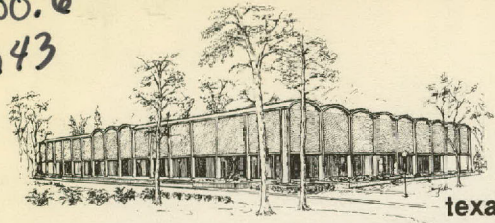


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the emissary



Jefferson Fegley



dr. schoolar writes

grantsmanship

Members of the TRIMS staff should be actively and aggressively involved in seeking grant support, both for research and for training. I frequently comment on this in meetings, and I would like to elaborate on the reasons.

A major consideration is, of course, that it increases the money available to a staff member to carry out his or her projects. Even though grant moneys must by law be handled in precisely the same manner as funds appropriated by the state legislature, grants increase the budget by a significant margin. Almost ten percent of our budget each year is from grants. The budgets of granting agencies are more restricted than in the past, with grants more difficult to obtain. But they are a vital portion of our operating funds, one on which we depend in planning programs for each successive year.

When one thinks of grants in the field of mental science, it is natural to turn almost reflexly to the National Institutes of Health and particularly the Alcohol, Drug Abuse, and Mental Health Administration triumvirate—the National Institute of

Mental Health, National Institute on Drug Abuse, and National Institute of Alcohol and Alcohol Abuse. But the list doesn't end there; the National Institute on Aging is an important potential source of support and an agency with which TRIMS is deeply involved. To a lesser extent, this may be said of the National Institute on Education and the HEW Developmental Disabilities Office. There are important private granting agencies and foundations as well, a fact of increasing significance in this time of federal budget cuts.

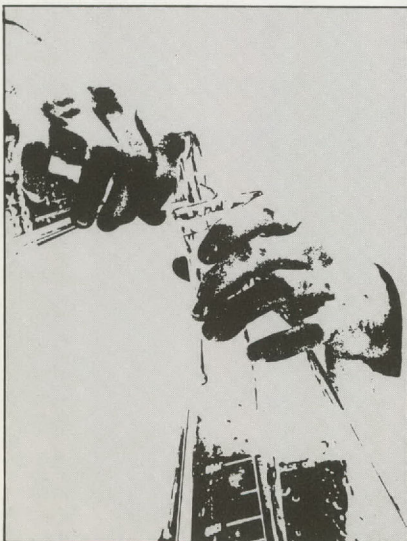
By obtaining a grant an investigator may supplement his own salary or that of certain members of his staff. Such supplementation may, by institute policy, amount to as much as \$6000 per year, providing that all personnel practices and board and departmental policies are met.

valuable process

The process of developing a grant application has great value for the principal investigator or the head of a training project as well as for members of their staffs and research teams. Programs of research and

training usually start with an innovative idea or the observation of a need. But the translation of idea into function and practice is a painstaking and tedious process. The searching questions asked on grant applications require a careful working through of the project, its goals, methods of implementation, and requirements of staff, space and equipment, each of which must be thoroughly justified. Attention must be paid to methods of evaluating the project's outcome and thought given to the most effective way of disseminating the results or getting the most out of a training program. Although it is only the first step, a good grant application has its own value in program planning and organizing.

Another important aspect of grant funding is site visits by the granting agencies. The site visitors are colleagues known throughout the country as expert in their fields. Their visits are an opportunity to discuss our programs, a process that brings us into closer relationship with the scientific community in the country and enhances the visibility and reputation of TRIMS.



cover

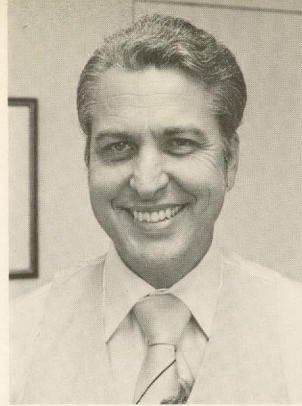
Evan Cohen—his hands here, the rest of him shown surrounded by a cryosorption pump on the cover. Cohen was one of the science whizzes on the premises this summer. Story page 4.

training grouped into four units, program to have central office

The training division headed by Dr. James L. Claghorn, assistant director, has been organized into four units for which senior staff members will provide liaison and supervision.

Related programs are being grouped together. Dr. Sergio Henao will supervise psychiatric residency and training programs in nursing, occupational therapy, family therapy, and developmental pediatrics. Dr. Beng T. Ho will supervise pre- and postdoctoral training in the basic sciences. Dr. Kenneth S. Solway will oversee training in psychology, social work, pastoral counseling, and child therapy.

A central clearinghouse for information about the entire program will be established by Dr. Beatrice Nugent, who is also responsible for the audiovisual section, staff development, and coordination of continuing medical education. The latter is directed by Robert R.



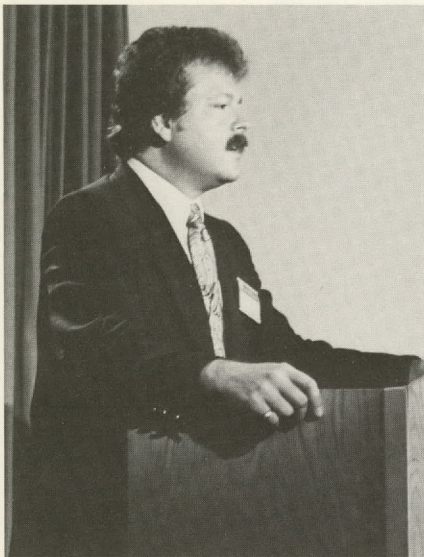
Dr. Claghorn

White of the department's continuing education office in Austin.

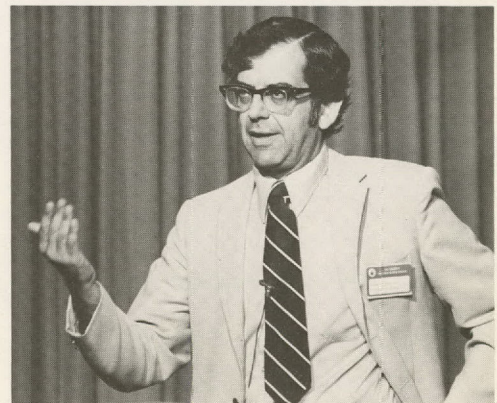
"Our primary emphasis is on academic excellence and on developing explicit criteria for acceptance and achievement," Dr. Claghorn said. Programs will be evaluated according to objective standards in terms of meeting the needs of "Texas as a state, the needs of the profession in question, the needs of the institute, the cost to TRIMS in staff time and space, and the program's contribution to TRIMS patients."

Information about all training programs will be published in a catalogue.

Serving with Dr. Claghorn on the training committee responsible for the overall program are Dr. Eugene Ebner, Dr. J. Ray Hays, Dr. Edwin Johnstone, Dr. Solway, Dr. Henao, Dr. Nugent, Anne Hollis, Mike McGuyer, and Dr. Ho.



Top left: Dr. Elgan Baker, psychologist for the inpatient unit, coordinated continuing education seminar, *Psychotherapy of the Psychoses*. Top right: Full house for Dr. Vamik Volkan, professor of psychiatry of University of Virginia Medical School, who talked about object relations. Bottom right: Dr. Bertram Karon, professor of psychology at Michigan State University, discussed the use of psychotherapy in treatment of psychotic patients. "The notion that psychosis isn't amenable to psychotherapy is not true," he said. "We need to help these people build bridges to the real world. We need to talk their language."



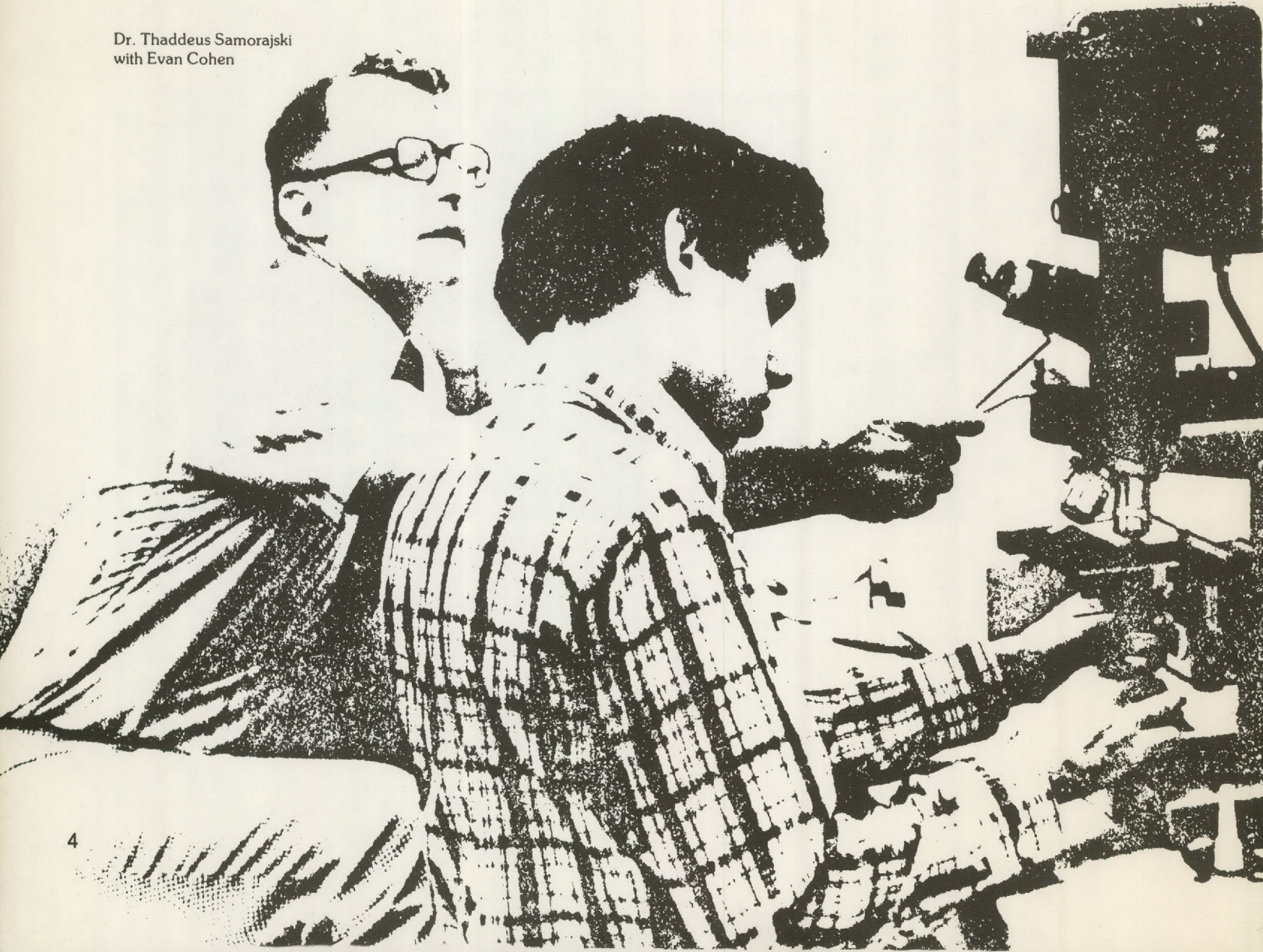


young scientists in summertime jobs

“they have much to offer us and we have something for them”

Bob Wildin

Dr. Thaddeus Samorajski
with Evan Cohen



Each summer, in TRIMS laboratories, a few gifted young scientists try out ideas they've been incubating all year.

"It's a chance to have more freedom to explore," says Evan Cohen, a biology student at the University of Houston who is working as a summer intern in the neurobiology of aging section.

"In a school laboratory each assigned problem has been worked out a thousand times. You can take a textbook and turn to page four for the answer," Cohen says.

This time Cohen is investigating a problem for which the answer is unknown. He is testing the effects of monosodium glutamate (MSG) in young mice. MSG is a food additive derived from vegetable proteins and widely used to enhance the flavor of meat and vegetables.

"Cohen's project has a new twist," says Dr. Thaddeus Samorajski, chief of the section. "We know that a large dosage of MSG causes lesions in the brain. It has always been a case of studying all or none."

Cohen is trying to determine whether small amounts of MSG are harmful when given to newborn mice whose nervous systems are developing. Research has shown that one dose of MSG has no effect on an adult mouse, whereas the same dose given to a young mouse can cause cells in several areas of the brain to degenerate.

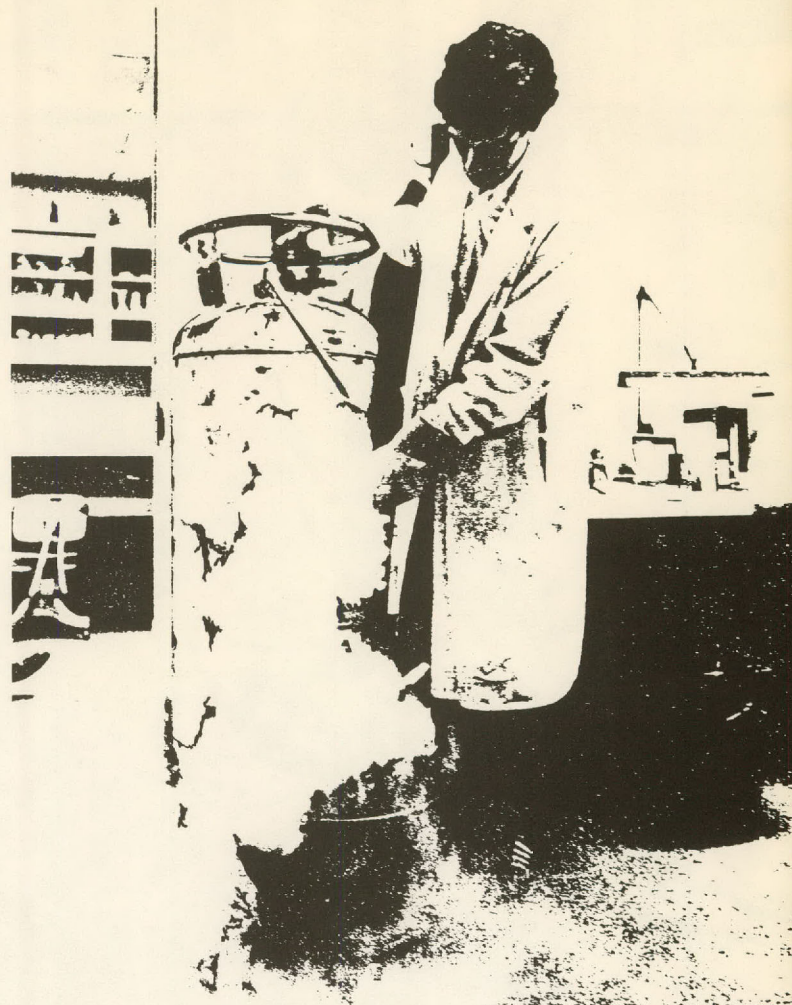
"It's a whole new experience for me to look at a problem like this," Cohen says. "I tell people at school, you wouldn't believe how different it is."

born into space race

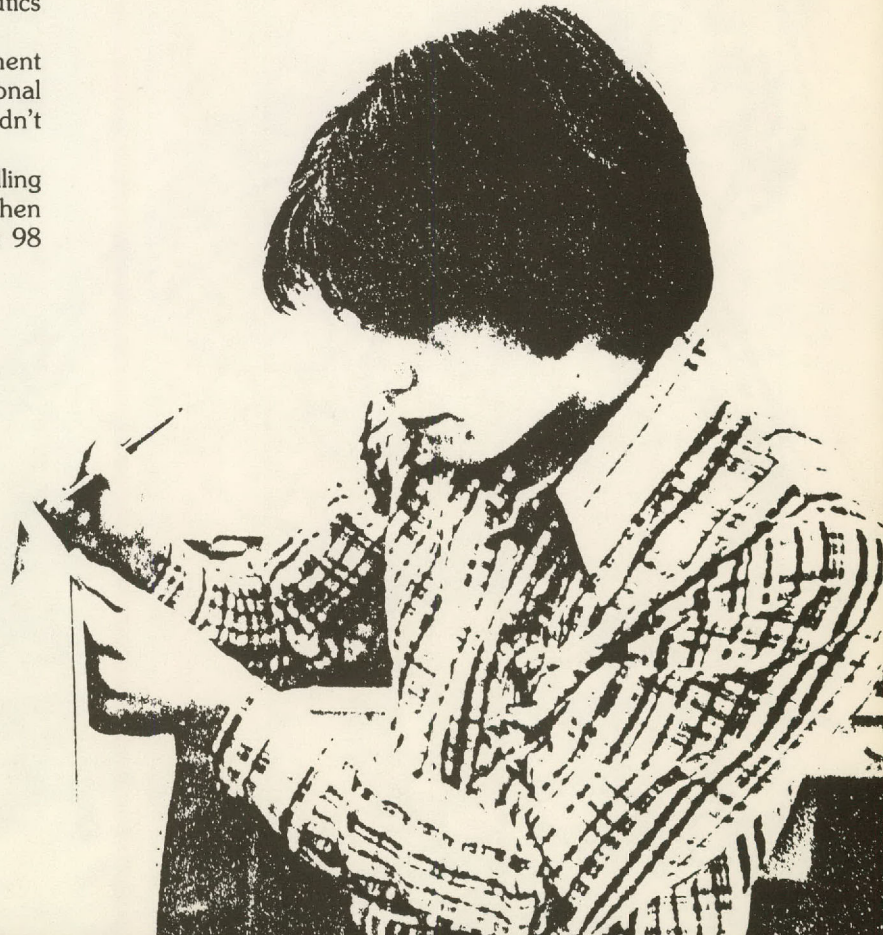
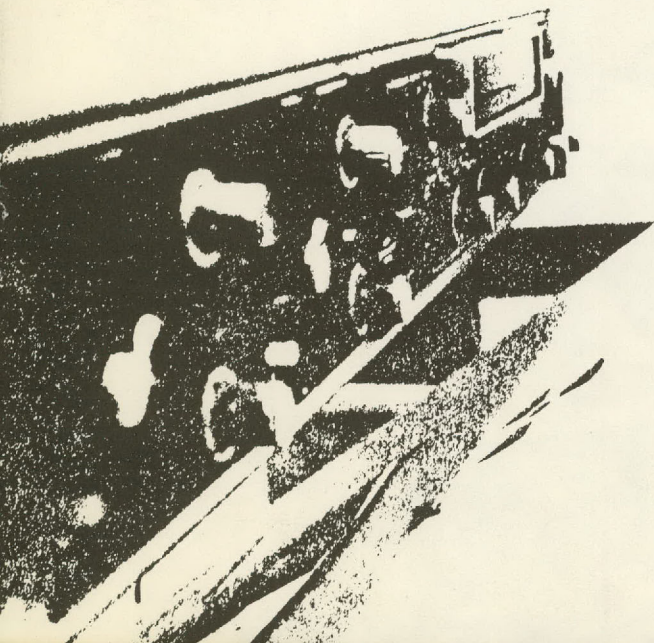
Cohen ascribes part of his love for science to being born in the 50s. "I was all caught up in the race in space with the Russians," he says. At age nine he designed a missile, taking particular care with formulas for the fuel mixture, and sent the plans to the National Aeronautics and Space Administration.

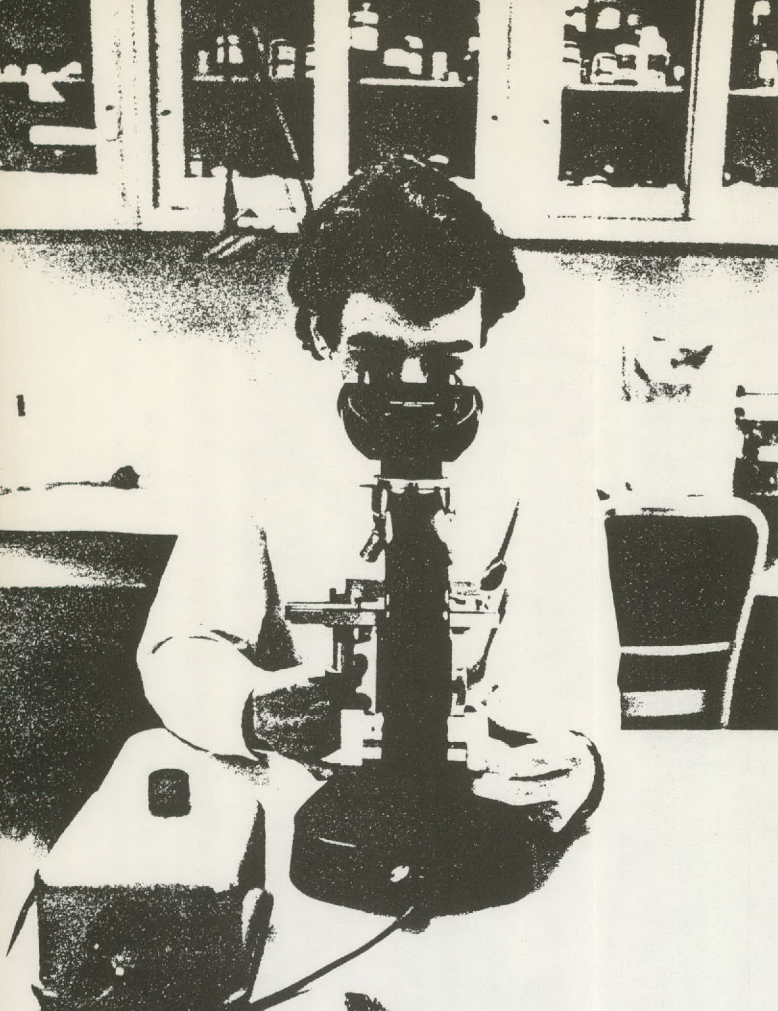
"I received several letters from the State Department saying thank you for your concern with national defense," Cohen says. "But they also wrote it wouldn't work."

"I've always questioned everything," he says, recalling arguments with his high school chemistry teacher. Cohen did poorly in the chemistry class but scored in the 98



photos by Jefferson Fegley





percentile on a statewide chemistry exam. "That really made the teacher angry," he says.

After high school Cohen worked at several jobs—as a tutor, in a book store, as a land surveyor—before deciding on science as his work.

"Cohen's a hot man," Dr. Samorajski says proudly. "An A+ in organic chemistry." Samorajski served four years in the army, then earned a degree in history before beginning his scientific career in his late twenties. "Cohen and I are a lot alike in that respect," he says.

"These students have much to offer us and we have something for them," Samorajski says. "The students bring in the latest information in the field from the classroom and the TRIMS scientists always have research projects they can fit into.

"I help them channel their concentration. I tell Evan to try to grow one good violet instead of wandering around all summer gathering fifty."

Cohen will complete work for his degree next year and wants to enter medical school.

MIT at 17

Bob Wildin, working in the neurochemistry and neuropharmacology section, has a head start in his career. He completed high school in three years and last year entered Massachusetts Institute of Technology at age 17.

At MIT Wildin worked in a genetics laboratory with slime molds. This summer he is helping Dr. Vicente Estevez with a chlorpromazine study. "You can't just say you'll work in biology," he says. "You have to pick a field—microbiology, pharmacology, genetics. Right now I'm experiencing the different facets."

Wildin won top honors at a science fair while he was in the eighth grade. After reading a magazine article about oil company experiments to clean up oil spills, he designed a project in which microbes consumed crude oil. His interest in science comes from "a mixture of wanting to improve present conditions and add to a body of knowledge," he says.

Cohen says that discovering his own steps toward problem-solving has given him confidence and a sense of independence. Both students feel they will go back to their schools this fall with a better idea of where they are headed.

—Marsha Lee Recknagel



publications

C. M. Davis and D. C. Fenimore. The placental transfer and materno-fetal disposition of methadone in monkeys. *Journal of Pharmacology and Experimental Therapeutics* 205:577, 1978.

D. C. Fenimore, C. M. Davis, and C. J. Meyer. Determination of drugs in plasma by high-performance thin-layer chromatography. *Clinical Chemistry* 24:1386, 1978.

John Largen, Roy Mathew, Ken Dobbins, John Stirling Meyer, and James L. Claghorn. Skin temperature self-regulation and non-invasive regional cerebral blood flow. *Journal of Headache*, September 1978.

R. B. Duthie. Factor analytic study of the personality of female methadone outpatients. *International Journal of the Addictions* 15(4), 1980, in press.

globe-trotters

Drs. Joseph Schoolar, Beng T. Ho, and Robert Smith attended the World Congress of Biological Psychiatry in Barcelona, Spain. Dr. Ho co-chaired the session on trace elements in biological psychiatry and reported on his section's experiments with a chlorpromazine and copper complex. Dr. Smith presented papers on research in tardive dyskinesia, blood levels of neuroleptic drugs in nonresponding schizophrenic patients, and effects of apomorphine and neuroleptics in treatment for schizophrenia.

Dr. Charles Gaitz lectured in Tokyo on basic research and clinical aspects of aging, together with Swiss gerontologists Meier-Ruge and Loew, and addressed physicians in Osaka, Nagoya, and Fukuoka.

Dr. Harold Altshuler keynoted a symposium on "Tolerance and Dependence on Ethanol: Mechanistic Approaches" at Montreux, Switzerland, discussing behavioral methods of assessing these conditions. At the International Congress of Pharmacology in Paris, he gave a paper on development and dissipation of reverse tolerance to cocaine in rhesus monkeys. The National Council on Alcoholism meeting in Bethesda recently heard Altshuler's report on animal models of alcoholism.

group relations training

At the annual scientific meeting of A. K. Rice Institute in San Francisco, Dr. Linda Webb presented a videotape she produced and directed on small-group process. The videotape project is sponsored by the A. K. Rice Institute and TRIMS. When editing is completed, tapes of eight sessions will be available for training.

to psychology conference

TRIMS psychologists presented papers and chaired sessions at the Toronto convention of the American

Psychological Assn.: Dr. Eugene Ebner—"the process of psychotherapy supervision"; Drs. Elgan Baker and Steven McColley—"training activities and difficulties of beginning supervisors: a survey"; Drs. Neill Carson and Elizabeth Ferree—"group psychotherapy supervision: parallel processes as a learning vehicle"; John Duffy—"a supervisee's perspective on psychotherapy supervision"; Dr. Patricia Rupert—"bidirectional heart rate biofeedback training with anxious psychiatric patients"; Dr. Ronald Nathan—"psychologists in schools of medicine: 1955, 1964, and 1977."

Dr. Kenneth Solway chaired the symposium on prediction of violence at which two TRIMS papers were presented: "violent juvenile offenders" by Linda Richardson, Solway, and Dr. J. Ray Hays; "profiles of juvenile sex offenders" by Laury Champion, Dr. Victor Elion, Solway, and Hays.

Hays led a workshop on preparing cases for presentation to administrative boards at the meeting of the American Assn. of State Psychology Boards which preceded the convention.

on TWU faculty

Dr. Mae McMillan, Dr. Toby Myers, and Virginia Mahan were appointed to adjunct associate professorships by Texas Woman's University, where TRIMS child therapy trainees are earning master's degrees in child development.

amazing progress

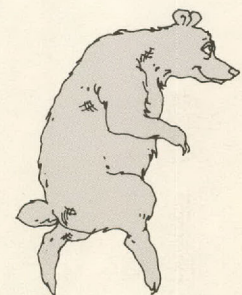
"Hey! We are alive!" is the title of a videotape Jerry Werner, Helen White, and Susan Schiefen are showing at the Gerontological Society meeting in November. The tape is a glimpse of work the therapists have done for three years with clients of a Houston nursing home who suffer from emotional problems but have improved steadily in group therapy. "I am amazed that in once-a-month sessions we could have come so far," Werner says.

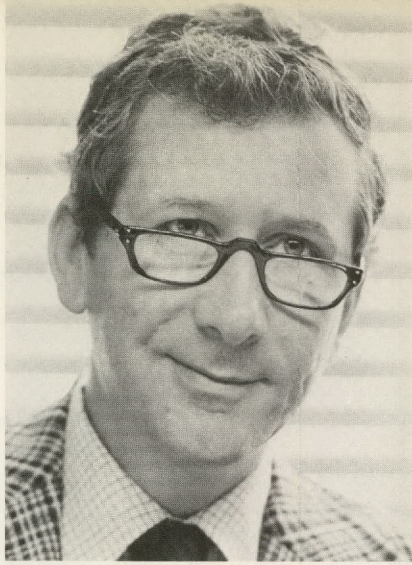
women and men

Barbara Hoek gave a workshop on the effects of sex roles to the Texas Rehabilitation Assn. convention in Houston.

in family therapy posts

Two recent graduates of TRIMS fellowships in family therapy are taking their training into the medical community. Dr. Ernest Fruge, alumnus of both the internship in clinical psychology and the family therapy training, is now a full-time consultant to the Baylor Family Practice Center at St. Luke's Hospital, a position created for him. Dr. Robert Hochschild is director of the family therapy program in the psychology service at Veterans Administration Hospital.





Dr. Varner



Dr. Schoolar

hospital units are combined with Varner as medical chief

The general psychiatric inpatient unit and clinical research ward were combined last month as part of the institute's reorganization.

Dr. Roy V. Varner, medical director of the inpatient unit, assumed direction of the combined 60-bed facility at Center Pavilion Hospital. Dr. Richard Hall, research ward director, took on full-time duties as associate professor of psychiatry at the University of Texas Medical School at Houston where he had worked half-time.

Twenty-two staff members of the 95 serving the two inpatient units were notified of job deletions since the units were combined. These include a research specialist, a clinical psychologist who will be replaced by a master's-level psychologist, two administrative technicians, three nursing supervisors who will be replaced by three nurses at the nurse-II level, a caseworker, a licensed vocational nurse, eight psychiatric aides, a driver, and four assistants. All were offered the opportunity to apply for existing positions.

Research will continue to be stressed in the inpatient unit and outpatient clinics, according to Dr. Joseph Schoolar, TRIMS director.

"We've been studying methods of selecting patients for research so that research and training may best be served without sacrificing quality of patient care," Dr. Schoolar said. "By combining the two units we expect to increase interaction among clinical and research sections and use our staff more efficiently. If a patient admitted to the hospital fits into a research project being conducted by another physician or scientist, the investigator will furnish staff and wherewithal to include the patient in the research protocol."

The same is true for outpatients, who will probably be served in three major clinical units—for children and adolescents, adults, and geriatric patients. The precise outpatient clinical structure has not been determined.

Dr. Charles M. Gaitz, reorganization committee chairperson and acting head of the clinical services division, stressed that the changes are taking place not because patient care services have been performed poorly, but because there is much room for consolidation and improvement. In addition, the clinical budget for next year needs to be reduced by at least \$100,000.

One move being considered is establishment of a large, well-staffed information and referral unit for all clinics to

dr. syndrome

by Randy Strong



Intimidate!

seminars

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

sept. 1 • gestalt psychology and dreamwork

Paul Rothaus, Ph.D.
psychologist
Houston

sept. 8 • biochemistry of depression and prediction of the response to treatment

Pauline Ridges, Ph.D.
department of medicine
Liverpool University, England

sept. 15 • emergency psychiatry

James Ferrero, M.D.
assistant medical director
TRIMS inpatient service

sept. 22 • fact and fiction about biofeedback

Roy J. Mathew, M.D.
TRIMS psychosomatic laboratory

sept. 29 • no seminar

Since the seminars are televised live
over the Medical Community Television
System, they begin promptly at 11
and participants are asked to be in
their seats at that time.

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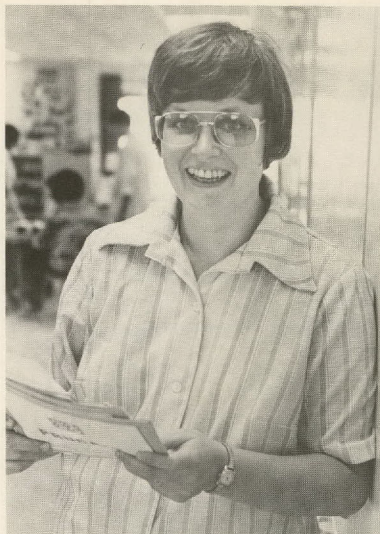
Newsletter of the Texas Research
Institute of Mental Sciences, the
research-training-patient care facility
of the Texas Dept. of Mental Health
and Mental Retardation, an equal
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director
Lore Feldman, *editor*
Marsha Lee Recknagel,
editorial assistant
Jefferson Fegley, *photographer*
Randy Strong, *cartoonist*
Gee Lindblom, *art director*

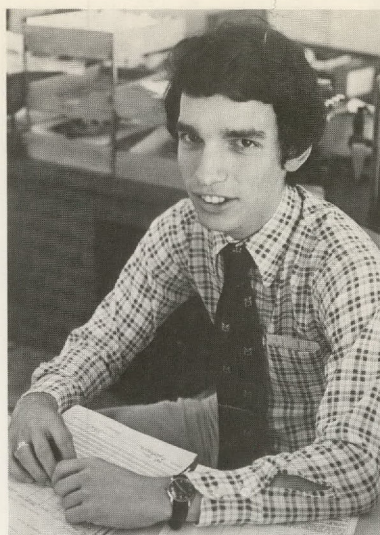
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address correction requested

George Ann Afra, inpatient unit secretary, keeps two lists in her head. One is "goals accomplished," the other "goals to work toward." Both lists are long. At age 12 Afra decided she wanted to marry an interesting man and travel. At age 20 she married a University of Houston architecture student and moved to Iraq, his native country. "I loved to watch the camels loping across the desert and participate in the Moslem festivities," she says. Afra learned Arabic by the sink-or-swim method. "I don't know how my mother-in-law could stand it. My every sentence was a mixture of masculine, feminine, and neuter genders and a lot of sign language." Now Afra attends school four nights a week and has almost finished work for a double degree in anthropology and psychology. She has a six-year-old daughter. "As soon as I graduate I'd like to have more children," she says. "I also want to be an international lawyer before I hit 50."



No firecrackers go off or toasts are made at the end of a fiscal year. Instead it's a foreboding time that old-timers in accounting enjoy telling horror stories about. "This is the first time I've been through it," **Bob Low** said nervously about the approaching September 1 deadline. "Everything has to be balanced." Last year Low was a summer student at TRIMS and missed the occasion. He returned to Rice University for the fall semester to complete work for his double major—economics and managerial studies. After graduation he came back. Low keeps books, summarizes information needed by the Internal Revenue Service and Social Security Administration, prepares paychecks for people on local grants. He also helps with the payroll. "That is the top priority. We drop everything when payroll time comes around. If anything goes wrong with the payroll you're going to hear about it fast," he said.

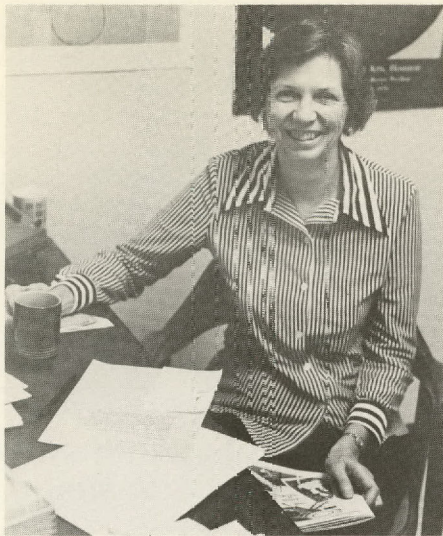


Sitting in front of a winking switchboard, its lighted buttons showing 50 people talking on the telephone, **Hazel Junior** says, "This is a beautiful job. You find that you can help people who are really desperate. Some call me back and tell me that I consoled them." Junior is the telephone voice of TRIMS in the evening and nighttime hours, four to midnight, a crisis hotline all by herself sometimes. She finds doctors for TRIMS patients, refers others to Ben Taub or Riverside hospitals or the real Crisis Hotline, asks people to call the clinic the next morning, or simply talks to those who only need to talk. During the day she holds down another job. She's had three jobs at times while she was raising her four children, and now she is bringing up two of her ten grandchildren. "It's easier to work two jobs than worry about financial problems," she says. "I've never known what it is not to work."





Ira Sam had a special reason for wanting to work at TRIMS. Her brother has been in psychiatric treatment since 1968. "I thought if I worked at TRIMS I could learn more about my brother and help my family deal better with his problems," she says. Sam works in the admissions office where she helps prepare insurance claims. Sometimes she sits behind the admissions desk in the waiting room, always ready with a smile. "When patients come by I try to pick up on how they are feeling that day. If they are down I try to cheer them up." Sam once dreamed of being a nurse. After high school she attended career day at a hospital but fled the emergency room when an injured patient showed up. She studied business and accounting at Houston Community College, then worked in the accounting department of Methodist Hospital. "I never thought I'd be able to go into a hospital again," she says.



Volunteer **Virginia Grinaker** doesn't see herself as a crusader for mental health. But during an interview she easily reveals that she is a former mental patient. "I know you take a risk to divulge that kind of information," says Grinaker, who was hospitalized for depression 20 years ago. "But maybe if I openly say it then it will be easier for others. And maybe it will help dispel the stigma." A member of the volunteer services council board, Grinaker works in the multiphasic screening clinic, helping patients "fill out forms, get them coffee, try to put them at ease." Grinaker has three grown children and a 12-year-old daughter. "I don't want to stay home and be a full-time wife and mother. I want to get out of the house and I want to help mental patients." Grinaker has driven a school bus for children in special education classes and worked as a masseuse in the women's health club at the Jewish Community Center.



Walk into a room, stare at the ceiling, look out the window—**Willie Jacko's** handiwork is everywhere. Jacko is the carpenter, painter, lock repairman, floor layer, ceiling installer for TRIMS. "I put that window in," he says, pointing to a windowless wall. "I covered it up, too! That's a lot of my work. Put up a wall one year, take it out the next." Jacko had worked 15 years for the construction company that built the institute. After the job was finished, the TRIMS plant engineer asked him to stay on. "It feels good to walk around the building and think, oh yes, I built that. And yes, over there, I remember when I built this," Jacko says. He designed and built the business office, the podium in the auditorium, hundreds of bookshelves, whole rooms. And his work is on other continents. Serving in the 359th Construction Engineers of the U.S. Army during World War II, he built roads and bridges in Africa and Italy.

welcome to new students

The training division this month welcomes a small army of new students who will enliven the clinics in which they work (and heat up the race for space).

Psychology interns: Terry Bauknight, Duke University; Donna Copeland, University of Houston; Barbara Held, University of Nebraska; Patrick Russell, Ohio State University; Tim Sippola, University of Kansas; Peter Watrous, University of Tennessee; Doris Weaver, Southern Illinois University.

Postdoctoral psychology fellows: Dr. Victor Elion, Florida State University; Dr. Ronald Eskew, Purdue University; Dr. Carlo Di Clemente, University of Rhode Island.

Social work students from University of Houston Graduate School of Social Work: Patsy Ambrose, Ramona Bomar, Vicky Christman, Sondra Gildenberg,



Josie Gonzalez, Barbara Ishup, Sondra Kaplan, Margaret Long, Jimmie Mathews, Jennifer Miller, Johnnie Newlin, Lydia Ramirez, Sarna Sunshine, Paula Waller.

Social work students from Smith College: Steven Marans and Pamela Walker.

Pastoral counseling residents: Gail Lynn Unterberger-Berry and Dr. James Ranton.

new class, new book at NTSU center for studies in aging

The 1979 Winter Institute on Aging of North Texas State University's Center for Studies in Aging will be held Jan. 8 to 12. Eugene Hackler, senior partner in a Kansas law firm, will teach a seminar on legal aspects of long-term care. The class counts two semester credits toward a master's degree or continuing education credits. For further information contact the Center for Studies in Aging Winter Institute, P.O. Box 13438, North Texas State University, Denton, Texas 76203.

The Center has published a handbook for service providers to the elderly who may want to establish adult

education programs in their communities. Titled *Old Gold—A Practical Introduction to Sources of Support for Adult Education Programs for the Elderly*, the manual provides information about sources of funds and offers practical suggestions about applying for financial help.

The authors encourage adult educators to become part of the service network for the elderly. Eighty pages, \$4 plus 40 cents for handling (and 5 percent sales tax if applicable). Order from Center for Studies in Aging Resources at above address.

family therapy courses begin second year

Two year-long courses in family therapy and a series of case seminars begin at TRIMS this month, sponsored by the family psychiatry section and the Texas Family Therapy Institute. They are designed to teach professionals how best to help families whose members have emotional problems.

This is the second year for the classes, the first for the case seminars. Courses I and II meet weekly for 40 weeks, taught by TRIMS therapists and faculty members of Baylor College of Medicine, the University of Texas medical schools at Houston and Galveston, and the University of Houston.

In the case seminars, which run weekly from September to next April, participants present their own patients via videotapes or observation by one-way window. Faculty members of the Texas Family Therapy Institute act as consultants.

The training program is coordinated by Dr. Sergio Henao and Mary Beth Holley and forms the basis of instruction in family therapy for the TRIMS section's fellows and for TRIMS trainees in a variety of disciplines.

Fees for each course are \$300; \$600 for the case seminar series.

hypnotherapy workshop in austin sept. 27-29

A three-day introductory workshop in hypnosis and hypnotherapy is being offered Sept. 27-29 at the Marriott Hotel in Austin.

Sponsored by TRIMS and coordinated by Dr. Elgan Baker, psychologist in the inpatient service, the course is open to mental health professionals who have either M.D. or Ph.D. degrees. Registration fee is \$50 and admission limited to 50 persons.

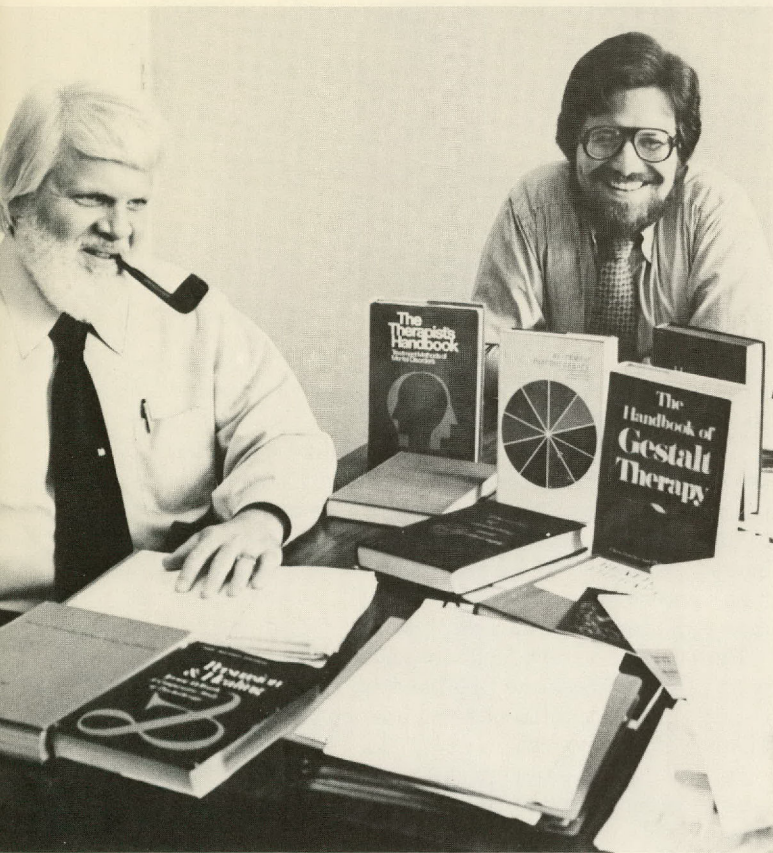
The intensive, clinically oriented workshop will enable participants to apply for certification as associate members in the Society for Clinical and Experimental Hypnosis. The format consists of lectures and demonstrations in small groups.

Faculty members are Dr. G. Gail Gardner, associate professor of clinical psychology and assistant professor of pediatrics, University of Colorado Medical School; Dr. James Hall, associate professor of psychiatry, University of Texas Medical School at Dallas; Dr. Shirley Sanders, associate professor of psychology, University of North Carolina; and Dr. Baker.

Further information from Robert R. White, director, TDMHMR Continuing Education, Box 12668, Capitol Station, Austin, Texas 78711.

four new residents enter psychiatric training

Dr. Thomas Holland, University of Houston psychology professor, and Dr. Eugene Gordon, TRIMS psychiatrist, chose texts for residency curriculum.



The psychiatric residency program enters its second year with the arrival of four new residents this month.

Dr. Mario Ramirez comes from Weston Hospital, a state mental hospital in Weston, West Virginia, where he supervised a unit of 80 patients. He graduated from the National University of Colombia.

Dr. Vivi S. Daniel, graduate of the University of Jabalpur, India, has completed postgraduate studies in obstetrics-gynecology and family welfare planning. Mother of a one-and-a-half-year-old child, she is particularly interested in child psychiatry.

Dr. Rafael R. Lacomba began medical school at age 44 after having taught chemistry and biology in high school and worked as a pharmaceutical detail man and hospital services manager for an American drug firm. He graduated from the University of Miami and the medical school of the Universidad Autonoma de Santo Domingo.

Dr. Guruswami K. Ravichandran was a psychiatry resident at Norwich Hospital in Connecticut when his interest in biological psychiatry research attracted him to the TRIMS program. Youngest of the four residents, he graduated from the medical college of the University of Madras in Madras, India. He had worked part-time as a crisis-intervention physician at Northampton State Hospital.

The four physicians now join Drs. Harvey Kornblit and Esther Perez in the program directed by Dr. Edwin E. Johnstone. During their second year, they will continue to focus on individual treatment, concentrating on substance abuse and addiction, crisis intervention and the handling of emergencies.

Dr. Johnstone says the institute's faculty have shown "warm interest and offered programs tailor-made to the residents' needs."

If the budget allows it, Dr. Johnstone would like to add preceptorships with psychiatrists practicing in the community. The preceptors would function in a "quasiconfidential" relationship to the residents. He explains this is not a therapeutic relationship, but "an opportunity to have someone available to discuss one's personal development as a psychiatrist in a nondefensive way with someone not connected to the program.

"It's a dimension that deserves to be worked into the training," he says.

group relations *continued from page 11*

how much the effectiveness and efficiency of the center has changed, but the staff members believe in the viability and influence of the training.

who provides the training?

A group of us at TRIMS, including myself, Dr. Neill Carson, Dr. Henao, Dr. Edwin Johnstone, Greg Kennon, and Patricia Ridgeway (who recently joined the TRIMS staff) provide the training. We have all been participants in conferences, were trained to be consultants, and are members of the Texas Center of the A. K. Rice Institute. In addition, several other members of the

Texas Center and Dr. Laurence J. Gould, president of the A. K. Rice Institute, have been involved in the TDMHMR training. Dr. Gould directed both conferences.

Although we have occasionally been accused of being overzealous in our endorsement and commitment to Tavistock, we like to think that we resist the illusion of having "the answer." We hope that our emphasis on responsibility and individual authority has some contemporary validity and that the rational examination of group processes is useful and educational.

Dr. Webb is a research specialist in the quality assurance and standards compliance section.

a consultant answers often-asked questions about A. K. Rice conferences

Linda J. Webb, Dr. P.H.

professionals as managers is almost anathema to the value configuration of psychiatry. The assumption seems to be that the professional (psychiatrist, psychologist, nurse, or social worker) should intuitively know how to be an administrator. And those who are not "born" leaders can apply the basic principles of their clinical training to management. Unfortunately, this doesn't work. While certain psychotherapeutic principles may have some relationship to management principles, it is quite a different thing to apply techniques of good patient care to large complex organizations.

As a consequence, mental health professionals in positions of authority and leadership often find themselves frustrated, feeling overworked and underpaid, and they frequently leave the bureaucratic confusion for the comforts of private practice. Or worse, they stay in the organization and perpetuate inefficient, expensive operations with resultant low staff morale. The ultimate effect is often subtle and difficult to demonstrate; at the simplest level, however, the extent to which the organization is affected by low staff morale must be assumed to have an impact on service delivery and patient care.

Although I do not mean to imply that group relations training is the one and only viable method for training leaders, I do believe that it focuses on a particularly important aspect. It provides a theoretical and experiential basis for understanding the complex nature of authority relations and group and organizational processes. Such how-to's of management as budgeting are far easier to learn and apply than actually assuming a leadership role and being aware of the influence of covert group processes on task performance.

who attends the TDMHMR conferences?

The department has sponsored two group relations conferences, one in San Antonio in 1977 and a five-day conference in Wimberley last June. About 150 persons in management or supervisory positions attended them, coming from state hospitals, state schools, community mental health centers, human development centers, TDMHMR central office, and TRIMS. The largest percentage of participants has been from state hospitals and community centers, and the lowest from state schools. Psychologists (40 percent), social workers (21 percent, and nurses (16 percent) had the highest representation. Psychiatrists had the lowest attendance. While equal numbers of men and women attended the 1977 conference, this year 60 percent of the members were women. In general, participants tend to be young, between 25 and 40 years of age, and most have been with the state system fewer than six years.

Our data show that the younger, less experienced psychologist or social worker who is new to a supervisory position is most likely to attend.

what impact do the conferences have?

That's the \$64,000 question. Leadership styles and behavior change are difficult to measure. The literature is replete with the problems of evaluating leadership train-



Dr. Webb

ing, and to date few evaluations have been done of Tavistock methods.

Our evaluation of the TDMHMR conferences included pre- and postconference measurements of leadership style and perception of organizational dynamics. We found a significant change in perception, but no change in style as measured by a particular inventory. We also have participants' reports of change in behavior and ratings of their conference experience.

Perhaps more revealing, however, is an example of what I believe to be the optimal situation in terms of the impact of the conference experience on a group of TDMHMR employees.

In 1977 seven participants from a community mental health center attended the two-day conference in San Antonio—the director of the center and six of the top-level management staff. Three months after the conference, Dr. Sergio Henao and I met with this group for a one-day followup consultation. The staff members described their increased awareness, as a result of the conference, of the absence of clearly defined lines of authority in the center. We spent a day with them working on particular dilemmas in the work setting, including their organizational structure, and helped them to clarify their lines of authority and task boundaries.

In 1978 this community center sent eight of its middle-level management staff to the conference, and a followup consultation with the group is planned for this month.

A large proportion of the center's staff now share a conceptual framework for understanding the management problems of the organization and for working together on these issues. Unfortunately, I don't know

continued on next page

why study group relations?

I have been asked many times to write about group relations (or Tavistock) conferences, and the dilemma of how best to tell what these conferences are all about is a familiar one for me. If I write in typical journal style, the article is jargon-ridden and uninteresting. If I describe the conferences from my vantage point as a consultant, I seem biased. Personal reports of these conferences have usually included misinterpretations of the application of Tavistock methods, overzealous endorsements of the "divineness" of the experience, and a variety of other prejudicial responses. My intent here is to clear up some misconceptions and to describe our efforts to provide group relations training to staff members of the Texas Department of Mental Health and Mental Retardation.

My question-and-answer format is a compromise between the scientific and the evangelical. The questions are those frequently asked by persons who are thinking of attending a conference, who are in the midst of one, or who are curious about the notion of providing leadership training to mental health professionals.

what is Tavistock?

"Tavistock" refers to the Tavistock Institute of Human Relations in London, where research and training in group relations began in 1957. Tavistock also refers to a theory of group and organizational behavior based on the work of psychoanalyst Wilfred Bion and the open-systems concept developed by Miller and Rice of the Tavistock Institute. Bion's work emphasizes the influence of covert or unconscious processes on group behavior and task performance. Key concepts developed by Miller and Rice include the theory of the group as an "organism" that behaves in ways that both facilitate and interfere with the accomplishment of its own goals. The organization as an organism can be thought of as an open system that must exchange materials with the environment to survive or accomplish its primary task. Thus the group as an organism relates to its environment through transactions across the boundaries of task, role, time, space, and technology. The role of leadership is to regulate the transactions across these boundaries.

what is a group relations conference?

Based on this theory, the group relations conference is a training method or educational institution designed to provide participants with an opportunity to study the nature of authority and leadership and the influence of covert group processes on task performance. The focus of the training is on the study of both personal and organizational authority. The influence of small, large, and intergroup processes on one's ability to accomplish a task is examined while these processes are actually occurring. The experiential nature of the training is often perceived by the participants as anxiety-provoking. The task of studying group processes as they occur is by definition a paradoxical and unfamiliar situation. The training format, however, is based on the premise that one can learn more about group processes by experience

than from lectures. The conference is designed to allow examination of group processes in an educational setting, in the hope that this learning is then applied to one's work situation. The conferences usually have four events, three experiential and one reflective.

The *small group* has eight to 12 members drawn from diverse backgrounds whose task is to study the group's behavior in the here and now. A consultant assists in the task but, instead of teaching or leading in the conventional sense, the consultant merely interprets the process as he or she perceives it.

The *large group* consists of all conference members working with a group of consultants, again to study the group's behavior. This group provides an opportunity to learn about the phenomena that arise in groups in which it is not possible to maintain personal relationships with every member. The large group experience is different from that of the small group and is generally perceived as the most frustrating by participants.

In the *intergroup event* participants study relationships between and among groups as they occur. Members form groups among themselves while the staff serves as the management group and provides consultation. Here one learns about problems of group formation, group membership, and group representation.

The *application group*, the only nonexperiential event, occurs toward the end of the conference. Members examine their experiences in the conference and the relationship of these experiences to their work roles and home institutions.

why do the consultants act as they do?

This question is generally asked in a much stronger fashion, like "Why do you just sit there and not answer my questions?" There is a great deal of misunderstanding about the role of the consultant staff. It does not follow the traditional training style; consultants in the small and large groups merely comment on group process as they see it. They do not respond directly to questions and do not focus on individual behavior. They adhere strictly to time, role, and task boundaries.

They behave as they do because the role of the staff is conceived as a behavioral model for learning about attitude toward authority. The training model and the behavior of the staff are designed to heighten awareness regarding authority relations. *It is not a leadership model to emulate.* When a person who has returned from a conference attempts to interpret the behavior of colleagues, this is an abuse of the training. Ideally, one learns to recognize covert group processes that interfere with work and to exercise one's authority, personal or organizational, in an effective manner to accomplish the task.

why should TDMHR sponsor group relations conferences?

Mental health care delivery is a complex and large business that needs responsible, skilled leaders and managers. Yet the notion of training mental health



Dr. Gaitz



Dr. Burch



Womack

replace what has been called screening. "Information and referral has a more positive connotation than screening, and personnel may respond differently when they perceive a responsibility to offer service rather than protect an overly burdened clinical staff," Dr. Gaitz wrote in a memorandum.

Dr. Varner, who holds two positions as hospital medical director and chief of the geriatric service, said this changeover has not been as painful as the division of the hospital two years ago.

"I think we're successful overall in our mission," he said. "We treat 700 patients a year and provide a reliable aftercare system for returning patients to the social system after an average hospitalization period of only three weeks."

But the inpatient unit has many more outside pressures—accreditation, governmental and professional review, scarcity of public beds—than other clinical units, he said. "We work in cramped quarters and we had some personnel problems, but we survived and worked them out." The unit receives many more requests for training than it can accommodate because the facility is so small.

"This is not our last reorganization," he commented.

"TRIMS has always been a fluid situation. We need to retool periodically, and we may need to do it again in two years."

Meanwhile, the training division is being reorganized by Dr. James Claghorn (see story, page 3), and researchers are formulating proposals for changes in their division.

Dr. Neil R. Burch, research division head, said one suggestion being considered is grouping the research sections into three blocks—neuro- and biochemistry, neurophysiology and neuropsychology, and possibly one group concerned with research needs of clinical units that do not fall into the other two categories.

One researcher from each group would serve on a research council whose function would be to (1) consider reorganization of the research division as a continuous process, to meet not only present but future needs; (2) make recommendations to the director concerning research policies, distribution of resources, and goals of increased research productivity; (3) implement the research mission of TRIMS as determined by the director, according to the needs of the patient population of the state, Dr. Burch said.

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 20915
Houston, Texas 77025

new research

Research protocols approved recently by the central office research review committee are:

- Perception of tachistoscopically presented Rorschach figures by psychiatric patients—Caryl H. Smith, Ph.D.
- A double-blind comparative trial of zimeldine and amitriptyline and placebo on primary affective disorders—James L. Claghorn, M.D.
- Addendum to EMG biofeedback and relaxation training in the treatment of anxiety—Patricia Rupert, Ph.D.
- Perceptual recognition in normal adults—Eugene Ebner, Ph.D.