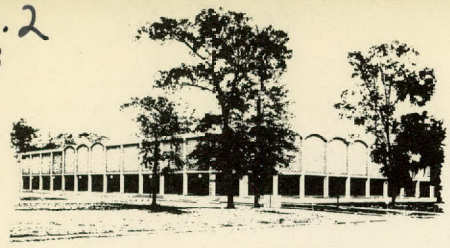

texas research institute of mental sciences ☐ houston ☐ february 1980

the emissary

everybody's together at the Hardins—page 4

Marc Meyers

dr. schoolar writes

rising costs and the pursuit of excellence

In December 1979, an editorial by the president of the Australian Society for Medical Research was published in *Science* (206:1139). It bears thoughtful consideration. In it, John Funder calls for a sharp look at cost-benefit analyses, and he decries the mentality of budget managers and funding-agency technicians who ask the question, "If $50,000 is invested, can you show us conclusively *and prospectively* how we will save $100,000?" Funder's implication is that, to an alarming degree, slavish adherence to rigid cost-benefit analysis is naive and counterproductive.

I agree. To a degree. In certain situations. I further agree with his thesis, one perhaps best elaborated and supported by the studies of Comroe and Dripps (*Science* 192:105, 1976), that restriction of research saps the lifeblood of medicine. Funder's examples of Landsteiner's discovery of blood groups and Salk's development of the polio vaccine, which are worth whatever they cost, need no elaboration.

Progress in the mental sciences strikes a parallel. Who can measure the value of an electroencephalogram, the cost-benefit ratio of a neuroleptic drug, or of family therapy? Probably nobody, and to attempt to do so would be a waste of time. We are committed to the cure of disease, to improving as best we can the quality of life of emotionally disturbed and mentally ill patients. Commitment to excellence is a way of life; the more professional the researcher or the clinician, the greater his or her commitment.

But that is not the entire story. Budget managers may not be research scientists, but this does not mean that they are naive. Not once, in the seven years that I have been director of TRIMS, have I been asked to guarantee the results of a given therapeutic program or research project. What we *are* asked to do is to insure, and to be able to demonstrate, that our activities bear directly on our assigned tasks, on our mandate; to be able to show that we are spending our time and the state's resources doing what we are supposed to be doing, and doing it reasonably well.

difficult but possible

In an institute that has as many responsibilities as TRIMS does, such a requirement may be more difficult, but it is not impossible. It may not even be restrictive. To give an example, one of our current projects, the development of a system to monitor blood levels of antidepressant drugs in patients, is not restrictive; neither, on the other hand, is it possible to guarantee its utility in the treatment of depression. What we are asked to do is to exercise mature judgment and prudence. It is good judgment, in my opinion, to study blood levels of drugs and their correlation with a patient's improvement. In assigning our resources—personnel as well as equipment—we try to be prudent. We will not do volumetric analyses of the uropygium of the fowl, nor are we likely to establish a clinic for the treatment of obesity, not because such activities may not be worthy in their own right, but because it is not currently our business to do so. Patients do not enter state mental hospitals in Texas to be treated for obesity.

We can also be prudent in the allocation of our time. It costs the state nearly $100 dollars for our four division heads to convene for an hour's meeting, close to $500 for a combined division and section head meeting. For this reason, we try to have no more meetings than are really needed.

The cost of each site visit, each accreditation inspection, and each questionnaire or survey can also be roughly calculated. These, too, are obviously necessary. But we must keep the number to the minimum, to those actually needed. Must we have quite so many questionnaires, quite so many reams of documentary evidence that we are attempting to do our job in a reasonable manner? Is there sufficient agreement on what "benefit" really means without calculating it to the third decimal place?

I would hope that the need for administrative paperwork, including cost-benefit analysis, has just about reached a plateau, and that henceforth we may turn our attention to streamlining documentation and administrative data-gathering so that its overall volume is reduced. Part of my job as director is to work toward such an objective, to keep the time of clinicians and researchers free to follow their professional disciplines.

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correction: 797-0490

The telephone number of the senior information and outreach service is 797-0490, not the goofed-up number mentioned in the January issue. Help! (It cometh from this number, not the other one.)

TRIMS could have children's beds if county buys Center Pavilion

HOUSTON, Jan. 24—Harris County Commissioners today voted to create a nonprofit corporation to buy and improve the Center Pavilion Hospital building at 1700 Holcombe Blvd., across the street from the Texas Medical Center.

If Harris County buys Center Pavilion Hospital, which is being sold this month, the TRIMS inpatient unit on the 15th floor will move to lower floors where space is available to add hospital beds for children.

Harris County Commissioners Court and County Judge Jon Lindsay were negotiating with Cenco Inc., the building's owners, when *the Emissary* went to press.

Meanwhile, however, the hospital's food services were closing and TRIMS administrator Frank Womack was arranging to have food delivered to the unit. Womack and other TRIMS executives were looking for alternate hospital space should the county deal fall through.

The hospital's transformation into a county building, with extensive renovation, opens up new possibilities for expanding TRIMS services in coordination with other agencies. The Harris County Psychiatric Hospital would occupy several floors, and so would the Mental Health and Mental Retardation Authority (MHMRA) of Harris County. Dr. Francine Jensen, county health director, would have her office there, as would one branch of Harris County Child Welfare.

Medical Examiner Dr. Joseph Jachimczyk's department would occupy the three top floors, with a separate entrance and elevator.

Moving to lower floors with easy access outside for recreation, the institute would finally be able to open a unit of 15 or 16 beds for emotionally disturbed and retarded patients who need to be evaluated and treated in the hospital. The unit would be directed by Dr. Kay R. Lewis, pediatrician and chief of child and adolescent services.

This unit would be in addition to the five beds for acutely ill children for which MHMRA, TRIMS, DePelchin Faith Home, and Can-Do-It are asking for funds from the Texas Department of Mental Health and Mental Retardation.

The five-bed crisis unit is intended for patients up to 12 years of age, while the TRIMS unit at Center Pavilion would serve emotionally disturbed, developmentally disabled children and older patients.

The present chemical-free clinic on the second floor would expand to include the alcohol service, forming what director Dr. Joseph Schoolar calls a comprehensive substance abuse emergency, treatment and followup unit.

Schoolar said TRIMS would participate with the other agencies in staffing a 24-hour psychiatric emergency service on the hospital's first floor. This has long been needed to augment the emergency service at Ben Taub General Hospital. The opportunity of being housed in one building with county mental health agencies makes it possible to develop a "truly cooperative treatment capacity for the entire area," Schoolar said. All plans depend on approval by TDMHMR, the Health Systems Agency, and the Joint Commission on Accreditation of Hospitals.

Judge Lindsay said he is "encouraged and enthusiastic" about the opportunity to provide additional space in a concentrated area. "This would give us a first-class facility and in both the short and long run save the county taxpayers money." Many departments are renting space elsewhere, and their costs are going up with inflation. Even with renovation, the costs of Center Pavilion are not as high as the increasing rents county departments are paying elsewhere, because the basic engineering of the building is good, Lindsay said.

who are the Hardins and how did they get three children almost all at once?

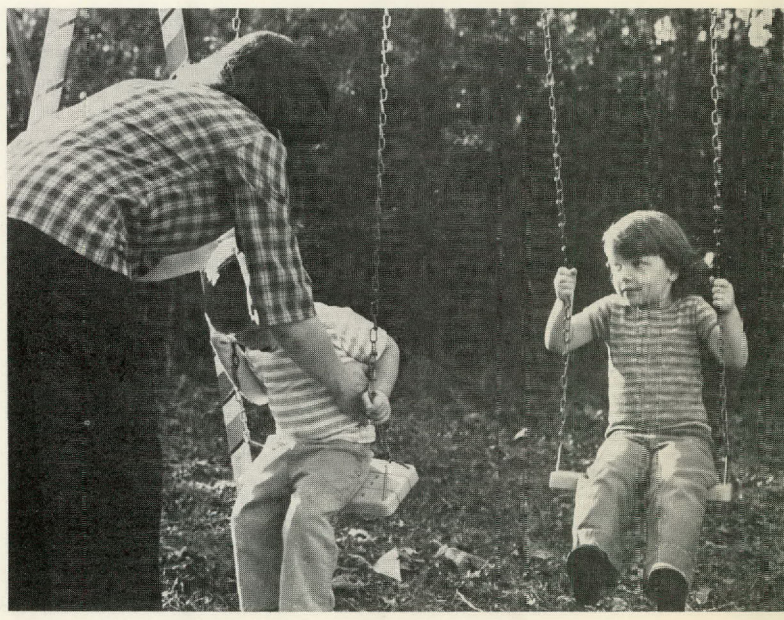
Above: Judy and F. O. Skip Hardin, on couch, adopted their three children "forever" last December 18. And here they are, saying "cheese" for the photographer—Frank, 6, Jessica, 5, and Billy, 4. The kids do not have all their teeth a: the moment but 100-pound Joshua, right, does.

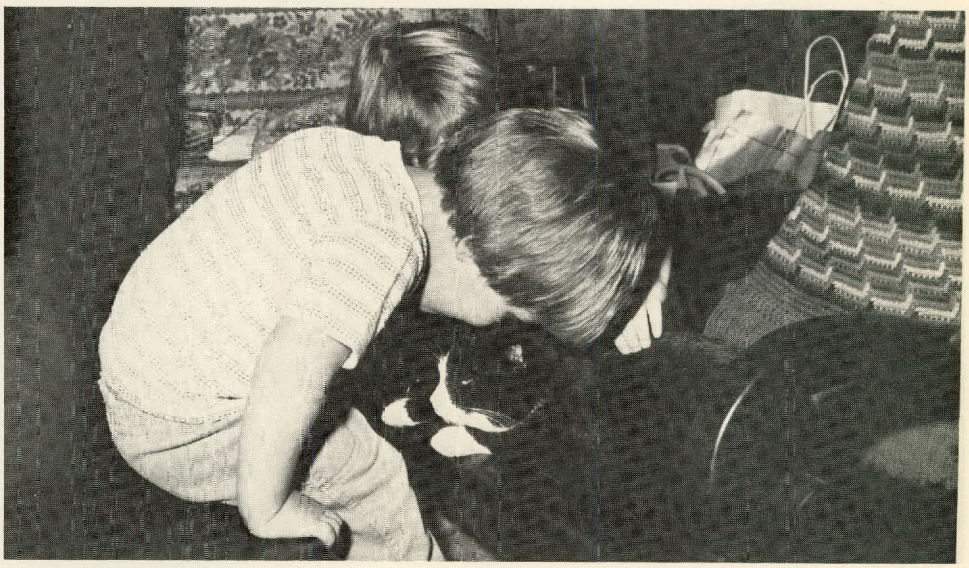
Judy Hardin's mother—who in an instant became the grandmother of three more children—thinks the entire courtroom felt it was Christmas when Frank, Jessica, and Billy Hardin turned around to announce: "We're adopted!"

It was December 18, almost Christmas, when the two brothers and sister and their new parents, Judy and F. O. Skip Hardin Jr., adopted each other "forever," as the children say.

Frank, 6, and Billy, 4, had been with the Hardins a year as foster children, Jessica, 5, for eight months. Their mother, ill and unable to care for them, had given up legal custody a year ago. Their father could not be found.

In the care of Harris County Child Welfare, the children had been in and out of foster homes. Frank was troubled. Billy was extremely small for his age, even dwarfed. Jessica, whose foster homes kept breaking up, thought that whenever a parent moved, she would be left





photos by Marc Meyers

Frank and Jessica, the two older ones, were at the TRIMS early childhood therapy clinic. They had been in and out of foster homes. Since he came to the Hardins, Billy has grown six inches and he's talking. Christmas 1979 was an unforgettable time for the whole Hardin family—and that includes grandparents, aunts, uncles, the Hardins' church community and neighborhood, not to mention a bunch of happy caseworkers and child therapists.

behind.

Frank and Jessica were spending several days a week in the TRIMS early childhood therapy clinic, where trainees Barbara Gardner and Betty Andress were helping the children to cope with the many changes in their lives and teaching them to accept and express affection.

When the Hardins left the courtroom, therapists at TRIMS and caseworkers at Harris County Child Welfare got their Christmas present too—it's not often that the "system" works so well.

there had to be a way

The adoption was not assured until a week before the hearing that sets adoptions in motion, because the children's biological father was out of sight.

But Judy Hardin says: "Everything had gone so well, there had to be a way the Lord would work out for us."

That week, the father came to Houston for medical treatment and relinquished custody of the children.

In the Hardin home, Frank had been marking off days on the calendar until the final adoption hearing. Jessica was learning to express her feelings more and cling less. Billy had grown six inches. He was talking! Still in diapers and able to say only "wa wa" and "da da" when he came to the Hardins, he was catching up "in leaps and bounds as soon as he got the love he needed," Judy Hardin says.

Juvenile Court Judge Chris Cole felt rewarded too, to make a whole family (three grandparents and an aunt were there) so happy. He allowed them to tape the hearing. He posed for a picture with the children and invited them up to the bench to pet the seeing-eye dog under his desk. Jessica said, "We've got a dog a lot bigger than this one."

so normal

And that's the truth. In the backyard of the Hardin home north of Houston live Joshua, the 100-pound Great Dane who licks faces in one slurp, and Cheery, the black cat who walks on white feet. Bikes, hobby horse, swings, and toys decorate the tree-shaded yard.

Everything is so normal in the Hardins' house. Billy is on the floor assembling a wooden puzzle, Jessica appears to say grown-up hellos, Judy Hardin is folding laundry.

When Frank arrives home from school, a great commotion. "He's here! He's here!" Frank bring his mother two papers. "Mama, do you like it?" "You did an excellent job, I see. You made a much better 'a' today in your name."

Completely satisfied, Frank goes outside to play with the other two.

one boy?

Skip and Judy Hardin are clear as air about what they have done and are going to do. Married five years and wanting children, they long ago asked to adopt a child but were discouraged by the long wait the adoption agencies predicted. They decided to become foster parents, requesting, Mrs. Hardin says, laughing, "one boy between three and seven. Can you believe that now, when we have *three* kids between three and seven?"

Smart Harris County Child Welfare workers spotted the Hardins instantly as people who "would take as many children as they would send us," Mrs. Hardin says. When caseworker Jane Seger called about Frank and Billy, Judy said, "Bring them right out. I'll call my husband."

She and Skip had thought about the prospect of loving foster children, then having to give them up. And they decided, Mrs. Hardin says, "that even if we could have them only for one month and do one thing to guide them in the right direction, we thought it would be worthwhile. We never had to face that, thank goodness."

then Jessica

Frank and Billy were with the Hardins six months when Jessica began to come on weekends, then for a week, and finally to join them. Frank was afraid at first to share his parents with his sister, but when he saw there was attention and love enough for everybody, he was content.

Frank and Billy had always been together, but Jessica had been in separate foster homes. Skip Hardin believes that the children's therapists at TRIMS— Betty Andress for Jessica, Barbara Gardner for Frank—helped the two older children reestablish their relationship.

"We appreciate the work they did," he says. "They were really concerned about the children. I feel that sometimes they gave Frank and Jessica the only opportunities they had to talk things out, and while the children were in other homes they gave them the only close relations the children had at that time."

The TRIMS and child welfare workers "saw so many changes in the children after they came to us," Mrs. Hardin says. "They told us it was so refreshing for them to see the children get better."

adjustment not that hard

But what about these sudden changes for the parents? After all, most families multiply gradually.

Skip and Judy Hardin say the same thing. "We were so ready for these children. The adjustment wasn't all that great."

For Mrs. Hardin, the greatest adjustment was having to discipline the children. She finds it difficult to say the same thing "two thousand times. I was 31 years old before I found I had a temper."

The family is attending a lot of kiddie movies (adult films fell by the wayside) and Mrs. Hardin thinks she'll never again have a clean house. In August and September, when all three children have their birthdays, there is a great deal of partying and cake-baking.

Frank said, "Mama, I thank you for my birthday party. I never had one like it in my life."

When at lunch one day, Frank asked, "Do you have any peanut butter in this house?", his mother realized that not every meal had to fulfill all nutritional requirements. Some foods out of jars or cans could be allowed.

The children are often complimented on their beautiful red hair, but they're conscious of the difference between themselves and their dark-haired parents.

"Don't be surprised," says Mrs. Hardin, "if next time you see us Skip and I have red hair."

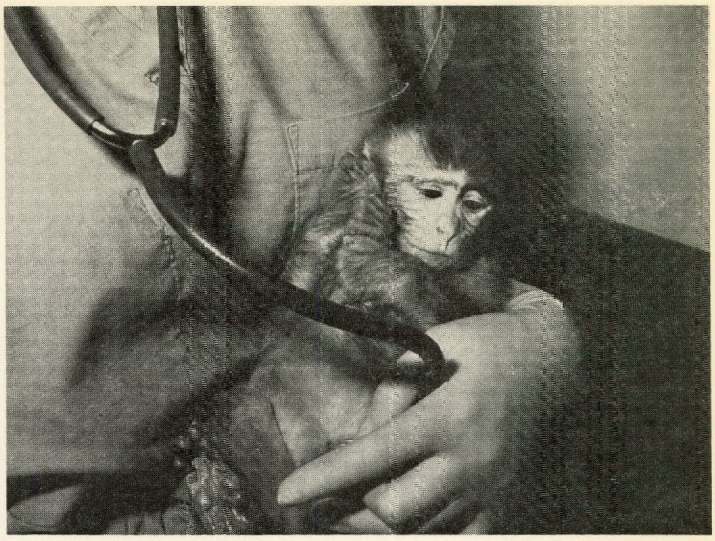
—Lore Feldman

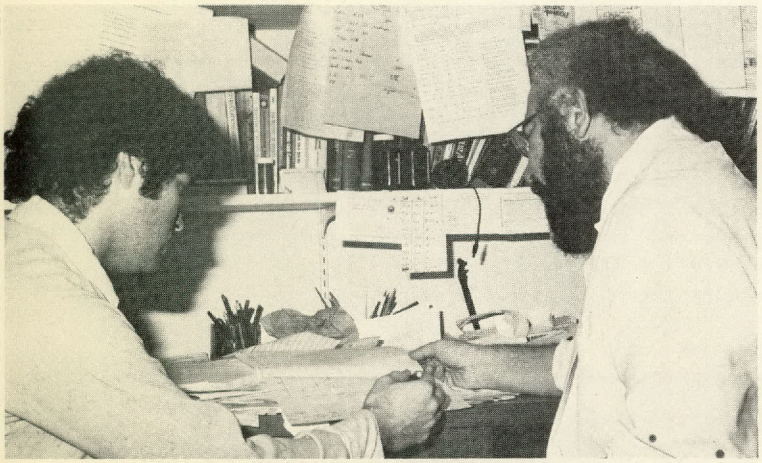
does alcohol act like opiates in the brain?

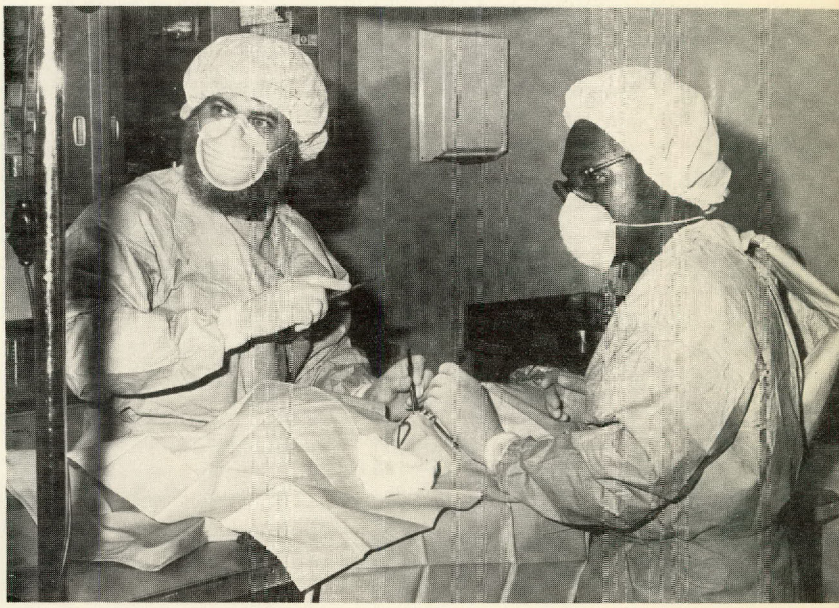
new line of research shows monkeys stop drinking after taking opiate antagonists

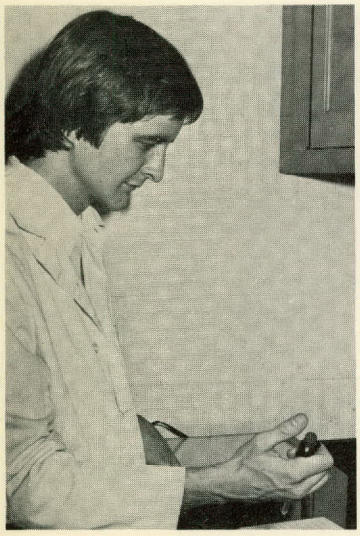
Researchers in the institute's neuropsychopharmacology section have reason to believe that alcohol interacts with opiate receptors in the brain. Until recently, this mechanism was known only for opiate drugs.

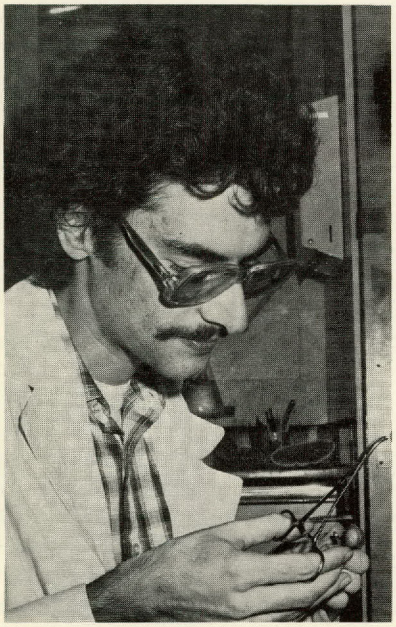
Dr. Harold L. Altshuler, section chief, reports that a group of Rhesus monkeys reduced their self-administration of alcohol after being injected with opiate antagonists, drugs that nullify the euphoric effect of opitates (like heroin and morphine) by blocking opiate receptors.











photos by Marc Meyers

Top, baby monkey named Peaches; center, James Amirian with Dr. Harold L. Altshuler; Paul Phillips and Boyce Harlan in OR; bottom, David Maresh; Vincent Andolina; and another baby. The neuropsychopharmacology research group's next major study concerns fetal alcohol syndrome.

"This implies," he says, "that the reinforcing effects of alcohol are mediated by endogenous opiate systems. Finding out why alcohol is a reinforcer, something that 'feels good,' will be helpful in finding out how to treat alcohol-dependent patients."

Endogenous opiate systems are pathways in the brain that contain opiate receptors and certain peptides called endorphins. The term endorphin, Altshuler explains, derives from "endogenous morphine," the body's own morphinelike, pain-suppressing compounds. Like opiates, the endorphins interact with—they fit into, then leave—the opiate receptors on the brain's electrochemical grid.

Discovery of that system holds enormous promise for understanding drug dependence, and it has won handsome prizes for American and European scientists. Now endorphin researchers are on to the idea that opiate receptors may play a role in alcohol's actions as well, a notion that is supported by experiments with monkeys at TRIMS.

smart but soused

The monkeys were a selected group that had shown a predilection for alcohol consumption, Altshuler says. They learned the self-administration routine quickly and injected themselves (the animals wear an implanted intravenous catheter and bar-press for alcohol) in stable fashion. Like human beings, not all monkeys like alcohol or other drugs. Trained to self-administer alcohol, however, they consume it in binges like their human relatives.

The fact that the monkeys stopped administering alcohol to themselves after they were given opiate antagonists suggests that the reinforcing effects of alcohol were gone, Altshuler says. Testing opiate antagonists on other appetitive behaviors, his group found that opiate antagonists don't change the animals' bar-pressing for food nor their ability to distinguish alcohol from saline—in other words, opiate antagonists change nothing except the supposed pleasure monkeys derive from alcohol. When a drug no longer feels good, Altshuler says, monkeys stop taking it.

the alcohol connection

Learning that alcohol is involved with opiate receptors is important because it helps to understand the addictive nature of the drug and its activity in the brain. Alcoholism is the most widespread kind of drug dependence; the estimate of alcoholics in the country is ten million. In Texas, alcoholism accounts for the highest proportion of admissions to state hospitals.

"Alcoholism sneaks up on people," Altshuler says. "A person might drink for years and hide the effects quite well, then suddenly find himself without a choice. What makes the drug so hazardous is its damage to liver, heart, and brain. Yet it is accepted and incorporated into many lifestyles."

Much more work remains to be done before scientists can say with certainty that the reinforcing effects of alcohol involve the endogenous opiate systems. Identifying endorphins in the brain was the first big advance. Finding that opiate antagonists block the reinforcing effects of alcohol in monkeys is revealing, but the middle of the story is still missing.

"There are probably a series of complex events between alcohol consumption and the involvement of opiate receptors in the brain," Altshuler says. The work is complicated because several other neurotransmitters are likely to be involved in the process.

"We've got an exciting initial finding, but we'll have to look further. We've knocked on the door," he says, paraphrasing Oiler coach Bum Phillips and leaving the quote unfinished. "Maybe next year we'll. . . ."

alcohol and babies

Altshuler's section has applied for a grant from the National Institute of Alcoholism and Alcohol Abuse to investigate fetal alcohol syndrome, which also has received increasing attention. Fetal alcohol syndrome is the damage caused in utero to fetuses of alcohol-abusing pregnant women. In its milder form, it retards the babies' development; the severe effects are spontaneous abortions or malformations and mental retardation in the infants.

The study will involve 12 pairs of Rhesus monkeys that have previously produced normal offspring. The pregnant females will be divided into three groups, one to be given low doses of alcohol, one high doses, the third acting as controls. All will receive identical diets, the control monkeys and those on low dosages taking equal amounts of calories as sugar instead of alcohol.

Precise data on fetal alcohol syndrome have been difficult to gather because the life situations and nutrition of human subjects are so variable, Altshuler says. In his study, the conditions will be totally controlled and the experiment extended for three years. Alcohol dosages for the monkeys will be based on their blood content of alcohol, not consumption. This will yield results comparable to human alcohol consumption and make the findings more revealing than those of past studies.

—Lore Feldman

new alcohol research-treatment service 'just off the ground'

Although alcohol research has always been done at TRIMS, the institute has not had an active outpatient treatment program for alcoholic patients for ten years.

Now there is one, directed by psychiatrist Dr. Jack Gordon who says firmly that "alcoholic patients are no more difficult than other patients."

It is not true, he says, that alcoholics are more resistant to treatment, and the fear that TRIMS clinics will be overburdened the moment they accept alcoholics is unfounded.

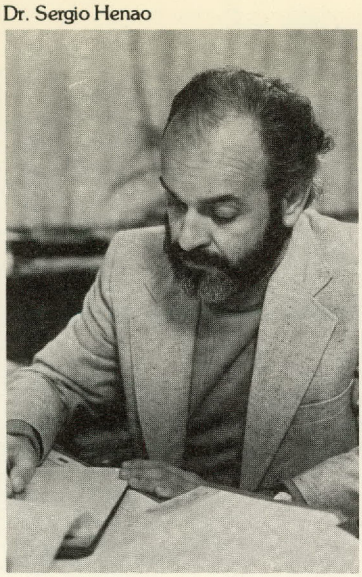
Gordon has many years of experience with treating chronic drinkers, both in private practice and at Big Spring State Hospital, where he supervised the treatment of 1,200 patients.

The alcoholic outpatient research and treatment service, "just off the ground," will accept alcoholic patients and treat them together with their families. The program is to be a resource for clinical and basic research and a training ground for psychiatric residents.

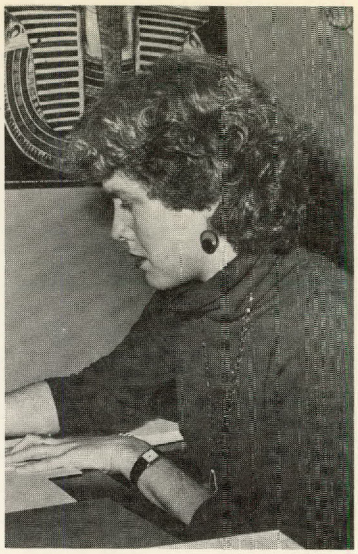
Some patients will be treated in the unit, others referred to the marriage and family therapy clinic and other adult services. At three-month intervals in treatment and afterward, the patients' personal and social adjustment will be evaluated. One goal, Gordon said, is to compare the effectiveness of different kinds of treatment for this group.

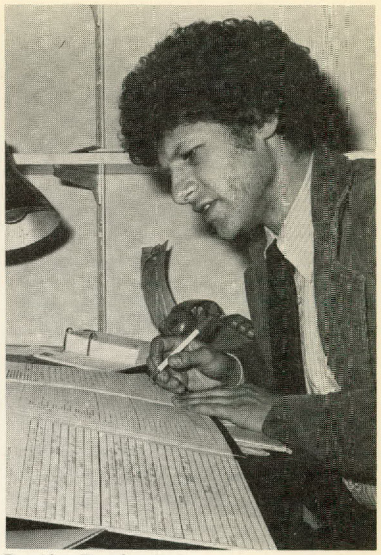
Beatriz Molina

Dr. Sergio Henao



Dr. Susan McDaniel





Dr. Alan Bernhardt

Molina came from Colombia for family therapy fellowship

Two clinical psychologists and a social worker are this year's family therapy fellows.

Beatriz Molina was a social worker for eight years at the University of Antioquia (Colombia) School of Medicine before she entered the TRIMS program. "I'd been working with families for a long time," she said, "but there is no family therapy training in Colombia." She had to be content with reading books on the subject.

A Colombian psychiatrist who had taken her residency at Baylor College of Medicine suggested the TRIMS family therapy program to Molina, and Molina's university agreed to pay for her training here. There is now a lot of interest in family therapy in Colombia, she said.

When she completes the training, Molina will return home to practice family therapy at the medical school and to teach the subject to psychiatry residents and social workers. Previously she taught the sociology of mental health in the department of psychiatry.

Molina hopes also to open a private office to practice family therapy. That should be fairly unusual, she said, because in Colombia social workers traditionally work in institutional settings.

from Philadelphia

Dr. Alan Bernhardt came to TRIMS after a post-doctoral psychology internship at the Philadelphia Child Guidance Clinic. He conducted family therapy there too, but he wanted the year at TRIMS to "round out my exposure to the field." In Philadelphia, he said, his patient load was almost exclusively single-parent families, and he especially wanted to get experience with marital counseling.

When Bernhardt taught psychology at Washburn University in Topeka, Kansas, his specialty was behavior modification, and he did research with mothers of "problem children."

"It became fairly clear to me that this parent training would not be maximally effective without the fathers' cooperation. I had to deal with something broader than the mother-child relationship. A natural step seemed to be to deal with the whole family, and the family-therapy theories I studied seemed a logical, common-sensical approach."

Bernhardt would like to teach family therapy in a graduate school, or teach part-time and open a private practice.

first months at Child Guidance

Dr. Susan McDaniel is spending the first six months of her internship at the Houston Child Guidance Clinic. She came to Houston from the University of North Carolina at Chapel Hill, where she completed her Ph.D. in clinical psychology.

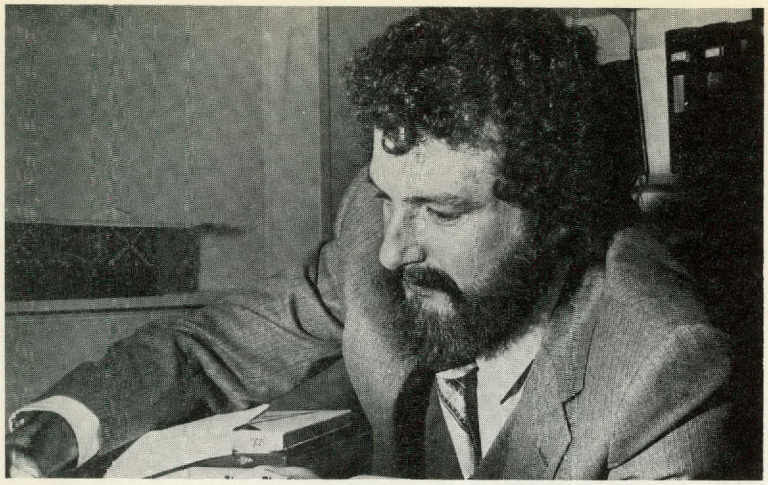
She wants to work in "some kind of clinic where I can see families and also teach interns and residents family therapy," she said.

Training clinicians to become family therapists involves integrating the perspectives of several different disciplines, according to Dr. Sergio Henao, who coordinates the family therapy training program. A family therapist has to look at individuals' physical problems, their psychological functioning, and their social interactions within their peer groups, schools, and neighborhoods.

Purpose of the training program, Henao said, is to produce well-rounded therapists who will take into consideration all the issues facing a patient.

Sponsored by the Houston-Galveston Family Therapy Consortium, the year-long program is open to psychiatrists, social workers, and psychologists. Trainees attend seminars and receive therapy supervision, spending six months in the adolescent and family clinic and six months at the Houston Child Guidance Clinic, as well as one day a week at the Galveston Family Institute.

—Karen Hanson Stuyck



The Rev. William D. Tallevast

area clergy to take part in counseling course

Programs to teach preventive counseling techniques to area clergy and research skills to pastoral residents are among plans of the clinical pastoral education section, according to the Rev. William D. Tallevast, chief of the section.

To begin next September and continue for two years, the course for local clergy will be designed to teach "preventive mental health functions of initial contact, diagnosis, referral, treatment, and education," he said.

Teaching will be through supervision and consultation, seminars, and professional awareness groups. At the meetings the pastors will present counseling situations from their parishes. Tallevast and Dr. Kelton Rc-Trock, a family therapist and former chief of the TRIMS program, will supervise, and the pastoral residents now in training will act as consultants.

The program, Tallevast said, "should become a linking mechanism between TRIMS and the church community."

For the three pastoral counseling residents, the research phase of their training should begin in September. Several TRIMS scientists will teach research procedures to the residents and will consult with them on studies.

All of the pastoral residents are ordained ministers with at least a master's degree in theology. The residency program is accredited by the Association for Clinical Pastoral Education, and Tallevast is seeking accreditation by the American Association of Pastoral Counselors as well.

Pointing out the importance of teaching pastors how to counsel their parishioners, Tallevast cited research that disclosed that 42 percent of persons experiencing a life crisis turn to ministers or rabbis as their first professional contact.

"Since the core premise of religion is love, people tend to perceive clergy as professionals who really care for them," he said. Parishioners are also involved with the pastor "in many life developmental contexts over a period of time, and that differentiates clergy from other mental health professionals." Also, for many people, he said, there is no stigma of "being crazy" when one seeks counseling or therapy from pastors, "although overcoming the anticipation of being morally evaluated may pose some initial therapeutic problems."

Tallevast, who assumed his position in August, was formerly coordinator of clinical pastoral education at Holy Spirit Community Mental Health Center in Camp Hill, Pennsylvania.

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psychosomatic group has best paper third time

For the third year in a row, the TRIMS psychosomatic research group has won a citation from the Biofeedback Society of America for having written one of the four best papers for the society's annual meeting.

Staff members of the section, whose chief is Dr. Roy J. Mathew, are jubilant over winning the award again and having their other three papers accepted as well. Nearly 300 papers are entered in the competition each year.

The prize-winning paper is "Relaxation and regional cerebral blood flow" by Mathew, Dr. Maxine Weinman, Dr. James L. Claghorn, John Largen, and Dr. John Stirling Meyer. The group's other reports are "Study of physician attitude on biofeedback" by Weinman and Mathew; "Adrenergic cholinergic mechanisms in anxiety and relaxation" by Mathew, Dr. Beng T. Ho, Patricia Kralik, Dorothy Taylor, Dr. Louise Hsu, and Claghorn; "Effect of biofeedback assisted relaxation on platelet monoamine oxidase" by Mathew, Ho, Kralik, Weinman, Karen Semchuk, and Claghorn.

The papers report on research collaborations with the TRIMS neurochemistry and neuropharmacology section and, in Dr. Meyer's case, with the Baylor regional cerebral blood flow laboratory at Veterans Administration Medical Center. The reports will be presented this month in Colorado Springs.

50 HISD counselors attend workshops

About 50 Houston Independent School District special education counselors, support service coordinators, and school psychologists are attending weekly training workshops at TRIMS to discuss some of the problems they encounter in their work.

Dr. Dennis Coburn, director of HISD special education support services, is coordinating the program with TRIMS. In previous meetings with Dr. Carol Brady, a psychologist in the children's clinic, and Olga Flores, a social worker in the adolescent and family clinic, the school counselors had chosen topics for the workshops.

Scheduled through May, the workshops deal with managing classroom behavior, consulting with teachers and principals, crisis intervention, interviewing techniques, individual counseling, case management, family therapy, and parenting. Other workshops focus on working with parents of the mentally retarded, alcohol and drug use, counseling children, divorce and stepparenting, sexuality and sex education of the mentally retarded, abused children, behavior modification, counseling on death and dying, and children's and adolescents' groups.

groups apply learning

Following each workshop the counselors meet in small groups to apply the workshop material to their situations.

Leaders are Dr. Jon Reck, Dr. Sharon Berliner, Glen Razak, Dr. Sergio Henao, Flores, Brady, Dr. Kay Lewis, Tempa Weir, Suzanne Bafus, Lee Maxwell, Joyce Ambler, and James Bray from TRIMS; and Peter Kingan, Cambio House; Dr. Pat Kennedy, University of St. Thomas; Dr. Patrick Brady, Houston Child Guidance Clinic; Dr. Rita Justice, in private practice; Dr. Donna Copeland, M. D. Anderson Hospital and Tumor Institute; and Dr. Alice Gates, Comprehensive Learning Center.

All workshops are being videotaped for those who can't attend. The tapes will be available through the schools and in the TRIMS library.

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they've already tried DSM-III, and it works

The long-awaited and debated third edition of the *Diagnostic and Statistical Manual of Mental Disorders* is a "beautiful" work that will "not only help us arrive at accurate diagnoses but provide excellent guidelines to a patient's treatment, management, and aftercare," says TRIMS psychiatrist Dr. Mohsen Mirabi.

Mirabi coordinated the field trial in which TRIMS clinicians, notably Dr. Edwin E. Johnstone and Dr. James L. Claghorn, participated in developing and testing the definitions in *DSM-III* for more than two years.

About 80 psychiatric centers in the country took part in the trials, and Mirabi is proud of the institute's involvement. Using the new definitions in diagnosing 120 patients, TRIMS therapists found them clear and helpful.

Just published, the manual has been in preparation since 1975, with draft versions circulated among professionals for comment and testing. The American Psychiatric Association task force which wrote the volume was headed by Dr. Robert Spitzer of the New York State Psychiatric Institute. The group "was receptive to all ideas," Mirabi says.

DSM-III embodies a common language for psychiatrists, psychologists, and all others involved in the care of psychiatric patients. Because it is purely descriptive and nontheoretical, it encompasses every school of thought from behavior modification to psychoanalysis.

five views of patient

DSM-III "focuses and takes into consideration the whole person," Mirabi says, in taking a multiaxial approach to the patient: (1) clinical manifestations of the illness, (2) the patient's personality pattern, (3) relationship to physical disease, (4) psychosocial stress factors that may have influenced the evolution of disease, and (5) the patient's highest level of adaptation before onset of the illness.

"We've always looked at the patient's past, of course, but sometimes we overlooked social and physical-health factors. Now we have guidelines that cover all areas of a patient's functioning. That is the beauty of *DSM-III* and its main significance," Mirabi says.

more science

The new volume represents the accumulated knowledge of the last ten years of research in mental illness, since the publication of *DSM-II* in 1968, Mirabi says. Going back farther, he says "we've come a long way since 1840 when we only had a definition of 'idiotic or insane.' A hundred years ago, in 1880, only a half dozen diagnostic categories were known to the profession: mania, melancholia, paresis, dementia, dipsomania, and epilepsy." Since *DSM-II*, the American definitions have been in accord with the International Classification of Diseases, providing psychiatrists around the world with access to each other's work.

Johnstone and Mirabi have already incorporated *DSM-III* into their course on nosology for psychiatric residents. But the work of teaching the new diagnostic criteria to others in the state mental health system is just beginning, Mirabi says. He and Johnstone, Dr. Linda Webb, Mary Beth Holley, Joyce Sanders, and Dr. Carlo DiClemente represented the institute at a recent workshop in Washington for "trainers of trainers." The clinicians and education specialists will now design a curriculum for the TDMHMR office of continuing education and teach *DSM-III* guidelines to leading staff members in state hospitals and schools. These, in turn, will train their staffs.

DSM-III goes into effect in July. This means, Mirabi says, that *DSM-IV* is coming up on the horizon, and he already has a gleam in his eyes for working on that one.

—Lore Feldman

legal note

informed consent to psychiatric evaluation

by J. Ray Hays, Ph.D.

The Fifth Circuit Court of Appeals recently rendered a decision that has significant impact upon the relationship between a psychiatrist and a criminal defendant. In *Smith* v. *Estelle*, the court held that a criminal defendant may not be compelled to speak to a psychiatrist who can use those statements against the defendant at the sentencing phase of a criminal trial. This, of course, protects the defendant's Fifth Amendment right against self-incrimination. The court went somewhat beyond that in its ruling, however.

The facts of the case were that Ernest Benjamin Smith and a friend, Howie Ray Robinson, robbed a convenience store in Dallas. Robinson killed a clerk in the store. Both were indicted for capital murder. While they were awaiting trial, the judge asked Dr. James P. Grigson, a psychiatrist, to assess Smith's competence to stand for trial. Dr. Grigson spoke to Smith for about 90 minutes and concluded that he was competent. The psychiatrist filed no report with the court, however, and wrote only a letter to the court stating his conclusion. Smith's attorneys were not told that their client had been examined by a psychiatrist.

Smith was found guilty. At the sentencing hearing Dr. Grigson was called to testify, and his testimony was admitted over Smith's attorneys' objection.

Dr. Grigson concluded that Smith was "a sociopathic personality. . .on the far end of the sociopathic scale." He stated also that "we don't have anything in medicine or psychiatry that in any way at all modifies or changes this behavior. We don't have it. There is no treatment, no medicine, nothing. Mr. Smith is going to go ahead and commit other similar or same criminal acts if given the opportunity to do so."

Following Dr. Grigson's testimony, the jury sentenced Smith to death.

rights violated

The defense attorneys filed a federal habeas corpus writ. The court found that the failure of the prosecutor to notify the defense that Smith would be evaluated by a psychiatrist and that the psychiatrist would testify violated Smith's right to effective assistance or counsel (Sixth Amendment) and his right against self-incrimination (Fifth Amendment).

Analyzing Dr. Grigson's testimony in some depth, the court indicated how the defense attorneys might have attempted to impeach Dr. Grigson's credibility with the jury. The analysis included the fact that Dr. Grigson's testimony in past criminal cases had apparently been biased in favor of the state. His name had not, for example, appeared as a defense witness in the report of any case.

The real issue before the court was the way in which the state dealt with the defendant Smith. He was never told, nor were his lawyers, that Grigson's examination concerned more than his competence for trial.

The court stated that a criminal trial may not be treated as "a poker game in which players enjoy an absolute right always to conceal their cards until played." In more legal terms, the court stated, "to some extent, at least, a state's decision to kill a person must be insulated from the vagaries of the criminal process." Fair play and a sense of justice require more than that given to Smith, the court said.

It is interesting to note that psychiatric ethics require that the "psychiatrist must fully describe the nature and purpose and lack of confidentiality of the examination to the examinee at the beginning of the examination."[1]

Smith was not told the extent to which the examination could be used and he suffered as a result of it. The new confidentiality law in Texas would probably now benefit a person in Smith's circumstances. Since the examination was court-ordered, Smith would now have to be informed of the nature of the examination. He could not have consented to any examination without knowing its purpose.

The conclusion to be drawn from this case is that we must always inform the individuals we examine of the extent to which we expect the information to be used. This is, of course, particularly true of the juvenile delinquents and adult offenders with whom we deal. Good practice has demanded such behavior in the past; now the courts require it. Justice is well served by the decision.

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[1]American Medical Association. The principles of medical ethics with annotations especially applicable to psychiatry. *American Journal of Psychiatry* 130:1058, 1973.

continuing education

Feb. 17-18
"two days with Jack Haley"
workshop on strategic therapy
at Sheraton Houston Hotel, Houston
co-sponsored with
Family Therapy Institute,
Washington, D.C.

March 16-18
the impact of affective disorder research
on psychiatric practice
Cabo San Lucas, Mexico
co-sponsored with TRIMS

March 25-26
autism
Marriott Inn, Austin
co-sponsored by Texas Autistic
Society and University
of Texas

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

new research

New protocols approved by the central office research review committee are:

☐ Tetrahydroisoquinolines (TIQ) and rat EEG—Vincent Andolina.

☐ A study of marriage in reconstituted families—Carol Ann Brady, Ph.D.

☐ The relationship between maternal therapeutic participation and the rate of progression in their emotionally disturbed preschool children—V. James Viola.

☐ Academic and psychological characteristics of juveniles accused of violent and nonviolent delinquent behavior—Kenneth S. Solway, Ph.D.

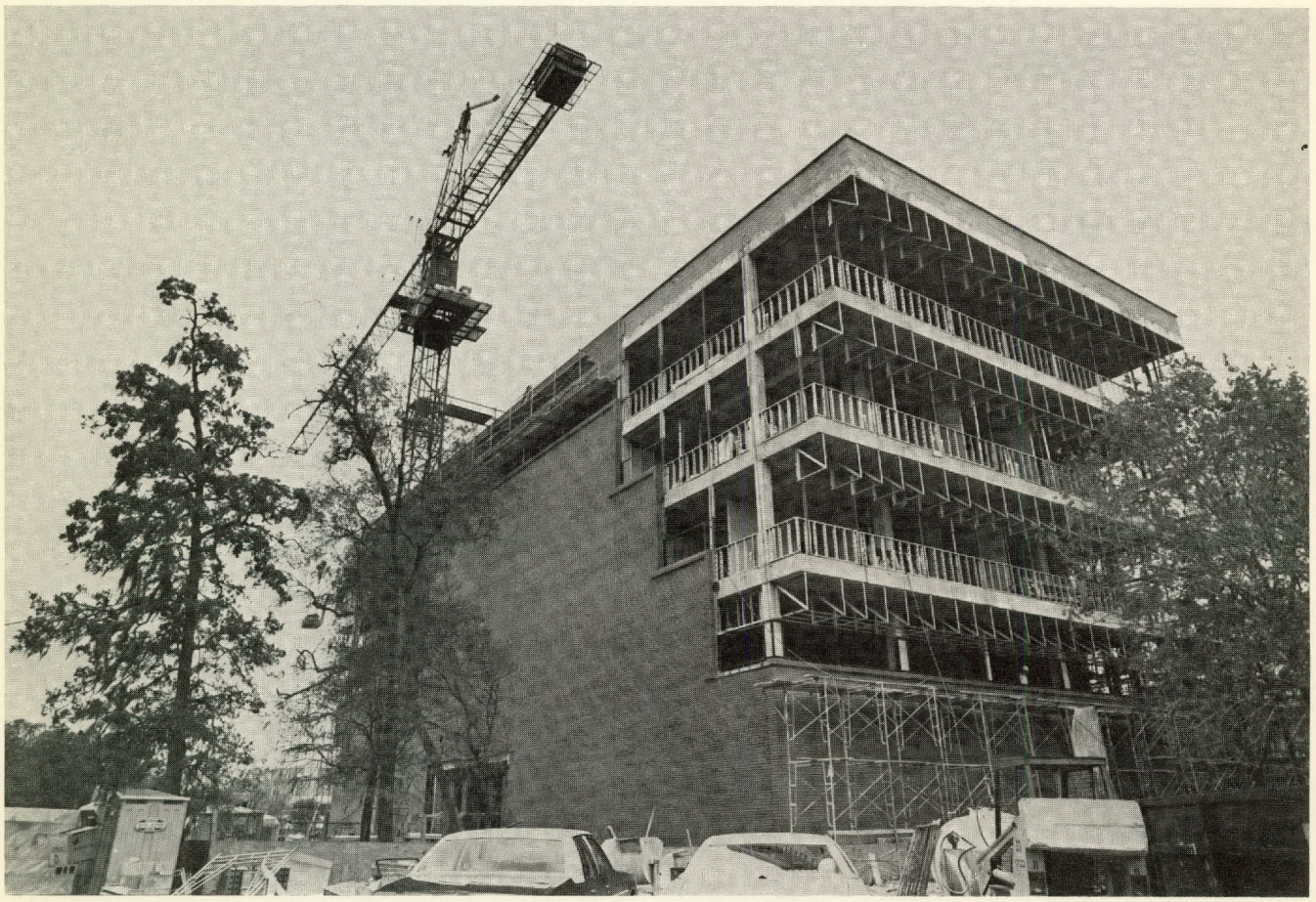
☐ Evaluating the use of Kohlberg's moral development scale with female subjects—Anita Smith, M.Ed.

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).

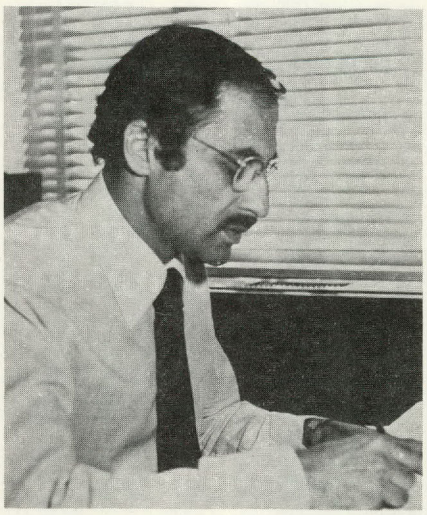
Complaints, questions, concerns or suggestions may be made known by writing to:

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

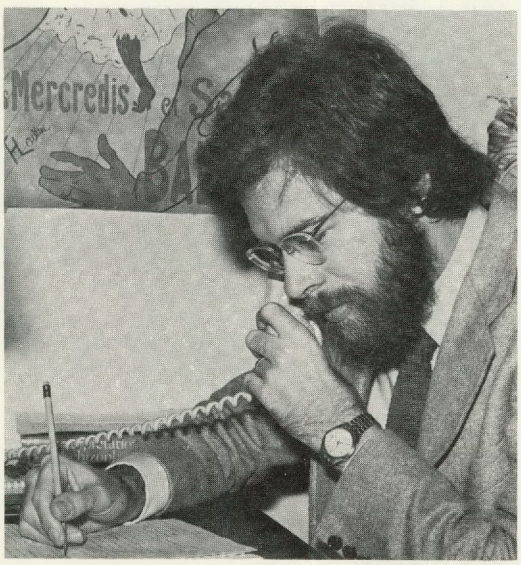


In May, when the University of Houston's College of Pharmacy building is completed, TRIMS will have a new neighbor to the east, in fact a research relative. Dr. Stuart Feldman, associate professor and chair of the department of pharmaceutics, says the school hopes to increase the number of "nice complementary studies" with Texas Medical Center colleagues. The school has about 220 undergraduate and 30 graduate students. Two departments, clinical pharmacy and clinical pharmaceutics will be housed in the $5-million, five-story building. The photo by Marc Meyers was taken several months ago. Today the building is much nearer occupancy.

Vernell Arceneaux is the data coordination clerk in medical records. That means she checks all patient computer forms and submits them for processing in Austin. Arceneaux came here in August as a Comprehensive Education Training Act (CETA) student but after two months was hired for her present job. She entered the CETA program, she said, because she wanted to be trained for a better-paying job, but she wasn't sure what kind. During five days of testing she tried out various occupations—small parts assembler, shipping and receiving clerk, stock record clerk, sorting machine operator, and medical records clerk. A CETA evaluator suggested work suited to her—in Arceneaux's case, medical records. The CETA training, she said, "was a great experience for me. On my own, I never would have thought I could handle something like this, but they found out what I was capable of doing. After I went through that training, I learned I could do more than I thought."



"I feel hope and the challenge of a new beginning," says **Dr. Vladimir Einisman**, psychiatry fellow in geriatric training. "I have the pleasant and safe feeling of coming back home to medicine as the base of my training. I feel welcome here, motivated and happy. I like the multidisciplinary team approach because it is the best way to provide care to elderly people." Einisman is no less embracing of the aged residents of the Seven Acres home with whom he meets weekly. "Their clarity and honesty are great. They're strong, motivated, responsible, concerned fighters. They want more volunteers and visitors. They don't want to be isolated. For me, they are a rich source of learning." Einisman's own history spans the continent—from Chile to medical school in Brazil, residencies in Minnesota and Texas, teaching psychiatry at Texas Tech. Geographically and verbally, it's impossible to compress him into a small space.

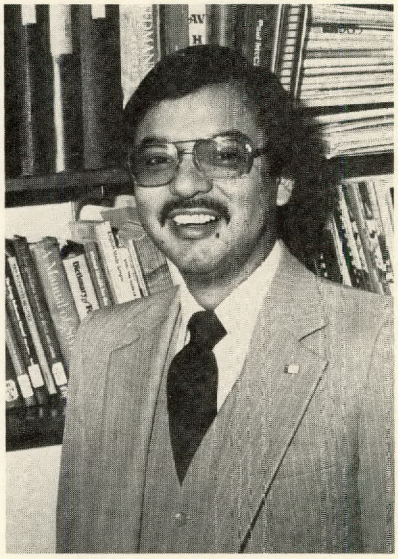


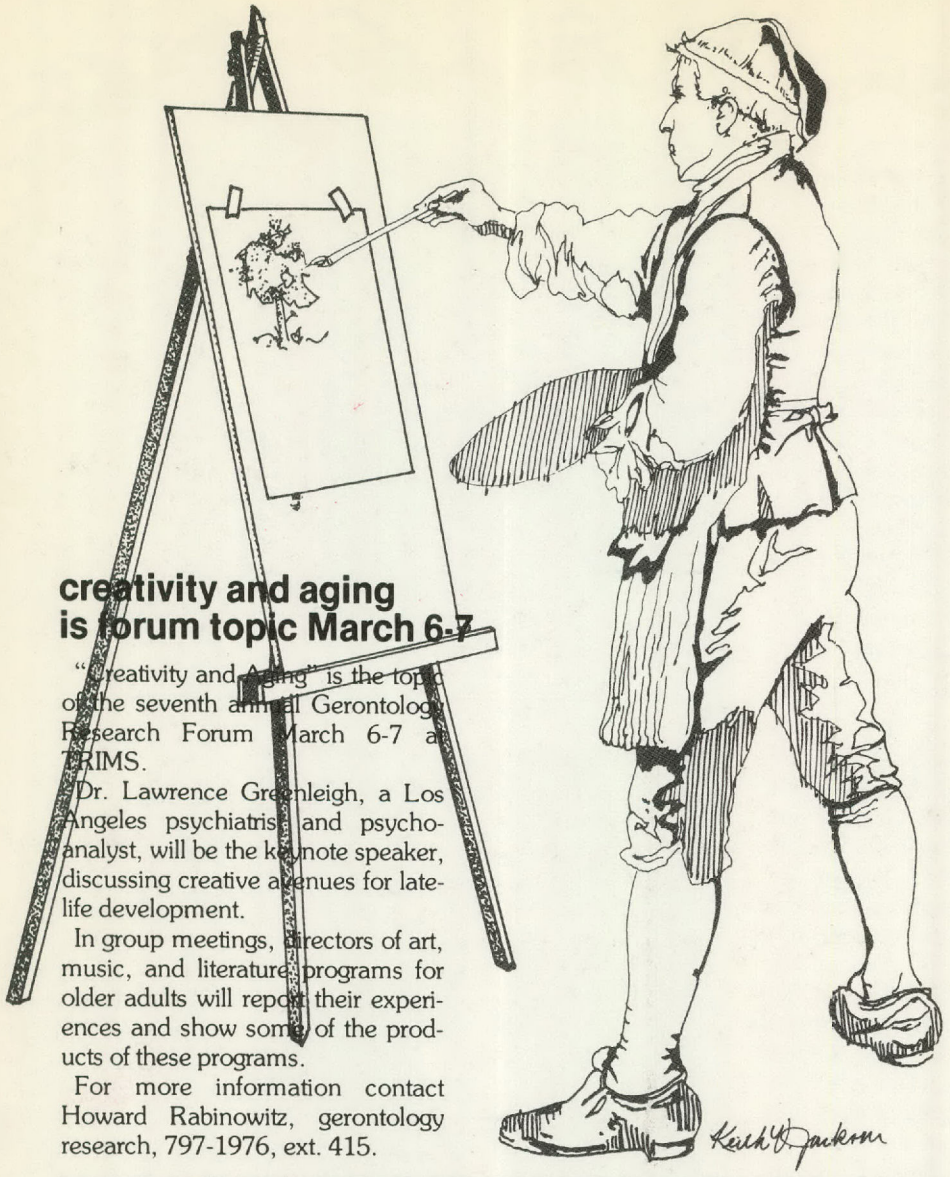
One reason **Bill Friedrich** chose TRIMS for his psychology internship was that he wanted to come back to Houston. Last time he lived here he was earning a master's degree at the University of Texas School of Public Health. When he went to the University of North Dakota for his doctorate he used that program administration background to organize half-way houses for alcoholics and disturbed adolescents at a Sioux Indian reservation. Later his research interest in child abuse and neglect led him to establish the first six Parents Anonymous groups in North Dakota. "I have a strong belief that people can help themselves," he said, pointing out that parents ran the groups and he was just an "on-the-spot supervisor." The groups proved so successful that one of their meetings was televised on the public channel, and group members started wearing "I'm a P. A. Mother" T-shirts. When he completes his internship Friedrich would like to do clinical work, teaching, and research with children and families.

Lois Lippman thinks her job as a research nurse combines the best of two worlds. As the liaison between the pharmacology research team, TRIMS inpatients, and the inpatient treatment team, she is able both to see patients and participate in research. The patient contact, she says, is "very important to me. It gives me a sense of value, of doing something for others." And the research involvement pleases her too, "but on a broader level. I can feel that I'm contributing a small part to science." Lippman interviews patients, does psychological ratings, sees that research protocols are followed, and checks on patients' progress. She is one of the people who makes sure that a research protocol is not detrimental to a particular patient. "If, for example, an elderly patient on a research project is taking a medication that makes her groggy, I would communicate that to the doctors." This is Lippman's first experience with psychiatric nursing. "You wouldn't believe how much I've learned," she says.

Dr. John D. Griffith, research psychiatrist in the inpatient unit, directed the Stimulant and Hallucinogenic Drug Unit of the federal Addiction Research Center until it moved from Lexington, Kentucky. "I will give my life for my country, but I'm not willing to move to Baltimore," he told the government. Glad to see patients again and to do clinical studies after many years of "narrow" research, Griffith says he felt immediately at home in Houston. He and Dr. Joseph Schoolar met at Vanderbilt University ten years ago during a debate of the psychotoxicity of marijuana. Since then, Griffith was the first medical investigator in the U.S. to report widespread amphetamine abuse and to demonstrate that amphetamines may cause a paranoid psychosis. A student of the history of warfare, Griffith conjectures that some of Hitler's bizarre behavior toward the end of World War II may have been drug-induced.

Richard G. Ramirez keeps at least three balls in the air: he's an international representative of the Texas Commerce Medical Bank, he's treasurer of the Volunteer Services Council, and he's a Big Brother to a nine-year-old fatherless boy. As Ramirez does it, it all looks easy, reasonable, and satisfying. Originally, he came to the TRIMS volunteer job to substitute for the treasurer who was leaving. "I liked what we were doing here," he says. "I like one-to-one activities in an age where everything is going numerical." Contributing work to an organization is much better than mailing in a check, he says. His family in Uvalde is proud of him, and the more he is involved in big-city life, which he enjoys, the more he likes to visit back home. On weekends in Houston, Ramirez and his little brother spend time together to do "things the boy would not normally have a chance to do" and "talk about things a little boy thinks he can't discuss with his mother."





creativity and aging is forum topic March 6-7

"Creativity and Aging" is the topic of the seventh annual Gerontology Research Forum March 6-7 at TRIMS.

Dr. Lawrence Greenleigh, a Los Angeles psychiatrist and psychoanalyst, will be the keynote speaker, discussing creative avenues for late-life development.

In group meetings, directors of art, music, and literature programs for older adults will report their experiences and show some of the products of these programs.

For more information contact Howard Rabinowitz, gerontology research, 797-1976, ext. 415.

seminars

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

feb. 1 • be aware
slide show of issues that mainly affect women: purse snatching, home security, rape prevention, etc.
Officer Jean Burkham
crime prevention unit
Houston Police Department

feb. 8 • the Disabled American Veterans' outreach program
Charles L. Williams Jr.
coordinator, Vietnam veterans outreach program
West End Multiservices Center, Houston

feb. 15 • "off your rockers"
(legislation and political activism)
from KUHT-TRIMS series on aging, "a matter of time"

feb. 22 • emotional-cognitive structures: a general systems application to psychotherapy
George Vassiliou, M.D.
president, World Assn. of Psychiatry
Vasso Vassiliou, Ph.D.
director, International Group Psychotherapy Assn.
Athens, Greece

feb. 29 • "lifestyles"
(environments and housing)
from KUHT-TRIMS series on aging, "a matter of time"

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