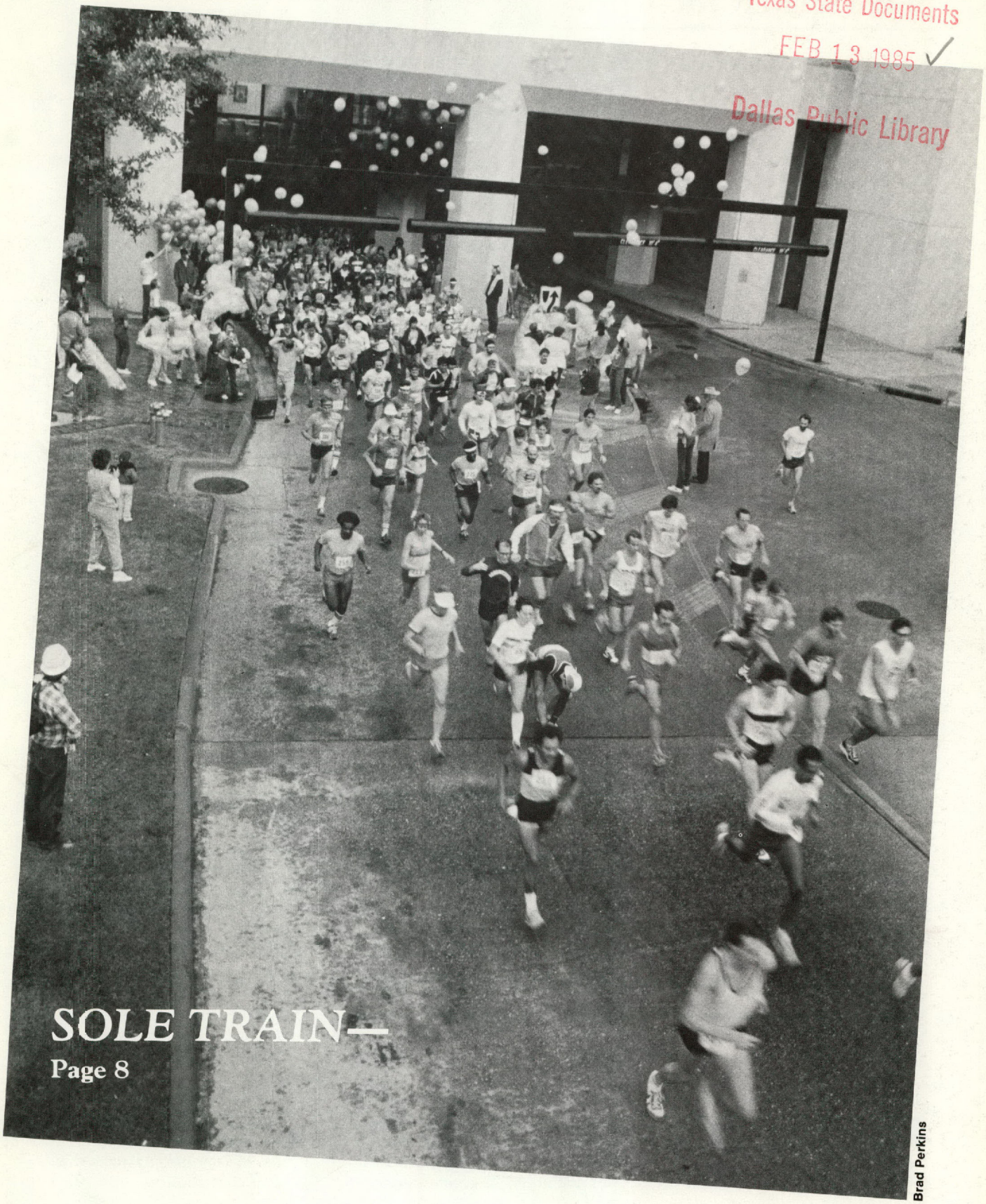
The Emissary

Texas Research Institute of Mental Sciences, Houston

December/January 1984/85



SOLE TRAIN—

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Brad Perkins

Dr. Schoolar writes:

TRIMS reaches out to TDMHMR facilities

One of the fruitful and gratifying tasks of the TRIMS staff is to maintain close liaison with departmental facilities and to cooperate in as many ways as we can in their clinical, educational, and research activities. This function was made a specific requirement by a rider to the appropriations bill of the 67th Legislature which stipulated that TRIMS offer research consultation funded from the institute's research budget.

We were then already providing more research consultation than the rider mandated; but, meanwhile, spurred by a recommendation of the Research Advisory Council, we have doubled our efforts.

EEG assistance

The TRIMS electroencephalographic team now analyzes more than 200 EEGs a month for four state schools and three hospitals and does major repairs of the facilities' onsite EEG equipment. Facility staff members come to TRIMS for EEG training and other kinds of continuing education.

Members of the neurochemistry and neuropharmacology, analytical neurochemistry, and biological psychiatry sections routinely perform assays of antidepressant, neuroleptic, and hormonal blood levels for patients in facilities throughout the department.

The results of our survey of patients who have tardive dyskinesia yielded significant information to aid the department in formulating rules on the use of psychoactive medications. The TRIMS Neuroleptic Checklist is currently being redesigned to increase its utility for patient evaluation.

Each of these activities is a cooperative effort of TRIMS personnel and staff members in the various hospitals, schools, and community mental health and mental retardation centers. We are attempting to fit needs to resources, and to develop additional cooperative arrangements where they are most needed.

This same cooperative pattern characterizes the growing number of TRIMS library searches for departmental personnel. Not quite as active but as important is the TRIMS telephone consultation service. Questions and concerns brought up during these consultations will be the basis for updates and articles in the monthly *TRIMS Therapy Notes*.

Created new section

Encouraged by the Research Advisory Council, we have established the comparative services research section, a group of investigators able to focus on applied projects of immediate interest to the commissioner, deputy commissioners, and other central office and facility leaders. Flexibility and rapid response are the rule for this section. Issues already addressed include a case management evaluation project, a study to determine the impact on state hospitals of inpatient services funded in the community, and an evaluation of the impact of departmentally developed genetics education materials. This section, which will function across sectional and divisional lines, may well become one of the more active applied research centers at TRIMS.

Liaison officer on the road

To facilitate all these efforts is the job of the TRIMS liaison officer for research and consultation, Dr. Albert S. Moraczewski. He visits TDMHMR facilities to discuss their needs and TRIMS resources and to find out how we can help these institutions serve their clients and patients. This year, Father Albert has visited nearly half of all TDMHMR facilities, including 12 community centers, some of them more than once. What he hears most often is a request for our help with patients who have been resistant to treatment. Even though our resources are limited, we are attempting to do exactly that.

Diagnostic backup

Since 1981, the TRIMS inpatient unit has admitted 28 patients from 17 TDMHMR facilities (and two from Oklahoma at Commissioner Dr. Gary Miller's request). Most were chronic schizophrenic patients who had been in and out of institutions or were confined for a long time, and most had not been responding to treatment.

We intend to continue to admit to the TRIMS inpatient service difficult-to-treat patients from state facilities, taking in as many of these patients as our unit can handle to provide diagnostic backup and treatment consultation. Many of these patients could participate in TRIMS research protocols. We cannot, of course, accept every patient we are asked to admit because our unit is small and our staff may not be equipped to handle a patient's special needs. In every case we ask that the parent facility take the patient back when evaluation, research, and treatment at TRIMS are completed, but we will continue to maintain an active interest in the patient's ultimate treatment outcome.

More to come

TRIMS is also considering long-distance methods of consultation, perhaps using the department's teleconferencing network for case consultations. In addition, TRIMS clinicians have been asked to travel to state facilities periodically to confer about patients, a practice already followed by the TRIMS mental retardation-developmental disabilities staff. Given adequate resources, we would like to expand this activity.

While we have in no way reduced our overall research effort, we are changing in the direction of more applied research and more immediate responsiveness to demonstrated departmental needs. We are glad to make this kind of contribution.

Project for Elders tries not to say goodbye to 300 clients

**"And what is so important as knowledge?"
asked the mind.**

**"Caring, and seeing with the heart,"
answered the soul.**

Nancy Wilson, director of the Texas Project for Elders, read these lines to caregivers who were meeting for what might be the last time.

They'd seen each other every month for nearly two years as members of the project's Caring Connection. This was always a time to give friendship and support to each other, share worries and complaints, and in turn be helped with the fatiguing care of frail elderly relatives. The meetings were a lifeline for people often on the edge of becoming worn out themselves.

"We're meeting to say goodbye and also try to continue," Wilson said. Nodding and murmuring, her audience evidently understood this contradictory statement.

Texas Project for Elders staff members are trying to say farewell to 300 clients and the clients' caregivers and friends because the program's four years of federal funding will end next March. Altogether, they served 700 people. They've begun discharging clients to agencies like Sheltering Arms, which have been part of the network.

They're trying even harder not to have to say goodbye.

Ideas to keep program

On one hand, they are meeting with caregivers to prepare them for the project's end. Their other conferences are brainstorming sessions with members of their advisory council—community leaders who helped design the program and gave it direction, and with leaders of the Texas Department of Human Resources through which the federal funds came. Among the brainstormers also are private citizens who've been raising money for good causes half their lives, TRIMS associates, and agency people, all of whom know how hard it is today to raise a dollar for human services.

So there is plenty of activity in what Wilson calls "limboland," and 300 reasons for trying to push the program back into funding territory.

TPE, part of the TRIMS Gerontology Center, has been the most advanced program in Texas for coordinating community-based services for impaired elders. Its case management system has reached into every corner of Harris County. Without it, many of the clients would now be in nursing homes.

Certified appreciation

Knitted agencies together

The project has been remarkably successful in building a system that did not form its own empire, recruiting instead public and private community resources, volunteers and family members to do however much or little a client needed to stay at home.

Some clients needed transportation to doctors' appointments, some had to be bathed and fed every day by visiting homemakers. All clients needed many different kinds of personal care or household help. Each had a case manager who visited regularly, served as go-between to other agencies, and adjusted a client's care plan when a new need came up or an old arrangement wore out.

Continued next page

Brad Perkins

Left to right, TPE case management supervisor Bonnie Marsteller, Rosie de León of the Texas Department of Human Resources, and TPE project director Nancy Wilson.

Continued from page 3

During the year before the project started in 1982, Wilson had gathered medical and social service leaders to help design the program. Some of these continued to serve on the 22-member community advisory council. At the heart of the program was a central intake system with timely, responsive screening and referral, and a system of assessing each client's need to the last detail.

Keep 'quality-of-life' fund

The project's budget, $400,00 a year from the U.S. Department of Health and Human Services, was bolstered by a gap-filling fund for things and services clients could get no other way. The Texas Project for Elders people call it their "quality-of-life" money. They have spent less than a third of it so far to buy special medical equipment for clients, fix up homes with safety devices, provide respite care so that family members could take some time off, buy "talking clocks" and large-type books for hearing- or sight-impaired people.

This fund now has priority for Wilson and her staff. They do not want to let it go even if the Texas Project for Elders has to end, and the TRIMS Volunteer Services Council has agreed to sponsor their search for new gap-filling money if necessary.

"We're keeping our hearts in the program and holding on to the humor and fun that have been part of it. It's been like working in the Land of Oz where everything is possible," Wilson said.

"This could be a joyless time for us. But our philosophy has always been to plan for discharges and to anticipate the tough spots. No one on our staff has left. This says something about how we all feel about continuing the program."

TPE is one of 10 similar "long-term care channeling demonstration" programs in the country. The Gerontology Center can only continue a small part of it, Wilson said, through the senior information and outreach service.

TPE's nine most valuable features

The Texas Project for Elders is one of 10 research and demonstration programs in the country for the care for elderly, impaired persons in their own homes. The combined research results will not be available until well into next year, but project staff members at TRIMS have identified some features of their program as most valuable. With funding, they would continue:

- The community advisory council to provide guidance and assistance to the program.
- Key linkages and agreements with hospitals and social service agencies for referrals and service provision.
- Central intake with fast screening and referral.
- Intensive, comprehensive assessment, care, planning, and case management, including
  home evaluation/consultation for clients with mental health problems and home care vision services provided by the University of Houston College of Optometry.
- Gap-filling fund to purchase services or items for clients, including home adaptation and safety service.
- Caregiver support through groups and written materials.
- Volunteer and community resources development.
- Automated client tracking.
- Training for personnel to promote use of program features in other settings.

Corinne and Donald Lincoln, *seated,* were united with his father, John, partly because of Texas Project for Elders case management efforts.

Tougher in Texas

In Texas, where the legislature meets only every two years and will meet again in January, it's harder than elsewhere to know whether or not the program will be refunded. In Pennsylvania, for instance, the legislature has already taken on that state's channeling project for elders. Furthermore, Texas tends not to fund new programs except with federal matching grants.

"But," Wilson said, "we've made connections in Washington and all over the country because we've contributed to training of caregivers and case managers in many places. We have so many good relationships here, and now we're cashing in our green stamps in exchange for advice and support."

'Beautiful care'

At the meeting of family caregivers at the Clayton Library, the feelings between staff and family members were clear from the tears in everyone's eyes and their comments as the turn to speak went around the room.

"I enjoyed every meeting I ever attended, and I always look forward to coming."

"I've taken care of my husband for 58 years, and now I know much more about how to take care of him."

"You always gave beautiful care to my mother. I think she thinks more of you than she does of me."

Donald and Corinne Lincoln were there, both in wheelchairs because they have multiple sclerosis. Household help arranged by their case manager enabled the Lincolns to take his 93-year-old father home from his foster home in Florida. John Lincoln, the father, wheeled Corinne in and out of the meeting.

Each family caregiver received an inscribed certificate of appreciation from the case manager with whom she or he had been working. It's a piece of paper the recipients handled as if it were a $100,000 bond.

They also took home the second edition of assistant project director Jane Corinne's book, *Aging Living & Caring—A Handbook for Elders, Families and Friends*, and a laminated *Elder Resource Card* listing every conceivable agency and phone number they might need.

But Texas Project for Elders case managers hope that their clients and caregivers will still have a chance to call them first.

—Lore Feldman

Construction starts for Houston psychiatric hospital

The long-awaited 250-bed State and County Psychiatric Hospital in Houston got its start Dec. 17 at groundbreaking ceremonies addressed by Lieutenant Governor William P. Hobby and Harris County Judge Jon Lindsay.

The hospital site is at the corner of South MacGregor and M.A.S. Street on the Texas Medical Center's Leland Anderson Campus, about one mile east of the center's main campus.

Designed by 3D/International, the three-story building will have 180,000 square feet of floor space, with two wings reflecting the division and ownership of space by the State of Texas and Harris County.

Its clinical services will be operated by the University of Texas Health Science Center at Houston on behalf of TDMHMR and by the Mental Health and Mental Retardation Authority of Harris County.

22 TRIMS beds

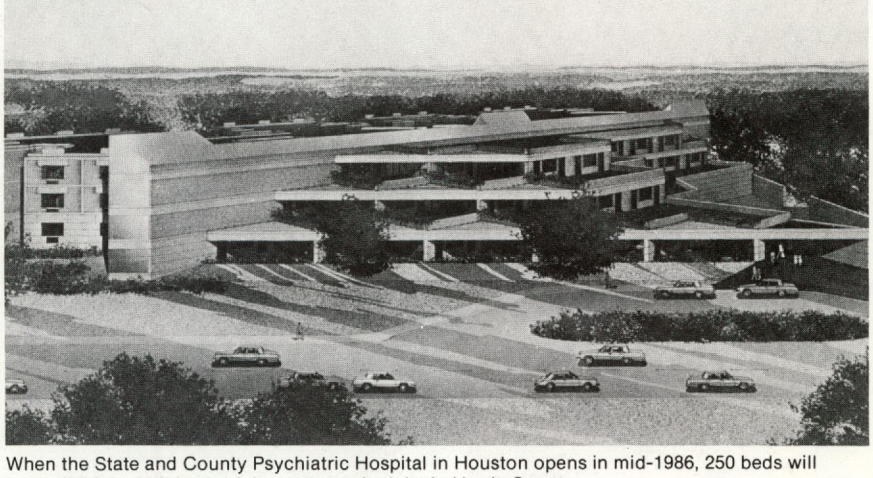
Twenty-two beds will be reserved for patients being cared for by TRIMS clinicians.

Approved in 1981 by the 67th Legislature, the hospital is expected to be completed mid-1986. Its beds will be used for both short-term and intermediate-length treatment. With 62 beds for children and adolescents, 144 for adults, 22 for alcohol and substance abusers, and 22 for elderly patients, the hospital is expected to fill at least some of the critical need in Houston for inpatient psychiatric care.

The new hospital was designed to blend in well with its residential neighborhood, the exterior made of brick and precast concrete. The apparent size of the building will be reduced by setbacks and a stepped roof line. All patient rooms will have windows to the outside as well as access to spacious inside living areas. Interior courtyards will provide secure recreation areas for children and adolescents.

Planning for the hospital was done by a steering committee whose members represent TDMHMR, Harris County, and the University of Texas System. Dr. Joseph C. Schoolar, TRIMS director, serves on the program/policy committee.

Construction costs are $16,800,000, with annual operating costs estimated at $20 to $22 million.



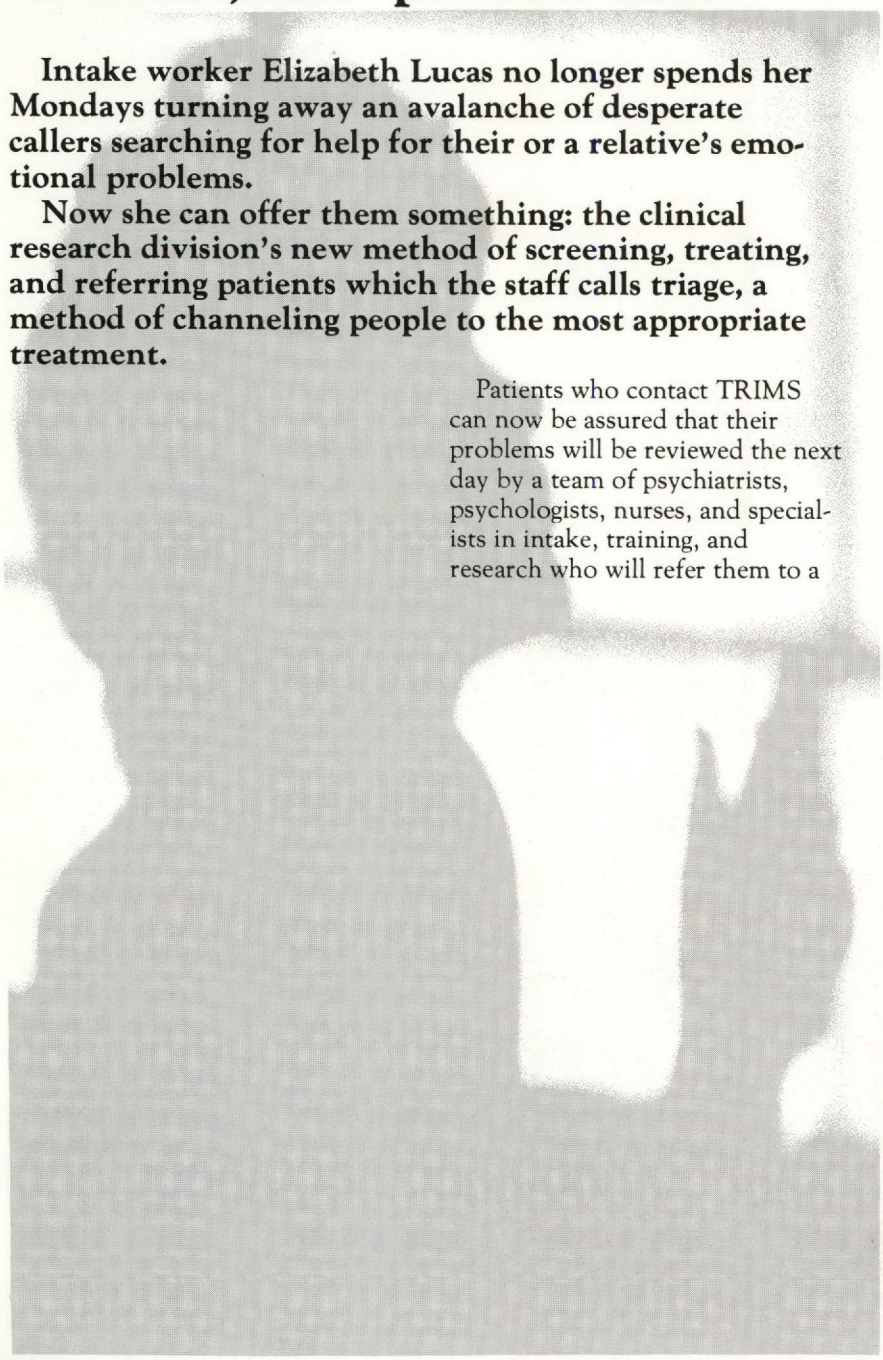
When the State and County Psychiatric Hospital in Houston opens in mid-1986, 250 beds will be available to children, adolescents, and adults in Harris County.

'Building sidewalks where the paths are'

Clinics clear clogged intake to admit, refer patients faster

Intake worker Elizabeth Lucas no longer spends her Mondays turning away an avalanche of desperate callers searching for help for their or a relative's emotional problems.

Now she can offer them something: the clinical research division's new method of screening, treating, and referring patients which the staff calls triage, a method of channeling people to the most appropriate treatment.



Patients who contact TRIMS can now be assured that their problems will be reviewed the next day by a team of psychiatrists, psychologists, nurses, and specialists in intake, training, and research who will refer them to a treatment team at TRIMS or to another agency.

In operation for more than a month, the new system has already proved to be viable and effective, clinical research division head Dr. Jack R. Gordon said.

The old scenario of people calling for weeks at a time to fit into one of 12 appointments two weeks later is finished: the first-come, first-served method has been abolished. Now everyone is screened and referred either to a TRIMS outpatient clinic, the inpatient unit, or elsewhere.

Calls down, admissions up

"The volume of repeat calls has gone down," said Glen Razak, division administrator. "Many people who call TRIMS aren't necessarily trying to get into TRIMS. Often they just want someone to explain how different services work and where they can get help."

Daily triage meetings have also speeded up admissions of patients to the inpatient unit at Center Pavilion.

The meetings allow informal kinds of information to surface. At one, for example, a nurse told the team that when she tried to return the call of a man suspected of having schizophrenia, the message on his answering machine indicated he was having hallucinations. He was referred to one of two teams who specialize in treating schizophrenic patients.

Other treatment teams are assigned to patients who have affective disorders like depression and alcohol abuse. The triage team members are able to handle emergencies without first admitting the person to a TRIMS clinic.

Stopped a suicide

The team recently helped a man who threatened to commit suicide so that his children could collect his insurance money. The team called in a special weapons and tac-

tical force (SWAT) team from the Houston Police Department, who talked the man out of shooting himself.

Data are collected on all callers and appropriate referrals to research protocols or to the training division (psychiatry residents and psychology and social work interns) are made.

Another part of the clinical research division's streamlining move is an effort to network aggressively with other agencies. Razak, Lucas, social worker Peg Finn, and Jane Corinne, assistant director of the Texas Project for Elders, participate as TRIMS representatives in a coalition of mental health service providers in Houston and Harris County called the Continuity of Care Consortium.

Try to close gaps

The consortium, composed of employees of private and public hospitals and agencies, meets once a month to discuss one patient's case history and hear about another agency's services. The goal is to share information to close service gaps caused by lack of knowledge or cooperation between service providers.

"We're opening up communication between front-line, direct caregivers—people who haven't been talking in the past," Razak said.

The ripples have already been felt at TRIMS. New linkages between Ben Taub General Hospital and TRIMS, which grew out of the consortium meetings, recently led one Ben Taub physician to accompany a patient to the TRIMS parking lot where they were met by Gordon. This patient was not lost between agencies.

"The reorganization has changed almost everybody's job a bit. We're finding glitches in our own continuity of care, too. We're still learning from all this but I think we are starting to build the sidewalks where the paths are," Gordon said.

—Kathleen Kimball-Baker

Carefully screening and referring patients to appropriate services is the task of the multidisciplinary triage team, *left to right,* Eleanor Williams, Elizabeth Lucas, Becky Reyes, Dr. Carlo DiClemente, Dr. Jack R. Gordon, and Glen Razak.

UT offers English speech course

The Speech and Hearing Institute of the University of Texas Health Science Center at Houston offers a 12-week course designed to improve pronunciation skills of non-native speakers of English.

Called FAR (Foreign Accent Retraining), the program can help professionals who have a good grasp of English grammar but need to improve and refine their pronunciation and intonation patterns.

The $495 fee covers the cost of a diagnostic evaluation, textbook, cassette tapes, and two 30-minute sessions a week conducted for individuals or groups of no more than three people.

For more information, call 792-4500.

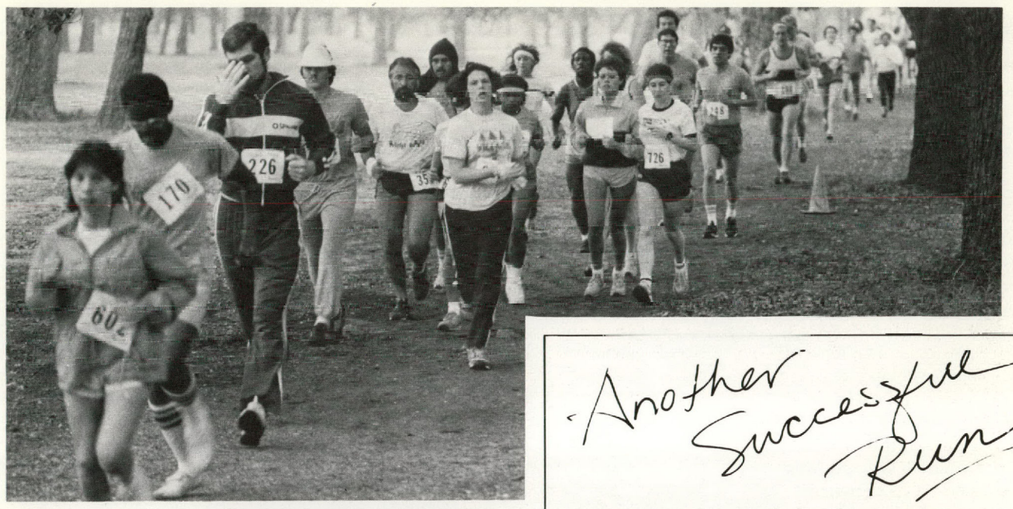
AIMS tape available

The Office of Continuing Education has produced a videotape on using the AIMS (Abnormal Involuntary Movement Scale) to evaluate patients who have varying degrees of tardive dyskinesia.

The tape shows three patients, one actor, and one normal volunteer being examined, then asks viewers to rank the severity of symptoms and compare their responses to those of a team of experts.

Produced by Drs. Richard H. Allen and Linda J. Webb, the tape was directed by Peter Baer, written by Allen, and narrated by Dr. Ernest Sears.

Copies are $125 for TDMHMR facilities, $175 for others; rental is $50. To order the tape, send a purchase order or money order payable to the Office of Continuing Education, TRIMS, 1300 Moursund Avenue, Houston, TX 77030 or call (713) 791-6603, STS 874-6603.



Another Successful Run!

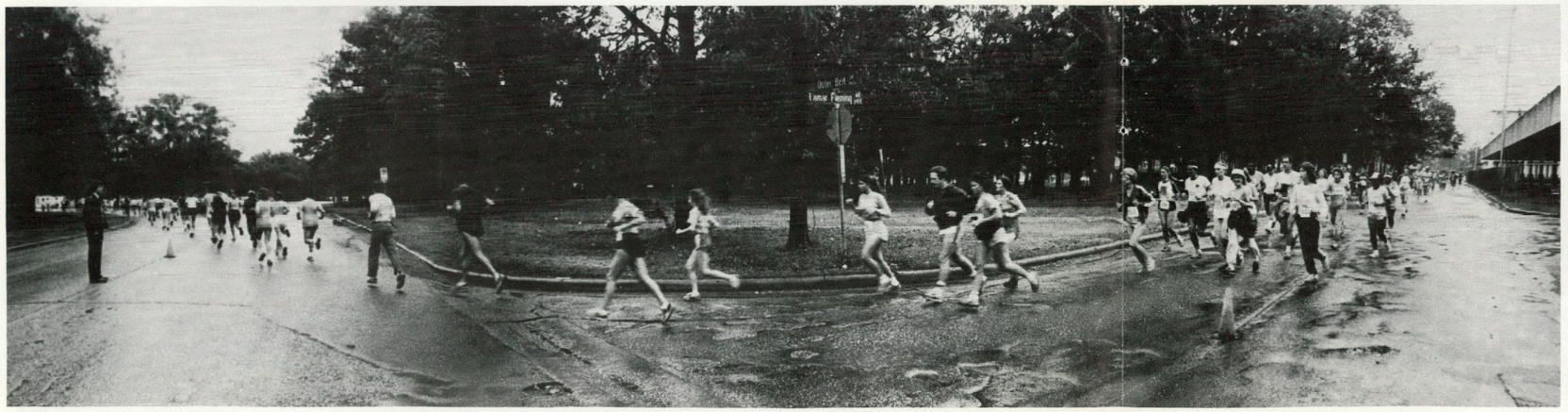
The good, the determined, and exhausted finish race

A thousand pink balloons rose into a gray sky over the runners as the third annual TRIMS Run for Mental Health opened Nov. 17 in the Texas Medical Center.

Despite the chill and sporadic drizzle, nearly 400 participants raced, ran, or jogged their way through the 3.1-mile course that wound through the medical center, along Hermann Park golf course, and ended at TRIMS.

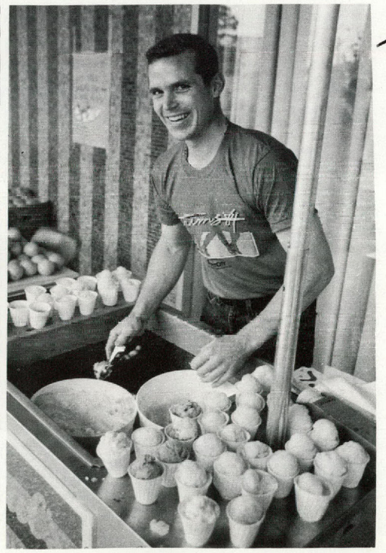
The run, a project of the TRIMS Volunteer Services Council, was sponsored by First City Bank-Medical Center and supervised by the FM 1960 Running Club whose members greeted runners at the finish and recorded their times.

All participants received T-shirts, fruit, fruit ices, soft drinks, and a few won athletic equipment, dinners at Houston restaurants, weekends at hotels, Oiler tickets, and a savings account.



Photos by Brad Perkins

Don Frey, left, who recovered from cancer surgery in time to participate in last year's run, vowed to race again this year—and did!



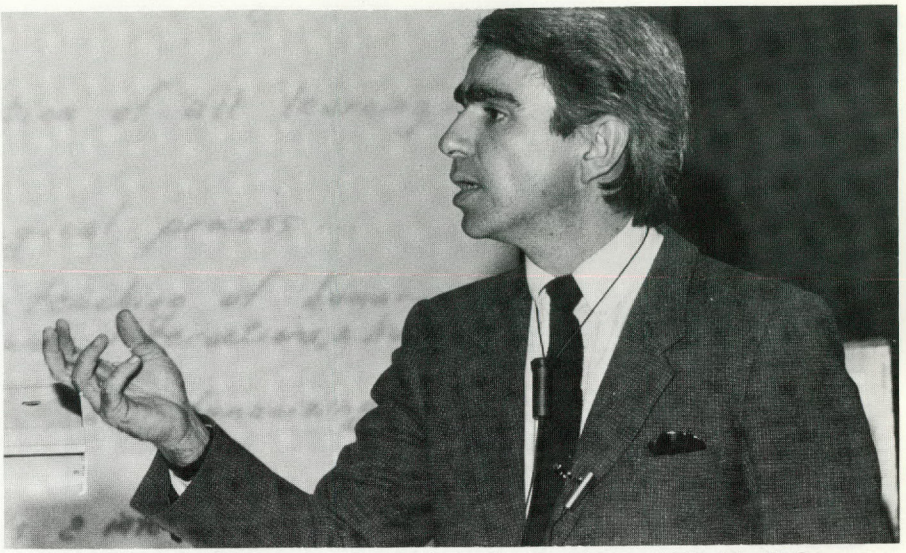
The Winner

James Najera crossed the finish line first, completing the run in 15:50.

Crisis symposium drew 400 people

'Gentle bonding' was one of exciting ideas

The first TDMHMR symposium, *Crisis Treatment and Prevention in the Mentally Ill and Retarded,* drew nearly 400 participants from Texas and surrounding states to the Warwick Hotel in Houston Nov. 1-2. It was a meeting planned for professionals who work with mentally disabled people in the state system, and it offered practical and theoretical information on everything from treating violent patients to pharmacokinetics to retarded people's conflicts with the criminal justice system. Here are some highlights.



Teach interdependence, not "Calvinistic balderdash" of independence, said Dr. John McGee.

'Gentle teaching: Teaching bonding to persons with aggressive and self-injurious behavior'

Piercing screams were hardly what symposium participants were expecting to hear as an introduction to gentle teaching.

But the powerful videotape of Judy, an autistic woman in her 30s who met intrusions in her world with frightened shrieks, captured the attention of the audience and silenced them for what was perhaps the most controversial talk of the two-day meeting.

Dr. John McGee, associate professor of medical psychology at the University of Nebraska College of Medicine, talked about teaching bonding to persons impaired by aggressive and self-injurious behaviors. After hearing him, most participants felt as if a bomb had been dropped on them.

"To serve the Judys of the world," he said, "we need to critically examine the framework of the process in which we are working. We need to teach bonding, not the Calvinistic balderdash of trying to make Judy independent. Rather, we need to teach her to be interdependent."

McGee, who has run a day treatment center for self-injurious patients, compared the institutional treatment of many people who behave in bizarre ways to the abuse of political prisoners in South American countries.

"Self-injurious people are the last to be served and most often the subject of chemical, psychological, and spiritual abuse. They receive nothing. Nothing leads to worse behavior, and that behavior leads to almost torturous punishment," he said.

He blasted the use of locked helmets, body restraints, drugs, and isolation for patients who hurt themselves.

"Punishment leads to submission. Judys can be bowed and bent, but they will never be bonded through punishment. Their spitting and self-injurious behavior are their ways of making sense out of a meaningless world that only Camus could understand," he said.

People who work with these patients need to "throw out the old stimulus-response view—it's too fatalistic, Calvinistic, militaristic," he said.

The guiding principle behind teaching bonding, he said, is to show people who have bizarre behaviors that "there is inherent goodness in human interaction—it's the foundation of all human development."

McGee's videotape went on to show an aide working with Judy quietly, offering her encouragement when she completed a task, and

ignoring her screams. Eventually she began to calm, and finally she blew the aide a kiss.

"How do you teach bonding? By ignoring and redirecting the bad behavior, rewarding with your words, being and remaining calm, and sticking with it," he said.

"Don't allow yourself to get hurt," he added. "If you see a crisis building up, redirect the patient. If a patient doesn't want to respond, do whatever you can to develop a little seedling of a relationship and it will grow."

McGee said more full-day treatment programs are essential for institutionalized people who injure themselves.

McGee has held faculty positions at universities in Brazil and Nebraska and has been a consultant to many universities and health organizations in the United States, Canada, Spain, Portugal, and Chile.

'Being retarded is the first offense: Perplexities with police and courts'

Dolores Norley, a Florida attorney and court advocate for mentally retarded people, said most criminal justice systems don't really want to deal with mentally disabled offenders. "They just don't know how to spit you out."

Handling of mentally retarded defendants is not uniform. "One state's courts act like John Wayne, another's like Mother Teresa, for the same crime. One judge may have the spite of a vigilante, another the wisdom and intellect of Justice Brandeis."

Mentally retarded offenders may "be undeniable, though not bright, psychopaths or they may be a one-time offender. In any case, for a person with retardation, entering the criminal justice system is not just a crisis, it is usually a disaster."

Mentally retarded convicts are the most vulnerable to sexual abuse by other inmates.

Norley called for more emphasis on prevention. Police should be trained to avoid inappropriate arrests and to channel the would-be offender to the proper authorities—mental retardation professionals or to their families.

Most members of the criminal justice system—police, judges, prosecutors, prison officials—are open to any information they can get from mental health and mental retardation professionals, Norley said. In-service training should be provided at all levels.

'The violent patient'

Dr. John C. Kuehnle, assistant clinical professor at Harvard Medical School, said that one of the most under- and misdiagnosed diseases that leads to violence is temporal lobe epilepsy.

Symptoms, he said, include an intense interest in religion; hypergraphia (a compulsion to write); hyposexuality; violence that does not occur during a seizure; an unusually strong sense of justice (patients can remember slights from 20 years ago); blackouts; frequent déjà vu; and a poor response to lithium and standard treatments.

The sniper who killed patrons of the McDonald's restaurant in southern California seemed to have these symptoms, Kuehnle said.

In his other talk, "Rapid neuroleptization—rapid treatment," Kuehnle said that overmedication with neuroleptic drugs can produce the same effects as "worsening psychosis" in a patient. Titrating drug doses is critical.

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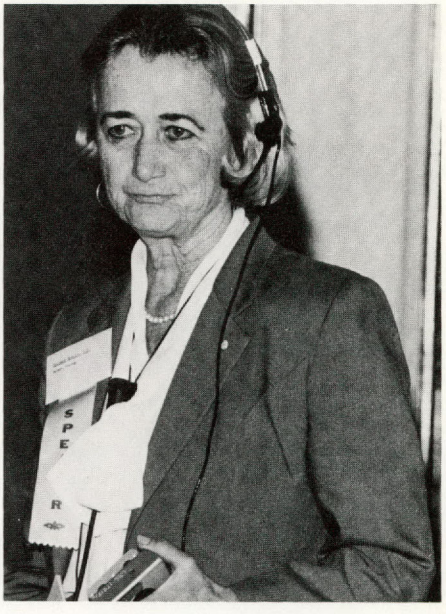
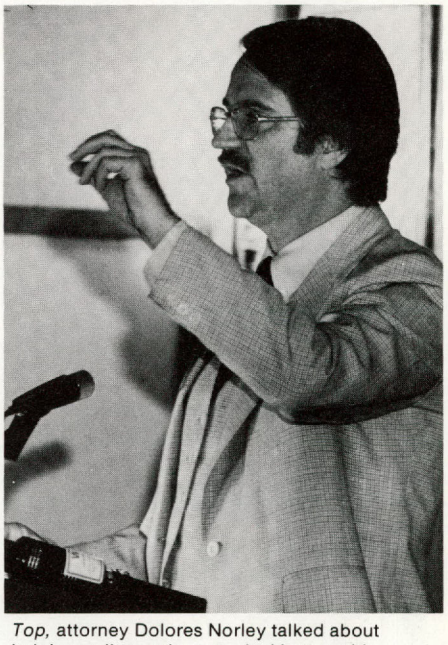




Top, attorney Dolores Norley talked about helping police and courts deal better with mentally retarded offenders. *Below,* Dr. John Kuehnle described temporal lobe epilepsy.

Continued from page 11

'The crisis of admission'

Dr. Paul Polak, formerly with the Fort Logan Mental Health Center in Colorado and Dingleton Hospital in Scotland, said he found that 60 percent of patients in a study at Dingleton were admitted not primarily because of the signs and symptoms of their illness but because their behavior could no longer be tolerated by the people with whom they lived.

For many, a series of crises had occurred from six months to two years before their hospitalization, with one unresolved crisis contributing to the next.

These were often environmental stresses like losing a job, medical illness, a death in the family. But the inability of the family to get help reflected not only their reluctance to ask for help but a lack of community resources.

Hospital teams, Polak said, should diagnose the patient, family, and community at the point of intake. "Our observations led us to believe that these family problems were often reflections of defects in the informal and formal social organization of the community."

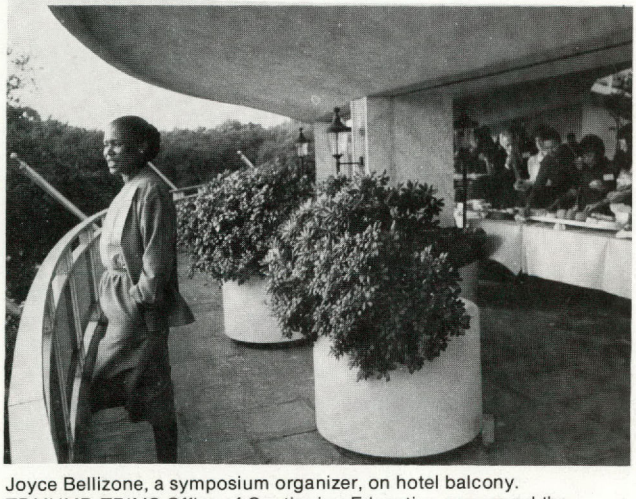
The highly charged atmosphere of the crisis, he said, offers a perfect opportunity to highlight inadequacies of the community social organizations and a family's unresolved conflicts so that something can be done about them.

'Current research into the genetics and treatment of autism'

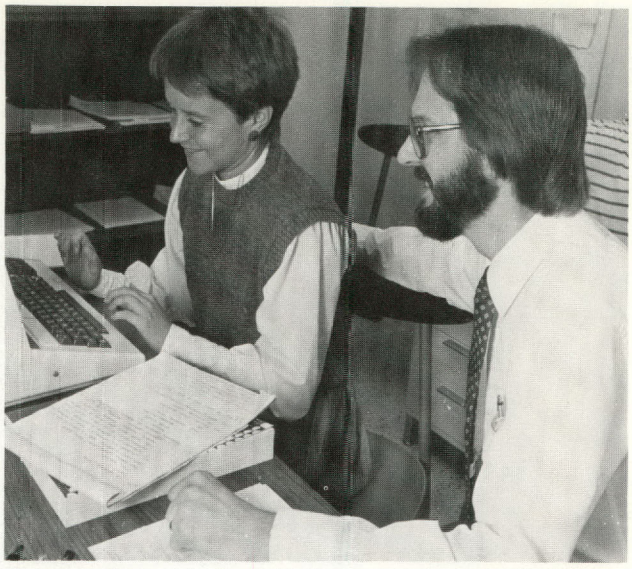
Dr. Edward R. Ritvo, professor in the division of mental retardation and child psychiatry at the University of California School of Medicine, Los Angeles, said he has evidence that autism is a recessive genetic defect.

In a study of 40 pairs of twins, he found that 22 of 23 identical twins were both autistic. Of the 18 nonidentical twins, four pairs had siblings who were autistic. That is a 23-percent rate of affliction; theoretically, he said, a recessive gene would show up 25 percent of the time. He plans to conduct further studies in Utah.

—Kathleen Kimball-Baker



Joyce Bellizone, a symposium organizer, on hotel balcony. TDMHMR-TRIMS Office of Continuing Education sponsored the meeting.



Debbie Huntley and Dr. Randy Phelps need single parents for their study.

Study tries to spot single parents' skills

The TRIMS family studies unit is looking for single-parent families whose oldest child is between the ages of 6 and 10 to participate in a study.

Although past research has shown that children from divorced families run a high chance of developing emotional problems, investigators also suspect that some mothers have special skills that seem to lower that risk.

Psychologist Dr. Randy Phelps is hoping to identify those talents so that therapists can help teach them to troubled families.

In the past, researchers have compared children from intact families to children of divorced parents. "That's like comparing apples and oranges. We are trying to compare different types of oranges," Phelps said.

The psychological literature has often instructed clinicians to encourage mothers "to go out and find themselves another husband as a way to solve their problems," Phelps said.

"That's always bothered me. It's time we looked at what healthy adaptive skills are and teach those to mothers who have problems."

The study is funded by the National Institute of Mental Health. Families who participate are asked to fill out questionnaires concerning their demographics, social network, and problem behaviors of their child.

A half-hour audiotaped session between the eldest child and parent follows. Afterwards the children are asked to complete a questionnaire on their feelings about themselves.

No treatment is offered and all information is confidential. Participants receive $28. For more details, contact the family studies unit, 797-1976, extension 6521.

Women AT WORK

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

Question:

I'm a sensitive person, regarded by my peers as being level-headed and rational. Sometimes, though, a conflict with a colleague I respect and admire can make me feel tearful. I want to resolve the problem promptly without a weepy scene but I find myself choked up and unable to talk. It's easier if the colleague is a woman. But I'm afraid male colleagues might consider me a weakling for expressing these kinds of emotions. How can I deal with this dilemma?

Answer:

Although it won't alleviate your problem, it may be some consolation to know that you are not the only woman who has experienced the situation you describe. Frequently when women attempt to express themselves during a conflict, they find, to their own surprise and displeasure, that they feel tearful. Their voices may get shaky or choked and their eyes fill with tears.

This often happens because of the difficulty women have in expressing their anger. The situation you describe has to do with being angry at your colleague. Rather than expressing your anger directly, you hope to be rational, level-headed, and able to quickly resolve any conflict that might occur between the two of you.

This is a common reaction among women because of the value we place on relationships. Women sometimes have difficulty expressing anger for fear it will result in the end of the relationship. Thus we often try to avoid conflict at all costs. Unfortunately, the very thing women fear may occur as a result of keeping these feelings hidden.

Men generally have a very different experience with anger, and so it is rare to see a man become tearful when confronting a colleague. Since we work in a male-dominated system where the standards are set by men, women quite naturally are concerned about expressing the emotions associated with being a female and, in turn, being weak. Tears are considered to be one of the worst offenses. It's as if when we cry at work it means we are not competent. So we often struggle with trying to suppress our own natural reactions to conflict and to adopt the rational-logical male model for dealing with anger.

There are a number of approaches you might try to deal with this dilemma. First, the most difficult and perhaps more courageous way is to go ahead and cry. What's the worst thing that can happen...your colleague will be appalled, upset, try to ignore your tears? If so, you can merely tell him or her not to be bothered by the tears, that they just mean you are angry, afraid to express yourself, and concerned about the effect on your relationship.

Another perhaps more comfortable approach would be to rehearse your confrontation with a friend or spouse. Go ahead and try to verbalize your anger. Say all the mean nasty things you wouldn't really say to anyone. Then when you confront your colleague, you'll have had the opportunity to ventilate your rage and it won't take you by surprise. Frequently what happens with women is that we're not aware of our own anger, and so we find ourselves in the midst of a confrontation overwhelmed by our feelings.

It might be useful to acknowledge to your colleague, male or female, that you're angry, hurt, frustrated, upset, or whatever about the situation. When we try to conceal how we feel our anger comes out in unexpected ways, such as being choked up or weepy.

If you find yourself anxious and avoiding the confrontation, try visualizing yourself in the situation. Imagine yourself dealing with the confrontation directly, acknowledging your anger and the reasons for your dissatisfaction. This may help with your fears.

However you choose to deal with your next confrontation, remember that tears are not so terrible. They are a basic human reaction. So is anger. The more you confront similar situations, the more comfortable you'll become and the better you'll be able to handle them.

Dr. Webb invites questions from readers. Please send your letters to Dr. Linda Webb, Director, Office of Continuing Education, TRIMS, 1300 Moursund Avenue, Houston, Texas 77030. Your confidentiality will be protected.

Grand rounds on Tuesdays

The TRIMS psychiatry residency program's grand rounds are on Tuesdays, 10:30 to 12 noon, in the auditorium.

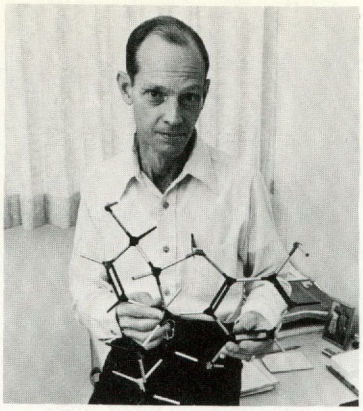
The program, designed by Dr. Mohsen Mirabi, assistant head of clinical services and residency program director, and Dr. Sneha Anbunathan, chief resident, consists of case conferences interspersed with seminars on special topics.

The January program schedule is: Jan. 8—inpatient service; Jan. 15—child clinic; Jan. 22—special topic, Dr. Joseph C. Schoolar; Jan. 29—special topic, residency program.

Then: Feb. 5—inpatient service; Feb. 12—Gerontology Center; Feb. 19—affective disorders clinic; Feb. 26—special topic, residency program.

All interested clinicians are welcome.

Who we are



Wayne Tansey

Wayne Tansey

Norepinephrine, you say, describing a neurotransmitter?

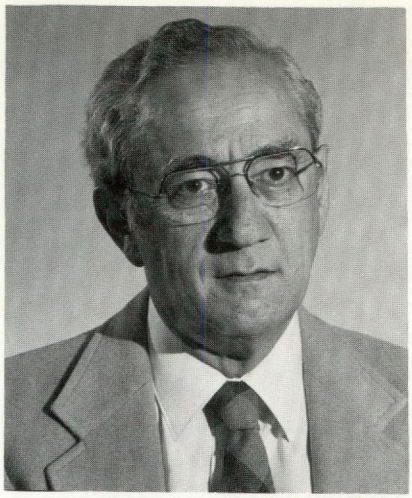
To organic chemist Wayne Tansey, the name is beta-hydroxy-3,4-dihydroxyphenethylamine. And it comes easily off the tongue of this research specialist who has worked at TRIMS since he got his master's degree from Texas A&M in 1965.

He was the only organic chemist on the staff then, hired by psychiatrist Dr. K.D. Charalampous to work on the famous "pink spot" theory—believed, at the time, to be a chemical indicator of proneness to schizophrenia. The idea died of unbelievability, but the puzzle of the causes of schizophrenia is unfortunately still around.

Tansey has learned a great deal in these years, he says, as his work has changed along with that of the neurochemistry and neuropharmacology section directed by Dr. Beng T. Ho. He is still involved in basic research of beta-carbolines, which may act on the brain receptors affected by anxiety-relieving drugs.

Beta-carbolines counteract tranquilizing drugs like diazepam (which in Tansey's language is 7-chloro-1,3-dihydro-1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one—and Valium in everybody else's). Beta-carbolines have been reported to be naturally present in the body, and research with them is a source of information about anxiety and its treatment.

Much of Tansey's work today concerns analysis of blood samples of patients participating in research. The instrument he uses most is the large high-pressure liquid chromatography unit he assembled. He has a reputation for fixing instruments and saving the institute money, and he is said to have the most even temper around.



Dieter Gaupp

Dieter Gaupp

The first week of September was a milestone for Dieter Gaupp, assistant director of regional clinics for the Genetics Screening and Counseling Service.

It marked the 20th anniversary of his service with the state. He has been with GSCS since February 1980.

Gaupp's family lived in Germany during Hitler's reign. He moved from Germany to Italy, then to England, and finally to the United States. As a young man in Texas, he completed an undergraduate degree at Southwestern University at Georgetown, then earned a master's degree in social work from the University of Texas at Austin.

Gaupp, whose wife, son, and brother are also social workers, began his career in Harlingen as executive director for a private facility for adolescents and children being treated for behavior problems.

He moved to Denton to become the first social worker for the first diagnostic and evaluation center in Texas at Denton State School. In his current position, Gaupp works with 20 coordinators from 18 regional GSCS clinics around the state.

"Just as the coordinators are encouraged to continue to do their jobs because they see that the families they serve benefit, I am encouraged to continue when I see a coordinator grow and learn more," Gaupp said of his job.

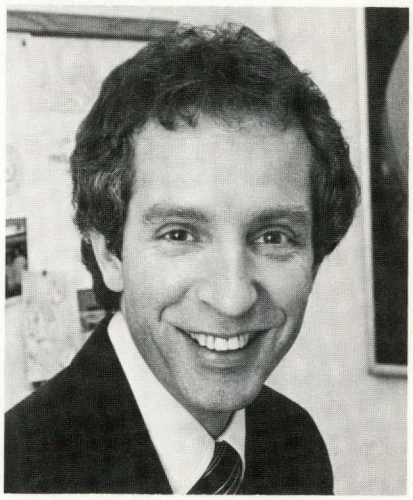
Dr. Edward Luke

Dr. Edward Luke is the first doctor of osteopathic medicine in the Gerontology Center's psychiatric fellowship program.

The public often confuses osteopathic physicians with chiropractors, Luke says, assuring that the two are quite different. Osteopaths, he says, must pass the same state exams and meet the same licensing requirements as physicians with an M.D. degree.

The two differ in philosophy, Luke says. "Osteopathic physicians take a more holistic approach to treatment and believe the body is self-healing in the face of disease."

Luke, whose father is a medical doctor, was always interested in



Dr. Edward Luke

medicine but chose to get a degree in psychology instead of going directly to medical school.

He taught high school biology and chemistry and was a program manager at Tarrant County MHMR before deciding to enter medical school at age 31. He did a psychiatric residency at Michigan State University.

"I've always been interested in the mental aspect of people who are ill. And there are a lot of elderly people who will need care in the future," he says, explaining his interest in gerontology.

"I'm very committed to osteopathic medicine and am looking forward to being able to combine both disciplines when I complete my training." Luke hopes to stay in the academic area of gerontology to help train future osteopathic physicians.

Congratulations to purchasers

Recognizing the good job the TRIMS purchasing section has done in complying with state regulations, the State Purchasing and General Services Commission exempted it from "routinely supplying supporting documentation" to buy services costing between $150 and $25,000. "This frees us from having most service purchases approved in Austin and will make our work much easier and cost-effective," section chief Nita Martin wrote in congratulating her staff. They are M.L. Crummedyo, Sharon Botts, Frieda Goldberg, Sidney Kindle, Floyd Edwards, Helen Jackson, Troy Asberry, Ruth Smith, and Juanita Edwards.

Detecting dyskinesia

When Drs. Suzanne Bafus and Richard Allen presented "Detection techniques for drug-induced dyskinetic movements in a retarded population" to the American Association on Mental Deficiency, they showed a new videotape made by the Office of Continuing Education on use of the Abnormal Involuntary Movements Scale (see page 7 for more information).

Honorabilia

Allen and Bafus gave another paper, "Application of microcomputer technology to quality assurance activities in a psychiatric setting," at the American Public Health Association convention.

In other places

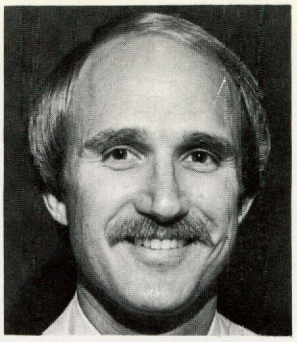
Dr. Kenneth S. Solway talked to the Texas Psychological Association about "The paranoid-depressive existential continuum: Character styles for relating to the world." He hit the college circuit, describing the TRIMS psychology internship program to psychology students at the University of Texas at Austin and Texas A&M, and talking to A&M education students about juvenile delinquency.

Publications

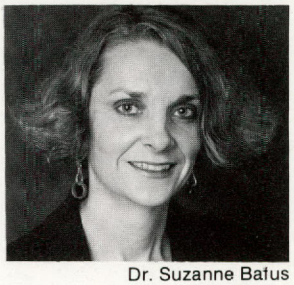
J. Ray Hays (1984). Legal aspects of psychological testing. In J. Weaver (Ed.), *Testing children: A reference guide for effective clinical and psycho-educational assessments.* Kansas City: Test Corporation of America.

Paula R. Scarbrough, Joseph Hersh, Mary K. Kukolich, Andrew J. Carroll, Sara C. Finley, Richard Hochberger, Shirley Wilkerson, F.F. Yen, & Becky W. Althaus (1984). Tetraploidy: A report of three live-born infants. *American Journal of Medical Genetics* 19, 29.

Leonard O. Langer Jr., Natalie Krassikoff, Renata Laxova, Mary Scheer-Williams, Lowell D. Lutter, Robert J. Gorlin, Charles G. Jennings, & Donald W. Day (1984). The tricho-rhino-phalangeal syndrome with exostoses (or Langer-Giedion syndrome): Four additional patients without mental retardation and review of the literature. *American Journal of Medical Genetics*, 19, 81.

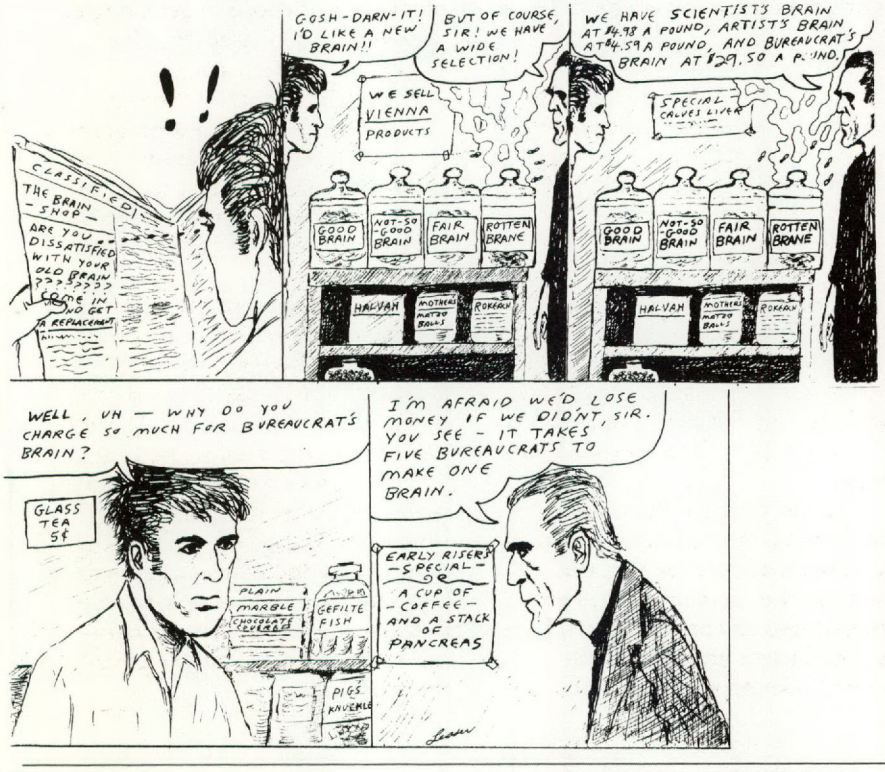


Dr. Rick Allen



Dr. Suzanne Bafus

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



Joint effort

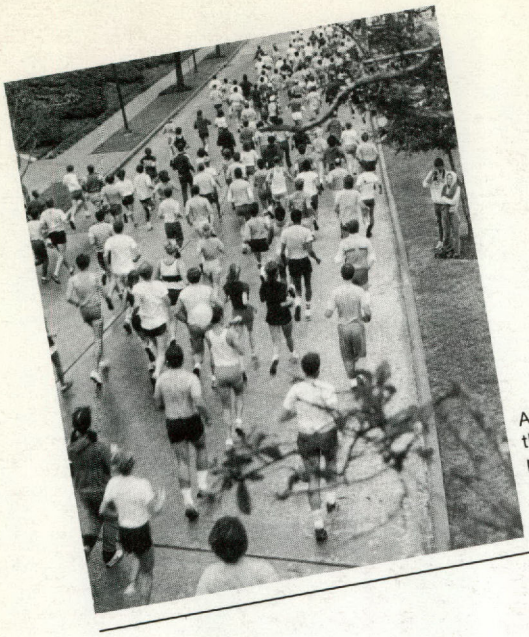
The Denton Genetics Screening and Counseling Service, a division of TRIMS, has teamed with the University of Texas Medical School at Houston to provide services to Richmond State School and to Lufkin and Beaumont residents.

Dr. LaDonna Immken, a medical geneticist from UT-Houston, travels with a team of nurses and social workers to screen children suspected of having genetic problems and to counsel their families.

The joint effort is part of a plan to promote cooperation between GSCS, which offers services in 18 clinics, many of them in rural areas, and medical schools throughout the state.

GSCS interdisciplinary teams travel to these clinics, screening and counseling about 100 new families each month.

What's inside ...



Another mob pounds the medical center pavement to help raise money for mental patients. Story on page 8.

Partners in care, Corinne and Donald Lincoln. She is a painter and he's a model railroader. See story on the Texas Project for Elders, page 3.

Brad Perkins

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