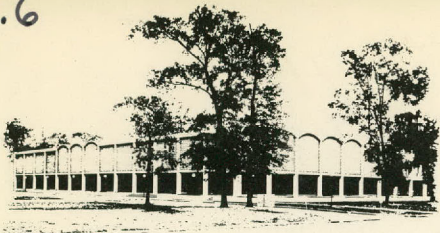


M1000.6
Em43
11/9



texas research institute of mental sciences □ houston □ nov.-dec. 1979

Happy man in printshop—
page 15

Government Documents
JAN 22 1980
Dallas Public Library

the emissary





dr. schoolar writes

“summit” meeting in Hill Country

To paraphrase T. S. Eliot, we had a good time of it at the Laity Lodge summit meeting. There were workshops on organization of the Department of Mental Health and Mental Retardation, on continuity of care, aftercare, and screening of patients, on evaluation of programs and departmental policies, and on legislative changes necessary to implement the recommendations made at the meeting.

The conference was the largest gathering of TDMHMR staff members in recent memory: superintendents of all state schools, hospitals, and human development centers; executive directors of the community mental health centers; the board of TDMHMR; the commissioner and his staff of deputy commissioners, administrators, and technical personnel. Also in attendance were representatives of the Legislative Budget Board, the governor's budget office, the Texas Research League, and of advocacy groups for the mentally retarded and mentally ill. All in all, some 125 persons were present for the two-day conference.

Functionally, the group was organized into five workshops. Each workshop leader was charged with focusing on one topic. The board and governmental representatives floated among the groups. Resource material had been prepared in advance by Commissioner Kavanagh. It was comprehensive and served as a basis for the discussions.

Understandably, not all of the ideas and recommendations were new. For this to have been otherwise would be to say that the department has been living in a vacuum and that the decisions of previous meetings of this sort have been ignored. Obviously, such is not the case. The commissioner and many department staff members are con-

tinually engaged in evaluation and planning as part of their *raison d'être*. The purpose of this meeting was to integrate new and not-so-new ideas into current needs and functions, to adjust the focus and direction of the department in accordance with the new mandates, accountabilities, and new technologies, yet hewing to the line of fiscal prudence. Highlights included proposed changes in organization and data-gathering and -processing, greater emphasis on training of departmental personnel, and development of evaluative techniques that are related directly to the needs of patients and can be translated into action.

regions a possibility

Considered as a whole, the function of the department is to give service. Case-finding and screening need to be improved; the gaps need to be closed. Duplication of effort needs to be eliminated. One suggestion for improving service delivery was to assign the deputy commissioners to regions, so that all public facilities in a given geographic area would be the administrative responsibility of one person. Thus, budgetary planning, service delivery, client tracking, and programmatic evaluation would be more integrated than they are now. Management information systems would be founded on common definitions of units of service and client identification, but several data-processing systems would be permitted, with aggregate data available to each level of organizational management.

Primary planning functions, including service and budget planning, would be decentralized by regions, with functional and categorical management responsibilities continuing to be in the central office. Each state and community facility

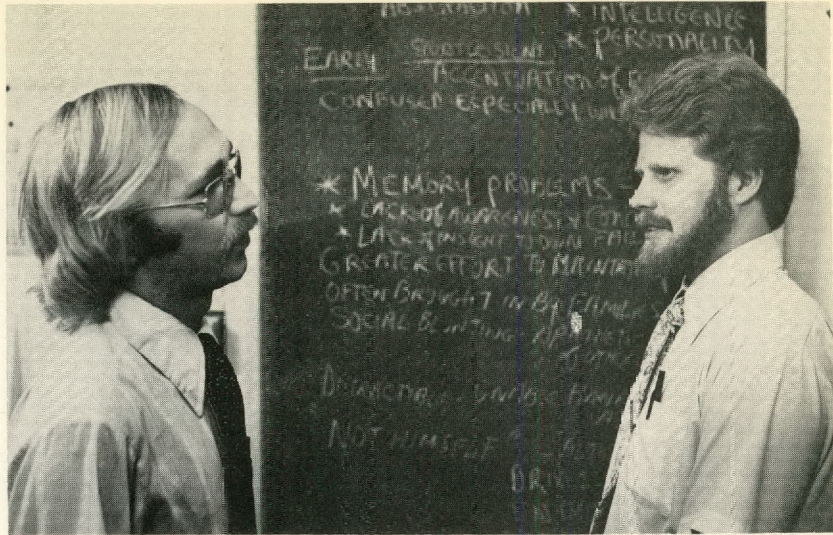
would have an executive director who would be accorded as much autonomy as possible. The directors would be responsible to the regional director.

better personnel selection

Personnel selection practices would be sharpened to recruit individuals well qualified to meet specific departmental needs. It was suggested that TRIMS assume an even greater responsibility for training than it now has, being responsible for providing workshops and curricula for employees throughout the department, based on periodic needs surveys. Thus the long-sought career ladder might become a reality for departmental personnel, each person being recognized for creditable contributions in his or her own discipline, without having to assume overly burdensome administrative responsibilities to be financially rewarded.

one mental health system

Perhaps the most significant aspect of the conference was the new perspective of the department as part of a mental health *system*, responsible both for and to that system. In its ideal concept, the system comprises both the public and private sectors and encompasses every person in Texas who is trying to improve the treatment of the mentally ill. Management personnel from facilities formally so divergent as community mental health and mental retardation centers, schools, and hospitals must sit down together and discuss common goals and shared problems. Only in this way will we be able to plan a financially possible service delivery system, and one that provides the best treatment for the patients of Texas.



Sam Brinkman and John Lergen discuss the symptoms of patients with Alzheimer's disease. Memory loss is the most troubling problem.

'milkshakes' to improve memory

researchers try to help victims of Alzheimer's disease

Every week four or five persons may be seen leaving the TRIMS pharmacy with what looks like a gallon of milk.

What they are doing is trying to reverse memory loss caused by Alzheimer's disease, a form of brain impairment related to aging. The weekly gallon of "milkshakes"—a blend of milk, flavoring, and the lipid compound lecithin—is part of the program. The lecithin mixture increases the activity of cholinergic neurons, which are involved in memory functions. The second part of the patients' four-week program involves learning memory retraining techniques.

The pilot project is one of several concurrent studies at TRIMS on Alzheimer's disease. It is a joint effort of TRIMS, the University of Houston, and Veterans Administration Medical Center. The multistaged project is being conducted by Dr. Robert Smith's behavioral neurochemistry team at TRIMS; Sam Brinkman, a neuropsychology consultant at the University of Texas Health Science Center and former TRIMS gerontology researcher; John Lergen, a TRIMS research fellow; Dr. George Vroulis, a neuropsychologist at TRIMS; Dr. Terry Shaw, research director, and Dr. John Stirling Meyer, director of the regional cerebral blood flow laboratory at the VA Medical Center.

At present there is no known cure for Alzheimer's disease, which is estimated to affect anywhere from five to 24 percent of people over 65. Memory loss is these patients' major problem. Their orientation, judgment, and ability to deal with abstract concepts also may be affected, Lergen said. "Relatives will likely say, 'He's just not himself.' They will see marked alterations in his moods or enthusiasm, which happen for no apparent reason."

Persons with Alzheimer's disease might decide they need to make lists, then forget where they put the lists,

Brinkman said. "They might blank out on things like who the current U.S. president is, or even their grandchildren's names."

symptoms resemble normal changes

Part of the problem in identifying the disease is that the symptoms are similar to those associated with normal aging, Brinkman said. In Alzheimer's disease, however, these symptoms are exaggerated. If an older person isn't sure whether she is experiencing normal aging problems or symptoms of Alzheimer's disease, she should ask herself, "How much is this disrupting my normal daily functioning?" he said.

Applicants receive complete physical and neurological exams to rule out other illnesses. Nevertheless the diagnosis can never be completely certain. "The only sure way of identifying early Alzheimer's disease is by brain biopsy or autopsy in case of death," Lergen said. "Right now all you can do is infer the diagnosis by eliminating everything else."

Participants in the project drink two eight-ounce milkshakes a day. Sometimes the shakes are laced with lecithin, sometimes they are placebos so that the patient's memory and behavior can be evaluated under both conditions.

learn memory exercises

Persons in the study also learn memory training techniques, which Brinkman has taught with good results to patients who have other types of brain damage. Using these exercises, participants retrain their cognitive functions to compensate for brain impairments. A typical technique would be teaching the patient to use imagery to remember the items he wanted to pick up at the grocery store. If he wanted to buy milk and cheese, he "milkshakes continued on page 8. . .

symposium on emotionally disturbed retarded

new laws, new programs gave meeting an optimistic tone

Mentally retarded people "are just like the rest of us and can have any of the problems the rest of us have, including mental illness. The main difference is that their intellectual skills are not as great, and their adaptive skills—their way of making it in the world, their way of getting their needs met—are not as good. But with support and treatment they can do very well."

This is what Dr. Kay R. Lewis, chief of TRIMS child and adolescent services, told a radio reporter who had asked what the thirteenth annual TRIMS symposium held last month in Houston, *The Emotionally Disturbed Retarded: Their Nature and Needs*, was about.

The symposium, Dr. Lewis said, was an effort to respond to the needs of professionals in the two related fields, mental health and mental retardation, to update their knowledge of scientific and legal developments, and to share their experience and skills.

"The educators do well serving people who are retarded. And the mental health professionals do well with people who are emotionally disturbed. But the most difficult and therefore the last to be served are those whose problems overlap."

Judging by SRO crowds at most of the sessions at the Shamrock Hilton Hotel, and by the diversity of the 350 participants from Texas state hospitals and schools, community centers, private organizations, and out-of-state mental health and mental retardation agencies, the symposium was the forum it was intended to be.

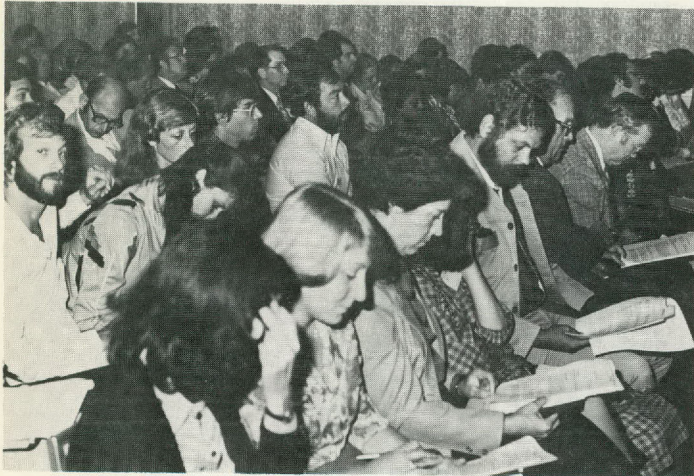
extend civil rights

The timing was right, for one thing. Two years ago Public Law 94-142 was enacted by the U. S. Congress to guarantee free public schooling to all handicapped children. In Texas, the Mentally Retarded Persons Act made statutory, in Bill of Rights fashion, civil and personal rights of mentally retarded citizens who had in practice been deprived of them.

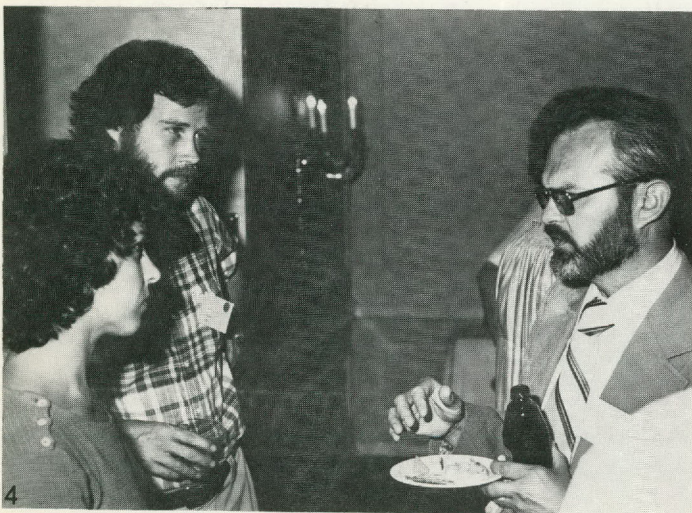
Several of the symposium speakers explained the new laws and the accompanying need for professional evaluation of mentally retarded persons so that they could indeed be placed in the least restrictive environment—in community situations where they could learn to function at the top of their ability.

"You have to work with the retarded at least three months to get a picture of what the retarded can really do," Dr. Lewis said. "They can progress, they can become taxpayers instead of people who are taken care of, if some of their problems are treated."

Retarded individuals are doing maintenance jobs, sacking groceries, waiting on tables in every town in the United States, she said. "They don't have a sign on their T-shirt saying 'I am mentally retarded,' and so many people don't know that the retarded are capable of doing many things."



Dr. Kay Lewis



moved upstairs

Dr. Robert Reichler, psychiatrist and director of behavioral sciences at Children's Orthopedic Hospital in Seattle, told about his experience with a school where, for the first time, a classroom was provided for autistic children. And it was "not in the basement next to the boiler room, and not in the cafeteria," he said.

When the teacher needed some normal children to give her autistic students some models, other teachers began to send their best pupils to the autistic classroom as a reward for good work. Soon all the children wanted to go.

"We got a kind of integration for the most difficult group you could pick," Reichler said. "We found we could mix these kids and nobody got hurt. And suddenly the trickle started going the other way—autistic children began to be accepted in the regular classes."

Since public education has been ordered for all handicapped children, Reichler said, the question is not whether or not to pay for educating the retarded, "the question is where and how." The new laws will work when they are applied creatively and with optimism.

Reichler made a strong pitch for involving parents in all decisions concerning their retarded children, saying parents are the best therapists and they inevitably become the children's advocates.

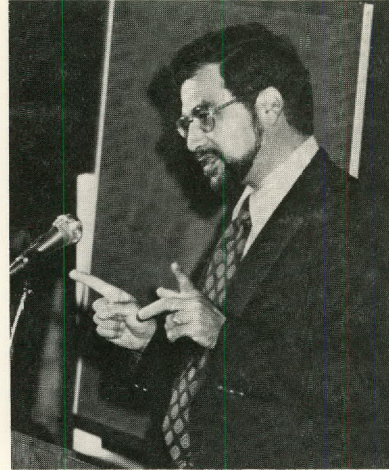
legal missionary

Dayle Bebee, executive director of a statewide advocacy agency for the handicapped, Advocacy Inc. in Austin, discussed the application of the Mentally Retarded Persons Act and its companion law, the limited guardianship statute.

"I'm kind of a legal missionary," she said in an interview. "Most seriously retarded persons cannot speak for themselves. They don't know, and in some instances their families don't realize either, that their legal rights are being abused or denied."

The Mentally Retarded Persons Act is a "beautiful statute," she said. "The exciting thing about it is that the first sections are a bill of rights for the retarded. Then it goes into great detail about the procedures for admitting someone into a state school, the requirements for evaluation and diagnosis, and for an individual habilitation plan."

Many residents in state schools were placed there by their parents when they were minors. Although they are now grown, the assumption was that parents continued to have legal authority to make decisions for their retarded adult child. This is not so, Bebee said. When a retarded person reaches age 18, he or she has the same legal rights as anyone else. Under the limited guardianship statute, the retarded person's capabilities are evaluated by a professional team. Based on this, the court may then design an arrangement that allows the

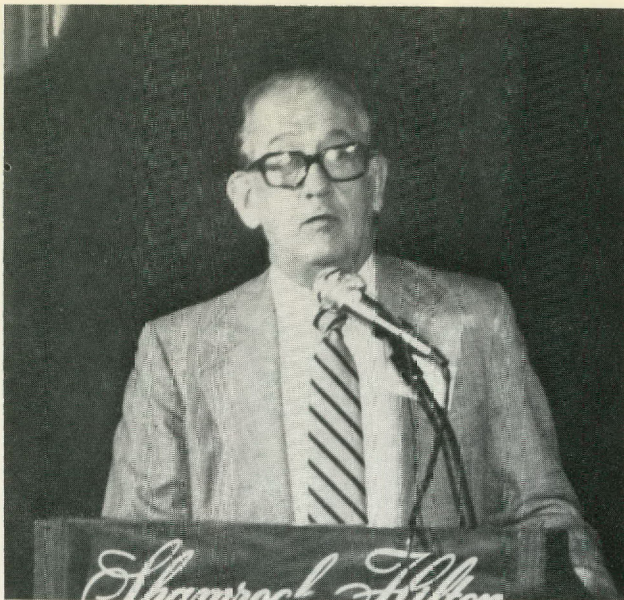


Dr. Robert Reichler



Attorney Dayle Bebee





Dr. John Kavaragh, commissioner, gave overview.



Dr. Mohsen Mirabi chaired session.



Dr. Sarah Sparrow discussed assessment of intelligence and adaptive behavior.

mentally retarded person to make those decisions he or she is able to make. Maintaining a full guardianship requires the person to be declared incompetent in court, again based on evaluative and diagnostic procedures spelled out in the law.

"A limited guardianship is an open-ended, custom-designed arrangement to meet the specific needs of that individual mentally retarded person," Bebee said.

motivation to learn

"If the person becomes capable of making his own decisions, the court can release some of the power and authority it gave to the limited guardian and return it to the mentally retarded person. It's a real motivation, then, especially for a mildly retarded person, to learn how to make those decisions, to go into a money-management program at the local MHMR center, for example, and learn to handle his own financial affairs."

Her agency is informing attorneys, judges and parents about the new legislation. It has a toll-free number, 1-800-252-9108, which anyone in Texas may call with a question or complaint about legal rights of a handicapped person.

In their wrap-up of the meeting, Dr. Jimmie R. Clemons, deputy commissioner for mental health services, Dr. Keith Barton, assistant deputy commissioner for mental retardation services, and Spencer McClure of the community services division, made clear that the TDMHMR central office staff is ready to help improve services to the retarded in Texas.

Barton set out three challenges the conference had highlighted: "To better serve the emotionally disturbed retarded one must better serve their families. . . the staff members who work with them. . . and the organizations which provide these services."

Clemons, commenting that this was one of the best conferences he had attended in the last two or three years, said its variety of topics and commonality of interest was a lesson in avoiding "turfism" and excessive concern with professional identity.

—Lore Feldman

legal note

the question of children's rights: *Parham v. J. L.*

by J. Ray Hays, Ph.D.

Are children people and do they have rights? This is the essential question asked and answered by the United States Supreme Court in its decision in *Parham v. J. L.* The Supreme Court was asked to decide the issue of whether or not children could be committed to mental hospitals by their parents without a formal hearing at which the child's interests were represented by a third party. The court held that the child has a substantial interest in freedom in not being confined unnecessarily and that there is a risk of error in the parental decision to have a child hospitalized for psychiatric treatment. The court's decision was short of giving the child the right to be represented at a hearing. We may thus legitimately ask, "Who speaks for the child?"

The Supreme Court states that "efforts to further the legitimate interests of both the state and the patient are served" by voluntary commitment. The risk of error inherent in committing a child requires that a "neutral factfinder" determine whether or not the statutory requirements for admission are satisfied. The factfinder must interview the child and must have the right to refuse admission. The qualifications of the factfinder do not have to include training in law. Apparently the court believes that decisions about institutionalizing a child are best made by physicians. To quote from *In re Rogers*, "neither judges nor administrative hearing officers are better qualified than psychiatrists to render psychiatric judgements."

fox as watchman

This, however, places such a factfinder in the position analogous to, as Thomas Szasz would say, that of a jailer deciding who should be jailed. To overcome this, we must look to the basis of the inquiry which is to "serve the best interests of the child." The court believes that use of a staff physician as a neutral factfinder will sufficiently protect the child from an incorrect hospital admission. I am reminded of the quotation from Mr. Justice Brandeis in *Olmstead v. United States* in 1928: "...experience would teach us to be most on our guard to protect liberty where the government's purposes are beneficent. Men born to freedom are naturally alert to repel invasion of their liberty. . . . The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well meaning but with little understanding."

dissent warns of errors

The dissent in part by Justices Brennan, Marshall, and Stevens points to the most troubling elements of the court's decision: "Psychiatrists tend to err on the side of medical caution and therefore hospitalize patients for whom other dispositions would be more beneficial." The minority then cites a study of St. Elizabeths Hospital in Washington by the National Institute of Mental Health,



Dr. Hays

which found that only 36 percent of the patients below age 20 actually required hospitalization (*NIMH: Statistical Note 115, Children and State Mental Hospitals 4*, April 1975).

Any commitment to a mental institution entails a massive curtailment of freedom in which patients are "subject to intrusive treatments which, especially if they are unwarranted, may violate their right to bodily integrity." The minority opinion then states that children should be accorded the right to be represented by counsel, an opportunity to be heard, to cross-examine witnesses, and to offer evidence.

The minority opinion moves the issue of children's rights in the direction that the rights of juveniles advanced about 14 years ago. In the 1966 landmark decision of *Kent v. United States*, the Supreme Court ruled that accused adolescents had a right to counsel in adjudicatory hearings, stating that, "The right to representation by counsel is not a formality. It is not a grudging gesture to a ritualistic requirement. It is the essence of justice." At the time of that decision the juvenile justice system was operating, as it does today, from a philosophy based not on punishment or coercion but on correcting the condition of the adolescent "in the best interests of the child." The paternalistic system of mental health care for children rests, of course, on the same philosophical base. The court may some day grant more procedural rights to children as it has done for adolescents.

The court split 6 to 3 in *Parham v. J. L.* When I had the opportunity last spring to talk with Mr. Justice Rehnquist, he indicated that there were no settled issues with the court. The Supreme Court chooses its cases, about 200 a year, from a wide variety. In the appropriate fact situation and the right circumstances, the court may grant more rights to children. Only the passage of time will provide those facts and circumstances and perhaps a court more sympathetic to the rights of children

Dr. Hays is a clinical psychologist and diplomate of the American Board of Forensic Psychology. A law student, he heads the TRIMS special services section.

... "milkshakes" continued from page 3

might think of cheese boats floating on an ocean of milk. "We want to teach them to use other techniques for coding memory, to replace those they may have lost," Largen said.

After completing the program, participants "should be able to take maximum advantage of the neural structures that are still intact," Brinkman said.

"There's evidence that in persons with Alzheimer's disease, there is a disproportionate loss of the neurons that involve acetylcholine," he said. "Perhaps you can turn around memory loss by increasing the activity of cholinergic neurons." Lecithin makes more choline available to neurons for manufacturing acetylcholine.

slow down disease

The researchers hope that the program will help slow down the progress of the participants' Alzheimer's disease. Largen emphasized the importance of seeing patients at an early stage of the disease. In advanced stages, patients develop severe and untreatable neuro-

logical problems.

"If a cure is ever found, it will depend heavily on catching the disease early," said Largen, who screens participants in the study with neuropsychological tests. "A reliable method of pointing out cases of early Alzheimer's disease will be of paramount importance."

Right now most neurological diagnostic procedures, such as electroencephalograms or CAT (computed axial tomography) scans, show only the normal variations of age when used for patients with early Alzheimer's disease. "Early diagnosis may come from the sensitive use of neuropsychological evaluations," Largen said. One of the things the researchers want to find out in this study is which of the neuropsychological tests they administer are most sensitive in picking up the disease.

Brinkman said that early results suggest some memory improvement in four of the six patients who completed the program. The researchers will conduct followup studies to see whether the effects are lasting.

—Karen Hanson Stuyck

drug research freed patients from hospitals

at TRIMS it created outpatient service



Dr. Claghorn

by James L. Claghorn, M.D.

Nearly 25 years ago, Doctors Eugen Kahn and John Kinross-Wright met to discuss the exciting new drug from Europe, chlorpromazine. Their discussion initiated the TRIMS program for the clinical study of new psychoactive agents.

During the program's early years, the dramatic effects of the pharmacologically unique chlorpromazine on the symptoms of schizophrenia astounded mental health professionals. The excitement generated by the new drug quickly led to the production of many new chemical compounds which bore a pharmacological similarity to the original. Further research resulted in the discovery of

the anxiolytic or "calming" drugs; monoamine oxidase inhibitors and tricyclic antidepressants were identified and added to the armamentarium of available therapeutic agents.

The interest in psychotropic medications and their potential for treatment of mental illness had a significant effect on the development of the TRIMS outpatient service. In 1962-63 the National Institute of Mental Health funded an important demonstration project at TRIMS, the establishment of an outpatient followup clinic for schizophrenic patients. Clients were referred to the new clinic upon discharge from Austin State Hospital. With the Kennedy administration's interest in community mental health, social concern arose regarding the "revolving doors" of mental hospitals. The demonstration program assessed the effectiveness of maintenance medication in preventing the frequent rehospitalization of chronically ill patients.

Clinic patients were treated with appropriate anti-psychotic medications. One of every five subjects was placed in a control group with no assigned TRIMS therapy regimen; they were free to seek treatment elsewhere. All patients were monitored for five years at six-month intervals by visiting nurses. The assessment team determined the number of control group subjects who had sought treatment elsewhere and the number in the treatment group who had dropped out of therapy or been rehospitalized.

outpatient treatment worked

The results of the TRIMS project corroborated the findings of many similar studies: for the first year after their hospital discharge, 95 percent of stabilized psychotic outpatients could be successfully maintained in the community with a medication regimen. In contrast, only 64 percent of the untreated controls had been able to stay out of the hospital. Interestingly, this study also revealed that private practitioners' prescribing of psychotropic drugs did not produce results as dramatic as those of the

“what are we doing here?” tells about us compactly and well

A videotape is a beautiful thing. It's unbreakable, packaged neatly, portable. To use it, all you do is plug the cord of a playing machine into a socket, put the tape into the obvious slot, and push two buttons, one marked "power," the other marked "start."

The videotape called "What Are We Doing Here?" is especially attractive because it tells, in a half hour and in color, what staff members of the Texas Research Institute are doing and why. Patients talk about their own experiences in moving terms. Young Mike even says, "If I were a rich man, I would make a big contribution to TRIMS." The research is explained in plain language.

Written, produced, and directed by Thelma Schoettker and filmed by Peter Baer, "What Are We Doing Here?" is an excellent introduction to TRIMS for new staff members, volunteers and students, an illustration for speeches to community and professional groups—an all-around useful audiovisual package.

Call the TRIMS publications office to borrow the tape. The people who have seen it gave it good reviews.

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

clinic. The demonstration program provided the underpinnings for the present adult outpatient service at TRIMS, with its wide range of therapeutic modes and its ability to treat patients for most types of emotional and psychological problems.

The style of the psychotropic drug study has undergone considerable evolution from the early days of chlorpromazine and demonstration clinics. At their inception, drug studies were designed by the principal investigator; their success or failure depended upon the investigator's scientific knowledge. Statistical sophistication did not exist at the time, and the investigator's clinical impression or opinion stood as the primary assessment.

research centers collaborate

Today new drugs are evaluated by multicenter trial. A protocol is designed by statistical experts at the pharmaceutical company and is distributed to several selected research sites around the country. A typical study compares a new therapeutic agent to a standard, accepted medication; the two drugs are assessed against a third regimen, placebo. Before beginning the study, principal investigators from the research sites meet to discuss the design and receive training in the use of research scales. To insure standardization, the investigators must reach a consensus on the use of rating scales. At the study's end, data from each research center are individually analyzed, then pooled for a single statistical analysis. The pooling of data provides a statistical look at large numbers of research participants. It enables investigators to study the important relationships between patient illness factors and drug treatment.

The novel clinical and pharmacological properties of new agents have expanded and enriched drug study designs. It is now common, for example, to measure urinary metabolites for information about the levels of certain neurotransmitters in the brain and their interactions with various drugs. Routine assays of drug blood levels provide information on the patient's compliance

with therapy and effective dosage amounts for that patient. The Food and Drug Administration now demands clinical bioavailability data for the registering of new drugs; this mandate has resulted in some innovative studies on the absorption of tricyclic antidepressants.

new alcohol-antidepressant study

In the institute's therapeutic research section we are currently studying a new antidepressant called zimelidine. Recent data from the pharmaceutical company have suggested that this drug produces some important interactive effects in animals. Preliminary findings suggest that zimelidine inhibits the sedative effects of alcohol; the standard antidepressants are known to potentiate these effects. The interest aroused by the possibility of reducing the danger of antidepressant-alcohol interactions has motivated the design of a drug interaction study which would be a first for our section. Normal volunteers will be stabilized on standard dosages of zimelidine or amitriptyline, then hospitalized to receive an acute dose of alcohol. We expect our hypothesis regarding zimelidine to be confirmed. This study may provide the basis for further important research into the interactive mechanisms of alcohol and drugs.

Psychopharmacology has evolved considerably since the days of the investigator-designed simple drug study. The array of available agents and their pharmacological complexities and uniqueness have made many types of research possible. At this point, our knowledge of the basic neuropharmacology of many drugs provides the stimulus for speculation about brain mechanisms which contribute to the cause of mental disorders. Our ability to understand the neurochemical and biochemical changes that occur during drug therapy will certainly enhance our ability to treat, and may one day give us the tools to cure or prevent, many psychiatric illnesses.

Dr. Claghorn is the assistant director of TRIMS. He heads the training division and chairs the department of clinical research.

therapists to train HISD special education counselors



Olga Flores and Dr. Carol Brady

Under a contract with the Houston Independent School District, TRIMS will offer a new inservice training program to special education counselors, support service coordinators, and school psychologists from the six areas in the district.

The HISD groups will meet with Dr. Carol Brady, a psychologist in the children's clinic, and Olga Flores, a social worker in the adolescent and family clinic. The training will be subdivided into two phases. The first phase, from Oct. 22 to Dec. 17, is designed to assess the needs of the counselors and to decide on topics they would like to hear in the series of six workshops planned

for the second part of the program.

First, Flores and Brady will meet with counselors from each area. "We'll be trying to find out what their needs are in the area of counseling," Flores said, "especially since HISD is now emphasizing supportive services to their students to comply with federal laws that require equal access to education for the handicapped."

workshops begin in January

With the \$3968 provided by the contract, Brady and Flores will be able to hire outside consultants as needed to conduct workshops, in addition to using TRIMS staff members and other community experts. The workshops will be scheduled weekly from January to May, with topics that reflect needs the counselors have identified.

Flores and Brady will coordinate workshops and lead discussion groups. "In these hour-long groups," Flores said, "counselors will discuss how the workshop topic applied to their situations and how the material might be used in their schools."

Possible topics are family systems, interviewing parents, parenting programs, group process, establishment of social development groups, treatment techniques, communications training, and peer counseling.

Purpose of the inservice program, Brady said, is to "strengthen the skills of the HISD counseling staff and to provide information," so that "the schools and mental health community may share information that helps kids." She and Flores will also provide consultation on problem cases.

Brady also sees a preventive function for the training. "If we can help the counselors to intervene early, they'll be reducing the likelihood of students' developing more serious psychological problems."

The program will include an assessment after each training session to determine whether or not the training met the stated objectives and fulfilled the expectations of the schools' support services staff. "We're hoping that these sessions will strengthen their ability to use each other as consultants," Flores said.

"What we're all really concerned about is the children," Brady said. "We expect that this type of program is ultimately going to be of great benefit to Houston school children."

—Karen Hanson Stuyck

structural family therapy workshop in December

A workshop on "Structural Family Therapy" will be offered Dec. 4-5 at the Holiday Inn-Medical Center in Houston by the office of continuing education in collaboration with the Houston-Galveston Family Therapy Consortium.

Keynote speaker is Dr. Stephen Greenstein, director of inhouse training at Philadelphia Child Guidance Clinic where the structural approach, based on systems theory, is used consistently in working with families.

In small group sessions, faculty from the Houston-

Galveston Family Therapy Consortium will discuss the theoretical concepts and their clinical application. Faculty members are Dr. Walt DeLange, Children's Mental Health Services of Houston; Olga Flores, TRIMS; Dr. Steve Gutstein, Baylor College of Medicine; Dr. Sergio Henao, TRIMS; Mary Beth Holley, TRIMS; Dr. Daniel Kaufman, Baylor College of Medicine and University of Texas Medical School; Harlene Anderson, Galveston Family Institute; Dr. Morris Taggart, Marriage and Family Consultation Center; Dr. Jay Tarnow, Texas Children's Hospital. Lee Maxwell is workshop coordinator.

The workshop is limited to 200 persons, free to TDMHMR and Children's Mental Health Services staff members, and \$50 for others. Call the office of continuing education at TRIMS for more information.

publications

Carolyn Rolsten, James Claghorn, and T. Samorajski. Long-term treatment with clozapine on aging mice. *Life Sciences* 25:865, 1979.

D. C. Fenimore and C. M. Davis. High-performance thin-layer chromatography for monitoring drug therapy. In J. C. Touchstone (ed.), *Thin-Layer Chromatography. Clinical and Environmental Applications*. New York: Wiley, in press.

D. C. Fenimore and J. C. Meyer. Contact spotting. A new approach to sample application in thin-layer chromatography. *Journal of Chromatography*, in press.

R. C. Mathew, B. T. Ho, P. Kralik, and J. Claghorn. Biochemical basis for biofeedback treatment of migraine: A hypothesis. *Headache* 19:290, 1979.

B. T. Ho and V. S. Estevez. Nutrition and psychoactive drugs. In *Reviews on Research in Pharmaceutical Science*. Tel Aviv, Israel: Freund, in press.

M. L. McKenna and B. T. Ho. The role of dopamine in the discriminative stimulus properties of cocaine. *Neuropharmacology*, in press.

D. L. Taylor, B. T. Ho, and J. D. Fagan. Increased dopamine receptor binding in rat brain by repeated cocaine injections. *Communications in Psychopharmacology*, in press.

George Feden, Alan Baldinger, Danielle Miller-Soule, and Herman T. Blumenthal. An *in vivo* and *in vitro* study of an aging-related neuron cytoplasmic-binding antibody in male Fischer rats. *Journal of Gerontology* 34:651, 1979.

Gary V. Sluyter and Charles C. Cleland. Resident abuse: A continuing dilemma. *American Corrective Therapy Journal* 33:99, 1979.

□ aid to Indochinese refugees □

Dr. Beng T. Ho is vice president of the newly organized Houston Chinese Community Council for Aid to Indochinese Refugees. High on the list of needs are sponsorships and job offers for people fleeing from Vietnam and Cambodia.

□ therapeutic methods □

Dr. Mark Valverde and Barbara Hoek taught a workshop on hypnosis, "Milton Erickson-style," for the American Assn. of Marriage and Family Therapists in Washington. . . Howard Trusch conducted a relational training workshop at that meeting, reporting on "A new approach to close encounters of the married kind" and contributing to a discussion on "Viable alternatives to separation and divorce." He brought home the *Dirty Fighter's Instruction Manual*, which bears a close but coincidental resemblance to the *Emissary* story on page 12.

Felice Cohen used her training tape on art therapy in a lecture to the American Art Therapy Assn. meeting in Washington. She taught a workshop for Houston Women's Center volunteers on art therapy techniques in counseling abused women and children. At the Woodridge Mental Health Center, Cohen discussed art productions by schizophrenic patients as a tool for diagnosis and therapy.

□ on affirmative action □

Dr. Mae F. McMillan chaired the American Psychiatric Assn. session at which Eleanor Holmes Norton, Equal Employment Opportunity Commission director, gave the Solomon Carter Fuller lecture. Dr. McMillan led the discussion of a paper on "Time Orientation and Psychotherapy in the Ghetto."

Continuous Continual Continuing Education

The office of continuing education announces these workshops for the coming months:

Oct. 3 to Dec. 7

psychiatric mental health nursing: preparing for tomorrow (series) at Kerrville State Hospital co-sponsored with the hospital

Oct. 25

anxiety: a clinical view at TRIMS, Houston

Nov. 5-7

interdisciplinary relations in mental health at Lakeway, Austin co-sponsored with Texas Center of A. K. Rice Institute

Nov. 13-15

communicating the faith to persons with special needs at Denton State School co-sponsored with the school

Nov. 29

specificity of action of psychotropic drugs and tardive dyskinesia at Loew's Anatole Hotel, Dallas co-sponsored with Dallas County Mental Health and Mental Retardation Center

Nov. 29-30

nursing jurisprudence in mental health at San Antonio State Hospital

Nov. 30-Dec. 1

biological bases for pharmacological and biofeedback treatment of migraine at Marriott Hotel-West Loop, Houston co-sponsored with TRIMS

Dec. 4-5

structural family therapy at Holiday Inn-Medical Center, Houston

For more information about these conferences, call the office of continuing education at TRIMS, (713) 797-1976, ext. 204 and 205—Tex-an 859-9204 and 859-9205.

easy answers to complex questions found at last: on the subject of marital peace

A U.S. Army chaplain in West Germany says "creative fighting" between men and women can help strengthen marriages.

And the psychiatrist who wrote *Passive Men, Wild Women* advises wives to refrain from talking to tired husbands at the end of a stressful day, presumably to change the men to wild and the women to passive. Conversation after work, he suggests, is the source of most household strife.

We are profoundly indebted to these and all other authors who managed to package, like instant pudding, what we always knew existed: pat answers to complicated questions.

We cannot, however, afford to let matters rest there. To shout, Aha!, and expect long-standing problems to clear up by sundown would be irresponsible. We must adapt what these writers have taught us to our own existential context, modifying, tailoring, evaluating, testing their theoretical constructs.

In this spirit (or, as German philosophers would have it, *in diesem Sinn*), we add some tentative suggestions to the system of peaceful interpersonal combat which these books have, after all, merely begun to formulate. And so:

- The seven best times for a creative argument are: while you and your mate are riding in a car and you are driving, while he or she is hungry, when you have just been paid and your partner is unemployed, while one

of you is mowing the lawn, on the eve of your mother's visit, while both of you are standing in line at the polling precinct, after one of the children (or one of you) has fallen out of a swing.

- Idiotic viewpoints do not improve with time. Clarify this at the outset of the argument.
- On the other hand, sensitivity to old scores which your mate believed settled increases with age. If a conflict was worthwhile once, it deserves to be kept alive.
- A good threat is worth a thousand words.
- "You are basically insecure" is a starting point in the judicious use of psychobabble, which might add elegance to an otherwise low-brow use of language.
- Recruit allies if things get sticky. Adult relatives might help. Children are unreliable.
- Take a short nap if the fight proves tiring. Remember the point at which you left off so as not to lose the sequence.
- Schedule silences to fool your partner into thinking that it's over. Come back swinging.
- If all else fails, leave the scene. Run out of the house crying, take your credit cards, hop in the car, and go shopping. Creativity is useless without rewards.

—Lore Feldman



Dr. Samorajski

medal for Samorajski from Polish scientists

Dr. Thaddeus Samorajski, chief of the gerontology research section, received a medal for scientific achievement from the Polish Academy of Sciences in October.

Samorajski accepted the medal commemorating the academy's 100-year anniversary at Jagellonian University in Krakow, Poland. The award cited his contributions to the neurobiology of aging, specifically his research on the effects of the environment on the quality of human life.

Samorajski also visited the Institute of Pharmacology of the Polish Academy of Sciences in Krakow to attend a staff conference on psychopharmacology of aging.

During other European stops, Samorajski presented "Metabolism of neurotransmitter substances in degenerative syndromes associated with aging," to the sixth Bel'Air symposium in Evian, France. He reported on "Neurotransmitter substances and the aging brain" to a Sandoz research group in Basel, Switzerland.

In addition to his duties at TRIMS, Samorajski is an adjunct professor of biology at Texas Woman's University and on the faculty of the University of Texas Graduate School of Biomedical Sciences, as well as chairman of their admissions committee for the neurosciences program. He is the author of 80 papers, half of which deal with the aging brain, and of ten chapters in medical texts.

St. Nicholas is a volunteer

Santa Claus has taken up residence in the TRIMS volunteer services office.

Volunteers this year will see that hospital patients and children treated in the outpatient clinics receive Christmas gifts, will host Christmas parties and an open house, put up Christmas decorations and a tree in the main lobby.

Gifts for patients—usually between 250 and 300—come from several sources, according to Carol Walser, director of volunteer services. The “Presents for Patients” program of the Mental Health Association of Houston and Harris County will provide many of the gifts for the children, and the TRIMS Volunteer Services Council will buy the rest. Every child in the therapeutic nursery and many from the children’s clinic and developmental services will receive a gift—maybe a toy, clothing, or a certificate redeemable at McDonald’s.

Gifts for patients in the inpatient unit come from the Wednesday Welfare Association, a “group of concerned women who do things for various needy social agencies,” Walser said. They package gifts for men or women. Each patient will receive a bag filled with such items as playing cards, candy, gum, notepaper, jewelry, handlotion or shaving cream.

Volunteer services also will give a Christmas party and provide hosts, food, gifts, and decorations to any clinic that requests it for its patients, Walser said. The council is buying refreshments for a two-day, pre-Christmas open house for patients of the Substance Abuse Clinic hosted



by Mrs. Gerald Blackburn and other women from the Heights Presbyterian Church.

For the volunteers’ holiday party in the hospital, members will provide refreshments. Girl Scout Troop 1228 is making decorations and dressing up a tree in the early childhood therapy clinic.

And yes, Walser said, volunteer services will make sure that Santa Claus visits the nursery children.

interference!

When Haley Bryant, a member of the original Harlem Globetrotters, visited pediatric patients at Eastern Maine Medical Center, he was in the middle of demonstrating his magic when 18-month-old Carrie-Jo Wescott got into the act. She grabbed the basketball and started her own game. The irresistible picture by Ron Gregory is reprinted with permission from the medical center’s newspaper, *The Eagle*.





Jane Joseph is providing friendliness and a cup of coffee to patients in the waiting room of the adult and adolescent clinics. A new volunteer, Joseph is just back from two years in England where her husband worked on North Sea oil rigs. In London she took film and history courses and tennis lessons from an ex-Wimbledon player. The city is "incredibly cosmopolitan," she says. "Our butter came from Denmark, our pickles from Hungary, our lamb from New Zealand, and our peanut butter and taco shells from America." Joseph has worked as a photographer, journalist, and real estate agent. Right now she has her own photography business, the Traveling Tripod. "The idea," she says, "is to go into people's backyards, put the kids in a tree, and take pictures of them." She has always wanted to be a psychologist and is considering graduate school. She feels that in her volunteer job she can offer an important service, while "the experience will be valuable in my life."



She started out with an interest in child psychology, but then **Ann Cevicelov's** career goals swung to the other end of the age spectrum. Now a gerontology intern from North Texas State University's Center for Studies in Aging, Cevicelov is dividing her time between the TRIMS senior information and outreach program and the Telephone Reassurance Service, a nonprofit agency that provides telephone contact with the elderly. She says she found the NTSU master's program strenuous. In one year of school she lost 45 pounds. "I can't attribute that entirely to graduate school," she admits. "I also was away from my parents who both cook excellently." So far Cevicelov has liked her internship. "You come out of school with a feeling of knowing facts. The internship helps you put that knowledge to use." After completing her degree in gerontology, she says she would like to go back to school for another master's degree in counseling or social work so that she'll eventually be able to counsel elderly persons.



You know **Queen Authorlee** as the telephone operator and as the woman who spends her coffee breaks taking stately walks around the building. Patients know her because she never lets anyone leave the phone without getting some kind of help. Authorlee was a switchboard operator and bookkeeper at Ellington Air Force Base until it closed, then went to the Department of Human Resources. "TRIMS is the nicest place I've ever worked," she says, "because people who have a hard time telling us what they need depend on us to help them." Mother of six sons, Authorlee manages and owns a music group, "The Mighty Uniques," formed by her three elder sons. The group plays professional engagements in Houston, other Gulf coast and Louisiana clubs doing rock, soul, and country and western music. Besides booking their gigs and keeping their books, Authorlee writes some of the music. The oldest son does the arrangements. Two of Authorlee's songs are about to be published, and the group may soon sign a recording contract.

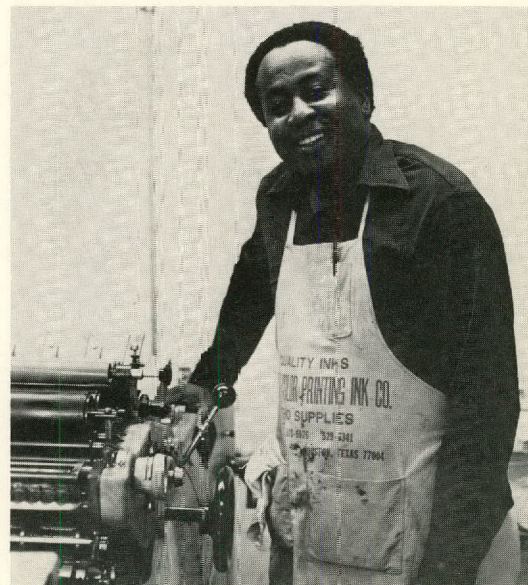
Shirley Jenkins likes being a secretary. And she's not new to the craft. She's worked for an offshore drilling firm and a drug abuse treatment center, and now runs the office of the TRIMS neuropsychopharmacology research section. Relationships among "the crowd around here" are good, the atmosphere informal, the work plentiful and not boring. Dr. Harold Altshuler, the section chief, "takes his time with me in dictating," she says, casting a not-so-fond glance at the dictaphone which she sometimes uses all day long. "I might get tired of secretarial work some day," she says, "but right now I have to be content." Jenkins and her husband, a welder for a Pasadena firm, drive a long way to work from their Fort Bend County home, but Jenkins says she has always wanted to work in the medical center. Their daughter, D'Arcie, is seven years old and in the second grade.

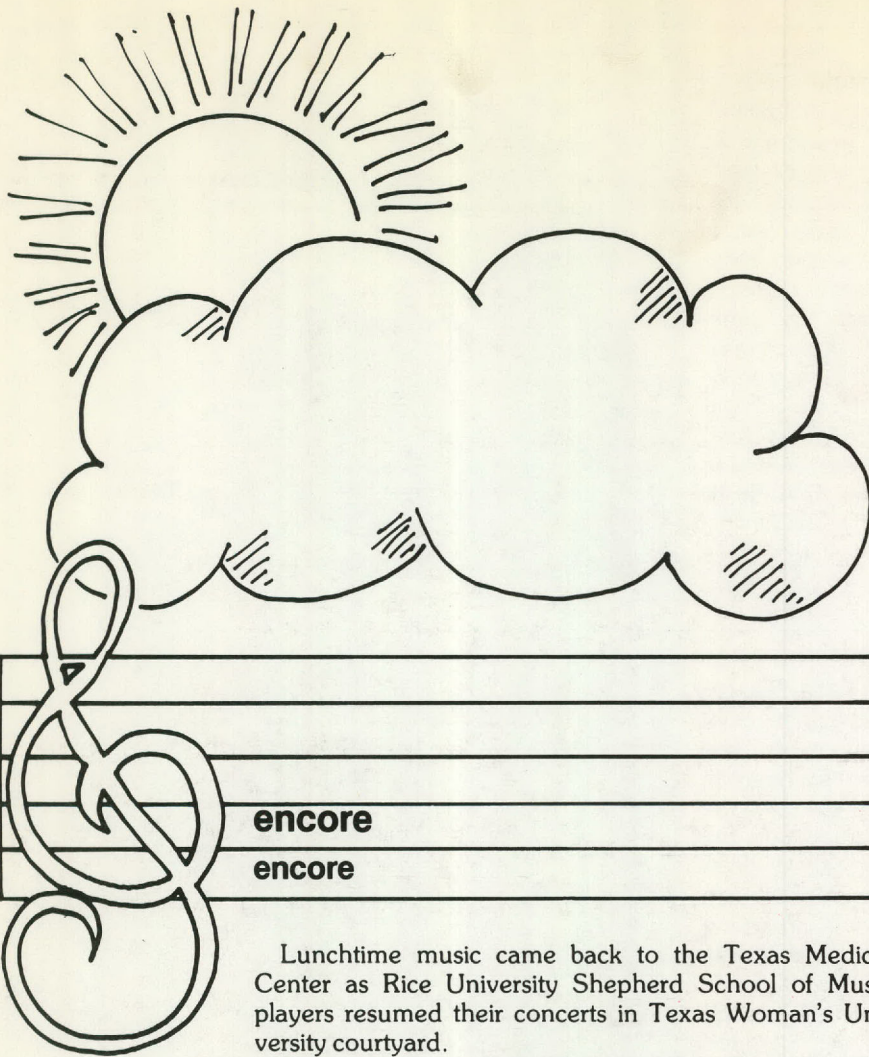


Almost every morning you can find **Mario Lara** cleaning the cafeteria. A janitor at TRIMS for more than eight years, Lara likes his work. "On days I don't work I feel bad. I miss the people here." He reports that he hears "a lot of people say that TRIMS is the only place in the medical center where you can see the sparkle on the walls," though he admits that he has seen other clean medical center buildings. A native Houstonian, Lara can remember when the city had no freeways or shopping centers—"downtown, that was it." His hobby is collecting Nash automobiles, which were "from 1918 to 1936 one of the most popular cars in America." He owns 1953- and 1956-model Nashes and has three times attended national Nash Club meetings in Kenosha, Wisconsin, the original home of the car and the only place where one can buy original Nash parts. On the subject of being the *Houston Informer*. When the printing plant moved, he has a good profile, "but I got a good heart. I like everybody."



"The best thing that ever happened to us!" Lillie Mae Phillips says of the advent of **Sidney Kindle** on what used to be a two-woman reproduction shop team. And Kindle can't help agreeing modestly. He is needed as a third pair of hands, but also to lift the heavy stuff and tinker with the equipment so that repair people don't have to be called in so often. And, he admits with a smile, he likes being the only man around the shop. Kindle picked up his printshop experience when he worked for the *Houston Informer*. When the printing plant moved, he became a waiter for the Houston Athletic Club and other classy establishments. The money was better, but the working conditions were not, he says. Waiters have no job security and too many bosses—customers, captains, cooks, managers, owners. The shop is busy and the pressure is steady but not frantic, he says. "It's my second-best job." His first love is still the first job he ever held running the newspaper presses.





Lunchtime music came back to the Texas Medical Center as Rice University Shepherd School of Music players resumed their concerts in Texas Woman's University courtyard.

Remaining dates are Wednesday, Nov. 7 and 14. The concerts are sponsored by South Main Center Association. Sandwiches, soft drinks, and other luncheon food are available in the courtyard. The concerts are free.

texas research institute of mental sciences
 1300 Moursund Street, Houston 77030
 (713) 797-1976

Bulk Rate
 U.S. POSTAGE
 PAID
 Permit No. 4
 Houston, Texas

address correction requested

seminars

Mental health training seminars, Friday mornings 11 to 12:15 in TRIMS auditorium.

nov. 9 • some transference issues in the treatment of abusive and nonabusive families

Alberto Serrano, M.D.
 director, children's and adolescent psychiatry
 University of Texas Health Science Center
 San Antonio

nov. 16 • blood levels and response in geriatric patients

Robert Smith, M.D., Ph.D.
 chief, behavioral neurochemistry
 TRIMS

nov. 23 • holiday

nov. 30 • family therapy with cancer patients

David Wellisch, Ph.D.
 Neuropsychiatric Institute
 University of California-Los Angeles

dec. 7 • neurotransmitters and the aging brain

Thaddeus Samorajski, Ph.D.
 chief, gerontology research section
 TRIMS

dec. 14 • Harold Fine, Ph.D.

department of psychology
 University of Tennessee
topic to be announced

No seminars Dec. 21 and Dec. 28.

the emissary

nov.-dec. 1979
 vol. 11, no. 9

Newsletter of the Texas Research Institute of Mental Sciences, the research-training-patient care facility of the Texas Dept. of Mental Health and Mental Retardation, an equal opportunity employer.

John J. Kavanagh, M.D.
commissioner
 Joseph C. Schoolar, Ph.D., M.D.
director
 Lore Feldman, *editor*
 Karen Hanson Stuyck,
associate editor
 Keith Jackson, *art director*
 Marc Meyers, *photographer*

Produced by medical illustration and audiovisual education, Baylor College of Medicine