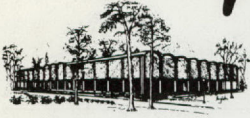


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The Emissary

Texas Research Institute of Mental Sciences, Houston

March 1984



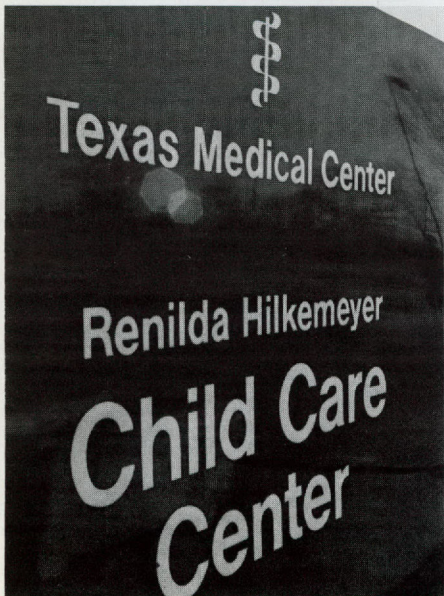
Brad Perkins

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**Evening and
night in
the hospital—
page 2**



Child care all day, and half the night — page 8

These people work from 3 to 11 and
11 to 7:30 on a

Calm but not silent night in the hospital

Center Pavilion at night. On the top floor, the fifteenth, the TRIMS hospital unit is winding down after a lively, noisy evening with many visitors. Checkers and card games, played with only mild competition by patients and nursing staff people, are put away. Even the housekeepers are gone.

In a corner of the hallway, two young women—one dressed for bed, the other in street clothes—are keeping each other company because they can't sleep. One is nervously elated about going home tomorrow to her husband and baby. The other looks forward to treatment she doesn't know much about. But she knows this: She needs to go home in a few days, at least for a visit, to bake a cake for her daughter's birthday.

Joyce Ruff, too, has survived her first day in the hospital in pretty good shape, said good night, and gone to bed. In some ways, she said earlier, she is proud of herself. She managed to stay out of the hospital for three years. She had the good sense—and the good advice of her therapist, psychology intern Donna Cohen—to know she couldn't control her incapacitating depression as an outpatient any longer. Ruff feels relieved to share responsibility for her life for a while, although talking about it makes her cry. She lost her job. She allowed an old married friend to come back into her life. She has grown too thin, and may have been taking too much medication. A 15-year-old nephew she loved recently killed himself. Outside,

she is alone. Here she has plenty of company—people like and people quite unlike herself.

Ruff said she wept this morning after being admitted and, within seconds, a nurse came to her room to ask if she needed anything and wanted to talk. The quick attention comforted her.

Nightly review

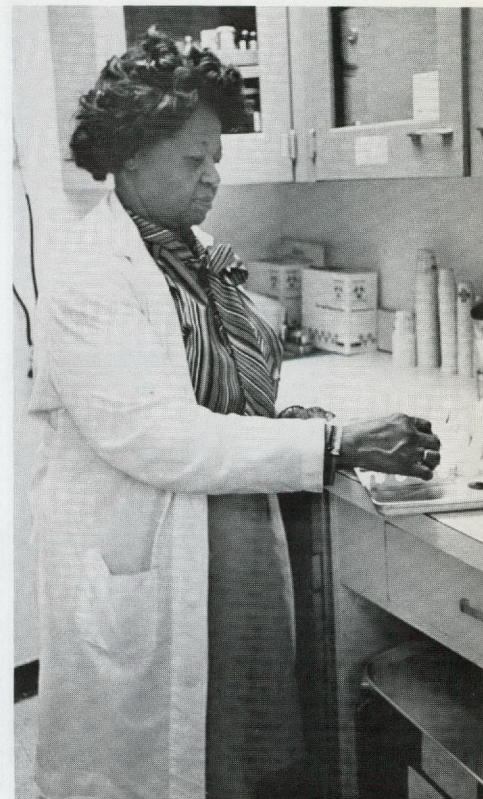
A mirror image of what Ruff said turns up in the review of patients the evening shift's mental health workers and nurses do every evening around 10 o'clock. There are two stations, north and south, and two separate meetings.

As Ruff's name comes up, nurse Aleyamma Mathew reports that Ruff was crying as she arrived, and Mathew told her that if she needed someone to talk to, just come to her.

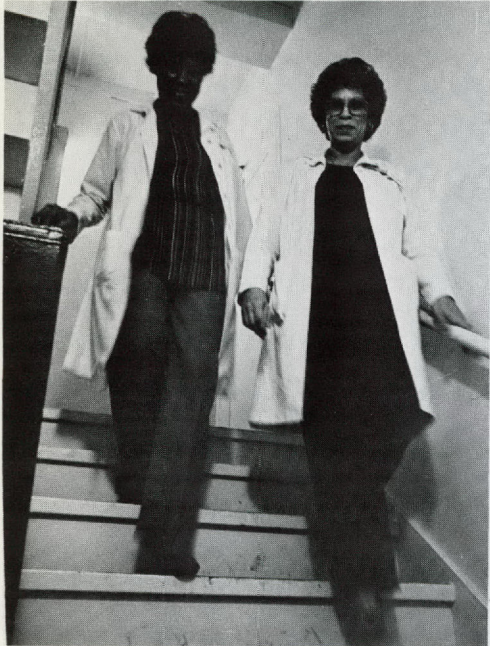
Nearly the same thing happens with another patient. Nicholas, a calm, handsome man, had said the unit seems much improved since the last time he was here. He feels comfortable and glad that the staff does "no bird-dogging and lets you do things you want to do. They are considerate of each person's individuality, but they follow up and check that you're getting along all right."

continued on page 4

Top, vocational nurse Jessie Patterson fixes evening meds. Bottom, Kimberlee Ann Persons is a chiropractic assistant in her life outside the hospital.



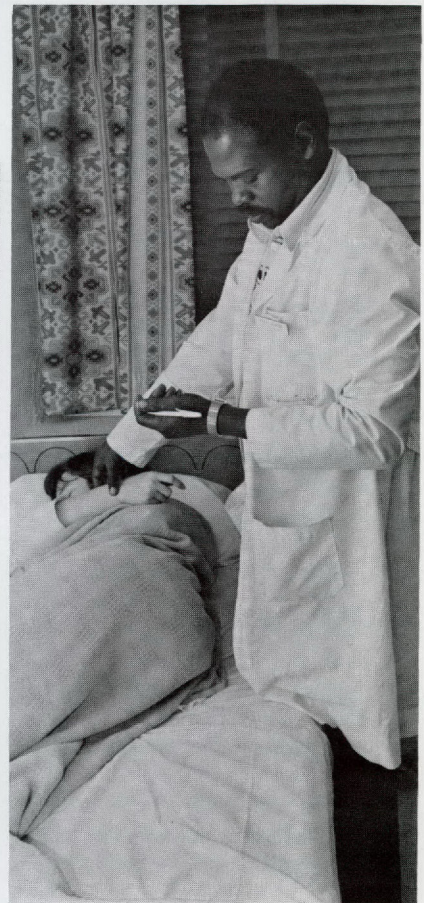
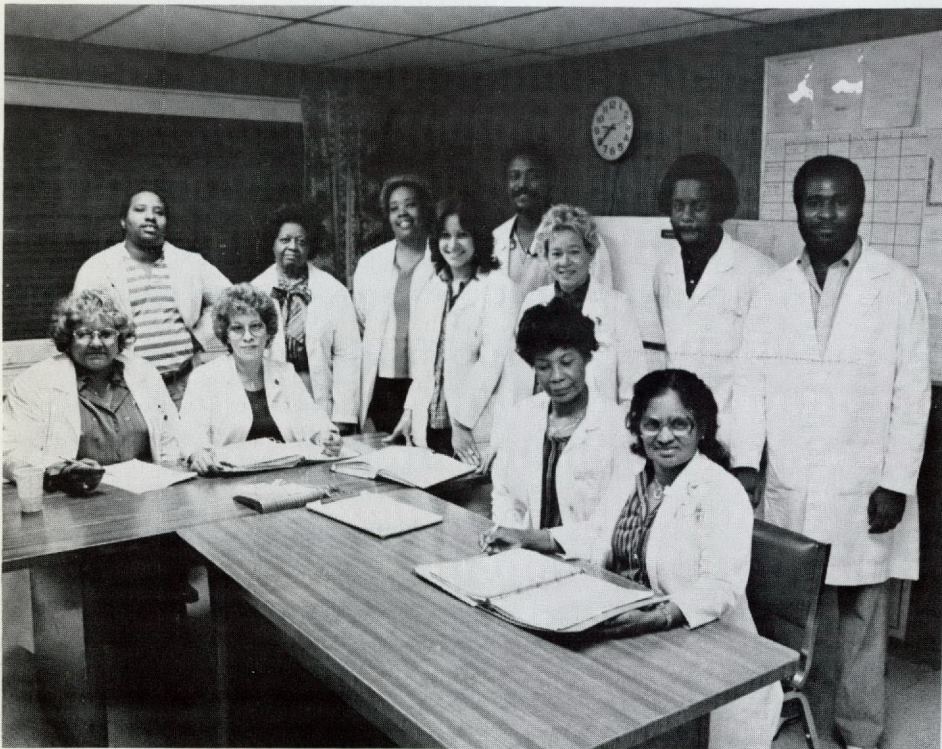
Brad Perkins



Left, mental health worker Rose Roberts (also on cover) and LVN Evelyn Dabney run up and down 15 flights of stairs for their nightly exercise. Right, nurse Antoinette Gennusa with night shift records.



Below left, seated around table, nursing supervisor Johnnie Hatcherson, Dabney, Roberts, nurse Aleyamma Mathew; standing, mental health worker Quintin Caldwell, Patterson, LVN Yvonne King, nurse Andrea Munoz Rodriguez, mental health worker Jimmy Jones, mental health worker-supervisor Yvonne Broughton, mental health workers James Emmers and Sam Ejeckam. Right, Robert Nearing, a mental health worker, takes early-morning pulse of sleeping patient.



Carolyn and Ralph Cheney: They lived there four days

"A beautiful relationship," the evening shift workers said of Ralph and Carolyn Cheney as they reviewed their patients during that recent evening roll call.

"Notice how much she helps him. She is free to come and go, yet she prefers to stay with him."

Not only do the Cheneys have a beautiful relationship after 41 years of marriage, they are also the first couple to spend four days in the TRIMS inpatient unit to contribute to research on Alzheimer's disease.

For four days in February, Ralph and Carolyn Cheney took the same medication, gave blood samples three times a day, labored through the same psychological



The Cheneys were in the hospital together to contribute to research on Alzheimer's disease.

tests—and slept on two hard beds in the same room.

They were pioneers in a study by Drs. Robert C. Smith, George Vroulis, Thaddeus Samorajski, and G.K. Ravichandran of the effect of Hydergine on endocrine and adrenal function in Alzheimer's disease. The Cheneys were in the hospital together because Carolyn functioned as Ralph's control. The study is funded by Sandoz, and the Cheneys will soon be followed by other couples—the goal is 60—or perhaps by unrelated experimental subjects and controls willing to go through these tests together.

Flew jets

Ralph Cheney was a Navy jet pilot for 28 years, and the two have lived all over the country and traveled all over the world. As Carolyn said, they have two "brilliant" children, a son who is an oceanographer in Maryland, and a daughter, Cici Williamson, who is a microwave cooking specialist and co-author of a syndicated weekly column, "MicroScope," in the *Houston Chronicle* and 20 other newspapers.

About four years ago, both Cheneys began to be troubled by his memory loss. He'd gone to a Navy reunion, and forgot to change planes. His memory has worsened but he talks clearly. He is a volunteer at Memorial City Hospital with more than 2,000 hours to his credit.

Carolyn does not shadow him. The two often go their separate ways, but she does all driving now and takes care of the family finances.

They've been through tests at Bethesda Naval Hospital, the National Institute of Mental Health, and John Sealy Hospital in Galveston. They learned about the TRIMS research from Dr. John Largen of TRIMS.

At staff meeting, the surprising thing to hear about Nicholas is that he has been committed to the hospital. He seems so (the word is embarrassing) "normal." Like Nicholas's own comment, the mental health worker's report is that Nicholas is getting along well. "Last week he was fairly hostile, but he has calmed down, and the therapy is doing him good," says James Emmers, looking at his notes.

It's a nightly roll call.

Clara was crying when her mother left tonight because she wanted to go to Dallas with her parents. Her mother was crying too.

John had a visit from his family, and they are very pleasant people.

Jane and Jackie have become friends, and they are even washing their clothes together.

Katherine stays extremely alone. She just reads and knits.

Andrew is not improving. He has been in and out of hospitals, and he may have to be sent to Austin.

Liz, who was delusional and hostile, is a little more aware now and wants to go home. It's sad. She wants so much to go home.

Be cautious about Robert's seductive behavior. He has a problem with touching, anyway.

In the midst of these reports, a patient comes to the nursing station door to say, "I've talked to the pope on the telephone, and he wants me out of here."

"We're in a meeting right now," a staff member says, "and we'll talk about this in a few minutes."

In a few minutes, the patient seems to have forgotten the phone call from Rome.

Andrew hates the place

Not everyone attends the staff meeting because the patients cannot be left alone. And not all patients are as coherent as Joyce Ruff and Nicholas. Andrew, the chronically ill young man who may have to go to Austin State Hospital, had started a conversation with a visitor. He had become louder and more agitated the longer he went on about how much he hates being here. As the visitor backed off in small steps because she didn't want to seem scared, Yvonne Broughton, a mental health worker and supervisor, casually joined the conversation. Like teachers, the nurses and mental health workers have eyes in back of their heads and ears everywhere. At the same time, they seem spontaneous and comfortable and reassuring. It's an art and a labor of



Carolyn Cheney said the drug had no effect on her, and neither one minded the many blood tests. But Ralph Cheney is completely frustrated by neuropsychological tests. He's taken plenty of those.

Emotionally, the two are completely in tune. She will do anything for him, and she made light of their hospital stay in what is not exactly a suite at the Remington.

She laughed at a comment about the beds at Center Pavilion. "Feel the pillow," she said. Cement.

Rewarding work

"We get so many rewards from this work," Broughton says. "Patients, when they leave here, call me to tell me how well they're doing—even if they're out of the hospital only temporarily. They tell me when they've found a job, and they send me cards at Easter and Christmas.

"Besides supervising mental health workers I have my duties with patients. I fill in gaps and I enjoy that too. We have no friction up here. We talk about things here and now if something is bothering someone. This makes the mental health workers a close-knit team. I'm the go-between for the nurses and mental health workers, and everyone on the staff enjoys the job.

"We listen to patients. They may be talking in circles, but if

you listen closely enough, you will see that the conversation is going somewhere. One word may give you a clue."

Second jobs and school

Tonight is a Wednesday in February in the building at 1700 Holcombe that will be sold by the county once a legal dispute about the sale is settled. It is a building deserted at night except for the top floor where 37 mentally ill patients are now sleeping. The evening shift staff, who work from 3 to 11 p.m., will soon be replaced by the night shift.

On both shifts, many staff members hold two jobs or go to school. Jimmy Jones, a mental health worker, attended mortuary school and is now an apprentice at a funeral home. Felicia Onyeri, also a mental health worker, is six months pregnant and is earning a master's degree in management. Her husband is in school too, earning a doctoral degree. Jessie Patterson, a licensed vocational nurse, is a teacher, and so is mental health worker James Thompson.

The 14 people on the evening shift are supervised by Johnnie Hatcherson, a registered nurse who has worked in this hospital since 1968. She was night supervisor for five years, but changed shifts because "after a while, you get so you can't sleep in the daytime." Her husband works the same hours at the Veterans Administration Medical Center.

Hatcherson likes the evening shift because "there are not so many other staff members around, and we get to associate more with the patients.

"I have always wanted to be a nurse and care for people," she says. "I just love it. It is so rewarding and so challenging to get somebody who is severely psychotic and see him or her get better. You really feel you have helped someone to get that person back into society and able to function, even for a while, even if he has to come back. It's rewarding to help someone stay outside an institution for even six months."

Hatcherson calls her staff "beautiful. We have a very cooperative, hard-working, caring staff. We are interested in each patient."

On this day, Hatcherson had only an hour's rest because she attended a meeting in the morning and was in the unit by 1 o'clock to meet with physicians and psychologists. It's a good thing, she says, that she and her husband do not lead a really active social life.

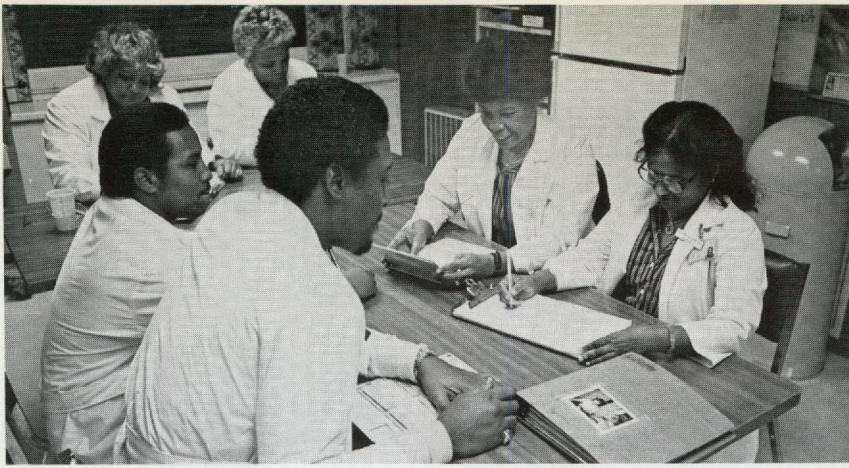
But, says Hatcherson, "I'll be so glad when we move out of this building. It feels like a deserted island up here. With all those empty floors below, I worry about what would happen if something went wrong here."

Hatcherson is grateful to the occupational therapists who organize parties and outings for patients—trips to the museum, picnics, the rodeo—and glad that patients have a chance to exercise

continued on page 6



Yvonne Broughton with a superior checkers player.



Evening shift round-table.

in a local gym. The volunteers have bought video players with a grant from Tenneco and will soon start a film series on the unit. Everyone is looking forward to it, Hatcherson says.

Like everyone else, she has no idea what will happen when the building is sold. The patients, she says, need to be on lower floors and able to get outside.

Shift changes

After the night shift staff arrives at 11, Hatcherson and Broughton stay a while to share information about patients with Josie Larkin, nurse and night supervisor, and Bessie Curry, the mental health workers' supervisor. Night shift duties are different, and so are the meetings.

The staff members, Larkin explains, make rounds every 30 minutes to check on patients, every 15 minutes if someone needs special alertness, as, for example, a patient who has threatened suicide.

The night people work until 7:30 a.m., and they order all supplies for all shifts. Their meeting is more of a staff meeting than a review of patients.

Larkin distributes the mail, then asks if anyone wants to discuss anything. "We use these meetings to discuss all problems," she says. "Anyone is encouraged to say anything. This is the time and place for it. We have no secrets, and we prefer to discuss our problems together rather than in small cliques."

When Larkin asks for comments, someone says, "We need more money." Larkin laughs. "That's one problem," she says, "I can't do anything about."

BPR

Before they go off duty, the night shift staff members check all patients' vital signs—blood pressure, respiration—because that can be done while the patients are in bed. Responsibility for weighing patients has been passed on to the day shift to allow patients to sleep a little longer before breakfast.

Is the night shift dull work? Not at all, says mental health worker Ike Enswere. A student at Texas Southern University, he is adding a pharmacy degree to the one he already has in chemistry. "I'm used to working at night," he says. "It gives me time to be with my family and go to school." He needs only four or five hours sleep and says he is never tired.

Thank heavens, this is not true of the patients tonight. It's after midnight now, and they are sleeping.

—Lore Feldman

Names and numbers

The TRIMS inpatient unit, with 49 beds, is part of the clinical research division headed by Dr. Jack R. Gordon. Dr. Cyrus Sajadi is medical director; Thelma Cain, a registered nurse, is director of allied services. The staff includes three psychiatrists, four third-year psychiatry residents, three psychologists, eight psychology interns, 18 registered and licensed vocational nurses, and 25 mental health workers. Veronica Abdur-Rahman is day nursing supervisor. Last year, the unit cared for 501 patients, many of them participating in research on schizophrenia, depression, dementia, and other psychiatric diseases.

Minister to earn doctorate in counseling

The Rev. Richard H. Miller, associate pastor of St. Paul Presbyterian Church, is the TRIMS pastoral counseling program's first doctoral student.

The program was founded last year by the Rev. William Tallevast, chief of clinical pastoral counseling and training, in collaboration with Garrett-Evangelical Theological Seminary of Northwestern University in Evanston, Illinois. Miller will receive a doctor of ministry degree when he completes the course and will be eligible for diplomate status in the American Association of Pastoral Counselors.

He already has master's degrees in divinity and social work, and he has been counseling parishioners and people outside the church for more than eight years.

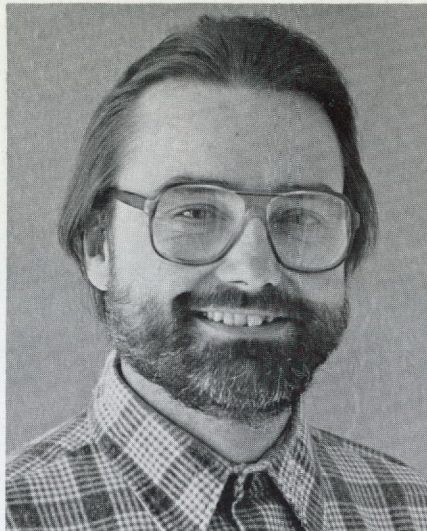
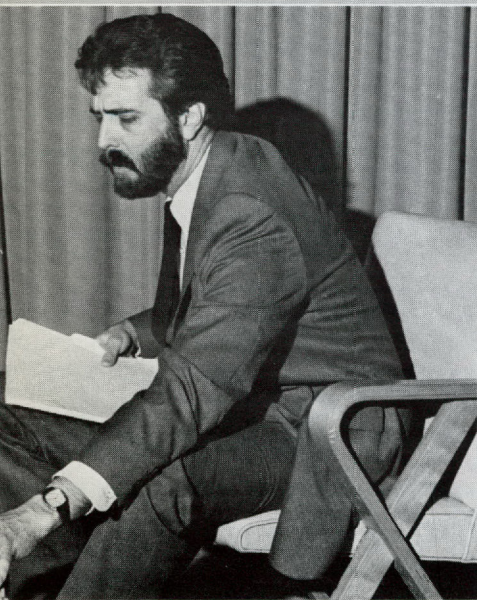
The Rev. William Tallevast with the Rev. Richard Miller, the pastoral counseling program's first doctoral candidate.



At one time, he says, he thought of leaving the ministry to concentrate solely on psychotherapeutic counseling, "but I realized that I belonged in a pastoral counseling milieu and that I needed to integrate my role in the church with my interest in counseling."

Miller spends two three-week periods each year at Garrett to participate in seminars on religion and psychology. He receives the rest of his training in the TRIMS pastoral counseling program, attending two weekly seminars and spending time in individual and group supervision. Teaching here is done by Tallevast, TRIMS psychiatrists and psychologists, and consultants Dr. G. Kelton Ro-Trock and Dr. Morris Taggart.

The TRIMS doctoral program is offered now in addition to the two-year basic program that leads to membership in the AAPC, and advanced three-year training for AAPC fellowship or diplomate status. The Rev. Gregg Alfvegren, who wrote the essay on this page, has just graduated from the program.



Father Gregg

Reflections on pastoral training by the Rev. Gregg Alfvegren

It's described, sometime, as "beginning to see daylight." It's when we've worked on a particular task for a long while and then everything begins to make sense, fall into place. Or it's when we have put a lot of time toward a particular goal and begin to see that time drawing to a successful conclusion. It's when we sigh "whew," muster extra strength from somewhere, and head for the finish line.

I am feeling all of these now as I conclude my training at TRIMS in the area clergy program. As I reflect on my three and a half years in the program, I am mindful of the theories of personality I have been introduced to, the theories and approaches to psychotherapy that have been dealt with, and the theological questions that have been raised. I'm looking back over many hours of clinical work and supervision, case consultations with supervisors, TRIMS staff members, and peer ministers. I'm happily reflecting, too, on my own clinical certification with the American Association of Pastoral Counselors and my own personal growth. This program has done much for me and my ministry.

Hope and healing

I have always felt that ministry is helping people move toward their own wholeness. The Judeo-Christian scriptures acknowledge the fragmentedness of the human condition, but they always offer hope and ways toward healing. To be able to facilitate and participate in this "drawing together again," a meaning of the word religion, has been a part of my understanding of ministry and is responsible for my seeking out this program.

I have learned theological and psychological diagnostic procedures, theories of personality, approaches and theories of psychotherapy. I have learned to work clinically and how to consult with other ministers and psychiatric personnel regarding clients who seek healing. I have learned to appreciate the ways that our particular skills are different and the ways they are alike, and how important it is that we have clinical access to one another for an exchange of ideas and for reflection.

To say that my training is completed is, of course, naive. We all know that our professions are the work of a lifetime and a lifetime of work. But I do want to thank TRIMS, the pastoral training staff, and all my peers with whom I have worked. These have been bountiful years.

Father Gregg is a counselor at Holy Name Retreat Center and a priest of the Congregation of the Passion. When he entered the clergy training program led by the Rev. William Tallevast, he was already a certified alcohol counselor.

Below, naptime is mat time for sleepy toddlers. Right, outside play is an important part of the day for the children. Far right, children enjoy a Southern-style lunch of fried chicken, green peas, and mashed potatoes.



Brad Perkins

The Renilda Hilkemeyer Children's Center: Benefits for children money can't buy

Babies sleep serenely in brightly colored cribs, toddlers struggle playfully over a favorite toy, and older tykes scribble earnestly at first works of art. Little children are at home here while their parents work.

Don't make the mistake of calling it a day care center. It is much more than that.

Since 1968, the Renilda Hilkemeyer Children's Center has provided customized care for children of many medical center employees by offering day and night hours, reasonable rates, and unique services.

Now, because of the size of its new facilities, this superior quality child care is also available to the youngsters of TRIMS employees.

If the Texas Medical Center child care center is home to the children, then it is also a home of sorts to Marjorie Whitehead, a sweet-faced, soft-spoken woman with dark hair and a kindergarten teacher's smile. She is a staunch believer in the quality of care offered at the center she has directed for more than five years.

"You read so many negative things about day care centers. But parents can see what's going on here. They could pay much more and hire someone to come into their home and never know how things are while they're away at work.

"I see day care as a support system for parents," Whitehead says. "A parent employed in the medical center is usually under a lot more stress than the average person." The director says that the parents of children enrolled in the center run the gamut of medical center employees—"everyone

from housekeepers to doctors."

Whitehead likes to tell the story of the young newspaper woman who once interviewed her. When Whitehead volunteered that some of the tots were children of physicians, the reporter was astounded.

"Why," she inquired dumbfounded, "would someone who could afford any kind of care—who could afford a nanny—settle for common day care?"

Whitehead chuckles. "She didn't have a family so she didn't understand that there are benefits for children here that money can't buy in your own home."

Playmates

The pure pleasure of young companionship is one of them. On most days about 300 children stay at the center. Most are between the ages of six weeks and five years, but on nights, weekends, and holidays, some 10- or 11-year-old children are there.

Possibly the paramount attraction is the extended hours designed to conform to the unusual schedule of many medical center employees. Most other child care centers close around six o'clock in the evening. The TMC facility is open until midnight every day of the year except Christmas.

"We're the only ones in town like this," Whitehead says.

Although she concedes that many parents employed in nighttime professions could use the services of the TMC child care center, she says that enrollment is limited to parents employed in the medical center or in health-related institutions nearby. A monthly check is made with participating institutions in an effort to enforce the rule.

Several years ago, Whitehead and her staff experimented with the concept of 24-hour child care. But after six months round-the-clock hours were suspended. "Parents seem to prefer making alternative arrangements for their children if they work in the middle of the night. There simply wasn't enough interest to make it financially feasible."

Late bed-time

The hours from six to midnight are especially appreciated. In fact, a fascinating little nocturnal world unfolds in the child care center once the sun goes down. Where else in Houston is kindergarten taught after supper? Where else are children encouraged to stay up late?

"Parents who work this shift want their children to go to kin-



Above, children's artwork is displayed throughout the center. Right, changing and diapering area for infants.



dergarten but they don't like to get up early to take them. That's why they like it here. Since the child is put to sleep late, everyone can sleep the next morning. These families are running on completely different clocks than the rest of us."

The Renilda Filkemyer Child Care Center first opened in 1968. At that time, Filkemyer was director of nursing at the University of Texas M.D. Anderson Hospital and Tumor Institute. Daily she wrestled with the problem of keeping her nursing stations fully staffed. Since many of the nurses were young mothers with babysitting problems, she knew that she could ease her problem and those of her nurse-mothers if reliable evening care could be furnished.

In those days, the child care center amounted to several temporary buildings on Holcombe Street. It was licensed by the state to care for only 35 children. There was always a waiting list. Today, the appealing, 2-1/2-year-old, 18,000-square-foot contemporary center is located on the Leland Anderson campus about a mile east of the medical center, across from the High School for Health Professions. Some state welfare officials declare it to be the largest child care center in the Houston area, licensed to care for 323 children.

Small groups

Such numbers seem to beg the question: Does colossal size imply impersonal care?

"No," says Whitehead. In fact, she points out that the large enrollment means that children can be divided more effectively into smaller work and play groups. For instance, with enough children from the ages of six weeks to six months, infants need not be in the

same care area as the older and more active year-old babies. Likewise, enrollment at the center is high enough to assure a separate area for 18-month-old toddlers and two-year-olds.

"Most centers aren't large enough to operate on this scale," Whitehead says.

College-degreed teachers instruct and care for all children four years and older.

continued on page 10



Children can eat three meals a day at the center at no extra charge.



Left, Renilda Hilkemeyer. Right, Majorie Whitehead, standing, the children's center director. Whitehead was once a child therapy trainee at TRIMS. Below, children wash up in a miniature bathroom before mealtime.



Child care
continued from page 9

Although fees are subsidized by most hospitals and some institutions in the medical center, as state employees, TRIMS parents are not eligible for a discount.

50 hours of care

Even so, Whitehead maintains the prices are still reasonable, especially considering all the features included in the cost. Fees run from \$60 to \$85 a week per child, depending on age. This price includes 50 hours of care (the



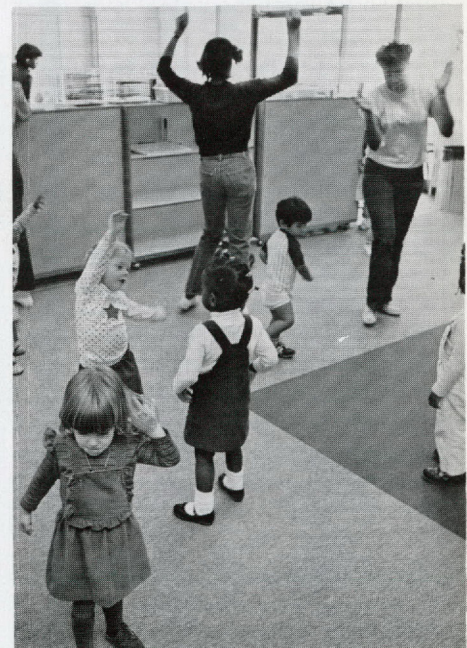
director says that many parents use part of the allotted time for shopping or leisure-time activities), up to three meals a day, and a full educational program.

"We quote an all-inclusive price," says Whitehead. "There is no extra charge for things like kindergarten or preschool or for snacks or meals." The center serves breakfast, lunch, and dinner. Strained baby food is also included at no extra cost, but parents must bring bottles and prepared formula for infants.

The child care center is popular and, in some cases, too popular. There is a waiting list for the six-week to six-month nursery and also for the two-year-old group. Other age groups still have openings.

Renilda Hilkemeyer met a need in the medical center she serves.

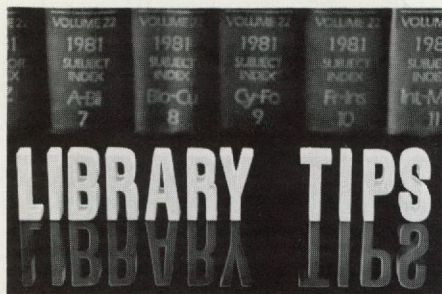
—Sharon Dotson



Everyone gets into the act when the music plays.



Children have ample room for fun and play in the spacious center.



This month librarian Felicia Chuang recommends *Treating the Remarried Family*.

"This group of individuals comprises the new American family," explain authors Clifford J. Sager, Hollis Steer Brown, Helen Crohn, Tamara Engel, Evelyn Rodstein, and Libby Walker. The writers include a physician, a nurse-administrator, and four social workers. The book (Brunner/Mazel, 1983) reflects the growing interest many therapists have in treating this unique family unit.

Chuang's second recommendation is *Inpatient Group Psychotherapy* by Irvin J. Yalom (Basic Books, 1983), who argues that the clinical setting of the contemporary acute psychiatric ward is radically different from that of conventional group psychiatric settings and requires a radical modification of traditional group therapy techniques. Yalom addresses his book to the "front line clinician — the harried mental health professional who leads groups amidst the tumult often found on the acute psychiatric ward."

TRIMS New Orleans trip set for Memorial Day

The second annual TRIMS Memorial Day-New Orleans weekend is scheduled for May 26, 27, and 28. The cost of \$165 per person is based on double-occupancy hotel room rates.

The price includes round-trip bus fare plus three days and two nights at the Hotel Dolphine in the city's French Quarter. Except for a complimentary cocktail upon arrival and a continental breakfast the first day, the cost of meals and entertainment is not included.

Helen Gibbs of the Gerontology Center, who is helping to organize the weekend trip, says that TRIMS employees may invite friends and relatives to come along. Space is limited, Gibbs emphasizes, and because New Orleans is the site of the 1984 World's Fair, reservations must be made early to assure hotel accommodations.

A deposit of \$41.25 is required from each person wishing to go on the trip. The balance is due by May 1. Gibbs says there will be no refunds.



Mynette Lee

COMPEER program helps patients be friends

COMPEER, a new program that acquaints a patient with an understanding friend, is starting at TRIMS.

Mynette Lee, director of volunteer services, is recruiting volunteers in the community who are willing to spend one hour a week with a patient recommended to the program by clinic therapists.

The program is modeled after a similar long-established one in Rochester, N.Y. During a recent National Institute of Mental Health meeting in that city, Lee saw the program in operation.

"Patients participating in the program are often lonely," she says. "They need good, positive experiences with friends. COMPEER can help fill that need. It will help patients to reach a maximum level of functioning."

What sort of things will COMPEER friends do together? "They might go out for a walk on Saturday, or on a picnic, or go bowling or to a movie—the same things other friends do together."

Lee's newspaper ads for volunteers have had many responses already. "I've interviewed some well-qualified people. We check them out very carefully."

Lee says that some of the qualities she looks for in a good volunteer candidate are sensitivity, dependability, friendliness, kindness, and patience.

"COMPEER is open to volunteers from all walks of life. It is also open to patients with many different levels of functioning.

"My real problem is recruiting patients to match to the volunteers," she says.

"The process is a little slower than I expected. But I know the need is there. This is a new idea.

"All volunteers are required to participate in an intensive training program. We teach them things like how not to foster a dependent relationship with a patient/friend, how to say no, and also how to negotiate meetings with the patient."

New test may be better way to spot learning problems early

When learning problems go undetected until the second grade or beyond, even the best teachers will have a hard time helping the children learn to read and do math.

That's what makes early childhood screening so critical, says Dr. Jack Fletcher, chief of the TRIMS developmental neuropsychology section, who recently published a testing instrument that spots learning problems in kindergarteners.

While at the University of Florida, Fletcher worked with a colleague, Dr. Paul Satz, to develop the Florida Kindergarten Screening Battery, a series of four tests that takes 15 minutes and can be administered by teachers, aides, even parents who have had some training.

The test measures the child's vocabulary, copying skills, and ability to recite the alphabet, count, and match geometric shapes. "These tasks seem to be related to important skills for learning to recognize words," Fletcher says.

Scoring and interpretation of the Florida Kindergarten Screening

Battery is by computer and the test predicts what reading group the child is likely to be in by the end of the second grade.

About 10 percent of youngsters who enter kindergarten have learning disabilities in reading, language, and math that are not fully evident until the end of the second grade, Fletcher says.

Find problems early

"If you can identify problems before they become fully manifested you can begin to correct them before the child fails. That goes a long way toward preventing frustration and low self-esteem in children, which can cause more problems," Fletcher says.

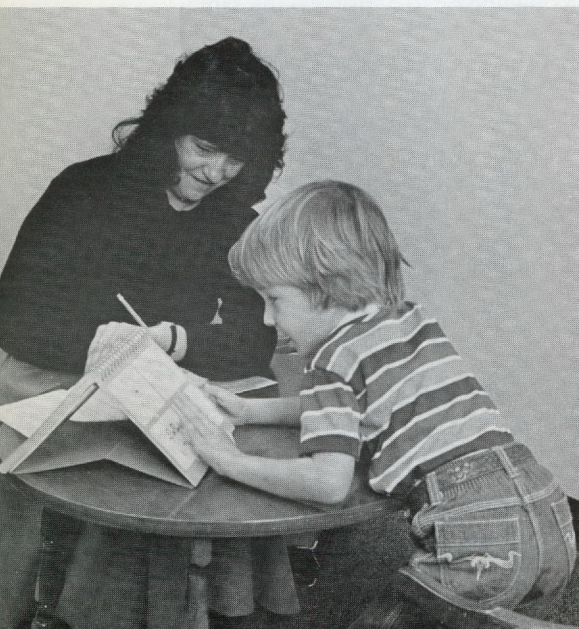
One study, says Fletcher, shows that when potential learning problems are detected before the second grade and some sort of intervention is begun, nearly 80 percent of the children will begin functioning at their proper age level.

But if the problems are not noticed until the second or third grade, only 40 percent of these children will catch up. The figures are worse for those whose disabilities are not spotted until after the fourth grade—only 10 percent will perform at their age level. Yet, the average age when learning problems are detected is 10 years, he says, when most children are in fourth grade.

Fletcher and Satz conducted one longitudinal study between 1970 and 1978 to compare teachers' abilities to identify children at risk to the screening battery's effectiveness.

Teachers good, test better

He found that teachers accurately predicted children at risk, and they rarely identified, for example, a child who would be an



At left, Pona Ott, a psychometrician in the developmental neuropsychology section, screens a child for learning problems — but the five-year-old's labor looks like play.

Brad Perkins

average student as one who might have problems. But the teachers spotted only 20 percent of the total number of children who eventually showed learning disabilities.

The screening battery, on the other hand, was able to identify 67 percent of the children who were likely to develop some learning problems.

"Our instrument is likely to have more false-positive errors than teachers do, however,"

Fletcher says. It occasionally identified as being at risk children who in fact did not develop learning problems. "Teachers are different because they make many false-negative errors, that is, they fail to predict potentially severe problems," he says.

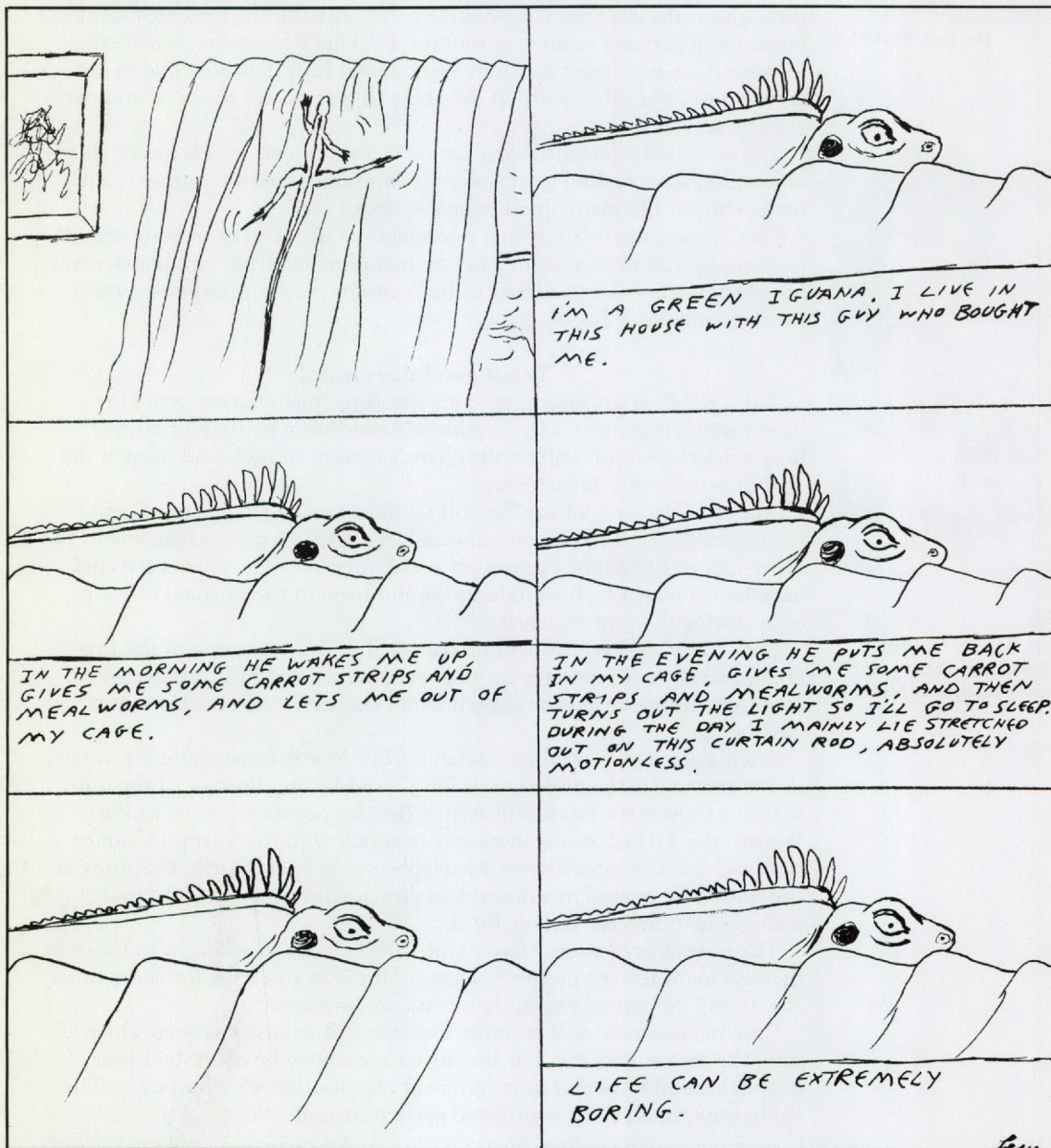
The Houston Independent School District this year will be working with Fletcher to evaluate the test it administers to five-year-olds, called the Kindergarten Screening Instrument.

"We're going to see if we can cast it into the same format as the Florida instrument and determine if it can predict Iowa test scores (a standardized test) for second graders," he says.

The researchers will run computer studies on 14,000 tests administered to kindergarteners in 1979, students who are now in the fourth grade. The work is expected to be finished in the spring.

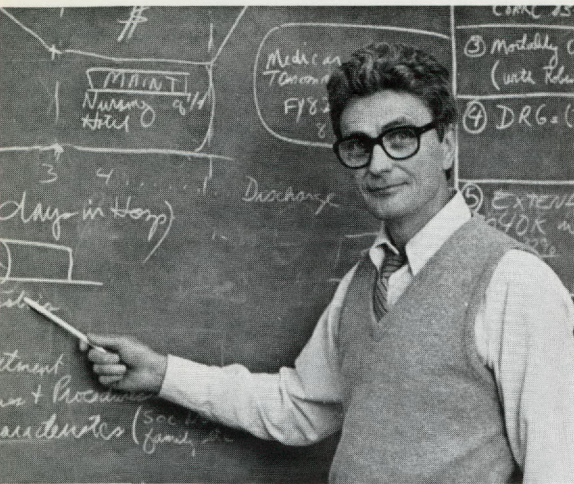
—Kathleen Kimball-Baker

More of Lesser by Jary Lesser, M.D.



This space will be occupied by Dr. Lesser. No telling what you will find here next time: With a cartoonist in the house, one can't be too careful.

TRIMS teams with Tarrant County to study case management system



Dr. Jack Franklin



Brenda Solovitz and Dr. Marcia Goldstein Toprac. Their case management study is funded by the National Institute of Mental Health.

TRIMS researchers and the Tarrant County Mental Health and Mental Retardation Services staff in Fort Worth have formed a partnership to study the rewards and cost of case management for chronically mentally ill clients.

The study is backed by an \$87,000 grant from the National Institute of Mental Health. Dr. Jack Franklin, chief of the TRIMS Office of Prevention and Epidemiological Research, and Dr. Marcia Goldstein Toprac and Brenda Solovitz designed and are supervising the study that began in January.

As Franklin notes, "This study is one of the few systematic attempts to research the effectiveness of case management, and the only known study to do so using classic experimental design, with random assignment of clients to either case management or conventional care programs."

Case management programs, the researchers say, have been spreading throughout the country as a possible solution to caring for chronically mentally ill persons in the community. Patients who in the past spent long years or even their entire lives in mental hospitals now live in the community, but often without the skills to gain access to social and psychiatric services.

The so-called "deinstitutionalization"* movement, which meant shorter hospital stays and an emphasis on community-based treatment, left many chronically mentally ill people without care.

Case management—in which one agency staff member or staff team is responsible for all of a client's needs, including medical, psychiatric, and social supports—is considered to be "one answer to improving services for these clients," Toprac says.

What good does it do?

The TRIMS study attempts to answer three major questions: How does case management affect a patient's recidivism to state or county hospitals? How does it affect the client's quality of life? And what is the cost of serving this client group?

About 500 clients of the Tarrant County agency have been selected for the study. Half have been randomly assigned to case management, the other half to the control group for usual aftercare. The clients selected have had at least two hospitalizations and been in the hospital at least once during the past two years.

Data from both groups will be collected at the beginning of the program, and again a year later to find out whether and how much case management improved the experimental clients' living situations and well-being.

Clients are interviewed by students from North Texas State University in Denton under the direction of Dr. Cora Martin, director of the university's Center for Studies in Aging. Besides occasional trips to Fort Worth, the TRIMS researchers stay in touch with the Tarrant County staff and Denton interviewers by telephone. In Fort Worth, the study is supervised by mental health services director Ed Moughon and case management director Arlene Byrd.

The Fort Worth agency has about 7,000 clients in addition to those in the case management program. Data on the cost of caring for these other clients will be part of the study's cost comparisons.

Case management will be more expensive than customary psychiatric care, the researchers say, but the higher costs may be offset by lower hospitalization rates and more efficient use of other social services. The study is expected to be completed early next year.

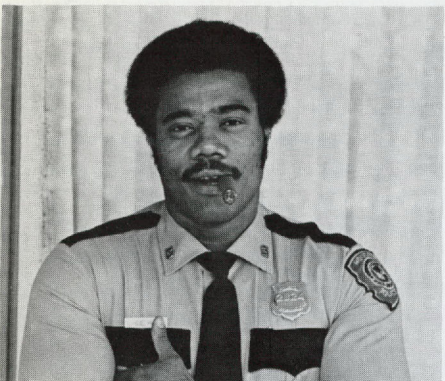
—Lore Feldman

*As Molly Ivins writes in the *Dallas Times Herald*, "de-institutionalization (is) a word so ugly it should have been killed at birth."

Who we are



Eva Grimes



Charles Hill

Eva Grimes

You know born teachers: the world's a classroom to them forever, and everybody in it a student. There are also born social workers. Eva Grimes is one, and a teacher besides.

"Every day in this job," says the supervisor of outreach counselors of the senior information and outreach service, "I can help somebody with a problem. I love it. I feel comfortable in this job, and I like to be among all these people who are helping others."

Grimes supervises five counselors who are out in the community most of the week, helping elderly people get the services they need to manage their lives and run their households. Grimes visits senior nutrition sites and clients' homes with the counselors, and on Fridays they meet to review the week's work.

Grimes gives credit for good job training to Virginia Fromme-Montgomery who held the position before her. "Virginia didn't leave out a thing I needed to know," she says, "and everybody



Susan Sansom

in SIOS has been helpful."

Grimes has three grown children and six grandchildren. Divorced 16 years ago, she says, "No, I didn't have to raise my children alone. My ex-husband has always helped me. He has always taken care of his children. We are friends. We have good communication."

For 16 years Grimes worked for Gulf Coast Community Services consulting with and training neighborhood leaders. When the agency's funds were cut in 1980, she went back to school for a master's degree in education from Prairie View A&M University. She drove there daily, and on Saturdays spent all day in class. Her undergraduate degree is from Texas Southern University, and she has done substitute teaching in Houston elementary schools.

Grimes has loved social service all her life. She was always the little girl in her neighborhood to do errands, to go to the store for someone or watch somebody's baby.

Having a loving family is a good reason for this. Grimes visits her parents every day, and her brother, Willie Lacey Adams, an industrial education teacher at Prairie View A&M, is the fix-it man for the whole clan. "He can do anything," Grimes says. "He saves us all so much money."

The family has always belonged to New Hope Baptist Church. Grimes works there as a pastor's aide and serves on the church board of education.

Charles Hill

"I went through some real hell a few years back and then she came along and changed my life." She is Lunetta McFadgen and the life she changed belongs to Officer Charles Hill, the TRIMS security officer. They will be married May 12.

Their romance started at three o'clock one morning at Denney's, back in 1979. Hill was taking a coffee break from his job as a street patrolman for the Houston Police Department (his TRIMS position is a moonlighting job he has held for more than nine years) when he noticed an attractive young waitress.

"I'll never forget her. She was carrying a plateful of eggs. After that, I would come in there and kind of check her out, but I didn't say anything. After about two weeks I finally got the manager to introduce us. I found out later that she had been checking me out, too."

How did Lunetta change his life? "She taught me that I shouldn't judge everyone by the bad folks I run into in my job as a police officer. A lot of police officers are like me. They get to where they can't see the good in a person. They judge everyone they see by the crooks they deal with all day. Lunetta convinced me that there is a lot of good in most people."

But Hill has learned other life lessons. For five years he worked at the TRIMS methadone clinic. During that time he drew a number of conclusions. "When I first started working there I thought that all drug addicts were the same—you know, bad people, junkies. I was a hard-nosed cop who found out different.

"These people are human beings with feelings just like everybody else. They have children and families that they care about too. I never had many problems with any of them. Those people gave me a whole new outlook on life. I'm a happy man. Working here at TRIMS is a beautiful assignment."

continued on back

Susan Sansom

Susan Sansom admits there might be a few unclassifiable types, but basically, she says, people fall into three categories: "Those who make things happen, those who watch others make things happen, and a third kind who sit back and ask, 'What happened?'"

And where does she fit? "I'm a little bit of all three, but more the kind of person who watches things happen. I love to observe people."

Sansom gets plenty of opportunity to do this as secretary to Dr. Thaddeus Samorajski in the neurobiology of aging research section. "It's a lot more interesting and a lot more fun" than her former work for an insurance company. The people she works with now are more relaxed and informal, and they're "not putting on airs" as employees of large corporations sometimes have to do, she explains.

Her work was recently acknowledged by her boss in a book he edited, and she enjoyed the correspondence with publishers and seeing a book she worked on completed.

Sansom and her sister, Courtney Bissell, a researcher in the same section, are themselves writing a book. Secretive about its title and content, she will only say, "It will make Stephen King look under his bed." Other readers will probably stay in bed.

For a while last year, Sansom and her family—husband David and children Barrett, 7, and Alicia, 4—had to depend on her salary when David Sansom lost his job as a welder. He has a new welding job, and the family can finally "see daylight a little bit" and maybe start thinking about buying a house.

Pictures of the two smiling, blue-eyed children stand on Sansom's bookshelf. It's easy to see why she says, "It's almost impossible to punish them for misbehaving when they look at you out of those eyes."

Jan Jenkins

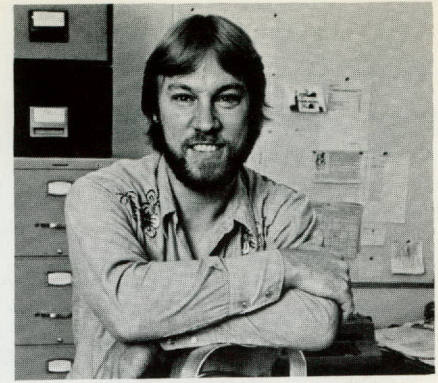
Jan Jenkins knows about turning negatives into positives. He knows all about the principle of one door opening as another one closes.

Before moving from Toledo, Ohio, to Houston last August, the mechanic turned TRIMS property supervisor lost three jobs in succession.

"Every place I worked went under," he says with a resigned shrug. "I decided that if I was going to fix things, I'd rather it be people than machines." So, Jenkins tried to get into nursing school but he was thwarted once again.

"In Toledo people apply to nursing school two years in advance. It's considered a secure field so there's a lot of competition."

Jan Jenkins



Undaunted, Jan Jenkins and his family came southward and last month he began nursing studies at Houston Community College night school. How does the rugged, blond Jenkins feel about becoming part of a formerly all-feminine profession?

"It's no big deal," he says. "In fact, when I tell people what I am doing they usually say that they already know some other guy who is doing the same thing. People are used to it. Male nurses aren't a novelty anymore."

In the meantime, he says he likes his job at TRIMS. It keeps him busy cataloging and keeping track of more than 5,000 numbered items worth more than \$3 million. He also attends auctions where outdated TRIMS equipment is sold.

What is a property supervisor's biggest frustration? Transient furniture.

"People tend to move it around without letting me know."

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