mental illness and famous writers.

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## Kay Cox

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If a child lurks in your heart, it will leap out when you enter Kay Cox's whimsical, toy-filled office.

A huge stuffed frog sits on a chair; a wooden snail and its nestling baby beckon from a small table; dotting the white walls are straw hats with dangling ribbons; and a soft-sculpture fairy godmother, suspended in air, watches over the children who enter this room.

Cox is an art therapist. Her job is to help troubled,

often angry children express their feelings. She builds their self-esteem by letting them create art: they choose the medium (sand, crayons, clay, paints, markers) and the subjects. Whatever they make is acceptable.

Through this nonthreatening technique, Cox discovers what is bothering these children—"when it works," she adds, because no method is foolproof. One child, dealing with grief over his father's death, drew a reclining man surrounded by a scalloped border. At first he would not identify the figure. Then he told Cox it was his father—in a casket. He finally began to express his sorrow.

After spending 10 years as a professional potter, Cox decided to study clinical psychology with a specialization in art therapy because she found "art a solitary profession. I wanted more people contact."

She received a master's degree from the University of Houston-Clear Lake, spent a year as an intern under the supervision of art psychotherapist Felice Cohen, and became a full-time TRIMS employee in April.

"The more I'm involved, the more I'm convinced I'm doing exactly what is right for me," she says.

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## Bertha Jeffery

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When Bertha Jeffery first left her home in Columbia to visit her pregnant sister in Texas, she expected to stay only a short time. She had a boyfriend back home whom she planned to marry.

But the longer she stayed, the better she liked the United States. "I thought America was so beautiful, so full of advantages and freedoms."

She soon decided to study English and take microbiology courses at the University of Houston. When her student visa expired she applied for resident status, but it wasn't long before she realized she wanted to become an American citizen and did so.

She found her job at TRIMS through CETA, the Comprehensive Employment Training Act employment program, and has worked in the medical records department ever since.

Jeffery met her husband at a laundromat on Sar Jacinto Day, which happened to be a TRIMS holiday. "I found it so easy to talk to him and we had so many of the same interests. We are very happy together."

After they married, Jeffery was told she would

*Continued on page 14*

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## Who we are

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never be able to have children, but to her surprise and her husband's, she became pregnant and gave birth to Randy Andrez nine months ago. They are expecting their second child around Christmas.

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## Dr. Sneha Anbunathan

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If you had to invent a chief psychiatry resident from scratch, you might design a person like Dr. Sneha Pradan Anbunathan: experienced and smart, kind-hearted and even-tempered.

Anbunathan was elected to the post by his fellow residents, including the four who completed their training and graduated in July. Anbunathan's job of straddling the middle lane between residents and instructors, clinical services and administration, starts this month.

This final year of training is Anbunathan's seventh since he graduated from the Madurai Medical School in India, and served residencies in child nutrition with the World Health Organization and a psychiatry residency with the National Institute of Mental Health and Neurosciences in India.

In the United States, he "started over again—there's no way out of it." Well trained in biological psychiatry, he has become much more experienced in the "psychodynamic perception of psychiatry. To be a good psychiatrist, you should have access to as many tools as possible. That's what my training has done."

Anbunathan sees the chief resident's job as "probably being the person who covers the breaks in the dike—the liaison between consultants and residents and the person who helps to work out mutually satisfying solutions in difficult situations."

He expects to be treated with some suspicion by all concerned, which is the usual fate of negotiators, and he doesn't mind.

Anbunathan's postgraduate thesis, "Psychiatric morbidity: Personality and social factors in murderers," took into account international knowledge and experience in trying to learn what kind of people kill others.

Most of the murderers were young people from large rural families. They had fewer extramarital relationships than nonmurderers, had never before committed a crime, had killed family members, and had fewer psychiatric and neurotic problems than criminals who had not killed anyone.

One fascinating thing in the appendix is a questionnaire written in the cursive Kanada alphabet, a Hindi language.



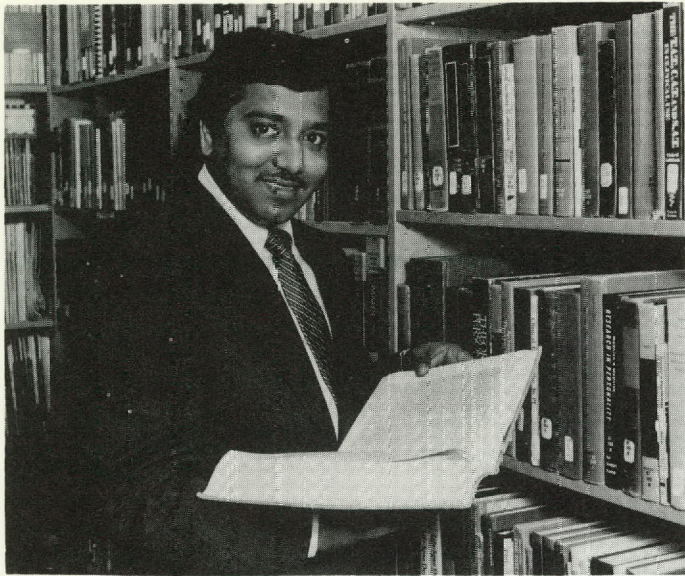
Joe McMillan



Kay Cox



Bertha Jeffery



Dr. Snera Anbunathan



Gretchen Fienup



Ruth Goldberg

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## Gretchen Fienup

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Gretchen Fienup says she had to inject 236 rats before she began to feel comfortable with her laboratory task.

Now she takes the little critters out of their cages and administers their dosages of diazepam as if she'd passed Syringe 101 with a 4.0.

Fienup, a research assistant in the neuropharmacology laboratories, has a bachelor of science degree in psychology from the University of Michigan and is interested in physiological explanations of behavior.

The rats she works with are trained to show researchers how certain drugs make them feel. Fienup records how they perform in computer-wired operant conditioning boxes.

Born in Wisconsin, Fienup moved to Buenos Aires, Argentina, with her family when her father, an economist, took a job there. She spent 10 years in South America and speaks Spanish fluently.

Her parents left Argentina when the Peronistas returned to power and American executives became targets of terrorist acts. A bomb was planted in her father's building and a friend of the family was kidnapped and murdered.

She has chosen a much quieter life in the United States: she takes graduate courses at the University of Houston and raises and shows English cocker spaniels.

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## Ruth Goldberg

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With conviction, Ruth Goldberg, new director of nursing at Center Pavilion Hospital, says she has a "great interest in social problems, fairness and justice."

While working on her thesis for the master's degree in nursing from Texas Woman's University, Goldberg designed an interview format to find out how a group of low-income Hispanic people felt about seeking mental health care.

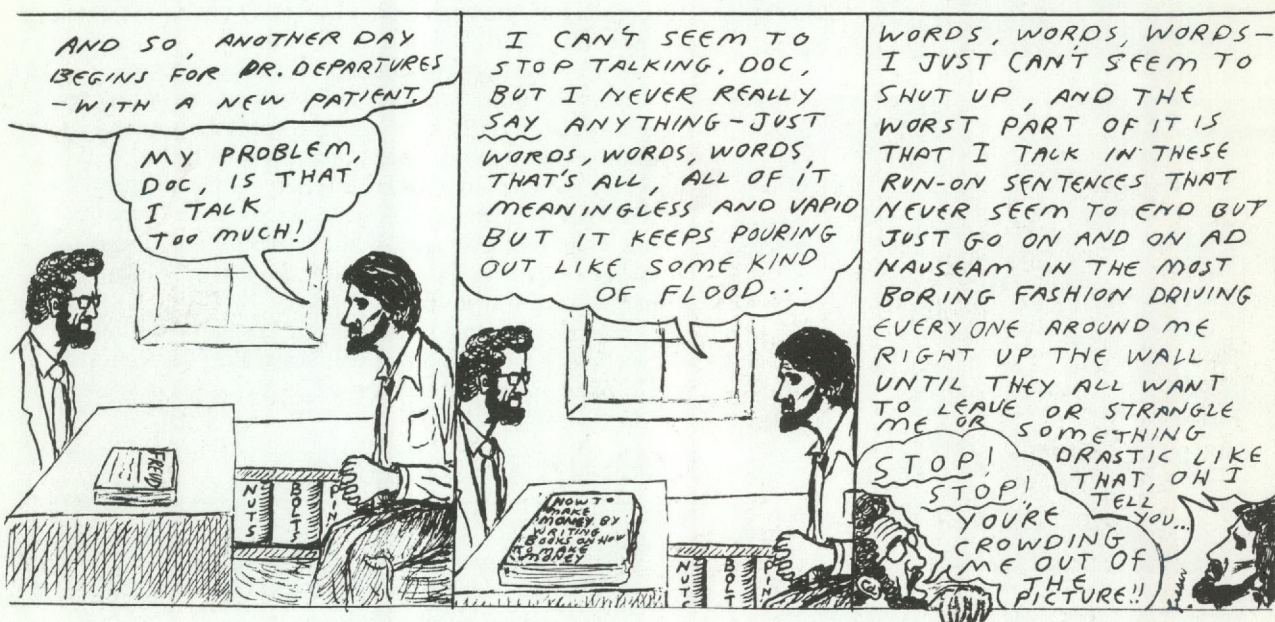
"I found there were practical and technical reasons why clients did not come to clinics for scheduled appointments. Many lacked transportation and adequate babysitting and had problems with mere day-to-day survival."

In 1975, she worked in the surgical intensive care unit at Ben Taub Hospital where she treated victims of gunshot wounds. "It was quite an experience. It makes me think there must be a better way to handle the problems of violence than after it happens."

Goldberg was born in Berlin and studied nursing in Israel. She came to the United States in 1956. After earning her master's degree in 1979, she taught nursing at Prairie View A&M University and North Harris County College. She takes over from Veronica Abdur-Rahman who left to study for a doctorate in nursing at Texas Woman's University.

**More of Lesser** by Jary Lesser, M.D.

*DR. MANLY DEPARTURES - PSYCHIATRIST*



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