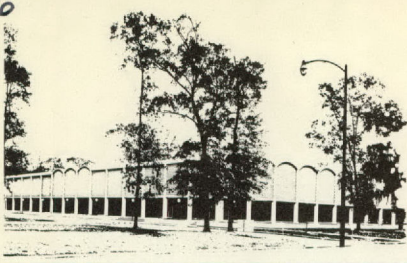


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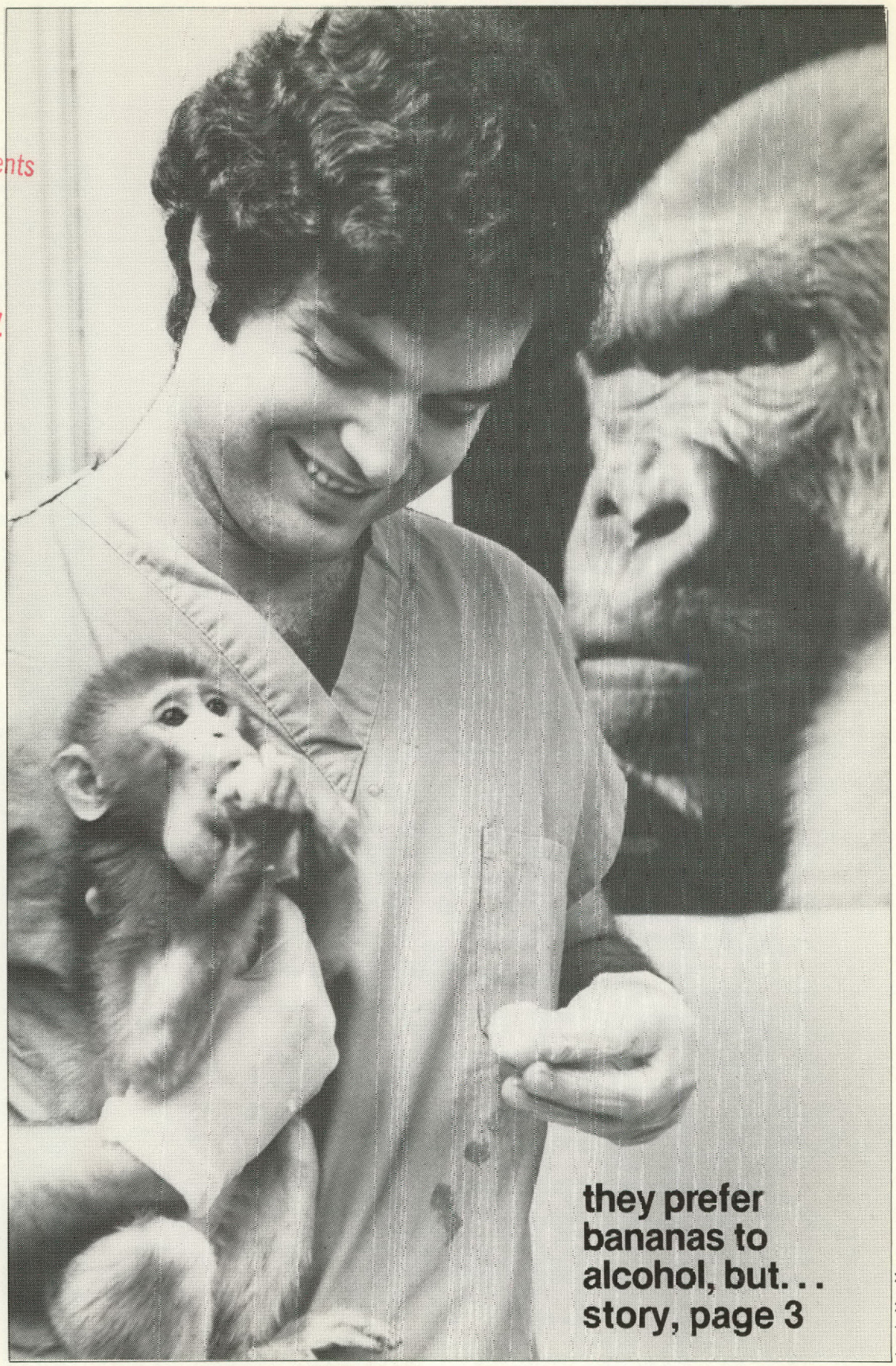
texas research institute of mental sciences □ houston □ october 1980

Government Documents

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# the emissary



they prefer  
bananas to  
alcohol, but...  
story, page 3

photo by Marc Meyers





Dr. Victor Elion

## fear out of proportion to actual violence in city

Many Houston residents, according to Dr. Victor Elion, have an exaggerated fear of homicide and other violent crimes

By that he means that their perceived vulnerability is much higher than their actual statistical vulnerability. Because of this discrepancy, many people often behave in ways that create additional serious problems, said Elion, a clinical psychologist in the behavior science research section.

Fear of crime leads to deserted streets at night, a suspiciousness of neighbors, an unwillingness to help others and an overall deterioration of community life, he said. Fear of crime is costly. For one thing, it has produced a private security force that far outnumbers state-supported police agencies.

Houston minority group members, who are more often the victims of homicide and other violent crimes, probably have a more accurate perception of their vulnerability, and "therefore they are less likely to engage in extreme protective measures," Elion said. "Their perceived vulnerability is more consistent with their actual vulnerability" because, for them, homicide victimization tends to be more predictable than it is for whites. Minorities tend to be more concerned about the threat of violence by police officers.

### on Chief Caldwell's committee

Elion was a member of the committee of behavioral scientists established by former Police Chief Harry Caldwell to study homicide in Houston. Representatives from TRIMS (Drs. Joseph Schoolar, Kenneth Solway, and Elion), University of Houston, Rice University, Texas Southern University, Houston Baptist University, and the University of St. Thomas met from September 1979 to January to look at the city's homicide problem and recommend solutions.

Elion has several solutions in mind. First, he said, one has to recognize that there is virtually nothing the police can do to prevent homicides that occur "in the context of close interpersonal relationships." In Houston, as in other large cities, more than half of the homicides are committed by relatives and friends of the victims. For the police to prevent this type of crime, it would be necessary for them to be stationed in every home, which

obviously would be intolerable. "Logically, if a person wanted to reduce significantly the risk of becoming a homicide victim, he or she would do well to avoid spouses, relatives, and friends," Elion said.

The police can do something to prevent homicides that occur during the commission of predatory crimes. Homicides that occur during robberies and burglaries are usually an extension of the thief's attempt to commit the intended crime and get away. This makes predatory crimes inherently more dangerous because the consequences are unpredictable, Elion said.

Unlike homicides that occur among acquaintances, this type of bloodshed might be prevented. One strategy would be to concentrate massive resources on a specific crime, such as robberies of savings and loan institutions. Pilgrim Cleaners, he said, greatly reduced the number of robberies of their stores when the company announced that armed squads would be on the premises. But obviously there are not enough police officers to make this a feasible solution to Houston's overall crime problem. Even if police were able to do this, it is entirely possible that the offenders would switch to other locations or institutions.

A more realistic approach, Elion said, involves establishing strategies to lead potential criminals to believe their chances of getting caught are higher than they actually are, "making their perceived vulnerability larger than their actual vulnerability." Police used this technique in New York City after a series of purse-snatchings and muggings of elderly persons. When purse snatchers found themselves attacking police officers dressed as old women, that crime decreased greatly. Similarly, "sting operations," such as the FBI warehouses in which criminals were videotaped as they tried to sell their stolen goods, are often effective deterrents, he said.

"You absolutely cannot stamp out crime by traditional law enforcement methods," Elion said. "There are not enough police officers. But you can deter crime."

### warning signs of violence

As for the large number of crimes between intimates, "We should take advantage of what we know so the public can assess its own situations." Perhaps, he said, the media could present something like the "ten warning signs of violence" as a public service. If a husband and wife have been arguing steadily for a month, for example, the probability of violence rises if the argument concerns a third person, he said. If there is a gun in the house, the probability rises sharply. "We can tell people if this set of circumstances exists, they can take it upon themselves to reduce the probability." They could remove the gun from the house, for instance.

Research has to be done to identify the causes of aggression and violence, he said. "Once we have a composite, then we should compile the warning signs and disseminate them through the media."

Then too individuals can reduce violence by reporting crimes and suspicious actions to the police. "Crime is not only a police problem," Elion said, "it's a community problem."

—Karen Hanson Stuyck



## three-year study begins on fetal alcohol syndrome in monkeys

**Cover:** Research tech Jim Amirian with Friday, two-year-old rhesus monkey who ate bananas faster than the photographer could shoot. (The gorilla refuses to be in the fetal alcohol study, and no one is willing to argue with him.)

**Below:** Amirian and Dianne L. Lee implant intragastric catheter for alcohol study.

**Bottom:** Section chief Dr. Harold Althuler as seen from monkey point of view.



Marc Meyers

The neuropsychopharmacology section's research on the effects of chronic alcohol administration on pregnant monkeys and their offspring was recently funded by a \$225,000, three-year grant from the National Institute on Alcohol Abuse and Alcoholism.

The section's protocol, which is expected to yield results comparable to human alcohol consumption, was praised highly by the grant reviewers and approved unanimously.

Studying fetal alcohol syndrome in monkeys should be particularly revealing, says section chief Dr. Harold L. Althuler, because monkeys and human beings have similar pre- and neonatal development. Unlike rats, and like human beings, monkeys are born with a well-advanced central nervous system.

Already under way in the section is the work of implanting intragastric catheters in 18 female rhesus monkeys selected for the study. They will be bred in pairs that have previously produced healthy offspring in the TRIMS primate breeding colony.

### moderate and chronic alcohol consumption

After seven to ten days of pregnancy, the female monkeys will be divided into groups, with alcohol administered intragastrically in two different dosages equivalent to moderate and moderately chronic human drinking. Control animals will receive an equal number of calories but no alcohol.

Preliminary work by the research group pointed out the danger of alcohol to the developing fetus, Althuler says. Setting alcohol dosages too high caused the monkeys to abort. The aborted fetuses are being studied.

If all goes well this time, Althuler plans to repeat the study during the grant's third year, using the same female monkeys in a slightly different research design. The young monkeys will be tested with neurological and behavioral measures because mental retardation is a symptom of human fetal alcohol syndrome.

Consultants for the study are Dr. Andrew G. Henrickx, research psychologist at the California Primate Research Center, and Dr. William F. MacKenzie, veterinarian and assistant professor of pathology and laboratory medicine, University of Texas Medical School at Houston.

The TRIMS group includes Toni Shippenberg, research technician and now a student at Baylor College of Medicine, research technician James Amirian, and research assistant Paul Phillips.

"We established reasonable dosages of alcohol," Althuler says, "and we know that our research procedures do not interfere with pregnancy. We can produce stable blood alcohol concentrations and maintain the animals on balanced nutrition."

Much information about fetal alcohol syndrome remains unconfirmed because the problem is difficult to study in alcoholic mothers and children, he says. "We believe we have a model that will give us firmer data on how much, and in what way, alcohol distorts fetal development."



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the benefit / risk proposition

## tardive dyskinesia gives some patients a bitter choice

The problem has a name, tardive dyskinesia. Cause and treatment unknown.

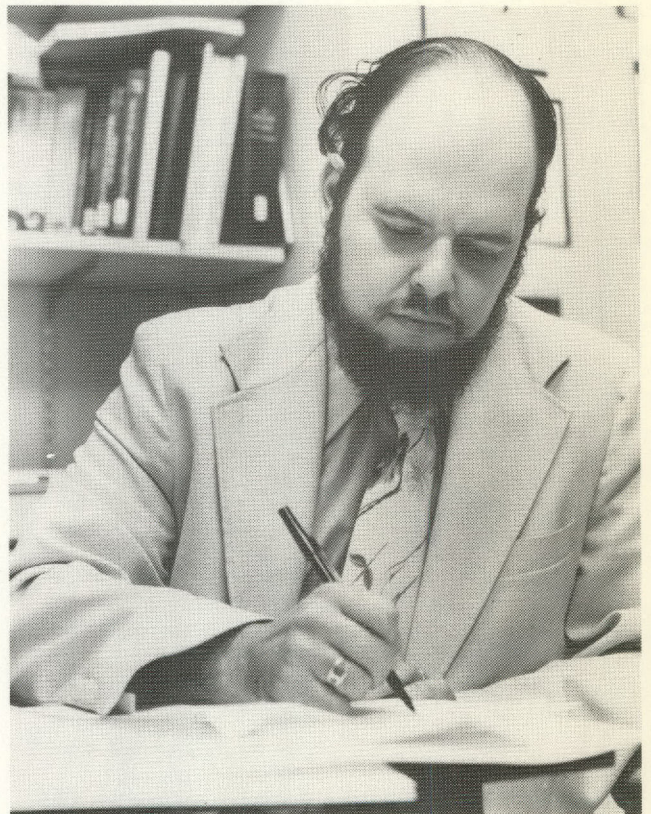
A neurological disorder of uncontrollable muscular movements, it occurs in as many as 30 percent of chronic mental patients who for years have been taking antipsychotic drugs like haloperidol and chlorpromazine. In some older psychotic patients the disorder seems irreversible; younger people, in whom the incidence of TD is much lower, may have tardive dyskinesia for only a few months.

With its spastic movements of mouth and tongue, hands and legs, tardive dyskinesia can become as disabling as mental illness.

TD brings up an unpleasantly familiar medical dilemma: Which is riskier for the patient—to stop taking neuroleptic drugs and perhaps relapse into acute schizophrenia (and be hospitalized again), or to keep up the medication and perhaps suffer TD?

### relapse danger is greater

“When antipsychotic drugs first came out,” says Dr. Robert C. Smith, chief of the TRIMS biological psychiatry section, “we were able to discharge half the population of mental hospitals and enable the patients to live at home.



Dr. Robert C. Smith

Twenty years later, we began to see tardive dyskinesia, a phenomenon that before had been noted in only a few patients. Very good studies established the fact that if schizophrenic patients are taken off their medication, the danger of relapse is three times as great as when they continue to take the drugs.”



One particularly sardonic patient at TRIMS framed the predicament in a song he called "The Tardive Dyskinesia Waltz (The Ragtime Dyskinesia Shuffle)." It goes, in part:

*You don't have to feel angry and sore.  
There are tens of thousands more  
Who exchanged their insanity  
For a bizarre humanity.  
No, you need not feel lost  
When you're doing The Tardive Dyskinesia Waltz.  
And tongue-lick!  
And palsied hands!  
And garbled speech!  
A-doin' The Tardive Dyskinesia Waltz. . .*

Less lyrical but slightly more optimistic are Smith's studies to find the brain mechanisms disturbed by TD. One theory, he says, is that tardive dyskinesia develops from supersensitivity of the brain's dopamine system. The other possibility is that the problem is caused by decreased sensitivity of the cholinergic system. Both are mechanisms of nerve-impulse transmission.

Because high doses of choline produce a fishy smell which is intolerable to patients, the Smith research group is currently testing lecithin, a choline precursor, in older patients suffering from tardive dyskinesia. So far the treatment has helped some patients in the study. As Smith says, however, lecithin cannot be approved for general use until its side effects are known.

### **start patient registry**

The Smith group is placing more immediate hopes on close evaluation of patients and strict supervision of treatments with neuroleptic and antipsychotic drugs. To this end, they are helping the Texas Department of Mental Health and Mental Retardation with a statewide register of current and former state hospital patients who have taken the drugs for a long time and shown signs of TD.

The registry will for the first time show the true incidence of tardive dyskinesia in Texas patients and enable hospital and community physicians to follow these patients. The hope is that better controlled treatment will reduce the occurrence of the disorder and at the same time prevent patients from relapsing if they stop taking drugs intermittently.

Smith is an editor and author of seven papers in *Tardive Dyskinesia: Research and Treatment*, published this year. He led a workshop at Kerrville State Hospital last month, teaching state hospital physicians and nurses what is known about TD and training them in rating and diagnosing the disorder.

"Maybe in the future we will find a drug for chronic psychotic illness without this particular side effect," he says. In the language of the song, which is not softened by probabilities and percentages, that would end the risk of exchanging "insanity for a bizarre humanity."

—Lore Feldman

## **new alcohol clinic offers group therapy**

A new alcoholism treatment clinic opened at TRIMS in September.

Located on the 14th floor of Center Pavilion Hospital, the clinic is staffed part-time by Dr. Roy Mathew, a psychiatrist and acting chief, Howard Trusch, a psychiatric social worker, and Judith Wolff, a nurse.

Group therapy, which "has been shown to be an effective, widely used mode of treatment for alcoholism," will be the major form of treatment, Mathew said. Eventually there will be two groups of eight to 12 members, who will meet twice a week.

Many alcoholics have marital problems, Mathew said, and marital therapy is available at the clinic. For selected patients, individual therapy is offered. Mathew hopes also to provide detoxification facilities.

Patients will come to the clinic as referrals from other TRIMS clinics. All new patients will be screened at the alcoholism clinic on Monday afternoons, with four new patients evaluated each week.

"The patients we treat are self-avowed alcoholics who have no other addictions or brain damage and no other serious psychiatric illnesses, such as schizophrenia, manic-depressive illness, or psychopathy," Mathew said. Between five and 10 percent of the U.S. population has a problem with alcohol addiction, he said.

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## **notable**

The Center for Studies in Aging of North Texas State University announces the annual Winter Institute on Aging Jan. 12-16, 1981. Topic: A holistic approach to health planning in later years. Graduate credit or continuing education units. Information from Eleanor Adams, Center for Studies in Aging, NTSU, P.O. Box 13438, Denton, Texas 76203, (817) 788-2763.

The National Education Center for Paraprofessionals in Mental Health offers a technical assistance network directory and substance abuse training materials. The directory, \$7.50, lists resource persons and organizations. To order it or the substance abuse publications list, write Social Action Research Center, 18 Professional Center Parkway, San Rafael, California 94903.

Two film series, *Jackson Junior High* and *Dial A-L-C-O-H-O-L*, produced by the National Institute on Alcohol Abuse and Alcoholism, have proved successful in teaching responsible use or nonuse of alcohol to youth. The films and accompanying printed materials are available for rent or purchase at a modest price from the National Audiovisual Center. For information write National Clearinghouse for Alcohol Information, Box 2345, Rockville, Maryland 20852.

*Come to the Mental Health Center* is a coloring book designed to help reduce a young child's fears about coming to the clinic. Single copies \$1 from Clearfield-Jefferson County Community Mental Health Center, DuBois, Pennsylvania 15801.



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**in memory**  
**of Dr. Sadie Aaron Caplovitz**



Sadie Aaron Caplovitz, the long-time volunteer in the early childhood clinic, died July 27. Dr. Aaron had spent innumerable hours in the clinic. Her presence enriched the clinic in so many ways. I always had the feeling of being part of history when she would tell us about herself. She received her doctorate from Stanford University in 1925, a time when few women were going to college and fewer were earning doctorates. She was the last doctoral student of Lewis Terman. One of her sister students was Margaret Goodenough of the Draw a Man (later to be Person) Test.

When Dr. Aaron came to Houston in 1929, she pioneered the special education programs and psychological services of the Houston school district. She taught at the fledgling University of Houston for Dr. Oberholtzer. Her stories of the battles she and Abe Hauser, the only psychiatrist in town in those early days, waged on behalf of handicapped children enthralled us. When World War II broke out, she served in the military.

**a remarkable marriage**

She was in her fifties when she married Dr. Harry Caplovitz. During Dr. Aaron's time with us from 1974 on, I was privileged to watch their remarkable and tender relationship. Once, when she could not locate him by phone, she went into a near-panic as he had been ill. Harry Caplovitz died in September 1979. Dr. Aaron could never quite overcome the abject loneliness his death caused her. Her own health problems and advanced age—she was into her eighties—were no advantages.

Those in the clinic made special efforts to care for her. She would call my house frequently during those especially lonely periods and we would talk. Sometimes when I was not at home she would have conversations with my 15-year-old son.

The lives of all of us who had contact with Dr. Aaron have been enriched. I will miss her calling me "honey." At her funeral, I was moved to see so many with whom she had been associated come to bid her good-bye. They referred to themselves as "Sadie's girls" and I was proud to think of myself as one of them.

*Toby Myers, Ed.D.*  
*Department of Child Development and Family Living*  
*Texas Woman's University*



# legal note

## the right to refuse treatment

by J. Ray Hays, Ph.D., J.D.

Several recent court decisions have focused on the issue of the right of patients to refuse treatment. In *New Jersey (Rennie v. Klein, 462 F. Supp. 1131)*, John Rennie sought protection of the federal court for the right (1) to refuse medication in nonemergency situations, (2) to treatment, (3) to counsel, and (4) to be free from physical abuse while in custody.

Rennie, a 38-year-old divorced man of reportedly high intelligence, worked as a pilot and flight instructor. His first episode of mental illness began in 1971. He was hospitalized 12 times between then and the admission for which he sought the court's help. During this revolving-door sequence of readmissions and releases, Rennie was treated with a variety of drugs. During 1977, for example, he was given chlorpromazine, fluphenazine, an amitriptyline-perphenazine combination, haloperidol, amitriptyline, and lithium.

The court considered the benefits and risks of psychotropic medication and then discussed the appropriate treatment for Rennie. He was seen as highly homicidal in December 1977. Because of his past failure to continue taking medication, the hospital staff had decided to administer the long-lasting drug, fluphenazine, without Rennie's consent. His condition improved markedly, but there was considerable disagreement among the physicians who later testified as experts as to whether Rennie had a disorder of thought or of mood. The diagnosis is important in determining what type of long-range medication Rennie should have.

### First and Eighth Amendments not breached

The court examined the constitutional grounds for Rennie's case. The administration of certain drugs has been held by other courts to be cruel and unusual punishment. In Rennie's case, however, the staff had attempted to use fluphenazine, whose therapeutic effects are generally accepted in the context of an overall treatment program. The court found no violation of the Eighth-Amendment prohibition of cruel and unusual punishment.

The second constitutional ground of Rennie's suit was the "First Amendment right to freedom of expression, including both the right to communicate and the right to think." The court found this argument also lacking because Rennie's intellectual functioning, as shown by psychological tests, was undiminished by the medication. There were some side effects, such as dulling of the senses, which the court found to be temporary.

### right to privacy upheld

The third constitutional argument Rennie raised was that of the right to privacy, which includes the right to protect one's mental processes from governmental interference. Although not stated specifically in the Bill of

Rights, the right to privacy does exist; the countervailing interests of the state are the protection of individuals and the public from harm. The court recognized that a balance must be drawn between the possibility of a cure for a disorder such as schizophrenia and the risks of permanent disability from tardive dyskinesia. This balance is a "uniquely personal decision which . . . should be free from state coercion," the court stated. The court also recognized that the uncertainty of psychiatric diagnosis weighs in favor of the patient's ultimate right to determine treatment. The court thus believes the patient has a right to refuse treatment based upon the right to privacy.

On the other side, however, is the state's interest in protecting the public, which includes other patients. Should Rennie refuse medication and remain assaultive, he cannot be allowed to harm others. If he is assaultive, he may either receive medication or be restrained. He cannot be free of both.

### drug trial ordered

At no time was Rennie found incompetent. In Texas, as in New Jersey, the finding of mental illness and incompetency are separate and distinct. Finding Rennie's refusal to take fluphenazine and lithium without an antidepressant well founded, the court ordered a trial of lithium and of a tricyclic antidepressant, and further hearings on long-range treatment if Rennie refused that drug combination or failed to control his behavior.

Outlining what must occur in a hearing to force medication, the court stated that "patients are entitled to a lawyer to assist them. Counsel is necessary to cope with the problems of law, to make skilled inquiry into the facts, and to insure proper procedures. . . . Independent psychiatrists are also essential to a fair hearing. . . a psychiatrist retained by the hospital is not sufficient. . . patients refusing treatment must be entitled to an outside consultant of their choice so that all the facts can be aired."

In such a hearing the court will examine four elements: the patient's physical threat to others at the institution, the patient's capacity to decide the appropriateness of treatment, the least restrictive alternative, and the risks of the proposed treatment.

A federal district court in Massachusetts ruled in similar fashion for a patient who complained of forced medication (*Rogers v. Okin, 48 USLW 2328*). Adding to the reasoning of the New Jersey decision, the court based its opinion on the privacy right, which includes the right to think and decide, a fundamental element of freedom. Although medications are a cost-effective and convenient method of controlling patients, the court stated, convenience and cost have long been regarded as inadequate justifications for a state's failure to respect constitutional rights.

continued on page 11



dear interns, fellows,  
residents:  
bienvenidos, glad you could  
come

Last month the institute welcomed a new cadre of students, fellows, and residents who endured orientation and were snowed by paperwork. They are finding corners to work in, if they're lucky, and they have met their first patients. Their faces are becoming familiar and maybe even their names (remember, it's Bóchkárev, not Bochkárev) are being pronounced correctly. Learning Texian will take some people a little longer.

Photographs of most of the newcomers are on this page, and six interviews are on pages 14-15. Welcome to TRIMS, y'all.



**Left:** Geriatric fellows—Dr. Cynthia Ochs, Dr. Lenore Tate, psychologists, Dr. Mohsain Essa, psychiatrist, and Dr. Paul Chafetz, psychologist.



**Right:** Family therapy fellows—Dr. Merle Tyroler, Dr. James Bray, and second-year fellow Beatriz Molina.



photos by Marc Meyers



**Left:** Child therapy trainees—J.J. Go, Janet Rothschild, Maria Sodek, Betty Suarez, Charles Streat, Mary Urmeneta, Kathy Reeves, Barry McCarty, Ginny Hargrove, Sandra Medina. Three stipends are being supported by the Hogg Foundation for Mental Health.

**Above:** Predoctoral science students—Andrew A. Swihart, University of Houston, works in psychosomatic research; Toni Shippenberg, Baylor College of Medicine, works in neuropsychopharmacology; David Loring, University of Houston, works in neuropsychology research.



**Left:** Psychiatry residents (front) Drs. Anthony Rameshwar, Susan Goodson, Ranu Thapar, Boris Rubashkin. (Rear) Dr. Mohsain Essa, Zehra Peerbhoy, George Cowart, Bela Bochkarev, Victor Gutierrez, Antonio Bartonico.

**Right:** Social work interns—(front) Rose LeFeber, Valerie Peavy, Rebecca Tozer, Ruth Grulich, Paula Paust. (Middle) Alice Metcalf, Winnie Harris, Cecelia Samish, art therapist Marv Fran Heberlein, Lynn Murphy. (Rear) Mike Thompson, Jim McMann, Carol Johnson. Tozer and Murphy are from Smith College, the others from the University of Houston.



**Right:** Psychology interns—Richard Ganley, Harriet Schultz, Marilyn Bottino, David Harvey, Cynthia Zarling, Diane Friedman, Reginaldo Garcia.



## Alzheimer patients' families form mutual help group

Her husband, said the doctor, was suffering from dementia. The woman didn't know what dementia meant so she went home and looked up the word in her dictionary. A very old dictionary. The book said dementia meant insanity. The woman thought her husband was insane.

This is only one of the stories John Largen Jr. heard when he was screening patients who have Alzheimer's disease for one of the Scholar research team's projects. It soon became apparent, he says, that the patients' families had either no information or misinformation about Alzheimer's disease. "In intake interviews I spent half my time trying to answer questions and clear up myths."

The families wanted to know the cause of the disease, how it progresses, and whether or not it is inheritable. Very little has been written for the lay public about the disease, and often the family's physician had not had time to answer all their questions.

Then too the families were often having a tough time coping with the care of the patient. Alzheimer's disease, a form of dementia, produces defects of memory, orientation, reasoning and judgment, as well as personality changes ("one of the most difficult things for the family to face"), Largen says.

### help with organizing

The experience persuaded Largen that some sort of organization for families of Alzheimer's disease patients should be formed. The result is the Alzheimer's Disease and Related Dementias Association now being organized. The organization, Largen stresses, is a "family-run and family-organized group." But he as well as TRIMS staff members Drs. George Niederehe and Ann Carlisle, Judith Scott, Nancy Wilson, Jane Sanborn,

and Dr. Terry Shaw from Veterans Administration Medical Center are acting as consultants and helping the group to organize.

The association will offer information and resources, hold group meetings, and possibly form informal family co-ops, Largen says. The group plans to collect and disseminate easily understood literature on Alzheimer's disease. At group meetings experts in medicine, psychology, and law might discuss "practical issues the families have to deal with." The groups will allow families to discuss mutual problems and ways of dealing with them. "It's a big boost for these people to know they're not alone," Largen says. "They learn that there are lots of other people with the same problems and know that there's someone they can call who understands."

### respite for relatives

As for the family co-op arrangement, Largen believes one family could briefly look after an Alzheimer disease sufferer from another family. "A substantial number of persons with Alzheimer's disease require constant looking after," he says. The reciprocal arrangement would allow family members some time off.

Alzheimer's disease, Largen says, accounts for about 50 percent of the dementias. Generally the disease affects persons in their fifties to seventies, but it can strike as early as age 30. It's estimated that 15,000 people in Harris County suffer from dementia, Largen says. "And that's a conservative estimate. There are probably twice as many."

Persons interested in joining the Alzheimer's Disease and Related Dementias Association should contact Largen in the neuropsychology research section, 797-1976, ext. 438.

—Karen Hanson Stuyck



## children's park to be built with Fondren Foundation gift

A \$21,000 gift from the Fondren Foundation is enabling the Volunteer Services Council to realize its dream of building a playground and park for the institute's young patients.

The playground will actually be a green recreation spot for adult patients, children's parents, and staff members as well, according to Carol Walser, director of volunteer services. An area about 90 by 150 feet on the east side of the TRIMS building, now planted only with grass, will be fenced and landscaped by Teas Nursery with trees, shrubs, and flower beds. It will have swings, a hill transected by a pipe large enough for children to crawl

through, climbing equipment, benches and picnic tables. A path will wind through the little park, and there will be gates—two from the building and one to the outside.

The playground is designed to ensure the children's safety. Walser hopes to have enough money to have a deck built, so that children may play outside when the ground is muddy.

The park has been an extremely popular project for volunteers and staff members, Walser said. An additional \$3,000 of construction money came from the congregation of St. John the Divine Church, Tenneco, and other volunteer groups.



# publications

Chandra H. Misra, Harnath S. Shelat, and Robert C. Smith. Effect of age on adrenergic and dopaminergic receptor binding in rat brain. *Life Sciences* 27:521, 1980.

Chandra H. Misra. High-affinity uptake system for cysteine in crude synaptosomal fractions of rat cerebral cortex. *Journal of Neuroscience Research*, in press.

Kenneth Reed, Robert C. Smith, Joseph C. Schoolar, Richard Hu, Doddamane Leelavathi, Edward Mann, and Lois Lippman. Cardiovascular effects of nortriptyline in geriatric patients. *American Journal of Psychiatry* 137:986, 1980.

Robert C. Smith, Kenneth Reed, and Doddamane E. Leelavathi. Pharmacokinetics and the effects of nortriptyline in geriatric depressed patients. *Psychopharmacology Bulletin* 16:54, 1980.

Roy J. Mathew, Louise L. Hsu, Karen M. Semchuk, and James L. Claghorn. Acetylcholinesterase and pseudocholinesterase activities in anxiety. *American Journal of Psychiatry* 137:1118, 1980.

Roy J. Mathew, Maxine Weinman, and James L. Claghorn. Tricyclic side effects without tricyclics in depression. *Psychopharmacology Bulletin* 28:58, 1980.

Roy J. Mathew, Beng T. Ho, Patricia Kralik, Dorothy Taylor, Karen Semchuk, Maxine Weinman, and James L. Claghorn. Catechol-O-methyltransferase and catecholamines in anxiety and relaxation. *Psychiatry Research* 3:85, 1980.

Felice Cohen. Book review, *Development of Cognitive and Creative Skills* by Rawley A. Silver. *The Arts in Psychotherapy* 7(3), 1980, in press.

## □ honors and duties □

Mike McGuyer was elected vice chair of the International Television Assn.'s Houston chapter... Dr. Kay R. Lewis is president-elect of the National Assn. of Developmental Disabilities Managers, and Dr. J. Ray Hays is next year's president of the American Assn. of State Psychology Boards... Dr. Jack M. Fletcher joined

the editorial board of the *Journal of Clinical Neuropsychology*.

## □ founding mother □

"We DID DO IT," says the annual report of CAN-DO-IT, about the residential treatment center for emotionally disturbed children the group established after six years of campaigning and fund-raising. Felice Cohen, a founding mother, left CAN-DO-IT's board with a gilded key to the office. Original board members include Dodie McBride, Angelee Duke, and Muriel Folloder. Dr. Mae McMillan joined the board a little later.

CAN-DO-IT's first project was helping to establish Cambio House. Next came an arrangement with DePelchin Faith Home for Bayou Place, which now has 22 beds for troubled children.

Cohen was in Montreal last month, giving a paper on "Art therapy: Psychotic expression and symbolism" to the American Psychological Assn. She will chair a panel at the American Art Therapy Assn. convention.

## □ one for the book □

An unusual case diagnosed by Dr. Mark Valverde during the *DSM-III* field trial here will be included in the case book published as a supplement to the manual by the American Psychiatric Assn.

## □ peripatetic □

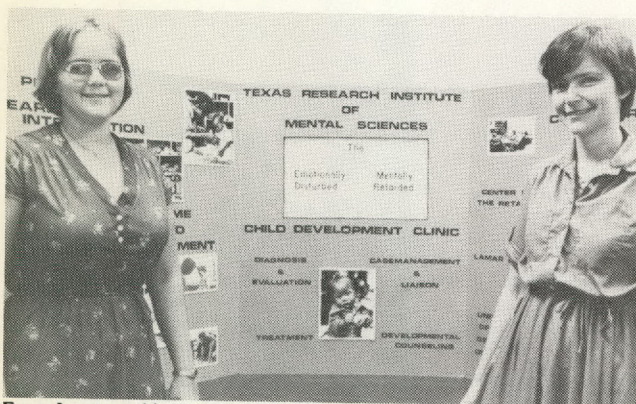
Dr. Charles M. Gaitz ("Gates" in a recent article in *Newsweek*) taped a series of Frank Field's health shows on WNBC recently, along with gerontology colleagues Drs. Carl Eisdorfer and Robert Butler. Physicians and medical students in Mississippi, Wyoming, Iowa, and South Dakota have heard him lecture on geriatric psychiatry in the last few months. In Houston, he and Nancy Wilson participated in Rep. Mickey Leland's health conferences.

## legal note. . .continued from page 7

### rights and duty conflict

The decisions in these cases bring into sharp focus the conflict of the physician's duty to provide the best care available for a patient versus the patient's right to determine the course of his or her life. The physician's duty flows from the *parens patriae* doctrine when patients are under state control, or the philosophy of medical paternity.

It is clear that these conflicting interests will receive the attention of the courts and that at least two federal courts will not allow the personal right to decide one's future to be overcome without a fair hearing. Should this philosophy prevail in other courts or be endorsed by the United States Supreme Court, therapists could be placed into an antitherapeutic adversarial role with clients. Perhaps one of our tasks is to explore better methods for dealing with individuals who are mentally ill and dangerous.



Fawn Lewis and her mother, Dr. Kay Lewis, with exhibit Fawn designed and lettered for American Association of Mental Deficiency convention in Houston.



## Joyce Sanders chairs new employee relations committee

The TRIMS employee relations committee, whose members represent the four divisions and the director's office, met for the first time Sept. 12 and elected Joyce Sanders, psychiatric nurse and training specialist, as chair.

Serving on the committee are Dr. Gary V. Sluyter (director's office); M.L. Crummedyo, Carol Walser, Linda Smith (administration); Dr. Jack M. Fletcher, Paul Phillips, Nancy Baier (research); Sanders, Myrna Harlan, Dr. Ken Solway (training); and Dr. Suzanne Bafus, Monica McConnell, Rebecca Reyes (clinical services).

Each division head appointed three members while the director's office is to be represented by two.

Committee bylaws state the group's purpose as follows:

- To advise the director on personnel-related problems and conditions which prevent creative progress toward facility goals,
- to recommend solutions and alternate courses of action to general or specific employee-related problems,
- to review and comment upon proposed plans and programs or policy and procedural changes that affect employees,
- to propose programs, policies, and procedures to improve employee relations,
- to promote harmony and more effective working relationships,
- to develop effective dialogue between the director and employees.

The committee meets on the first Wednesday of each month and welcomes suggestions. "Let's hope we can accomplish something," Sanders says.

## relax: there's still time to register for anxiety symposium

Although the early-registration deadline has passed for the institute's 14th annual symposium, *Biology of Anxiety*, there is still time to plan to attend the conference Nov. 5-7.

Divided into sessions on physiology of anxiety, pharmacological and nonpharmacological treatments, psychosomatic manifestations, sleep—and addressed by an international group of clinical researchers—the symposium promises much current information on the disorder.

Speakers include Drs. Edward Blanchard, State University of New York at Albany; Gregory Carey, Washington University School of Medicine; James L. Claghorn, TRIMS; Victor H. Denenberg, University of Connecticut; Salvatore J. Enna, University of Texas Medical School at Houston; Max Hamilton, University of Leeds, England; Lorraine Roth Herrenkohl, Temple University; Beng T. Ho, TRIMS; Ismet Karacan, Baylor College of Medicine; Chase P. Kimball, University of Chicago.

And Drs. Malcolm H. Lader, University of London; Harvey Moldovsky, University of Toronto; Alexander Nies, Marshall University School of Medicine; Ferris N. Pitts Jr., University of Southern California School of Medicine; Robert Rose, University of Texas Medical Branch at Galveston; Herbert Weiner, Albert Einstein College of Medicine; Robert L. Williams, Baylor College of Medicine; and Roy J. Mathew of TRIMS, who is the conference organizer.

The conference will be held at the Holiday Inn-Medical Center. Programs and registration forms are available from Dr. Mathew's office, TRIMS psychosomatic research unit, (713) 797-1976, ext. 343.

## continuing education

### Oct. 16-19

Biofeedback Society of Texas  
annual convention  
University of Houston Hotel

### Oct. 16

movement disorders: update 1980  
office of continuing education  
TDMHMR central office, Austin

### Oct. 16

burn out or blast off — which  
will it be for you as a social  
worker in the 1980s?  
Texas National Assn. of Social Workers  
Hilton Inn, Austin

### Nov. 5-7

biology of anxiety  
TRIMS symposium  
Holiday Inn-Medical Center, Houston

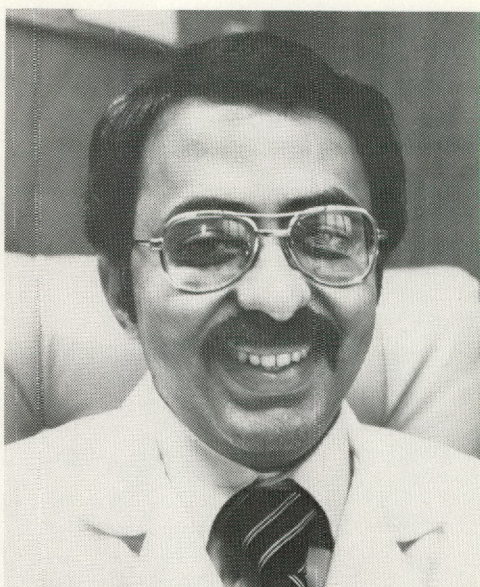
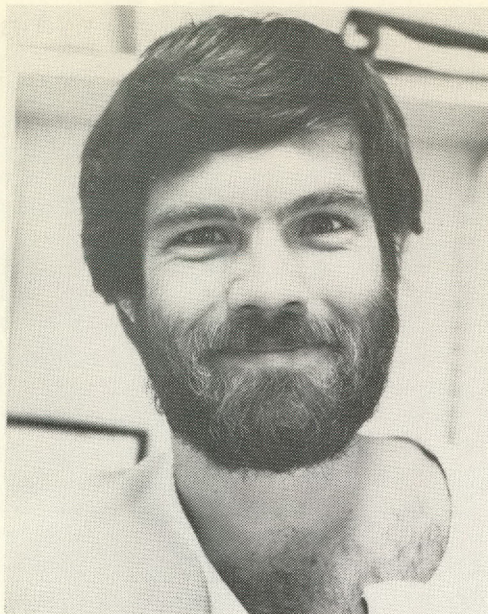
### Nov. 14

suicide: the preventable death  
University of Texas division of education  
Joe Thompson Conference Center, Austin

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



# appointments



Glen Razak (top left) is administrative assistant to the clinical services division, Dr. Suzanne Bafus (top right) is administrator for allied health services in the inpatient service, Dr. Caryl Smith (bottom left) is acting chief of psychology for the inpatient service, and Dr. Roy J. Mathew (bottom right) is acting chief of the alcoholism treatment clinic. Dr. Sergio Henao (not shown) is acting chief of the child and adolescent service.

## the aging brain was symposium topic

TRIMS, the University of Texas Medical School at Houston, and American Cyanamid Company sponsored a symposium on *Brain Neurotransmitters and Receptors in Aging and Age-Related Disorders* at the Shamrock Hilton Hotel Oct. 2-3.

Dr. Thaddeus Samorajski, chief of TRIMS gerontology research, organized the conference together with Dr. Salvatore J. Enna, professor of pharmacology, neurobiology and anatomy at UT Medical School, and Bernard Beer, director of central nervous system research of the Pearl River, New York corporation.

## 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



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# who we are what we do



**David Harvey** is finding his psychology internship “a huge smorgasbord of things to do.” A family-child intern from the University of North Carolina, he works with children at the Houston Child Guidance Center, with adults in the TRIMS inpatient unit and outpatient clinics. “Between midnight and 3 a.m.” he works on his dissertation and a paper on “Depression and attributional style” to be published in the *Journal of Abnormal Psychology*. Harvey’s research interest is depression. He says one of the things he most likes about clinical psychology is being able to deal with depression from a clinical point of view, “where I’m involved in a more immediate way,” and then switch to a more abstract, scientific viewpoint on a research project. He hopes to find a job that will allow him “to wear both of those hats, juggling research and clinical work with families. I think that research can really add to one’s clinical effectiveness and vice versa.”



“Being an advocate for children is really important to me,” says art therapy intern **Mary Fran Heberlein**. “If you see something happen with even one child, it makes all your work worthwhile. The world opens up for that child.” Heberlein is studying for her master’s degree at the University of Houston at Clear Lake. She finds art a catalyst for therapy, and, because the focus is on the patient’s art work, therapy is often less threatening. “You can talk about what’s going on in the picture, and, at some level, the patient will come to understand that that’s what’s going on in his life.” Heberlein spent a year after college working in Portland, Oregon as a volunteer in a program similar to VISTA. She coordinated a social outreach program at the University of Portland, which sent student volunteers into the community, and a parish youth program for adolescents. A fine arts major in college, she says that art therapy combines her experience in visual arts and social service.

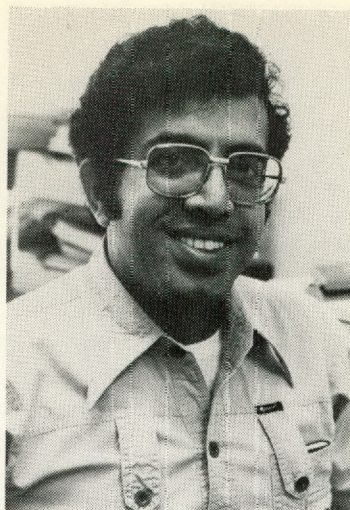


**Charles Streat** arrives for the interview with red paint on his sleeve. Some little person has been fingerpainting on him in the early childhood therapy clinic, where he started a two-year round of training and study for the master’s degree in child development. Streat has an intertwined career of psychology and chemistry: counseling in vocational guidance and drug abuse clinics, and research in obstetrics-gynecology and sickle cell anemia at University of Texas medical schools in Dallas and Houston. “Maybe science helps me with self-discipline and psychology with my humanitarian goals,” he says. “I am bringing them together now as well as I’ve ever done.” Only a short time in the training program made him “realize how children may be crippled emotionally unless someone intervenes for them. Children need nurturing, and that may mean holding and rocking, being a pal, or some extra support for the parents. We do a lot of that. What happens to a child early in life affects later development. The details of that are our business.”



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Older people can be excellent teachers, says new geriatric fellow **Dr. Mohsain Essa**, "if only we're willing to sit and listen. It tickles me to talk to some of the oldies who can remember their fathers or grandfathers who were in the Civil War. That's the closest to first-hand experience of history that you can get." Essa will complete his last year of psychiatric residency at TRIMS along with the fellowship. A native of Malaysia, he went to medical school at the University of Malaya, then started his residency in Australia. Before he could finish the residency, he was called home to establish a psychiatry curriculum at his medical school and also filled in as acting head of the department. He resumed his training, this time at the Nebraska Psychiatric Institute. Essa is particularly interested in biological aspects of mental disorders and thinks the practice of geriatrics allows "the greatest convergence of medicine and psychiatry."



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Complimented on her fluency in English, **Dr. Bela Bochkarev** says, "You know where I learned it? In my apartment in Rochester, studying *Harrison's Principles of Internal Medicine* like a dictionary. In Russia we say, 'It's like eating spaghetti with the right hand through the left ear.'" She demonstrates. It's easy to see her cramming for the foreign physicians' exam in a strange language. Bela and Pavel Bochkarev, their son Valery, and her parents left the Soviet Union four years ago, a family of "undocumented aliens" in their own country. Pavel's father was executed in 1937 by the Stalin regime, for owning land. Denied her choice of psychiatry after she graduated from medical school, Dr. Bochkarev became a general practitioner. Now in her first residency year at TRIMS, she works at Medical Center Del Oro Hospital. She tells about the confusion of her first days there and the high expectations and "wonderful patience" of her supervising physicians.

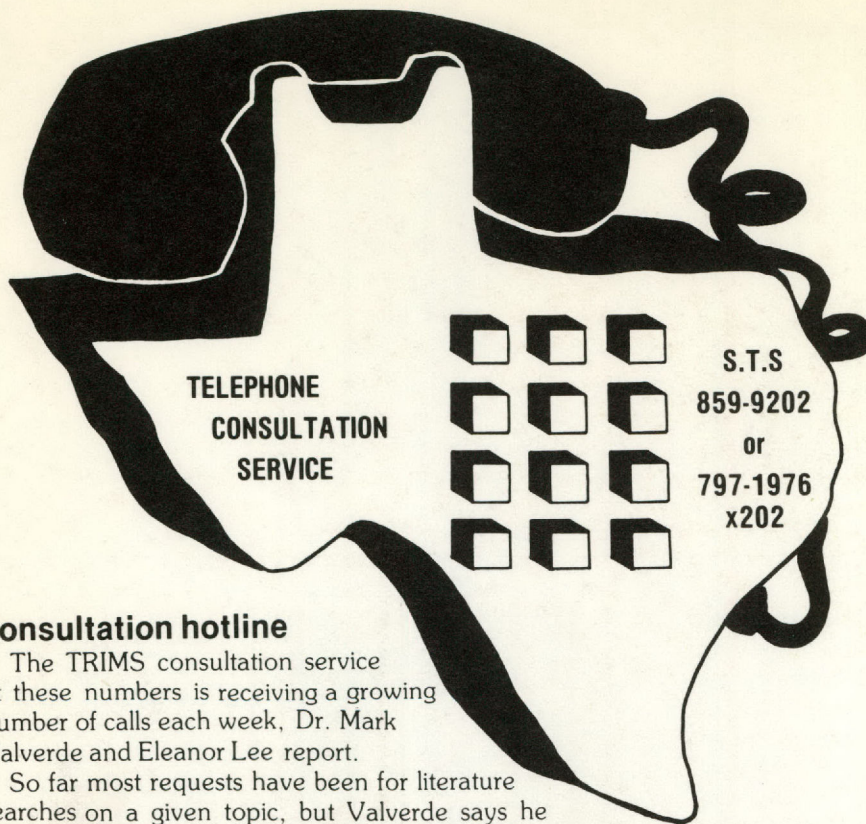


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**Carol Johnson** is one of 11 students on a year's field placement at TRIMS from the University of Houston Graduate School of Social Work. Mother of three adolescents who enjoy "the diminished focus on them," she has years of professional training behind her. Johnson spent three years studying at the Texas Institute of Family Psychiatry. Her year as a caseworker at M.D. Anderson Hospital, where she helped to counsel families of patients and followed a group of terminally ill 17-year-olds, was "the hardest thing I ever did," she says. Assigned to the TRIMS adolescent and family clinic under Olga Flores's supervision, Johnson is excited about gathering experience in family therapy. "I'm happy to be aboard," she says. "I know that working with families may be more productive and bring about changes in a shorter period of time than treatment for individuals."







**consultation hotline**

The TRIMS consultation service at these numbers is receiving a growing number of calls each week, Dr. Mark Valverde and Eleanor Lee report.

So far most requests have been for literature searches on a given topic, but Valverde says he has also been called on to find information for rarely seen mental disorders.

TRIMS consultants on geriatric psychiatry, pharmacotherapy, child psychiatry, legal issues, family therapy, drug abuse, psychophysiology, behavior therapy, developmental disabilities, social intervention, and community psychiatry stand ready to answer questions—or help find answers—on these topics.

Circulation of the other new TRIMS service for the department, *TRIMS therapy notes*, is growing as well. The monthly newsletter began in September and is being mailed to nearly 1700 colleagues in state facilities and community centers. Additions to the mailing list are welcome.

**seminars**

Mental health training seminars. Fridays 11 to 12:15 in TRIMS auditorium.

**oct. 3 and 10 • to be announced**

**oct. 17 • Recovery, Inc.**  
panel presentation by representatives of self-help group

**oct. 24 • update: chronic brain syndrome**  
John Lukens, M.D.  
director, inservice training program  
McLaren General Hospital  
Flint, Michigan

**oct. 31 • the significance of laboratory findings within a mental health setting**  
R.C. Rosan, M.D.  
psychiatric resident, TRIMS

**texas research institute of mental sciences**

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