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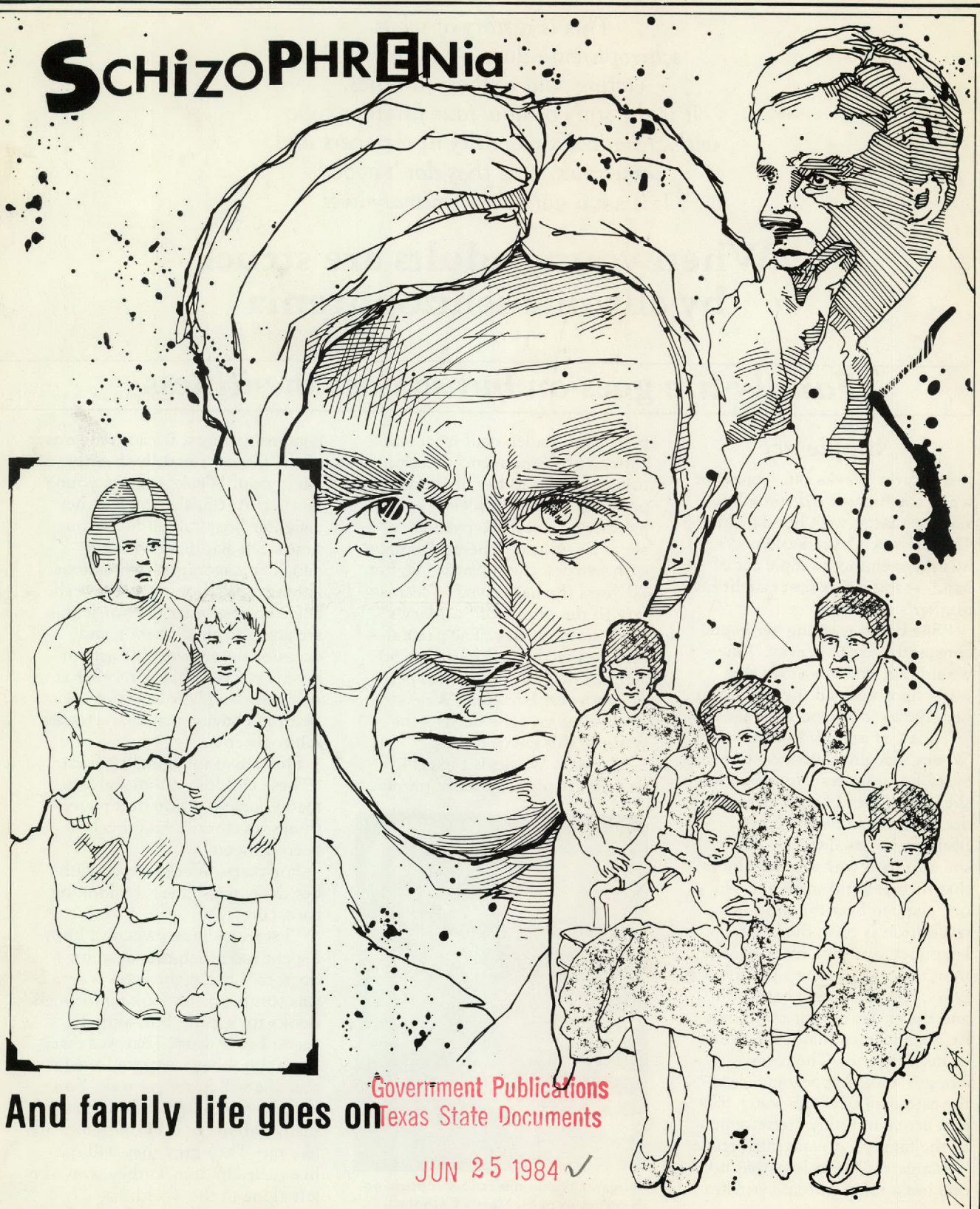


The Emissary

Texas Research Institute of Mental Sciences, Houston

May-June 1984

SCHIZOPHRENIA



And family life goes on

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T. Miller '84

*This is a story of what
schizophrenia does—not only to the
victims, but to their families.
It is the story of how four families cope
with chronically mentally ill members and,
sometimes, how they don't cope.
It is not a story about ordinary lives.*

When young adults are struck by chronic schizophrenia

Family life goes on but so does the illness

Simple act

Margaret Weeks can remember when she first sensed something was the matter with her daughter. The girl was 15 years old and it was the seemingly simple act of hand-washing that first caught her mother's attention.

"She began washing her hands constantly," says Weeks. "She would pull up her sleeves and wash vigorously all the way up to her elbows, over and over again."

Today, at age 38, Margaret Weeks' daughter washes her hands every few minutes. Not to do so, she insists, would spell certain doom to someone she loves. Besides the ritualistic cleansing, she also lives with strange voices that threaten and scare her. No one else can hear them, so her frustration is compounded. A keypunch operator by trade, she hasn't brought home a paycheck in years. It is the family bathroom and the endless water that flows through its taps that is the center of her existence. The room's sloppy, soaked appearance, and the astonishingly high water bills that arrive monthly are testament to the family's private misfortune.

Margaret Weeks says that no one but a schizophrenic victim's

parent can understand what she suffers. Still, she seems determined to bring order to her life however possible. With a flawlessly coiffed hairdo and a stylish appearance, she is a resolutely cheerful woman with a strong chin-up attitude. For 20 years she has served as secretary to the priests of St. Mary's Catholic Seminary. The palatial religious facility is located on 50 acres of thickly wooded property in southwest Houston. Weeks likes—and says she needs—the peace of this environment.

Margaret Weeks is typical in some ways of many schizophrenic



Margaret Weeks next to a sculpture on the grounds of St. Mary's Catholic Seminary.

persons' parents. Because the onset of the illness is usually in early adulthood, Weeks is not a young mother. At 65, she has seen her daughter hospitalized numerous times. She has dealt with her daughter's agonizing depressions, lethargy, delusions ("she says she hears voices under the house that are going to shock her"), and occasional unreasonable acts of hostility. Even so, the mother is still surprisingly tolerant of the bizarre behavior that characterizes schizophrenia.

She is also touchingly honest. "These children can make you mad yourself, if you don't keep things together." And this has been difficult.

For years, Weeks coped with her daughter's illness by looking for a cure.

"I searched everywhere. I know I spent too much money going to doctors. I had nightmares where I was turning pages looking through books for a cure. But, after 15 years, I gave it up. That was three years ago. I have accepted the fact that she will never get well. You have to be realistic. I think that many parents of schizophrenics are like me. They pray they will outlive their children so they won't be left alone in the world."

Two brothers

For the better part of his adulthood, 37-year-old Stuart Hill has dealt with the schizophrenia that has ruined his older brother's life. Hill is a man with a certain presence, well-dressed and articulate. He speaks carefully, unashamedly of his brother's illness.

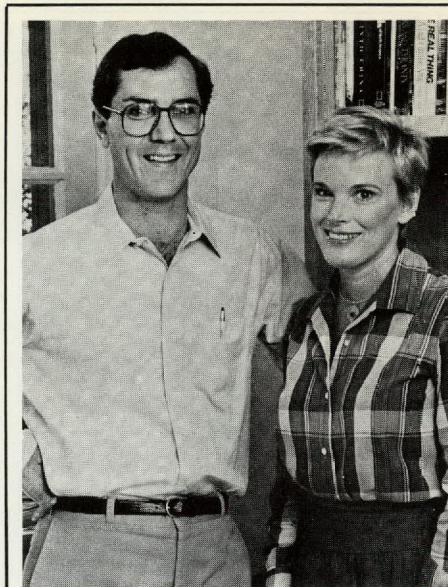
"He was not only a brother but a friend," says Hill. He describes him as good-looking, solidly built. A popular Lamar High School student in the Houston school's society heyday. To balance his active social life, Hill's brother also scored high academically. He was a National Merit Scholar.

After high school Hill's brother was accepted at Harvard. After that, Harvard Law School. Upon graduation, he accepted a job with a prestigious Houston law firm. Only six months later, he quit. The halcyon days seemed to end at this point.

For many years thereafter, Stuart Hill watched his brother's reasoning and judgment disassemble piece by piece.

There was a marriage that lasted only two weeks. A suicide attempt. Long rambling car trips when no one knew where he was or when he would return. One such trip led him to New Orleans where, Hill says, "my brother tried to knock down a door in the Roosevelt Hotel. He said he was looking for his former wife even though he knew she had died seven years before.

"That was the first sign of psychosis," Hill remembers. The events of the New Orleans trip landed his brother in jail and prompted the concerned family to seek the professional opinion of a Tulane University psychiatrist. After a five-minute examination, the doctor told them flatly: "He is a paranoid schizophrenic."



Stuart Hill with wife Mary, left. Right, a childhood photograph of the Hill brothers. Young Stuart stands in the middle, with his oldest brother at left, and the brother who is now mentally ill at right.

It was in 1979, in Washington, D.C., during another vagrant journey that the effects of his mental illness finally put a stop to any semblance of a normal life. What happened that year is the tragedy that shadows the lives of the Hill family.

Stuart Hill's brother approached a man with an unloaded gun and threatened to kill him. Today he lives in St. Elizabeths Hospital in Washington where he was committed after being judged innocent by reason of insanity. He is 41 years old.

Stuart Hill winces as he tells the story. The Hills have survived the ordeal, but it hasn't been easy. Stuart has visited his brother once. His sister also visited on another occasion, but that meeting ended in catastrophe when her brother bolted and escaped from the hospital grounds as they walked together. Hours later he was located by the Washington police at the airport.

Hill's mother and stepfather flew to Washington to be with their son last Christmas morning, but Stuart says, "it just tears me up to see what all of this has done to her."

The accumulated events have taken their toll on Stuart as well. Emotionally, he has passed through various stages to reach the point of acceptance. He says a therapist has helped him deal with

the reality of his brother's condition. Another positive coping method has been his volunteer work at TRIMS. He serves on the Public Responsibility Committee. He has also assisted in intake and referral.

"I can't help my brother anymore, but maybe I can help someone else," he says.

He hasn't given up on his brother, however. They exchange letters but it is difficult, Stuart admits, to carry on any kind of real relationship.

Hill may despair over the finality of his brother's illness, but he is careful not to let it color his perception of the human condition.

"It is important to remember," he says, "that there are plenty of people out there coping with life."

No peace

Before her son's mental illness surfaced, Beverly Wunch was much like the other upper-middle class housewives she knew. Besides running her home, she met frequently with friends to play cards and enjoy leisurely lunches.

Today she copes with the illness that has overtaken her son's life by trying to improve not only his plight, but that of other schizophrenia victims. As a founder of

continued on page 4

continued from page 3

the Alliance for Mental Recovery, a support group for parents of the mentally ill, she is one of the most active Houston parents involved in the cause.

"Some people are ashamed of what has happened to their children, but I'm not embarrassed about my son. I never have been. I am an unpaid worker who puts in 50 hours a week on this."

She agonizes over the problems her son and others like him face.

She describes the filthy roach-infested conditions of halfway houses where some schizophrenic people live and she decries the lack of social opportunities for the chronically mentally ill.

"My son has no friends. He wants them desperately. The sad thing is that his old friends have gone on with their lives." Wuntch says that schizophrenic people need a way to meet and relax.

"They need a social place to gather in the daytime, a hang-out, a place they can call their own."

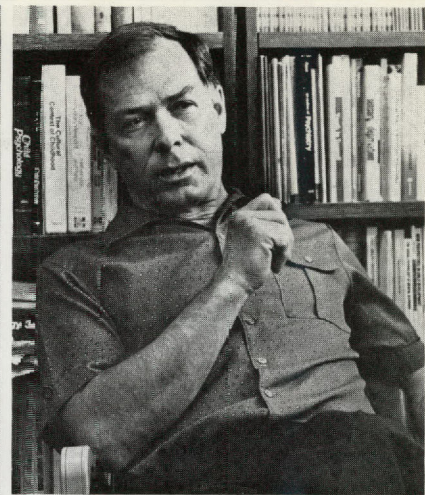
The mother says her son, a Rice University psychology graduate, has little to do with his time.

"He sleeps a lot. He walks to the synagogue. He plays the piano. Sometimes he mows the lawn."

Beverly Wuntch is a woman who is not fearful of expressing her feelings. She admits that she worries constantly about her son.

"I cry a lot. I am very frustrated and I have no peace of mind." She acknowledges that he is often hostile with his family. "In some ways, dealing with some schizophrenics is like dealing with a three-year-old."

Even though her son lives alone, he is still very much a part of his parents' lives. His father, a wholesale grocer, employs him a few hours a week, but the arrangement is not satisfactory. It is difficult for her son to maintain a work routine, Wuntch says, and much of his time on the job is not productive.



Beverly Wuntch, left; Dr. Dale Johnson, right.

"It really just provides him with a place to go," she says.

Many of his daytime hours are spent in and out of his parents' home. His mother wishes he were more independent. "He's so lonely. Privacy is a problem for parents like me. Dealing with this illness can be a living death. You don't know what day, what time, something will happen."

Wuntch wonders about the meaning of her son's illness. "Sometimes I think that it must have happened for a reason. Maybe it happened so I would have an opportunity to contribute, so I could help others. There must be a reason."

A talented son

It was during Dr. Dale Johnson's son's freshman year in college that his mental stability took a nosedive.

Johnson is a University of Houston psychology professor, and in his words: "My son went completely down in college. He didn't do anything."

This from the son who, his father says, "was so talented." This from the son who wrote poetry and short stories, who was enough of a renaissance student to excel in the band and the swim team, and as vice-president of his senior class.

After one semester at Harvard, young Johnson quit, thus beginning a tragic odyssey that culminated in his first psychotic breakdown.

Johnson remembers receiving a late-night call from a northern California sheriff. He was told that his son had been arrested in a catatonic state, wandering through the woods.

Johnson is a proud man. You hear no complaints, no self-pity from him. The parents of another schizophrenic victim refer to him unabashedly as "a saint among us." He is careful as he discusses his son's problems. Outsiders, he seems to insist, must be careful to accord his son respect.

Johnson and his wife, Carmen, have made much of their life's work the pursuit of better conditions for all mentally ill people. Much of this work is focused on a support group they helped found, Citizens for Human Development. Johnson says that one of the group's most important contributions to the cause is a study the members conducted on the major needs of the chronically mentally ill.

The report zeroes in on such issues as the need for providing more emergency care facilities in the community and the need for training law enforcement officers to deal more effectively and more

knowledgeably with the mentally ill.

Dale and Carmen Johnson's son is currently living in California in a structured residential facility. Although he is not well, his parents are pleased with recent developments in his care.

"One does adjust," Johnson assures. "Thank God for work. It takes your mind off a great many problems."

—Sharon Dotson

What is schizophrenia?

The *Diagnostic and Statistical Manual of Mental Disorders (Third Edition, 1980)*, says, "the disease always involves deterioration from a previous level of functioning." Family and friends often observe that their loved ones "are not the same."

After that, there are few absolutes. No single symptom seems to be present in schizophrenia, although many victims display some of these characteristic disturbances at one time or another: delusions, hallucinations, inappropriate behavior, illogical thinking, incoherence, and social withdrawal.

The cause is unknown although mental health experts believe that genetic, chemical, and environmental components may be factors in the disease.

The schizophrenic people discussed in this story have experienced many of the extreme symptoms characteristic of this mental illness. Fortunately, not all victims are like those described in this story. Because of the availability of medication and psychosocial support, many others are capable of living rewarding lives in close to normal circumstances.

What is to be done?

The pain expressed here by family members of schizophrenic patients is known only too well by mental health professionals.

Research on schizophrenia and the search for better treatment are a major concentration of work at TRIMS. Dr. Joseph C. Schoolar commented:

"It's nearly 30 years since the discovery of the phenothiazine drugs made it possible for schizophrenic patients to spend at least part of their lives outside mental hospitals. We have better medications now and somewhat better treatments. We're beginning to learn more about the brain mechanisms affected by chronic mental illness, but finding a cure for schizophrenia is, I believe, still a far-away goal. The order of the day for us—in addition to active research and treatment—is to join Houston's struggle for halfway houses where schizophrenic people, who do not belong in hospitals but cannot live normal lives in the community, can relearn social and living skills. That is why we belong to the Mental Health Needs Council, and it is the reason we pioneered this county's effort to build a new psychiatric hospital with adequate and effective outpatient services."

This year the Mental Health Needs Council, which has for years documented the need for more publicly funded care for Harris County's mentally ill people, said this:

"The lack of transitional care services continues to be the single greatest unmet need for the mentally ill of all age groups in the county. The development of a comprehensive continuum of care is mandatory if we are to establish an effective mental health system."

TRIMS Therapy Notes growing

Something new is coming in *TRIMS Therapy Notes*, the institute's two-page clinical newsletter that is in its fourth year of publication.

Beginning with the May 1984 issue and three times a year thereafter, *TRIMS Therapy Notes* will contain brief descriptions of research projects approved by the Central Office Research Review Committee (CORRC). Some of these will be final reports of completed studies; others will be abstracts of recently approved studies by researchers at TRIMS and other TDMHMR facilities.

The studies to be reported in *TRIMS Therapy Notes* will be selected by Dr. Albert S. Moraczewski, CORRC executive secretary and TRIMS liaison officer for research and consultation.

Now four years old, the *TRIMS Therapy Notes* mailing list needs to be updated. Please let us know if you and colleagues would like to receive the publication.

Topics covered so far this year have been the role of the EEG in psychiatry; case management evaluation; neuropsychological assessment of the aged patient; stress, coping, and substance abuse; and the TRIMS program for nonresponding schizophrenic patients.

11th Gerontology Forum: Depression is not a normal part of aging

Dr. Gabe Maletta began his lecture on diagnosis of depression in the elderly with a Jules Pfeiffer comic strip. In it a wizened, bald old man explains the stages of life.

"You're born and you know you're the center of the universe.

And childhood is the process of learning you're not the center of the universe.

And adolescence is the process of coming to terms with not being the center of the universe.

And maturity is the process of forgetting you ever thought you were the center of the universe.

And old age is watching others become the center of the universe.

And hating them."

Maletta, director of Geriatric Research, Education, and Clinical Center (GRECC) of the Minneapolis Veterans Administration Medical Center, lectured and led informal discussions during the first day of the TRIMS Gerontology Center's 11th annual forum in March, *Depression in the Elderly Revisited: A New Look at an Old Disorder*.

Maletta concentrated on diagnostic issues, and what he taught a large audience of Texas mental health professionals overlapped naturally with the topic on the second day, treatment. This was covered by Dr. William Gershell, assistant professor of psychiatry of the geropsychiatric service, Mount Sinai Medical Center in New York.

Though they were like different brothers of the same tribe—Maletta full of gestures and fast talk, Gershell on a slower, lower key—both made clear the importance of careful diagnosis no matter what the age of the patient, the treatability of the disorder despite its many faces—and the sharp differences in how older patients react to both the psychotherapy and drugs.

Cover all bases

If one word could flag both their talks (and if you can stomach oversimplification), it would be "multi."

- Elderly depressed patients should have a multidisciplinary treatment team on which everyone plays a role but no one "owns" the patient, yet treatment covers all bases and the patient has a primary relationship to one person.

- A multifaceted diagnosis includes physical disorders and social problems because many elderly patients who are called "depressed" also have medical illnesses and psychosocial problems.

Some research has shown, Maletta said, that 30 to 40 percent of elderly patients "have some kind of depressive presentation—whether the depression is primary or secondary is not clear." But even if the figure is set conservatively at 15 percent, depression in the elderly is twice as common as in the general population.

Of those who suffered from major depression (as shown in a study by Dr. Dan Blazer of Duke University), many were widows with low incomes. And of all suicides in the United States, 11.7 percent are committed by people older than 65, so that the suicide rate among elderly persons is four times greater than the national average, Maletta said.

Internal/external issues

He described the "many faces of depression." Grief over loss of loved ones, sadness about the human condition, dissatisfaction with one's living



No conference can go on without regular coffee breaks, and here Dr. Gabe Maletta, right, talked with Drs. Lynn Mades and Jary Lesser.

situation, discontentment and despair, he said, are facets of depression often caused by external—exogenous—conditions. That is why multidisciplinary treatment teams are so essential.

Clinical—endogenous—depression, classified in *DSM-III* as a major affective disorder, is as many-sided and always raises questions about whether it occurred “de novo,” is an extension of an earlier clinical disorder, or is a part of cognitive impairment.

Diagnosis and treatment of depression are complicated in the elderly because of these questions, and because older people are much more sensitive to the effects of antidepressant drugs than younger people are.

Moreover, conventional assessment tools are not as useful in older as in younger people, Maletta said, because the tests are not sensitive enough to measure normal cognitive decline with age.

Treat it!

He described some of his experiences with older male patients in the VA hospital. Instead of saying they are depressed, he said, they describe headaches, back pain—anything but emotional problems. Sometimes their wives ask to see the doctor alone for a minute, so that they can tell the real story.

“Faced with clinical depression,” Maletta said, “treat it! It is not necessary to be a purist.”

During the panel discussion, he reiterated this point, saying a patient’s “mixed presentation is the real world. Most patients have mixed and confusing symptoms, and we are not computers that can say yes/no. It’s not so important to me any more to decide whether a person is depressed or demented—

we’re managing what we’re seeing.”

Painstaking histories

Gershell also described the differences between exogenous and endogenous depression, urging attention to underlying conditions by taking careful histories of patients.

Clinical depression, he said, is often not recognized by older individuals and their families, because older people feel free to talk about somatic complaints, but they think talking about feelings is “equal to being crazy.” *DSM-III*, he said, describes major depressive illness as a “sustained alteration in mood” as the primary characteristic.

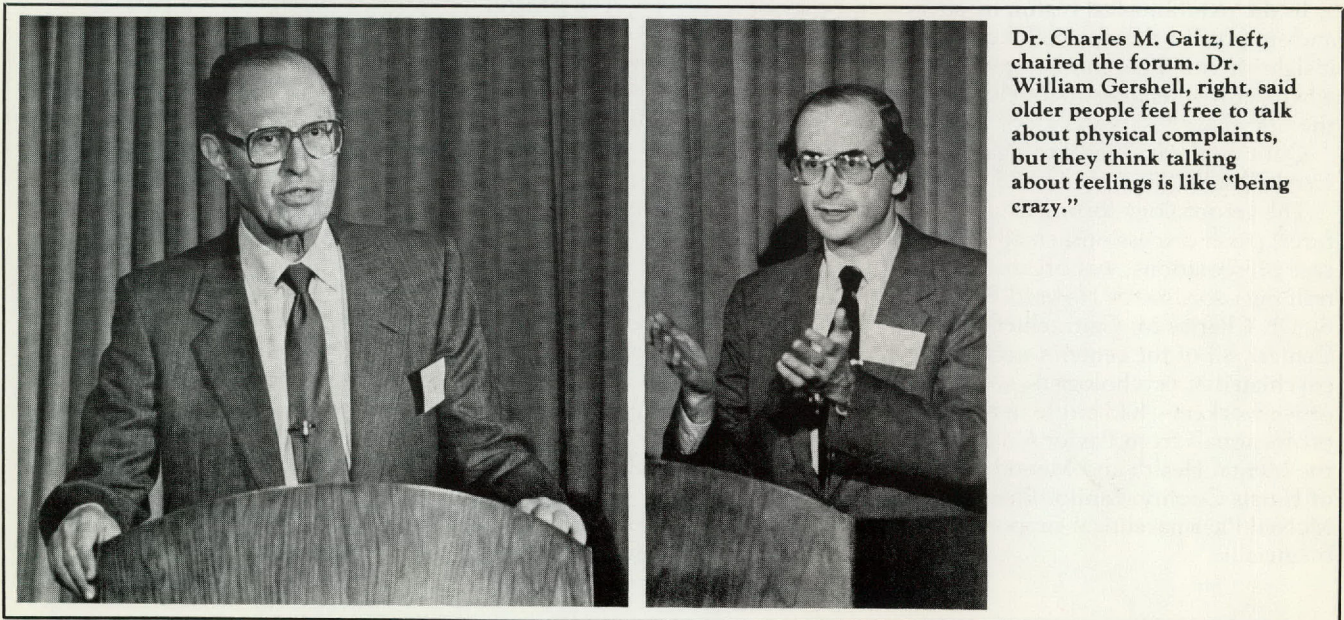
“Treating the underlying condition is the first order of the day,” he said. “We must be certain we’re not seeing hypothyroidism, that we’re not missing something that presents as dementia or is a silent tumor.”

The underlying disease may trigger depression and, once the physical problem is diagnosed and treated, the depression needs to be treated even if it has a physical cause.

Gershell described the psychological symptoms of endogenous depression as hypoactivity—altered psychomotor activity, lack of emotional reactivity, depressive delusions, loss of interest, lack of appetite. Depressive delusions, he said, are not always a sign of schizophrenia. And the patient may “feel guilty because it’s raining outside.”

Somatic symptoms of clinical depression include disturbed sleep, weight loss because of low appetite,

continued on page 8



Dr. Charles M. Gaitz, left, chaired the forum. Dr. William Gershell, right, said older people feel free to talk about physical complaints, but they think talking about feelings is like “being crazy.”

Gerontology

continued from page 7

constipation. "The pain of severe depression can be as real as the pain from coronary disease or a kidney stone, and the people who've gone through it say it is worse."

Low drug dosage

Antidepressants should be begun at no more than one-fourth or one-third of the dosage for younger people, Gershell advised, and be increased very slowly. In old people, he said, drug blood levels may peak sharply and patients may have severe toxic reactions. "They may come up to the standard dosage but they need much longer to get there."

Gershell described the brain receptor sites of medications and said "selecting medications on the basis of their side-effects profile is crucial to the success of treatment."

Histamine receptors determine the extent of sedation and weight gain, and the cholinergic receptors, which are believed to become more sensitive and less efficient with age, make the use of anticholinergic drugs dangerous in many older people.

Educate families

"Educating the older patient's family is part of treatment," he said. "There is no way of telling in advance which patient will respond best to what drug, and family members are a good source of information."

In the psychological realm, he advocated behavior and supportive therapy techniques, saying that insight-oriented psychotherapy "may undermine whatever fragile adjustment elderly people have in the first place."

Quoting the late gerontologist Dr. Jack Weinberg, Gershell said, "Try not to add insight to injury."

The gerontology forum, as usual divided into lectures, panel discussions, small-group meetings, and case presentations, was organized by gerontology training coordinator Howard Rabinowitz and chaired by Dr. Charles M. Gaitz, chief of the Gerontology Center. All of the center's staff members—psychiatrists, psychologists, social workers, and office workers—had a role in the program, as did professionals from Baylor College of Medicine and the Mental Health and Mental Retardation Authority of Harris County. Sandoz Pharmaceuticals and McNeil Pharmaceutical supported the forum financially.

—Lore Feldman

Jane Corinne, right; below, Sue Reed visits with her partners, Pearl and A.W. Suman.



Volunteers share friendship with elderly people

Chronically ill elderly people and understanding friends are finding each other as the result of a new volunteer program.

The program, "Partner's in Time," is a part of the Gerontology Center's Texas Project for Elders, a federal research and demonstration project that helps chronically ill elderly people live more comfortably in their homes, despite their disabilities.

"This program provides a way to put some real quality of life into the existence of handicapped older people," says Jane Corinne, assistant director of the Texas Project for Elders.

Corinne says the real focus of the program "is to provide a special opportunity each week for pure enjoyment. For instance, the volunteer and partner might pot plants together or the volunteer might read aloud to the partner or help the partner organize old photographs.

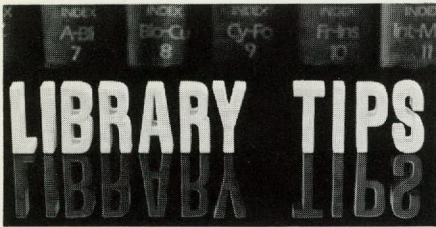
"Volunteers enjoy the leisure time as much as their partners. It's a two-way street."

Corinne says that volunteers are usually active people who meet others well. "We screen very carefully and provide thorough training for each volunteer."

Since the Texas Project for Elders will cease operation in another year, Corinne and her staff are interested in seeing that much of their three years' work will go on.

"We feel that a program like Partners in Time can do that," she says. "There is a possibility for both the volunteers and the clients to enjoy a personal relationship that will continue."

—Sharon Dotson



"Ethnocultural factors are more powerfully played out in family relations than in any other arena," say the editors of a new book that focuses on differential ethnic analysis.

Librarian Felicia Chuang recommends *Ethnicity and Family Therapy* (Guilford, 1983) edited by Monica Goldrick, John K. Pearce, and Joseph Giordana. Chapters detail significant therapeutic considerations specific to many ethnic family groups represented in the United States today including black, Mexican, American Indian, Italian, Irish, Iranian, Cuban, Puerto Rican, Jewish, Polish, Portuguese, Vietnamese, and German people.

Chuang's other recommendation is *Case Management in Mental Health Services* (Haworth Press, 1983) edited by Charlotte J. Sanborn.

The book makes a case for case management.

"This book is a valuable explication of the purpose of case management: the training, organizational and ethical issues of case management, and even more valuable, it reports of some actual experiences with varied, on-going case manager systems," Sanborn writes.

Age differences don't matter for "Partners in Time"

The difference in their ages is almost half a century, but Elizabeth Sterrett, at 73, and Sue Reed, at 25, have something in common.

Both are volunteers in the Texas Project for Elders' "Partners in Time" project.

Sterrett, who is as old as many of the project's clients, is a healthy and active former University of Houston special education instructor, who "is thankful that I am still in a position to help the others."

She provides transportation in her large 10-year-old van to several older people who attend Texas Project for Elders meetings where they learn better ways of coping with the stress of caring for a chronically ill elderly family member. These are usually elderly wives and husbands as well as grown children whose spouses or parents are ill and living at home rather than in a nursing facility.

Volunteer work is important in Sterrett's life. In fact, the Partners in Time program was originally her idea.

"I have made so many friends," she says. "I want to do everything I can to help older people stay out of nursing homes. That is the principal reason I do this."

Sterrett, who has no children and has been widowed for several years, says she has "made a family of friends through volunteer work."

Sue Reed has adopted a new set of grandparents in Pearl and A.W. Suman, a Houston couple who are generally confined to their home because of handicaps and poor health. Mrs. Suman is 84. Her husband is 91.

Reed visits the couple every Thursday night after she gets off work from Phillips Petroleum Co. where she is a geological technician.

"I can't believe how lucky I am to have found two people whose company I enjoy so much. I do this as much for me as for them," she says.

Reed heard about the project through the Red Cross and a newspaper notice.

"Sometimes I take Mrs. Suman to the grocery store because she still likes to do her own shopping. But if she doesn't need to go, the three of us spend the whole evening just sitting around talking." Reed says they also talk by telephone several times a week.

"When I moved here from Missouri last fall, I really missed my grandparents. I wanted some elderly people in my life. The Sumans are wonderful."

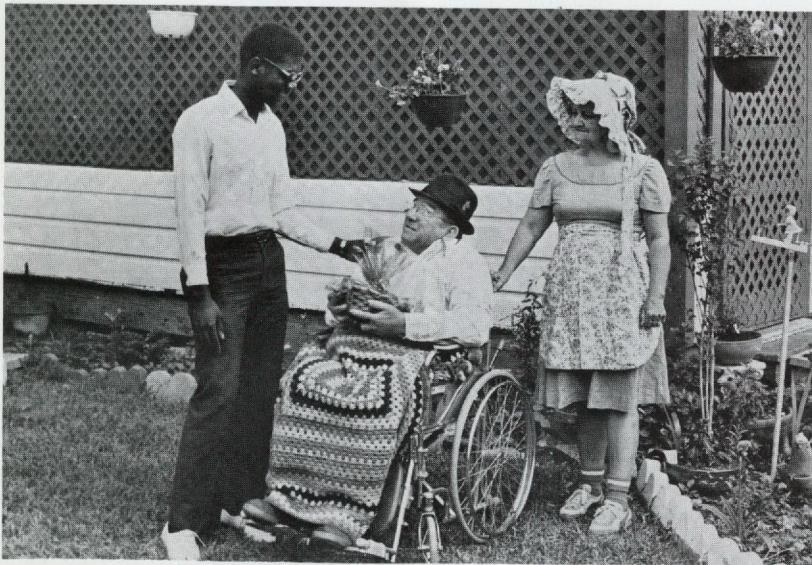
—Sharon Dotson



Partners in Time volunteer Elizabeth Sterrett sits in front of a prized patchwork quilt. Each square depicts a different achievement in her life.



Assistant TRIMS librarian Les Goeckler stands beside his "lemon." He bought the truck a year ago and trouble began almost before he drove the vehicle off the lot. After spending months researching and documenting his case, Goeckler was granted an arbitration session with the manufacturer and the Better Business Bureau. The results were favorable. His money was refunded in full.



Instead of reading meters and sending bills, Houston Lighting & Power Company employees delivered Easter baskets to 150 elderly clients of the Texas Project for Elders. Richard McKinze left, was Louise and Shepard Adams' holiday messenger, bringing fruit, candy, canned goods, and homemade dishes like meatloaf. Jeff Eldot and Vicki Nichols of the company's public affairs department organized the project. The HL&P visitors found such a warm welcome that some of them have stayed in touch with the people they met that day.

***Emissary*, pamphlet win prizes**

The *Emissary* won a first-place award of excellence in the National Association of Mental Health Information Officers' regional competition. This is the publication staff's tenth award since 1977—for the whole publication and individual articles, and from several organizations.

The clinical research division won a second-place award of distinction for the pamphlet, *About Your Medication*, written by Veronica Abdur-Rahman, inpatient nursing supervisor, and Marilyn Barber, nurse-therapist in the adult outpatient clinic, and edited by Lore Feldman. The pamphlet was designed by Richard Gaudette, graphic artist at Baylor College of Medicine.

Emissary staff members who produced the winning issues were Kathleen Kimball-Baker, editor currently on leave; Brad Perkins, photographer; Julie Kavitski, art director, Baylor College of Medicine graphic arts department; Peter Baer, photography consultant; Lore Feldman, information director.

Another Houston winner was Rosemary Gallagher, public information officer of the Mental Health and Mental Retardation Authority of Harris County, who received an award of distinction for a slide show.

Hazel Casler and her public information staff at TDMHMR central office gathered a first prize for the department's 1983 annual report, a third-place award for the magazine *Impact*, honorable mention for a poster, and third place in the special projects competition.

The NAMHIO region includes Arkansas, New Mexico, Oklahoma, and Texas.

Yvonne Broughton was surprised and pleased to be voted Mental Health Worker of the Year. She thinks she knows why she was given the award.

"I get along with most people pretty well," she admits a bit timidly. "If something is wrong between me and another person, sometimes I'll take a look at myself. Maybe I'm doing something wrong."

Broughton says when she was promoted from the position of mental health worker to mental health supervisor in the inpatient unit about a year ago, she tried not to let the increased authority change her attitude toward those around her.

"I just do the job that's got to be done. I don't worry about rank and position." She says she tries not to tell people—co-workers and patients alike—what to do.

"Most people will cooperate if you just ask. I don't think you can expect good results from others when you order them around. I have a ten-year-old daughter at home and I very seldom even tell her what to do."

The award is presented annually by the Mental Health Association. Mental health workers, nurses, and patients all have the opportunity to vote on their favorite candidate.

What qualities make a winner?

Thelma Cain, coordinator of allied health services, says that recipients are almost always those workers who get along well with many types of people.

"Yvonne is that kind of person. She is quick to establish a good rapport with patients. She follows up to make sure a task is completed and she is responsible."

A native Houstonian and a graduate of Jack Yates High School, Broughton received a bachelor's degree from the University of Houston in criminal justice.

"Originally, I was going to be a probation officer



YVONNE BROUGHTON: Mental Health Worker of the Year

but when I was looking for a job, there were no openings." Broughton says she heard about the possibility of being a mental health worker and it appealed to her.

"You couldn't tear me away from this place now," she says. "I like the patients. I know a lot of people say they wouldn't like this kind of work, but I wouldn't be happy doing anything else."

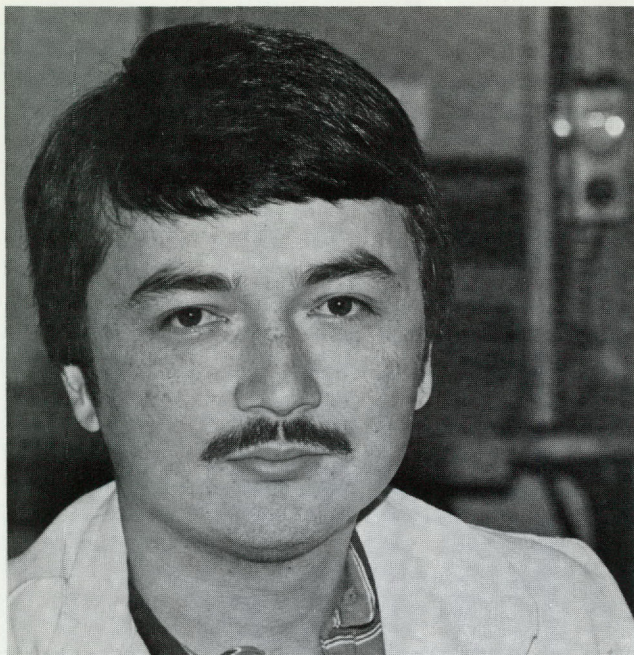
We can help

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

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

Chairperson
Public Responsibility Committee
P.O. Box 20784
Houston, Texas 77225

Who we are



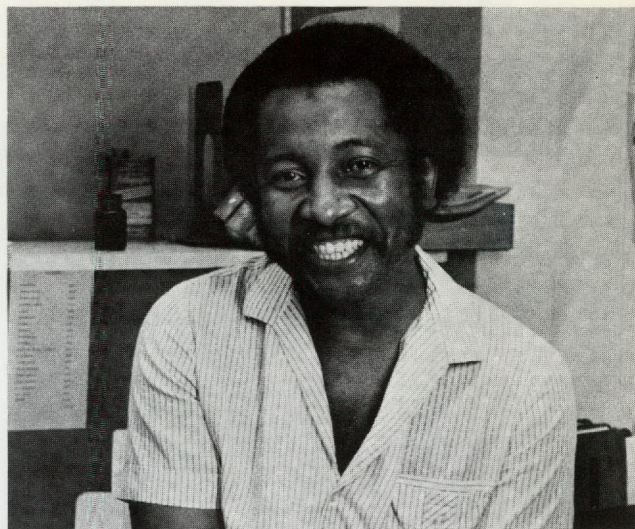
Mickey Cecil

When Mickey Cecil received the Employee of Excellence Award at a luncheon of Genetic Screening and Counseling Service staff members recently, the applause was long and loud. Everyone at GSCS likes Cecil, and those who work with him directly attest to his excellence as a microbiologist in the cytogenetic laboratory.

Cecil was born in Louisiana, but he has spent most of his life in Texas. He graduated from high school in the east Texas town of Mt. Pleasant, graduated from the University of Texas with a biology degree, then moved to Cason to work in a power plant. The Cecils—Mickey met his wife Barbara Ann at UT—remember Cason constantly because they named their dog after the town.

When Cecil decided to go back to school, North Texas State University brought him to Denton and to a job with GSCS. He is working on a graduate degree in computer science and hopes to combine his biology and computer skills in a research-oriented career. He likes working in a job, he says, that provides information families can use to direct their lives and that of their children.

The Cecils plan to spend next year's vacation in Japan where Mickey's mother lives. She has been in the United States, but their trip to Japan will be the first.



Floyd Edwards

Although he is only 37 years old, supply clerk Floyd Edwards has already accumulated a rich store of life experiences.

Most recently, he retired from a three-year stint as the owner of a cocktail lounge and returned to the institute to fill the same position he held from 1976 to 1981.

Edwards still has a hand in the food and drink business. He works five nights a week as the wine steward at The Confederate House, a Westheimer restaurant. He acquired his wine-connoisseur status while working at several fancy Houston restaurants.

"I love this kind of work," Edwards says, "but there is very little security in it. I like my work at TRIMS because it is a change-of-pace kind of job and because of the good benefits." His duties in the supply room include receiving and picking up supplies and delivering them to the proper points throughout the institute buildings.

"I am also the fellow you call if your typewriter breaks down," he says.

Edwards served his country in a unique capacity during the late 60s and early 70s. While in the army, he was selected as a member of the Armed Forces Honor Guard. It was Edwards' full-time assignment to appear in full-dress uniform at functions like inaugurations, state dinners, and processions. He marched in President Nixon's inauguration parade, and "I am proud to say that I was one of only two members of the United States Army to be a casket-bearer at President Eisenhower's funeral."

During an 18-month period, Edwards served at 319 military funerals, most of them held at Arlington National Cemetery. "The first 50 were very depressing. After that, it was just my job."



Garza and Gandara

John Garza

John Garza personally felt the effects of a poor economy before he came to work for TRIMS.

"I was laid off for almost a year," he says. "Then my sister, Maria Gandara, heard about this job." Gandara is administrator Frank Womack's secretary.

Garza used to be a shipyard foreman. Now he is a boiler room operator on the eight-to-five shift. As a relief worker, he is also called on to fill in when operators on other shifts cannot come to work.

What does a boiler room operator do? "We make sure the large air conditioner runs smoothly. Every other hour, we gauge the temperature on it, the hot water heater, and the boiler."

Since boiler room duties were new to him, Garza says, "it is great to have a boss like Mr. Ragan who is such a patient teacher." Wallace Ragan is the institute's plant engineer.

Garza says his new job has also given him the opportunity to establish a closer relationship with his sister.

"I can stop by and say hello. I can really be a part of her life now."

Garza quit high school before he graduated, a decision he regrets but has worked hard to rectify. After several years of night school, he graduated at age 26 with a General Equivalency Diploma.

"It's never too late to get an education," he says.

He intends to get more. Soon he will begin classes at the University of Houston in an effort to complete the required 360 hours of classwork necessary to become a certified police officer, a diploma he says he will use to get a job as a county constable.

"This is something I really look forward to," he says, "a career I can go for."



Christine Jones, R.N.

Christine Jones works twice as hard as most people.

Forty hours a week she spends at Center Pavilion Hospital as a nurse-social worker. She is one of the first staff members a patient sees upon entering the hospital.

Her job is to interview new patients about their background and take their medical history. This information is, in turn, forwarded to the team that will coordinate the patient's treatment.

"Communication can be difficult because many patients are acutely ill at first," she explains. "When a patient is unable to complete an interview I get in touch with a family member for more information."

Jones also stays in touch with patients' families to tell them about the patient's progress and to help them prepare for the patient's return from the hospital.

"I give what's called reality education for family members who don't understand the nature of the patient's illness."

For instance, Jones says she might tell someone, "Your mother is not 'acting up,' she is behaving badly because she is ill."

When work at TRIMS is finished, Jones puts on another hat, as the Houston regional sales manager for a shop-at-home cosmetic line. She has been involved in this part-time job for more than four years. Besides home demonstrations, Jones visits schools to instruct high school and college girls on the finer points of make-up application.

Jones says that religion is an important force in her life. She is an active member of the Wheeler Avenue Baptist Church. "My roots are in this church," she says proudly.

Her social life includes simple pastimes like fishing in Galveston Bay and more adventuresome undertakings like the cruise she took several years ago to the Caribbean islands.

"I'd love to be traveling all the time," she says.

Linda Moon

Pasadena had been the scene of most of Linda Moon's life.

Her parents live there scarcely a mile from her, and as an accomplished pianist, Moon spends many nights and weekends playing at community weddings and parties. For a while, she was the organist at a nearby church.

On weekdays, however, Moon is the secretary to the director, Dr. Joseph C. Schoolar.

"I picked up my administrative skills when I worked as a secretary of an engineering group at Brown and Root," she says.

It was here that Moon became proficient at operating the word processor, and in a job she once held in a doctor's office she learned to operate several different types of computers.

This summer she will help stage the fifth reunion of her Pasadena High School graduating class.

A hotel will be site of the large get-together where, Moon says, she and several other musical classmates will perform the class song the way they did at their senior prom. She says she is looking forward to meeting old friends and checking the accuracy of the class prophecy drafted at graduation.

Alicia Garcia, R.N.

Family nurse-practitioner Alicia Garcia talks about the "wonderful sensitivity" clinic staff members have for each other and their patients. She ought to know. She radiates this gift herself.

"There is a network of sympathetic people here," Garcia says. "I can examine an elderly patient who needs to have her blood pressure checked daily but can't afford it, and Teresa Algaze in the geriatric clinic will get the medics at the neighborhood fire station to do it.

"I know that whatever help a patient needs— hearing aid, glasses, medical care for a child—a counselor here will see that the person gets it."

Garcia examines outpatients of all ages and takes their medical histories. She has years of experience in nursing—from obstetrics to otolaryngology research to coronary intensive care. She has worked for the San Antonio school district, doing neurological exams for children with learning problems.

Garcia's latest love is being a family nurse-practitioner, and her most recent training is from the University of Texas Nursing School at San Antonio,

Linda Moon



Alicia Garcia

her hometown.

All nurse-practitioners are supervised by a physician-preceptor. Garcia's preceptor is Dr. Lynn Malseed of St. Luke's Hospital, who spent a year at TRIMS as a developmental pediatrics fellow.

Garcia is grateful for Malseed's supervision, just as she cherishes the independence nurse-practitioners have achieved. "Physicians don't have the time I have to spend with patients," she says. "I can discuss their diets with them, talk about the stress they're under, and give them information about their medications. I have that kind of time and it makes my role more complete. The doctors I've worked with taught me ideas and new concepts in research. I have a lot to learn, but at TRIMS all this is coming together for me."

Garcia has two children who are well known around the state. David Garcia is a senior planner for Mayor Henry Cisneros of San Antonio. Grace Ann Garcia works in Austin as a special assistant to Texas Land Commissioner Gary Mauro. Not a bad record for them and their proud mama.

Honorabilia

NIMH grant goes to Smith for schizophrenic study

Dr. Robert C. Smith has received a four-year \$660,000 grant from the National Institute of Mental Health to study the relationship of haloperidol dosages and blood levels of the drug in preventing schizophrenic patients from relapsing. The study is an attempt to discover how much—actually, how little—of the drug is needed for patients to remain in stable condition.

Other predictors of patients' response to maintenance treatment will be investigated, including neurological deficits, brain abnormalities, and the results of neuropsychological tests.

Co-investigators are Dr. Cyrus Sajadi and Alla Burd. Dr. Maxine Weinman will help coordinate the overall aspects of the study, Dr. Richard Baumgartner will design the statistical analysis, and Dee Pizitola is responsible for the patients' nursing management.

The study is particularly relevant to the department's needs, Smith said, "because we will attempt to determine the minimum dosages of haloperidol needed for effective maintenance of schizophrenic patients. We will also try to identify factors that can predict the haloperidol dosages different types of schizophrenic patients need to remain out of the hospital. We hope to be able to reduce these patients' risk of tardive dyskinesia, a disorder that sometimes occurs in patients treated with neuroleptic drugs for many years."

Publications

Susan J. Tipery and Robert C. Rosan. Employee with multiple

sclerosis: *Psychiatry in the laboratory. Laboratory Medicine* 15:271-274, 1984.

G.K. Ravichandran, Ru-Band Lu, Chandra H. Misra, Beng T. Ho, Myrna Khan, and Robert C. Smith. Prolactin response to single and multiple doses of haloperidol in schizophrenic patients. *Psychiatry Research* 11:61-69, 1984

Alla Shvartsburd, Violet Nwokefor, and Robert C. Smith. Red blood cell and plasma levels of thioridazine and mesoridazine in schizophrenic patients. *Psychopharmacology* 82: 55-61, 1984.

Suzanne Graham-Bafus. Taking the problems out of minutes. *Quality Review Bulletin* 10(3):90-92, 1984.

About town and elsewhere

Jane Corinne talked about long-term care for elderly people on Kym King's KTHX-Channel 20 show, "Here's to Houston."

Dr. Bernard Saltzberg chaired a National Institutes of Health study section on research on cognitive processes.

Felice Cohen was a delegate to the Robert Sutherland Seminar sponsored by the Hogg Foundation for Mental Health in Austin. She will report on her clinic's research to discover clues of incest in children's drawings at Concordia University in Montreal. In Houston recently, she led inservice training on art therapy for staff members of the Family Service Center, Spring Creek Guidance Association, and spoke at Baylor pediatric grand rounds. Cohen also led a family art therapy training session at Beaumont Center for Human Resources.

Altshuler receives five-year grant renewal

A \$700,000 five-year grant from the National Institute on Alcohol Abuse and Alcoholism will enable

Dr. Harold Altshuler's neuropsychopharmacology section to continue its development of a nonhuman primate model of the fetal alcohol syndrome.

The study of the effects of *in utero* alcohol exposure on the appearance and intelligence of infant monkeys is designed to allow assessments of the consequences of different alcohol doses and exposure schedules. The design and procedures of the study insure that optimum maternal health and nutrition are maintained from conception to birth.

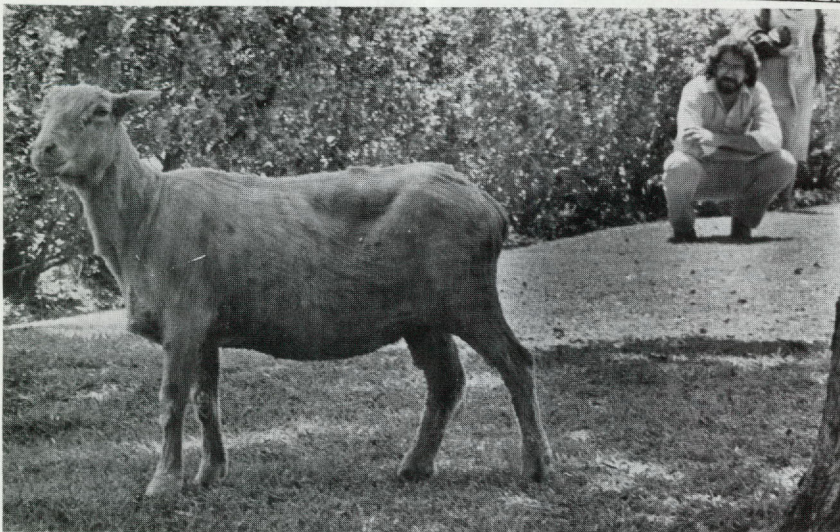
The study provides for three-year follow-up of the alcohol-exposed offsprings' growth and behavioral development, compared to the development of siblings not exposed to alcohol. The research also includes tests of alcohol self-administration and predisposition to alcoholism. The model adds "innovative and potentially valuable dimensions" to the study of the fetal alcohol syndrome, the granting agency stated.



Daytime housekeepers Maria Argueta and Jose Carabajal pause during cleaning chores. Both are employees of a new cleaning service, Property Management Systems, recently contracted by TRIMS.

More of Lesser

by Jary Lesser, M.D.



This poor, shorn sheep showed up in front of TRIMS. The animal had jumped off a truck delivering it to Baylor, and David Francis and Sheryl Hughes kept their eyes on it. But it got away, walked into The Institute for Rehabilitation and Research through automatic doors, was shut into an office and led back to its destination. Too bad. The grass is much greener on our side.

Texas Research Institute of Mental Sciences
 1300 Moursund Avenue, Houston 77030
 (713) 797-1976

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Joseph C. Schoolar, Ph.D., M.D.,
director
 Lore Feldman, *information director*
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 Julie Kavitski, *art director*
 Brad Perkins, *photographer*
 Peter Baer, *photography consultant*

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