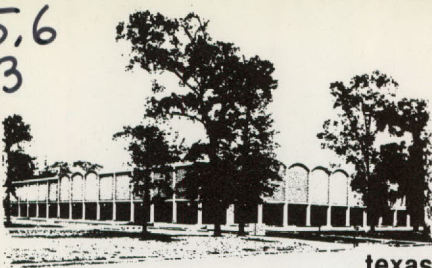
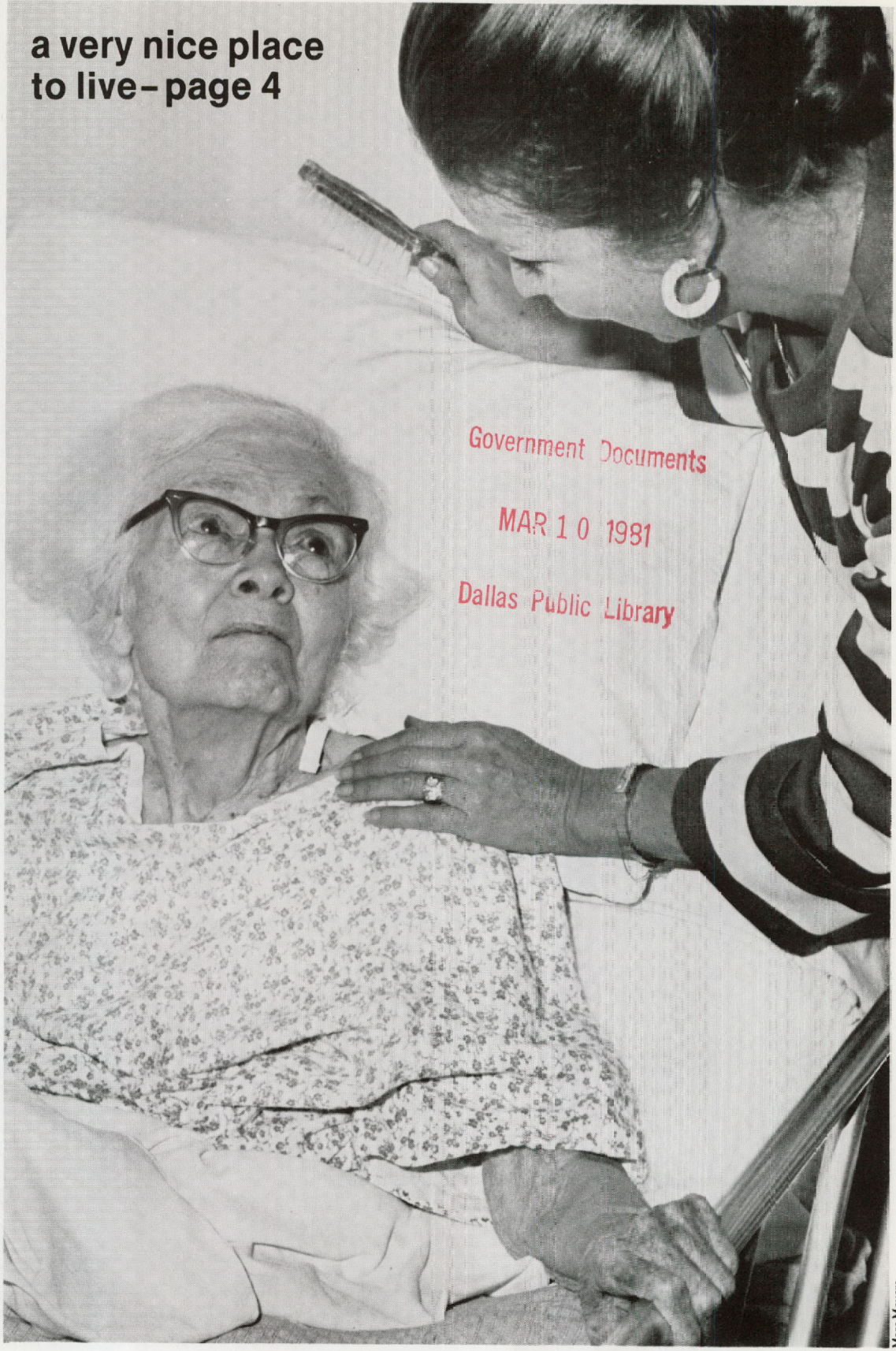


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texas research institute of mental sciences □ houston □ january-february 1981

a very nice place
to live - page 4



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the emissary

Marc Meyers



dr. schoolar writes

comments on the
Graves report

We are grateful to Tim Graves of the Legislative Budget Board staff for his review of TRIMS and its function, and for the report he submitted to the board.

Each biennium the LBB staff is briefed thoroughly on TRIMS activities, the number of patients in treatment, research carried out and its relevance to mental science and to the department, and the number and types of trainees in our education and training programs. The Director's Statement in the budget request contains our philosophy and goals and lays the groundwork for the detailed funding request for the following two years. Approval by the legislature and incorporation of the budget into the appropriations bill complete the process.

a good report

The staff of the Legislative Budget Board has visited TRIMS many times in getting to know our facility. But this is the first year, to my knowledge, that one of its members remained on site for almost a week and had the opportunity to interview so many institute staff members in different divisions.

Graves' report is a good one. All TRIMS staff members and other interested persons are urged to study it in its entirety; major excerpts are on pages 16 and 17 of this issue of *the Emissary*.

Graves points out that the institute's activities are of value to the department and that "certain" research programs need to be continued. He states that our continuing education program is well

received, that we contribute to the general patient care needs of this region, and that our staff assists other facilities in establishing scientific research protocols and in general consultation.

in department or university?

He is cognizant of the perennial question of whether or not the research carried out at TRIMS might be done better in "other scientific settings," but concludes that "TRIMS appears to offer actual and potential benefits to the department through its general accessibility, timeliness of response to departmental needs, and ability to focus on certain research areas not dependent on general 'scientific community' popularity and concomitant grant funding sources."

On the question of whether TRIMS should be retained in the department or transferred to a university, Graves' first recommendation is that the institute "should be maintained as a facility of TDMHMR..." He further recommends that the role of the Central Office Research Review Committee (CORRC) be strengthened by adding representative members from human development centers and community mental health-mental retardation centers, and that CORRC be required to develop a formal research plan for the department, emphasizing cost/benefit analysis and applicability of the proposed research to departmental needs. A third recommendation is that TRIMS expand its extramural consultation service. Finally, he recommends that the department study anew the

question of TRIMS' burgeoning service activity, to assess whether our inpatient responsibility should be retained by us or be carried out by the Harris County Mental Health and Mental Retardation Authority.

we agree

We at TRIMS concur in these recommendations. In several instances they constitute welcome support for directions we have already taken. Almost a decade ago I discussed with mental health experts and institute directors throughout the country the question of TRIMS' position in the department. By far the prevailing opinion was that the transfer of TRIMS to a university and the department's dependence on contracts to meet its research needs would be detrimental to Texas patients. The department would lose its direct control of research. As we already have affiliation agreements with the two medical schools and most of the universities in this area, the mechanism already exists for accomplishing what might be sought by a transfer, without interposing yet another layer of contract negotiations, monitoring, and increased administrative load.

CORRC has recently completed a survey of facility heads to determine potential research areas of greatest benefit to them. These results are being analyzed. By far the greater percentage of research done at TRIMS is applied research, and we intend to follow this philosophy. One must recognize, however, that good research, no matter how direct its applicability, cannot be separated from its basic underpinnings. An adequate research program is an integrated body of work. It takes into account that a wide spectrum of scientific endeavor is interdependent, that "project" research runs a

Cover

Marie Startzman has been in bed for six weeks in the nursing-care wing of St. James House of Baytown. She broke her leg and is encased in a hip cast, but when the photographer came all she worried about was looking pretty. Administrator Elizabeth Alexander gently brushed her hair. TRIMS fellows in geriatric psychiatry and psychology are leading seminars for the St. James staff—story on page 4.

high risk of becoming research by burned-out researchers, and that sound training of young investigators becomes impossible if the program is too skewed. It is our responsibility at TRIMS to demonstrate that research which may at first glance appear "esoteric" has a valid reason to be done.

Further, TRIMS is happy to have a formal mandate to expand the extramural consultation service. All too often we have been faced with the necessity of supporting such services by judicious (but legal) budgetary gerrymandering. To have this important activity required by legislative rider should speed its growth.

Graves' recommendation that TRIMS develop a mechanism to track the career choices of our trainees is already in force.

one caveat

The recommendation that the

department assess the need for TRIMS to provide inpatient care is the only one with a significant potential for error. Certainly, regionalization of patient care and transfer of the greater responsibility for this function to community mental health centers are clearly preferable when one considers the total support system necessary for optimal patient care. But this is *not* synonymous with doing away with institutions.

TRIMS and the Mental Health and Mental Retardation Authority of Harris County have already outlined a fully cooperative program in our sought-after core treatment center. By this arrangement service needs would be met while the availability of a large and diverse group of patients necessary for good training and research would be ensured. The nonresearcher might lose sight of the fact that, for every patient who meets the criteria for inclusion in a research

protocol, there might be 10, 20, or even 50 patients who do not meet the requirements. It is a mark of wisdom that the recommendation is not for change, but for determining whether or not change is needed.

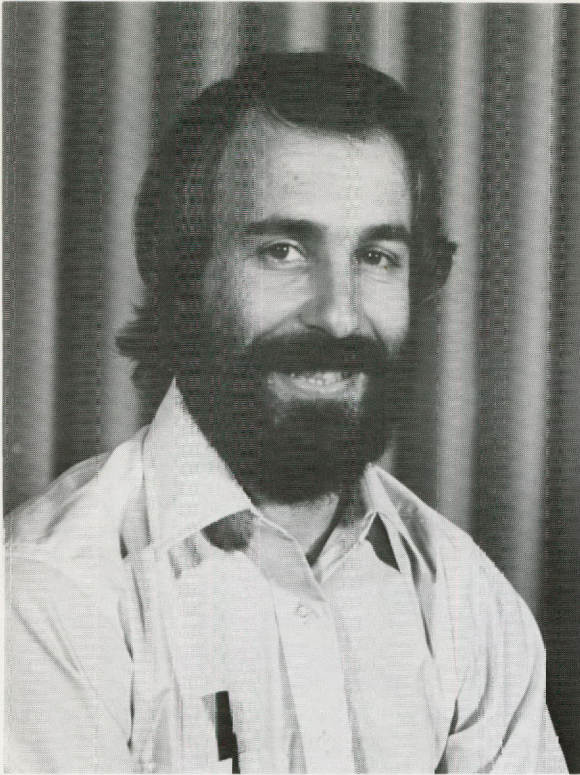
An important aspect of the report is that, for the first time since 1967, research has unmistakably been given highest priority among TRIMS activities. This does not mean, obviously, that training and patient care are secondary. The difference is between equality and equivalence. The three activities are equally important; the emphasis may vary in equivalence.

We are pleased with the interest of the Legislative Budget Board, and we look forward to carrying out the mandates of the legislature.

□



Because a person in trouble traditionally consults them first, two clergy from the Houston area spend four hours a week at TRIMS in a two-year program of preventive mental health counseling. Training includes supervision of the pastors' counseling in their parishes by the Rev. William D. Tallevast, chief of clinical pastoral education, Dr. G. Kelton RoTrock, former chief who is now a marriage and family therapist, and several TRIMS psychiatrists. The program is accredited by the Association for Clinical Pastoral Education and the American Association of Pastoral Counselors. Shown here at seminar are Tallevast; Father Gregg Alfvegren, Holy Name Retreat Center; RoTrock; Deacon Steve LaBote, Christ the Good Shepherd Catholic Community Church, Spring; and (from back) the Rev. Jerry Terrill, a TRIMS pastoral counseling resident. The Rev. Jean Messervé, a pastoral counseling resident, was not present.



Left, psychologist Dr. Victor Molinari, **Right**, St. James House of Baytown and, **below**, its administrator, Elizabeth Alexander. "We are not an institution. The house we work in is a home of love and care," she says.



a home, not an institution

geriatric fellows' seminars at St. James are an unexpected pleasure

A low building with three L-shaped wings, St. James House of Baytown sits far back in a landscaped park. The glass-roofed entry leads past flower beds and veranda into a hall of many windows. The house looks busy and feels warm.

Small groups are meeting here to talk, sitting on chairs and wheelchairs, pairs of women walking purposefully as if to appointments, dressed in afternoon clothes. A small library divides the living room where people are playing bingo and the dining room where tables for four are set for dinner.

The longer one visits here on this autumn afternoon, the harder it is to shake the surprising thought that living in this nursing home might be neither lonely nor unbearably sad.

For one thing, *Wonder Woman Works Here*. That's the sign administrator Elizabeth R. Alexander's sister gave her for her desk. Alexander's office is full of flowers—flowers set in vases, flowers woven into rug and sofa. Alexander came to head this nursing home of the Episcopal Diocese eight years ago and today, she said, she is in the midst of changing ideas about growing old and changing regulations about the livability of elderly people's environments.

Alexander enforces the rules but fights their side effects if they impinge on personal dignity and independence. An officious inspector who entered the residents' rooms



without knocking had Wonder Woman to contend with. When married couples can't have a double bed because of regulations, two beds are set side by side. The "no animals" rule turned into permission to bring along "outside" pets. (Poochie, the adopted stray dog, is an outside pet, and so are 39 cats of assorted origins.)

86 advisors

Alexander is "pleased and proud" about her staff and program. When she's in trouble, she has "the love and support of 86 different people" living at the home. Chief advisor among the residents is an 83-year-old woman, retired as assistant administrator of St. James House, who three years ago was recognized by the Episcopal Church as a member of the clergy. She has been a senior deacon for 34 years.

But no nursing home administrator on earth is without financial or staff problems. Thirty-eight of the St. James residents require moderate to total assistance with daily living tasks, and eight are totally confused as a result of brain damage related to aging. Alexander estimates that about ten percent of the residents suffer from mild to severe depression.



Left, David Wood with Poochie, the home's adopted stray which has grown plump and is no longer a foundling. **Below left**, Addie Bradford who does not see very well but notices when some of the home's 39 cats don't show up for supper. "You can do anything when you're happy," she says. **Below right**, Alisa Gilliam and Jessie Dupree at afternoon bingo. Gilliam belongs to the Keywanettes of Lee High School who come to St. James House at least one afternoon a week.



photos by Marc Meyers

called in consultants

To help the staff deal more expertly with these problems, the St. James board of trustees, headed by Carolyn Birdwell, last year asked the TRIMS Gerontology Center for consultants.

To Dr. Charles M. Gaitz, head of the center, and training coordinator Howard Rabinowitz it seemed an ideal way of serving the community and giving psychiatry and psychology fellows a wider experience in training others.

Rabinowitz and the four second-year fellows—psychiatrist Dr. Vladimir Einisman and psychologists Drs. Victor Molinari, Ann Carlisle, and Loraine Cutler—worked out a four-month training curriculum of 20 weekly seminars with Alexander and her board. Now in its second month, the program started with Einisman's lectures on principles of care for the elderly—patient, family, and nursing home staff, followed by Molinari's course on principles of behavior management for patients with senile dementia.

Still to come were Carlisle's classes on self-assertion techniques in the nursing home setting, and Cutler's program on managing stress in this situation.

practical and not boring

Elizabeth Alexander has seen inservice programs come and go "forever," she said, but none has kept everyone interested as this one has, and none has been so immediately applied.

On their part, Einisman and Molinari said that the St. James staff members are "very motivated," and the staff's willingness to bring up interesting problems has made their teaching role rewarding. "The St. James people are very proud of having one of the best nursing homes, and we've been impressed with the quality of care. They



Left, Ruby C. Huff who in late fall still had blooming geraniums, chrysanthemums, and hibiscus. **Above**, director of nursing Joy M. Crow and assistant nursing director Ela Mitchell



Left, staff training seminar led by Molinari. **Above**, Ela Mitchell with Grace Kraft who, staff members say, "has a beautiful gift of gab and a marvelous sense of humor."

seem really concerned about their residents," Molinari said.

what if reality hurts too much?

On this afternoon, about 20 nurses and aides from two shifts came to Molinari's third seminar to discuss reality orientation and caring for patients who have memory problems.

The discussion shifted quickly from general to specific when the psychologist mentioned the need always to speak in "adult tones, not children's" and to "reinforce reality."

Is it really correct to insist on the truth when you know it hurts? Staff members were talking about a woman who sometimes rises in the middle of the night to dress and wait for her husband who is dead, and one, 90 years old, who cries for her mother. Giving these patients' histories with a great deal of respect, the nurses told of the terrible losses the old people cannot face.

"Amen," someone said softly when the group decided that trying to distract organically impaired patients and changing the conversation might be better than insisting on painful facts.

everyone's "child"

St. James House has a resident of whom all staff members are particularly fond. If he hadn't been hidden away as a child, without schooling and social contacts, he would not be retarded, they said. Now 66 years old, he is "everyone's little child," a nurse suggested. But the affection lavished on him makes other residents jealous.

"When they complain about him," Molinari asked, "what are the other residents really saying?" The answer was clear to everyone.

Questions of handling sexual advances came up, masturbation, the problem of lessening the isolation of the custodial and nursing-care wings from each other. Teasing patients or laughing about their confused behavior—it's some staff members' involuntary response to tension—was a seriously debated topic.

By the time burn-cut and stress on the job were mentioned, the class was over and those problems had to be left to another time.

"This is one inservice program," Alexander said, "where nobody nods off or has to be threatened to attend."

—Lore Feldman

requests for telephone consultation growing



Eleanor Lee and Dr. Mark Valverde.

The callers have wanted to know how to treat a manic patient who is pregnant, the average length of stay in state mental hospitals, how to help a patient who compulsively drinks fluids, and guidelines for short-term behavioral treatment of adolescents.

Since its inception last September, the TRIMS telephone consultation service has received 40 telephone requests from staff members of the Texas Department of Mental Health and Mental Retardation. The service can be reached by calling STS number 859-9202 or 797-1976, ext. 202.

Callers may request information on "any treatment area for which we possess expertise," said Dr. Mark Valverde, a psychiatrist who originated the service. They will receive a verbal response within 24 hours, a written answer within five working days. The service, Valverde said, is "something that's been needed to make TRIMS directly available to the department. It's a worthwhile effort that costs very little money."

So far the calls have been about equally divided between requests for consultations and literature searches, according to Eleanor Lee, a master's level psychologist and registered nurse who, with Valverde and administrative technician Rebecca Reyes, has staffed the phone service. Drs. Mohsen Mirabi and Jack Gordon joined the service when Valverde left TRIMS for private practice.

TRIMS librarians Felicia Chuang and Les Goekler have conducted 36 literature searches and provided 150 articles—on topics ranging from institutional abuse of clients to children's developmental disorders—using computer literature retrieval services of the National Library of Medicine and the Dialog Data Bases.

how it works

The way the system works is this: The phone rings in Reyes' office. She screens the calls and sends them to Lee, Mirabi, or Gordon. Depending on the nature of the call, the telephone consultant might then contact another TRIMS specialist to gather information on the problem or

ask the librarians to find pertinent articles to be sent to the caller.

Often both approaches are used. On the call about the patient who was compulsively drinking fluids, for instance, Valverde consulted with Dr. John Griffith, inpatient medical director, for suggestions on treatment and research facilities that are dealing with the problem. Librarian Chuang conducted a literature search, finding two articles on psychogenic water intoxication, which Valverde sent to the caller along with treatment recommendations.

Sometimes the consulted TRIMS specialists contact the callers themselves. Dr. Sergio Henao, chief of the child and adolescent section, phoned a caller from a mental health-mental retardation center with recommendations on treating a 12-year-old girl who had been sexually assaulted by her stepfather. Dr. Kay Lewis, chief of child development, responded to a request for diagnostic information about a two-year-old child with encephalopathy.

TRIMS consultants have been appointed to answer questions about geriatric psychiatry, pharmacotherapy, child psychiatry, legal issues, family therapy, drug abuse, psychophysiology, behavior therapies, alcoholism, psychotherapy, developmental disabilities, social interventions, and community psychiatry.

Calls have come from throughout TDMHMR: state hospitals, schools, central office, community centers, the Waco Center for Youth, human development centers at Laredo and Amarillo.

The telephone consultants have received good responses about the service. "We've gotten a couple of thank-you letters and some verbal thank-yous," Lee said. "People say it's a time-saver and a tremendous resource of information for them."

As more people have heard about the service, the number of calls has been increasing steadily. "We look forward to the program growing," she said. "And we get such a variety of questions, I'm learning too."

—Karen Hanson Stuyck

letter from Governor Clements

Dr. John J. Kavanagh, TDMHMR commissioner, asked the Emissary to print this letter from Gov. William P. Clements, Jr.

Dear State Employee:

As we proceed to work toward improving the management of Texas state government, I would like to take this opportunity to explain directly to you what I am trying to accomplish and why.

First I want you to know that I am impressed with the generally high caliber of our state employees. Over the last thirty years Texas has progressed from mediocrity to nationally-recognized quality in many areas of state government. During this time Texas has experienced considerable growth in population, and demands for services have expanded proportionally. Our success in accommodating this growth and at the same time improving the quality of our services speaks highly of the conscientious, hard-working state employees who have met these challenges and responded admirably.

However, we are faced in the decade of the eighties with even greater challenges. Continued population increases are creating even greater additional demands for state services. This, coupled with increasing taxpayer concern with local, state and federal tax levels, necessitates difficult choices. We must either reduce services substantially, increase the tax burden painfully or manage all state programs more efficiently and effectively. Clearly the latter is the only acceptable alternative.

To this end I have established the Texas State Government Effectiveness Program. This program has as one of its key objectives the development of a *smaller, better compensated, more productive work force*. To attain this, many new management initiatives have been undertaken. These include the development of (1) a management training program to assure that the supervisory and personnel management functions are better understood and more effectively carried out, (2) an effective performance planning and evaluation system, (3) a merit compensation program designed to reward

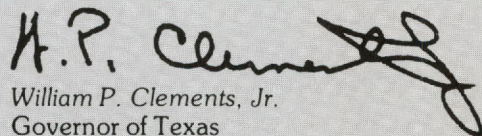
better than average performance with better than average pay, (4) a major new operational audit program in which state agencies are reviewed from a management or operational standpoint by teams made up of highly qualified individuals from both the public and private sectors. These audits or management reviews allow the agency board and top executive to gain objective recommendations as to how to improve their operation.

With the implementation and utilization of these management techniques, I am firmly convinced that our agencies *can* operate with a reduced level of employment, redundancy in operations *can* be eliminated, the efficiency and effectiveness of operations *can* be improved, and the general work environment of our state employees *can* be more stimulating and more rewarding. In this way we will be able to meet the expanding demands for services in the eighties at the least possible cost to the taxpayer while continuing to maintain and improve the quality of these services. After approximately one year since the Texas State Government Effectiveness Program was introduced we have made substantial progress toward these goals.

I want you to know, as I have stated repeatedly, the objective of reducing employment is *not* to obtain a proportional reduction in costs, but to free up dollars that can be used in part to provide better compensation and a better work environment. Employment reductions *can* be accomplished by selective hiring freezes or attrition. *No qualified, hard-working state employee should feel threatened by this program.*

I firmly believe that the Texas State Government Effectiveness Program will bring about a more satisfying work environment, generally higher pay, and enhanced career opportunities for you. I ask for your cooperation and support in this most important undertaking. I am sure that I speak for your agency's or institution's administration when I say that we welcome your advice and recommendations as to how state government can be improved. You, as well as all Texans, have much to gain from these efforts.

Sincerely,


William P. Clements, Jr.
Governor of Texas

new information loop

experts in teleconferences with state hospital staffs

Four teleconferences anchored by the TRIMS training division and sponsored by Sandoz Pharmaceuticals proved to be a high-class way of holding seminars on varied, vital information last month.

A two-way telephone system and videotapes sent in advance to the eight state hospitals gave hospital staffs an opportunity to hear and question four distinguished speakers. Dr. James Claghorn, assistant director and training division chief, held the anchor position.

At TRIMS, the teleconferences were then followed by the regular Friday morning seminars for staff members and guests, with the same speakers and videotapes but without electronic miracles.

seminar on dementia first

Dr. Carl Eisdorfer, gerontologist from the University of Washington, led off the series with a discussion of dementia in middle and later years. His videotape was a chronicle of two patients' and their families' attempts to cope with advancing Alzheimer's disease.

Central to Eisdorfer's teaching are 12 points for helping patients and families: provide the family with specific information about the nature and course of dementing illnesses; provide primary medical and psychiatric care to maximize independence and level of functioning of patient and family; refer families to proper specialists; refer the family to appropriate community and social services; help the family deal with the decision of institutionalization; alert the family to the need for assistance with legal and financial matters; provide counseling or refer the family for psychotherapy if indicated; make home visits to understand the patient's environment and involve consultants in adapting it to the patient's capacity and need for independence; obtain ongoing psychological and cognitive assessments to monitor the patient's strengths and weaknesses; work with the family or caregivers to develop therapeutic strategies for coping with the chronic stress of caring for their relative; refer the patient and family to dementia self-help groups in the community or encourage families to meet with each other; and provide proper medication as needed without overly sedating the patient or creating excessive drug dependence.

the doubly handicapped child

Dr. Irene Jakab, director of the John Merck Program of Western Psychiatric Institute, University of Pittsburgh, described the admission criteria to her program as "We do not admit children who have only one disability. The double handicap (of psychosis and retardation) brings the child in. Any level of psychotic behavior is accepted."

She showed a videotape, *Chad—Who Has Far To Go*, about a child profoundly regressed and psychotic as a result of brain damage by herpes encephalitis. Chad spent three years in the Merck inpatient program, leaving without dependence on medication, a trainable retarded child whose IQ had advanced 11 points.

Answering a question from a hospital physician about

Top, Dr. Robert Del Vecchio, associate director of educational services for Sandoz, Dr. Irene Jakab, and Bob Fischer of Sandoz. **Below**, Dr. Carl Eisdorfer in his customary fine form.



photo by Bob Fischer

involving parents, Jakab said, "I've been told many times that parents are given an ultimatum about this before the child is accepted. My philosophy is different. I think it is one of our duties to *draw* parents into the child's treatment."

She described weekly sessions during which the parent observes a professional interacting with the child for 15 minutes, then father or mother take a 15-minute turn with the child, then all share their observations in a 30-minute conference. "Child and parents learn they can interact differently from before," she said.

The Merck unit has 25 patients at a time and is staffed by a child psychiatrist, a general psychiatrist, two psychiatry residents, a pediatrician, three social workers, two psychologists, five special education teachers, art, speech, and physical therapists, 14 nurses and 14 child care workers.

In five years, the Merck program has discharged 102 children and only one has been readmitted. "Seventy-five percent of our children adjust well to their own homes and local school situations," Jakab said.

Teleconferences still to come were "Brain site specificity of neurotropic drugs" with Dr. Richard Borison of the Illinois State Psychiatric Institute, and "The disruptive elderly patient" with Drs. Charles M. Gaitz and Roy V. Varner of the TRIMS Gerontology Center.

Technical arrangements for the teleconferences were made by the TRIMS audiovisual section in cooperation with Sandoz.

—Lore Feldman

biology of anxiety symposium: a brief report

Biology of Anxiety, the 14th annual TRIMS symposium in November, brought more than 200 mental health professionals together for three days to hear internationally known experts report current research findings on anxiety and the implications for treatment.

Dr. Roy Mathew, chief of the TRIMS psychosomatic research laboratory, chaired the conference.

At the first session, physiology of anxiety, Dr. Max Hamilton, University of Leeds, England, discussed the overlap of anxiety and depressive symptoms and how they may be differentiated in diagnosis. Dr. Malcolm Lader, University of London, England, spoke on "Stress, arousal, and anxiety." He described anxiety in terms of perceived states rather than biological entities, which at present are not clear-cut. Dr. Robert Rose, University of Texas Medical Branch at Galveston, spoke on endocrine manifestations of acute anxiety. He said that cortisol, for example, increases in situations of arousal, uncertainty, or threat. The cortisol response is acute; if the stimulus is chronic, the endocrine response habituates.

Speaking at the session on the anxiety-prone personality, Dr. Gregory Carey, Washington University School of Medicine, discussed genes and environment in the causation of anxiety. In almost every type of anxiety and virtually all species studied, a heritable aspect of anxiety seems apparent. Identical twins reared apart have high concordance of anxiety and neuroses. First-degree relatives of anxious patients have a 41- to 43 percent incidence of the same illness. Severe phobias seem to have a heritable component as well, he said.

prenatal stress may be life-long

Dr. Lorraine Roth Herrenkohl, Temple University, discussed the effects of prenatal stress on the infant.



Drs. Maxine Weinman and Roy Mathew, the organizers

During the prenatal period, when the central nervous system is developing, stress has a particularly strong impact on the infant. It may influence behavior throughout life and reduce resistance to disease, she said.

Discussing postnatal stress studied in animals, Dr. Victor Denenberg, University of Connecticut, reported on findings of brain laterality in rats raised in an enriched environment. Handling between birth and weaning, and subsequent opportunities for exploration and problem-solving, reduce the animals' emotional reactivity and produce biochemical and anatomical changes in the brain.

Drs. Salvatore Enna, University of Texas Medical School at Houston, Alexander Nies, Marshall University School of Medicine, and Ferris Pitts, University of

first prevention meeting at San Antonio Feb. 9-10

Reasonably enough, that's its name: *The First Texas Conference on Prevention of Mental Illness and Mental Retardation*.

The two-day conference, to which staff members of TDMHMR facilities, community centers, and "other interested parties" have been invited, will be held at El Mercado in San Antonio, Feb. 9 and 10.

Organized by TRIMS director Dr. Joseph C. Schoolar, who heads the department's prevention task force, and Dr. Gary V. Sluyter, TRIMS liaison officer to the department, the meeting will be addressed by persons who, here and elsewhere, have been involved in prevention and early-intervention programs.

The conference is designed to broaden prevention efforts in Texas by:

- raising the level of consciousness of TDMHMR personnel with respect to the concept of prevention in mental health and mental retardation,
- providing participants with information about the prevention movement nationwide and about statewide programs in other areas of the country,

- providing a forum for sharing information about current programs in Texas facilities, and
- developing specific recommendations for prevention efforts in the department.

The meeting will be opened by Schoolar and Dr. John J. Kavanagh, TDMHMR commissioner. Other speakers scheduled so far are Dr. George W. Albee, University of Vermont, past chair of the prevention task force of the President's Commission on Mental Health; Dr. Robert L. Taylor, California Department of Mental Health; Dr. Van Freeman, TDMHMR Genetics Screening and Counseling Program, all speaking on the first day.

Dr. Jack Fletcher and Susan Landry of TRIMS, Bill Kneip of Central Counties Center for Mental Health and Mental Retardation Services, Carroll Vinson of Mexia State School, Mary Lee Loving and Jim Anderson of the Amarillo Mental Health and Mental Retardation Center will speak the second day on early intervention and learning disabilities, community liaison prevention services, and infant stimulation.



Dr. Lorraine Roth Herrenkohl



Dr. Herbert Weiner

Southern California School of Medicine, discussed pharmacological treatment for anxiety and the activity of various compounds in the brain. Anxiety-prone and normal persons, Pitts said, respond differently to the same biochemical stimuli.

In the session on nonpharmacological treatment, Mathew and Dr. James Claghorn, TRIMS, reported on initial studies of regional cerebral blood flow and relaxation. The finding of an inverse relationship between state anxiety and blood flow in anxious subjects suggests that blood flow decreases with anxiety in the superficial cortical areas, they said.

biochemistry of relaxation

Dr. Edward Blanchard, State University of New York

at Albany, reviewed the efficacy of biofeedback for anxiety and related illnesses, and Dr. Beng T. Ho, TRIMS, spoke on the biochemistry of relaxation. Ho discussed the role of epinephrine and norepinephrine in stress disorders, and the action of various enzymes on catecholamines in relation to anxiety and its relief.

Discussing psychosomatic manifestations of anxiety, Dr. Chase Kimball, University of Chicago, reviewed attempts to discover the relationship of psychological and environmental stress to physical disease. Dr. Herbert Weiner, Albert Einstein College of Medicine, examined the epidemiology of hypertension, noting ethnic and age correlates and risk factors for coronary artery disease.

In his second paper, Mathew reported on arousal and migraine. He pointed out the predisposition of migraine patients to increased emotional reactivity, and outlined several biochemical hypotheses for the origin of migraine headaches.

In the concluding session, on sleep, Dr. Robert Williams, Baylor College of Medicine, said that the commonly assumed connection between anxiety and troubled sleep is not well supported by research in sleep laboratories, although clinical symptoms of anxiety often include sleep disturbances. Some psychosomatic disorders may be related to the sleep-wake cycle, according to Dr. Harvey Moldofsky, University of Toronto, but there have been no consistent findings that changes in sleep are related to nocturnal onset of psychosomatic disorders.

The final paper, on evaluation and treatment of insomnia, was presented by Drs. Constance Moore and Ismet Karacan of Baylor College of Medicine. They discussed sleep disturbances related to age, gender, and medication usage.

—David Francis, B.A., John Largen, Ph.D.,
Andrew Swihart, B.A., and Maxine Weinman, Dr.P.H.



Dr. Robert White, center, is a preceptor (residency program chief Dr. Edwin Johnstone calls him a guardian angel) of the institute's psychiatry residents, and for this he received a certificate of appreciation recently from Dr. Joseph C. Schoolar, left, and Johnstone, right. The residents spend some time in their preceptors' practices. With preceptors they can discuss issues of professional development or discontent without fear of criticism. Preceptors are tutors and role models, and "Dr. White is an outstanding one," Johnstone said.

Christmas gift

With about ten more Christmas-shopping days for her six children and one grandchild, Jeanie Hicks, a secretary in the geriatric clinic, lost a \$50 bill somewhere at TRIMS. Manuel Venzant of the night housekeeping staff found it and told supervisor Roosevelt Yancy about it. They gave the bill to the night switchboard operator, and Hicks had her money back next morning.

"I was so glad," Yancy commented. "That child needs her money."

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reflections

Teresa Algaze and Dr. Vladimir Einisman were interviewed on Channel 2's Spanish program, "Reflejos del Barrio." Explaining TRIMS services, they talked about the Gerontology Center, the kinds of changes in society that make such programs necessary for Hispanic elderly persons, and how to find help.

Algaze, Einisman, Henrietta Rodriguez, and Dr. Teresa Martin participated in a forum for Spanish-speaking elderly at St. Dominic Diocesan Center. Co-sponsored by the Asociación Nacional pro Personas Mayores and the Spanish-speaking Apostolate of the Houston-Galveston Catholic Diocese, it was one of five regional meetings in the U.S. to prepare for the White House Conference on Aging in December.

Lack of bilingual assistance in service agencies, low income, and transportation problems ranked first among issues identified at the meeting.

we can help

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

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

Chairman
Public Responsibility Committee
P.O. Box 20391
Houston, Texas 77025

on the air

Appearing on KTRH radio and KHOU-TV, Dr. Kay R. Lewis promoted community participation in Citizens for Human Development, a volunteer organization formed to identify mental health needs in the state. Lewis co-chairs the local task force (see related story p. 13).

Dr. Joseph Schoolar discussed dangers of inhalants on Channel 13's "Good Morning, Houston."

papers at meetings

At the Texas Psychological Assn. conference, "Studying criminality: trials and tribulations," Dr. Kenneth Solway and Vivian Auerbach reported on psychological assessment of adolescents charged with murder; Anita Smith on moral development and self-reported delinquency; Ronald Dossett, Dr. Neil R. Burch, and Jefferson Keller on an EEG index of recidivism among juveniles; and Dr. Victor Elion on an interdisciplinary view of criminal violence. Elion also spoke on interdisciplinary research on aggression and violence to a faculty forum at Sam Houston State University.

pharmacology congress

Speaking in Spanish, Dr. Vicente Estevez presented his and Dr. Beng T. Ho's paper on metabolism of chlorpromazine at different ages to the Latin-American Congress on Pharmacology in Mexico City.

teaching, training

Howard Rabinowitz showed parts of the video series "Matter of Time" and discussed issues in aging with nurses enrolled in an ethics course at the Institute of Religion. . . . Claire Frey reported her experiences with group therapy for schizophrenic patients to social work students at the University of Texas at Arlington. . . . Jerry Werner talked about social work for elderly persons at a Texaco retirement seminar.

career choice

Alice Gammon, a summer intern in child development two years ago, graduated as a nurse last month from the University of Texas Medical Branch at Galveston. Her TRIMS experience, she said, helped her decide on the kind of work she wanted to do. She may become a pediatric nurse-practitioner.

Citizens for Human Development underscore unmet service needs

Area residents believe the greatest unmet mental health needs today are in mental health of the elderly, family violence and child abuse, crime and delinquency, alcohol and drug abuse, and temporary problems such as family difficulties, divorce or other stresses.

That was one of the conclusions of a statewide survey of citizens' opinions on needs in mental health and mental retardation services. The survey was conducted by Citizens for Human Development, a nonprofit educational organization. Dr. Kay Lewis, chief of the child development clinic, is co-chair of the group's Houston regional task force with Dr. Blair Justice, professor of psychology at the University of Texas School of Public Health. Approximately 6,000 questionnaires were distributed around the state.

The survey also concluded that:

- Children, the elderly, and ethnic minorities have the greatest unmet service needs.
- Except in the areas of drug abuse and crime and delinquency, people seem to feel that services do help but believe not enough are available.
- Other impediments to receiving care are the high cost and a lack of transportation.

The survey was the first time that the general population was asked what they thought about mental health and mental retardation services in this region.

Another survey being conducted by the regional task force and the Mental Health Association of Houston and Harris County so far has found that local residents see a need for halfway houses and residential facilities for people with mental health problems, crisis intervention and emergency mental health services, children's inpatient care, more low-cost counseling, and a campaign to inform the public about existing services.

who sets priorities?

Part of the needs assessment was a survey conducted

by the citizens' local task force among 450 judges, law enforcement and school officials, elected and appointed county and municipal officials, mental health professionals, and leaders of consumer organizations. Twenty-four percent (105) of the questionnaires were completed.

The survey asked four questions related to policy- and priority-setting for meeting the area's service needs.

To the question, "Do the budget and programs of the Texas MHMR system adequately address the mental health and mental retardation needs in your particular area of interest?", 77 percent answered no, 23 percent yes.

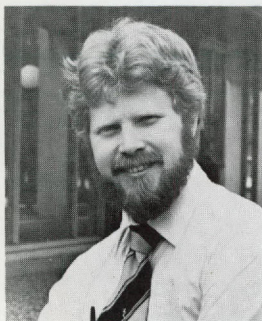
Eighty percent responded negatively, 20 percent positively to "Have you, or the organization you represent, had an adequate voice in the priority setting and planning process for the MHMR programs in your area?"

To "In your view, at what level have the basic priority setting and program planning decisions for the MHMR system been made *in the past*?", 80 percent said this has been done by the legislature or by the MHMR board and central office staff, 8 percent said at the regional level, and 12 percent said this was done at the county and/or community level.

The last question was "In your view, at what level should the basic priority setting and program planning decisions for the MHMR system be made in the future?" Nine percent of the respondents chose the legislature or board and central office staff, 19 percent the regional level, and 72 percent said this should be done at the county or local community level.

The task force concluded from these results that "our respondents want to see the existing system changed. . . . When given the opportunity, over 90 percent vote for a change from the current arrangement and a *decentralization* to either a regional or a combination county/local community decision level.

"At the same time, many of the comments recognize that there are important cohesive and regulatory roles for the legislature and MHMR central office to play within a much more locally responsive system."



Largen gets Ph.D.

He's Dr. John Largen Jr. now. The Ph.D. in clinical neuropsychology (from the University of Houston) was added in November.

Largen came to TRIMS in 1975 as a predoctoral fellow. He spent a year in the psychophysiology section, then three years with the psychosomatic research unit doing biofeedback research, and finally another year and a half in clinical neuropsychology research under Dr. Neil

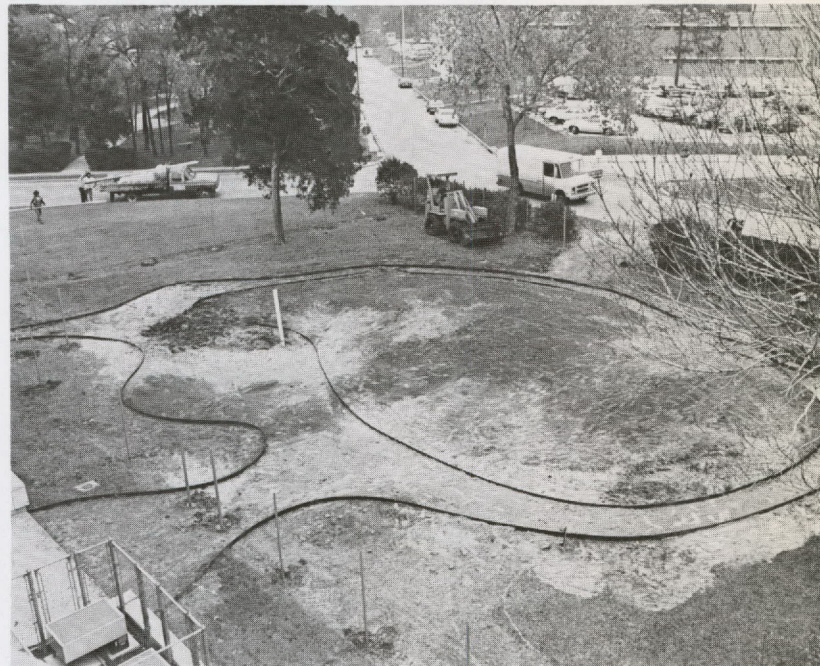
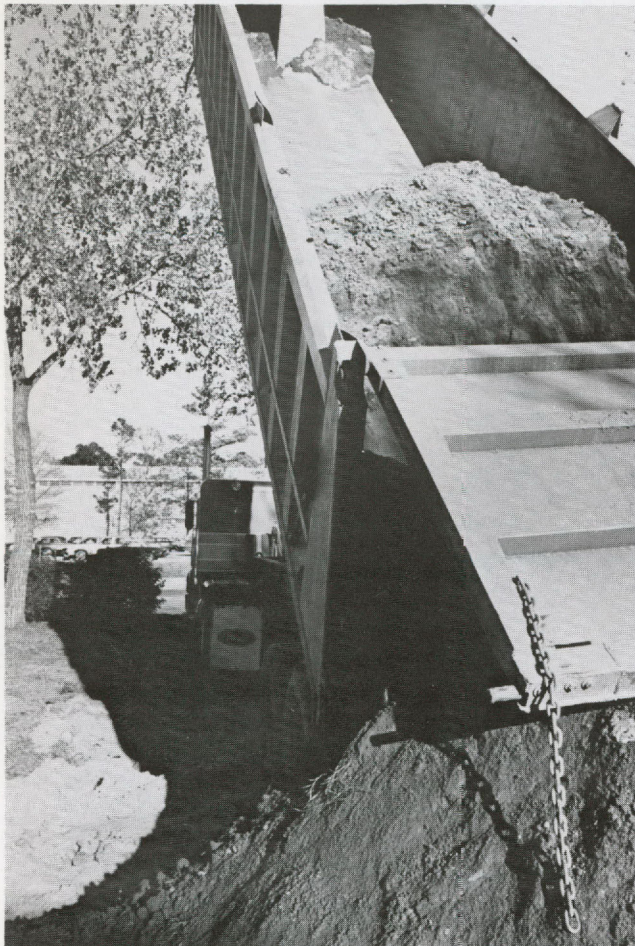
Burch. Since September he's been a staff neuropsychologist in the neuropsychology research section, spending half of his time on research with the Scholar team.

Largen's dissertation was on "Memory deficit and regional cerebral blood flow in early Alzheimer's disease." He found that persons with early Alzheimer's disease exhibit a fairly specific pattern of memory deficits. "I hope that identifying these patterns will lead to improved early detection of Alzheimer's disease," he says. He also found that patients with early stages of the disease showed an unexpected increase in regional cerebral blood flow when performing certain tasks—surprising because patients with more advanced dementias have minimal changes in blood flow.

Reflecting on his career at TRIMS, Largen says, "Few other training establishments in Houston afford the financial support and opportunity for multiple professional experiences as TRIMS." As a student he published or presented more than 20 papers.

children's park is coming along fast

Soon it will include swings, climbing equipment, picnic tables and benches. The new TRIMS playground and park, here shown in the construction phase, was donated by the TRIMS Volunteer Services Council for young patients. Carol Walser, director of volunteer services, and construction foreman William Paden look over the blueprints. The 90 by 150 foot park on the east side of the building already has trees, shrubs, and flower beds. The Fondren Foundation donated \$21,000 and St. John the Divine Church, Tenneco, and other volunteer groups contributed another \$3,000 to build the park. Staff members, adult patients, and children's parents are welcome to use it.



employees tell their wishes

TRIMS employees' wishes seem to center on upgrading the snack bar, increasing employee services, and changing salary policies.

Joyce Sanders, chair of the employee relations committee, said the committee had a good response to its request for employee "wish lists."

Staff members told the committee that they wanted a cleaner snack bar, better maintenance—and less loss of money—on the vending machines, better food selections, and more microwave ovens. Other frequent requests were for more employee services: use of the

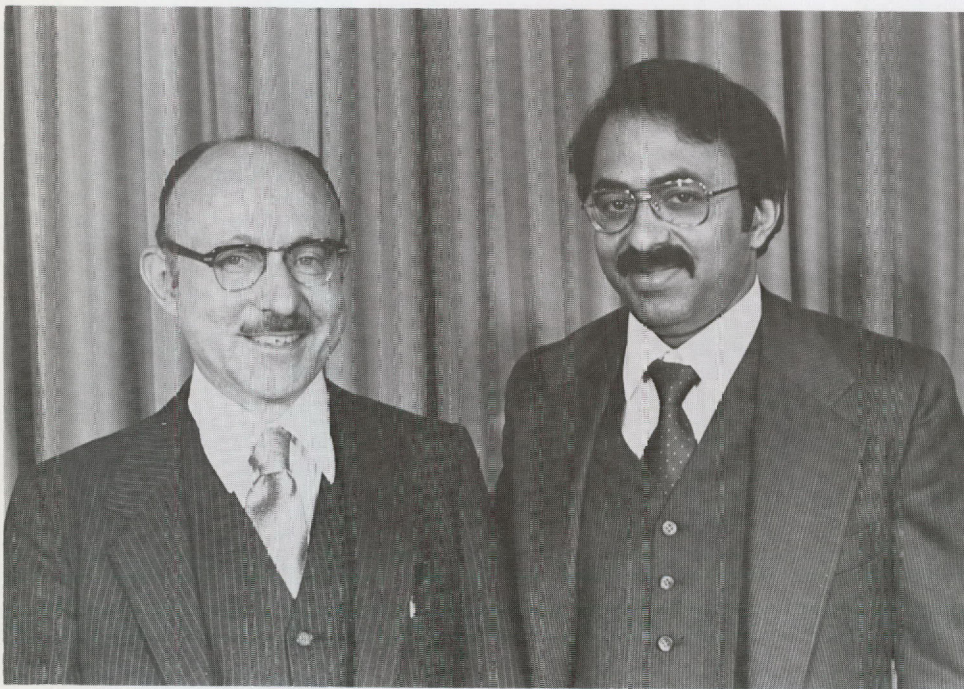
TRIMS pharmacy to fill employees' prescriptions, free physical exams, and more secure parking for motorcycles and bicycles. Employees also wanted TRIMS to pay for their chest x-rays and their parking.

Others said they wanted to be paid every two weeks rather than once a month, to receive partial advance payment on approved state travel, and to have automatic credit union deductions from their paychecks.

Subcommittees have been formed to gather information about the feasibility of the requests, Sanders said. The committee can "gather some useful information on the employees' wishes and then make some positive recommendations to the director," she said.



For the first time ever, TRIMS staff members celebrated Christmas together at a party at the Shamrock Hilton. Leading spirits (this had nothing to do with consumption) were, **left to right**, Myriam Diaz-Albertini, Myriam Albertini, Becky Reyes, Glen Razak, Dee Pizzitola, Dr. Carlo DiClemente. Organizers not in photo included Nancy Baier, Cleo Delaney, Maria Gandara, Jane Peterman, Sandra Vick.



Dr. Walter Obrist, **left**, research professor of neurosurgery at the University of Pennsylvania School of Medicine, and Dr. Roy J. Mathew, chief of the TRIMS psychosomatic research laboratory, met for two days last month to discuss noninvasive measurement of regional cerebral blood flow. An authority on xenon inhalation, Obrist uses the technique to detect the site of cerebral trauma and circulatory problems. Having found reduced blood flow in depressed patients, Mathew's group is beginning a larger study to attempt to correlate several types of mental illness with changes in regional cerebral blood flow.

continuing education

Dec. 1980-June 1981

Clinical social work: intervention with geropsychiatric patients and their families
Kerrville State Hospital

Feb. 9-10

First Texas conference on prevention of mental illness and mental retardation
El Mercado, San Antonio

For more information, call the office of continuing education at TRIMS, (713) 797-1976, exts. 204 and 205—S.S. 859-9204 and 859-9205.

excerpts from Legislative Budget Board report about TRIMS

These are excerpts from a report to the Legislative Budget Board by Tim Graves, program analyst. Please see Dr. Schoolar's column on page 2 for discussion.

Programs Operated, Texas Research Institute of Mental Sciences

The institute has provided general research and training services as well as mental health outpatient services to approximately 7,500 persons and mental health inpatient services to an average daily population of 50 during fiscal year 1980. During fiscal year 1981, TRIMS will utilize 1.9 percent or 515 of the agency's (TDMHMR) total personnel and approximately 2.8 percent or \$11.2 million of the funds appropriated to the agency from all funding sources.

ISSUE REVIEWED

- a. The relevance of the activities of TRIMS to the treatment programs and needs of the Texas Department of Mental Health and Mental Retardation.
- b. The appropriateness of the placement of the institute's research activities within TDMHMR.

Major Aspects of TRIMS' Work

Training

The review of this program revealed that the Continuing Education activity, which aims primarily at professional personnel, is well received by departmental facilities and

personnel.

One of the concerns raised during the review is the institute's inability to measure how well it is performing regarding its objective to "promote continued interest in . . . the department as a career." The institute estimates that 50 percent of the psychology trainees, 90 percent of the social work trainees and 50 to 80 percent of the basic science students remain in state facilities after their training. For the other categories, the percentages are unknown. . . . Although difficulties always arise in "requiring" students trained through particular funding sources to provide some type of service for that funding source. . . . it does appear that mechanisms to track the graduates of the institute programs could be developed to better assess its impact on developing continued interest in the department as a career.

Patient Care

The outpatient service provided by TRIMS is one of the most active, in terms of patients served, in the state. . . . TRIMS continues to be one of the major public mental health service providers in Harris County. A recent report by the Mental Health Needs Council of Harris County indicates that there are only 87 "public psychiatric treatment" beds in Harris County, 60 of which are at TRIMS. It is clear that no decrease in service should be contemplated for this area but the continued use of TRIMS, a research institute, as the major public service provider in Houston does raise concerns.

. . . TRIMS' Center Pavilion program continues to operate as a short-term, screening facility as an alternative to placement in a state hospital. . . . Almost 80 percent of TRIMS' patients are discharged in less than 30 days, while the average for other providers is 47 percent. The type of patient served by TRIMS and the short-term nature of its "screening/service" function appears to fall in line with the developing orientation of the Harris County Mental Health and Mental Retardation Authority. Additionally, TRIMS personnel estimate that no more than five patients at its Center Pavilion facility are participating in a research project at any one time. This would also suggest that its research orientation would not be hampered by a transfer of the program to the community center.

Potential for transfer to the community center is heightened by current Harris County officials' endeavors to renovate Center Pavilion Hospital and move some HCMHMRA residential screening and treatment programs as well as other public service functions to the building. Delays, however, have been encountered in the use of county funds to renovate the building, and at this time it is uncertain how long a decision on the use of those funds will take. . . .

Other potential roadblocks relate to current medical community opposition to the Center Pavilion renovation project. If the project were to be stopped or seriously slowed down, the advisability of the transfer might be diminished since TRIMS does need some physically close access to a small research inpatient population.

It appears that a transfer of inpatient service duties from TRIMS to HCMHMRA would accomplish at least two things: 1) allow TRIMS to further focus on its research and training purpose; 2) the assumption of

community-based service and screening by a community center which has now developed an ability to carry on such functions. . . .

Research

. . . most activity (91 percent) has occurred in three areas: nature and causalities of mental illness, treatment modalities, and evaluative research. . . . To accomplish these diverse activities, TRIMS utilizes a varied mixture of sophisticated instrumentation, human and animal subjects and personnel from many different backgrounds.

One of the constant criticisms of any research oriented effort is that the results of the "esoteric" projects conducted take too long to realize and even when the projects are finished, there is little use for the products in the "real world." It is fair to say this criticism has long been leveled at TRIMS. In reviewing the activities of the institute, this criticism does have partial validity. The types of projects carried on at TRIMS vary from the very specific (development of improved instrumentation to measure the blood level of a drug in a patient) to the very general (investigating methods to prevent mental illness and mental retardation). TRIMS is in a particularly unusual situation in that it is structured within a state agency charged with the care and treatment of the mentally disabled. Within this structure, it is supposed to serve the needs of the department at large through its research, yet no person, body, statutory provision, or rule has established how this service is to be developed, utilized and its products distributed. . . .

The Central Office Research Review Committee (CORRC). . . . appears to have improved the method by which research subjects are informed of their rights, notified of the purpose, extent, and possible effects of the project. Yet it appears to have done little to help the department focus and prioritize the use of funds for projects of greatest utility to the department. . . .

Although research can have many accidental benefits not expected at the onset, it is important that use of limited resources be within a general, well planned framework to help ensure that results gained can be of benefit to those providing the resources. The activities of CORRC do not yet provide this well-planned framework for research. . . . It appears that the CORRC membership should reflect all departmental facets (currently human development centers and community mental health and mental retardation centers are not represented) and should develop at least annually a research plan for the department which outlines the areas of research to be prioritized, an estimate of the costs involved in these priorities, how these priorities meet the needs of the department, and some measurable goals which can be built into the department's developing "management by objectives" program to determine how well the institute is performing in meeting the needs identified.

Contributions and Relevance to the Department

During the recent biennial Legislative Budget Board budget hearings, heads of departmental facilities. . . . were questioned regarding the benefits their facilities had received from TRIMS work and activities. . . . Nineteen facility heads (nine schools, six hospitals, four

human development centers) were questioned . . . Three (16 percent) reported that TRIMS had been helpful in designing research projects at their facilities. Six (32 percent) specifically mentioned assistance in training in the new Diagnostic Statistical Manual. . . Ten (53 percent) mentioned having gained benefit from the institute's continuing education programs for professional personnel. Seven (37 percent) indicated they had benefitted from TRIMS' "extramural services" such as blood level assays, EEG readings for epilepsy, etc. Three (16 percent) indicated they had gained little or no assistance from TRIMS during their tenure at their facility. Most facilities reported multiple benefits and at the same time indicated that they felt TRIMS had been an "untapped" resource and that the full potential of TRIMS was unknown. Overall, of the 19 facility heads asked, 16 (84 percent) reported that TRIMS had been of some benefit or use to their facility.

Discussions with the commissioner . . . indicate that TRIMS is useful in the ways identified above and provides unique professional expertise in needed special projects such as two currently operating assessments of the autistic population of the department and of those persons under departmental care afflicted with tardive dyskinesia. Additional assistance is expected from TRIMS in the diagnosis and treatment of violent, destructive individuals who present special problems in effective mental health restorative attempts.

It is clear from these discussions that TRIMS can and has been useful to the department. As discussed earlier, however, no research planning process incorporates the thinking of all facets of the department. Further, testimony of facility heads indicates that the real potential and use of TRIMS is unknown to them. The institute has begun work to correct the general "ivory tower" complex from which it has suffered in the past. In February 1980, the institute developed a "liaison" position reporting directly to the director. . . designed to make and maintain contact with all departmental facilities. . . It does appear that this approach will improve facility knowledge of the institute's current and potential service.

Two other significant developments involve the creation of a "telephone consultation service" through which any departmental employee can request assistance in exploring or solving a patient care or research problem. Additionally, the research division has stepped up its "extramural services" program to provide diagnostic and patient assessment assistance through techniques developed at the institute (e.g., blood level assays) . . .

It is clear that TRIMS provides needed public mental health services in the most rapidly increasing population area of the state. These services could likely be provided by a general service facility such as a community MHMR center. Continuing education services could be delivered through the department's central office. General training services might be accomplished through affiliation with medical schools as could many of the research projects conducted by the institute.

It does appear that much of the inpatient service could be assumed by a community MHMR center. . .

It is also quite likely that a medical school or a number of medical schools could provide research and training in a manner consistent with TRIMS' effort. It is difficult, however, to

isolate the benefits to the department through such a transfer of responsibility. . . .

The review indicates, however, that working relationships already exist between TRIMS and the general medical school community. For example, the work at TRIMS investigating regional cerebral blood flow differences in healthy and mentally ill persons has been a collaborative effort between TRIMS, the Baylor College of Medicine and the Neuropsychology Department of the University of Houston. Further, the alternative of transferring research activities to a medical school would diminish, if not eliminate current departmental benefits. Line authority from the commissioner to the research activities would no longer be in place. Response time for needed projects, such as the tardive dyskinesia project, would likely be increased. Additionally, service functions of the research program would be diminished. For example, the EEG service provided by TRIMS for diagnosis work in epilepsy was developed and is being refined through interrelationships between basic research and access and service to a wide variety of patients. It is unlikely a medical school program would desire to continue this blend of research and service delivery to large numbers of publicly supported patients at the department's facilities. Further, the service settings maintained by the department demand from its researchers a varied knowledge of residential and outreach-institutional and community-based service characteristics not currently incorporated into medical school operations. Finally, it is difficult at this time to envision an increase in benefits to our state MH/MR system by transferring an admittedly poorly focused research effort to another entity with varying priorities, programs and funding needs and thereby add another layer of decision making. It would appear prudent at this time to maintain the current research arm for the department and strengthen its research focus to best meet departmental needs identified through a collaborative, meaningful planning process.

Conclusions and Recommendations

In general, the review indicates that the activities carried on by the institute have been of value to the department and that the department does have a legitimate need for the continuation of certain research programs within its organizational structure. The institute provides well received continuing education programs for professional departmental personnel, provides diagnostic and service assistance to the department's facilities, helps meet the general mental health service needs of the largest metropolitan area of the state and provides assistance in the establishment of scientific research protocols to help answer salient questions in the field of mental health and mental retardation. Additionally, the placement of a research arm within a state mental health and mental retardation agency appears reasonable.

In many cases the research of TRIMS has proved directly beneficial to the care of patients in the TDMHMR system, and in other areas the research activities continue to add to the body of knowledge needed to ameliorate mental disorders yet to be effectively treated. Although other scientific settings such as medical schools can carry out similar needed research, TRIMS appears to offer actual and potential benefits to the department through its

general accessibility, timeliness of response to departmental needs, and ability to focus on certain research areas not dependent on general "scientific community" popularity and concomitant grant funding sources.

Recommendation 1

TRIMS should be maintained as a facility of TDMHMR to facilitate the department's ability to effectively pursue the research, training and patient care needs of the department. . . .

Recommendation 2

The department should strengthen the role of CORRC to better focus the research conducted by TRIMS by:

- 1) including in its membership a representative of the human development centers and community MHMR centers, as well as representatives of Central Office, TRIMS, and the state hospitals and schools;
- 2) requiring that CORRC develop annually a formalized research plan for the department based on research needs identified through input from all departmental facilities and estimated project costs. The planning document should be utilized to prioritize, govern, and monitor the expenditure of funds for research projects carried on by TRIMS and departmental facilities and be incorporated in the department's developing "management by objectives" program.

A rider should be placed with the TRIMS appropriations in the General Appropriations Bill for the 1982-83 biennium to ensure that such planning occurs prior to the expenditures of funds appropriated to the institute. . . .

Recommendation 3

TRIMS should prioritize available funding to maximize its accomplishment of the objectives of its proposed "extramural consultation service" budget activity. To ensure the use of certain funds for these purposes, the following rider should be added to the TRIMS appropriation for the 1982-83 biennium:

It is the intent of the Legislature that at least \$275,000 be expended by the Texas Research Institute of Mental Sciences per fiscal year for "extramural consultation services" designed to benefit the facilities of the Department of Mental Health and Mental Retardation. These expenditures shall be made from the research program appropriation. . . .

Recommendation 4

TRIMS should develop mechanisms to track the career choices made by persons trained by the facility. . . .

Recommendation 5

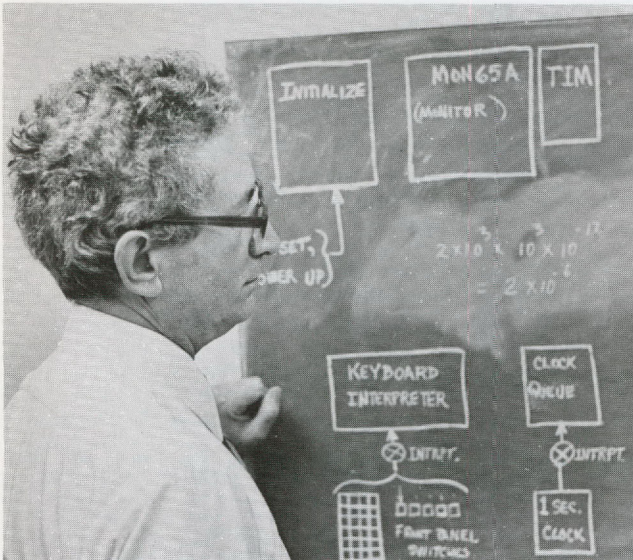
The Department of Mental Health and Mental Retardation should assess the need for TRIMS to provide general inpatient care and review the possibility of transferring inpatient care services to the community mental health and mental retardation center in the Harris County area. This assessment should be completed by August 31, 1982.

Should the department determine that such a shift of responsibility would be beneficial, the department should develop a contractual arrangement from TRIMS to the Harris County Mental Health and Mental Retardation Authority to accomplish this service delivery modification.

who we are what we do



Regina Barnett transferred last fall from the purchasing section to accounting because "I wanted to try something new. You always need to learn more." As an administrative technician, she codes bills, pays and files them. She likes her job and co-workers and has found that "a lot of the things I learned in purchasing helped me and gave me an advantage in accounting." Barnett describes her life as constantly busy. She is married and the mother of two boys, one-year-old Kim and four-year-old Larry, an usher in her church, an active participant in her civic club, and a volunteer typist for her father, a vending machine distributor. After completing a secretarial course at Houston Community College and two years at Texas Southern University, Barnett now is planning to go back to college part-time to earn a degree in either nursing or computer science. "My life is never boring," she says with a broad smile.



The institute's "first-generation" period-encoding system for electroencephalography nearly filled a room. First of its kind and a historic achievement, it could do one certainly not simple task: translate brainwave patterns into digital form for automatic analysis. The instrument designed and just completed by **Dr. Sigsby Rusk**, research specialist in information analysis, can fit into a toaster-oven. It can encode twice as many EEG channels, 16, and it is programmable for an array of automated research and clinical uses: pattern recognition of the EEG, identifying the often buried signals of pathological conditions, analyzing evoked responses of the brain that may be characteristic of convulsive and mental disorders. Rusk was a nuclear physicist at Rice University when he became more interested in biomedical research. The bench-top computer he designed is smaller and far less expensive than any available commercially for psychophysiological research. It looks like a beautiful toy made by and for miniature people.

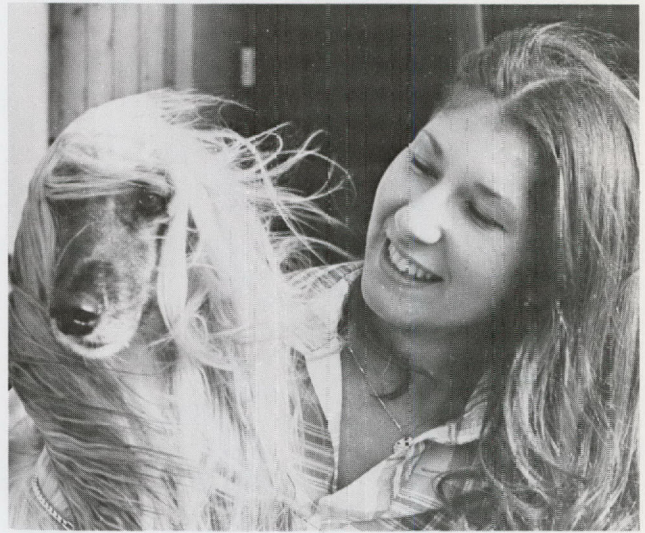


When she was an anthropology student, **Robin Perley's** heroes were Margaret Mead and Jane Goodall. Now that she has her first job in mental health as staff development specialist in continuing education, she hasn't necessarily changed. But, after spending a whole year looking for work with a zoo or museum, Perley retooled. With a master's degree in public health from UCLA, she became a health educator, first in a high-risk prenatal clinic in Los Angeles, then at Planned Parenthood in San Diego. Perley currently is buried in a monumental writing and editing job to prepare the *DSM-III* training guide for publication. "I've learned so much doing this, it's amazing," she says. She's also arranging workshops for next year and helping to organize a regional conference, sponsored by the Department of Health and Human Resources, on community support for former mental hospital patients. Perley jogs, sews and needlepoints, specializes in Szechuanese cooking, and has been accused by lazy friends of "always doing something."

Dr. Morriss Mills, psychiatrist in the geriatric clinic, was born, raised, and educated in Texas. He was even psychoanalyzed here, at a time when Houston had the state's only analysts. Nearly persuaded away from medicine by a college dean who thought there were already too many doctors ("of course," Mills says seriously, "there was a *big* shortage of college professors during the Depression"), he nevertheless graduated from the University of Texas Medical Branch at Galveston. He served his residency at the Menninger Clinic at Topeka, Kansas. Karl Menninger's *The Human Mind* and *Man Against Himself* had drawn him to psychiatry. Until 1955 Dr. Mills worked at the Veterans Administration Medical Center, then went into private practice. At 66, beginning to think about retirement, he welcomed the opportunity to work half-time in the TRIMS clinic, especially because, he says, he knew and liked the senior psychiatrists here and felt sure he would enjoy working with them.



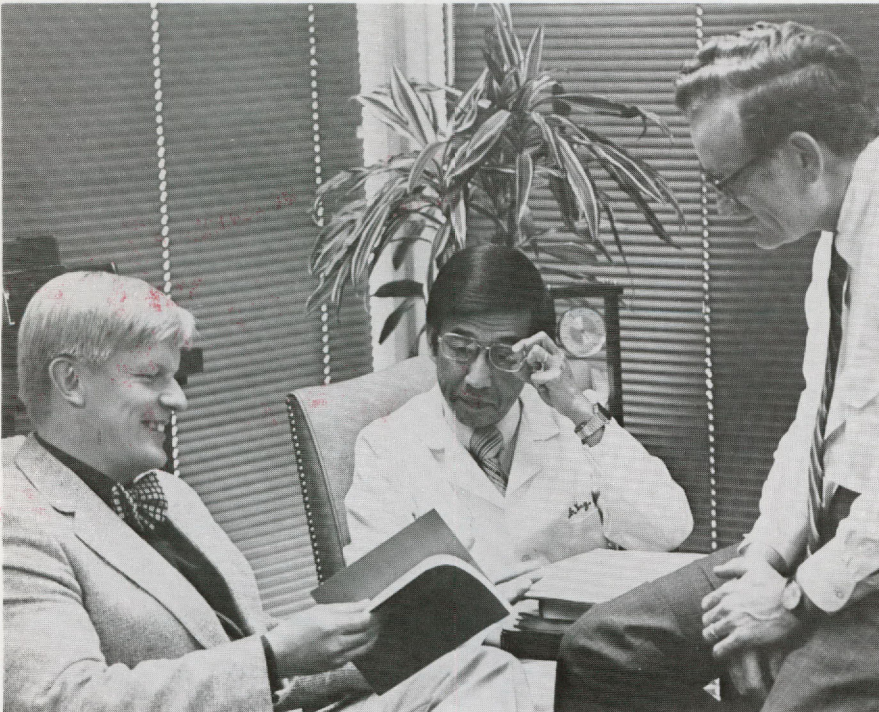
During her first month at TRIMS **Deborah Leese** was subpoenaed to testify at three trials. Part of her job as medical records supervisor, she explains, is to represent the institute in court, testifying on how the records are kept and then, if all confidentiality requirements are met, turning over the requested papers to the court. Leese came to Texas to get a master's degree at the University of Texas School of Public Health. She's specializing in community health practice, finishing up her thesis now on "Voluntarily childless couples and religion." Much of her spare time is spent at dog shows throughout Texas and Louisiana. She is an "amateur handler" and owner of two afghan hounds. Her older dog, Dawn, who shares her *Emissary* spot, has earned three championship points at the shows, she says proudly. Leese plans to add another dimension soon to her canine activities—lure coursing, a race in which the dogs chase a bait around a field.



Why does a man with ten years of newspaper experience decide to become a social worker? Ask **Jim McMahon**, ex-journalist and current social work intern from the University of Houston. "I got burned out as a newspaper reporter," he says. After writing for the Lafayette Advertiser and Beaumont Enterprise-Journal and then serving as Enterprise-Journal bureau chief in Orange and Nederland, "I'd done everything there was to do on a small to medium-sized newspaper and didn't want to put up with the hassles of working on a large paper." He decided on social work because he noticed his friends tended to bring their problems to him, and "I thought this was a field that I might grow in personally and accomplish something in terms of benefitting other people." In his field work here McMahon counsels adult outpatients in Clinic B and is co-therapist for a group. After graduating in May he'd like to continue his training, and then he hopes to go into private practice with a group of social workers.



Dr. Juhana Idänpään-Heikkilä, **left**, of Finland, who for several years worked in pharmacological research at TRIMS with Dr. Beng T. Ho, **center**, and Dr. Joseph Schoolar, **right**, visited here during a trip to the United States. Chief medical officer for pharmacology of Finland's National Board of Health, he was attending a conference on the therapeutic aspects of cannabinoids. At his TRIMS seminar, Idänpään-Heikkilä reported on the Scandinavian countries' survey of prescription practices. Finland's campaign against overuse of tranquilizers has reduced prescription of these drugs by half, he said.



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