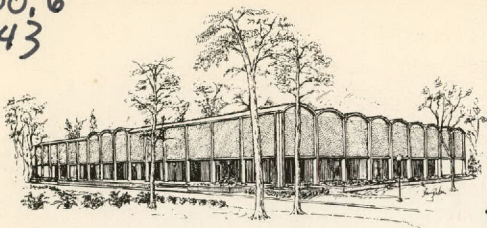


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Jefferson Fegley



photos by Jefferson Fegley

electron microscope: it magnifies molecules

The gerontology research section has an electron microscope. The long-awaited instrument is a microscope of extremely high power that uses beams of electrons focused by electron lenses instead of light rays. The magnified image is formed on a fluorescent screen or recorded on a photographic plate. Below, Dr. Thaddeus Samorajski, chief of the section, explains why the researchers needed the costly instrument and how they will use it.

by Thaddeus Samorajski, Ph.D.

The effects of exposing the brain to chemical agents for months or years are rarely studied. As a consequence, these long-term effects are poorly understood. Some elderly patients, exposed for years to a variety of drugs that alter the nervous system, may become particularly susceptible to the side effects of these chemicals. One example of this is tardive dyskinesia, whose symptoms are involuntary, inappropriate, and excessive movements of the head, neck, face, tongue, and limbs. Tardive dyskinesia occurs in nearly 30 percent of patients after prolonged administration of neuroleptic drugs used to treat psychotic illnesses.

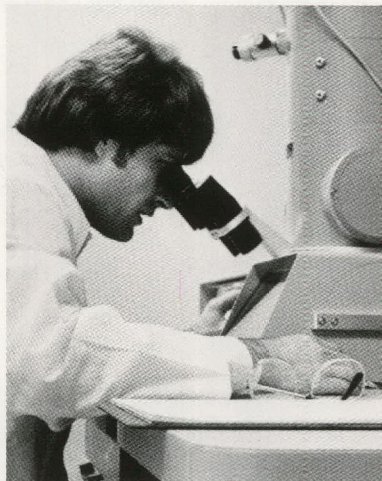
Our work in the neurobiology of aging at TRIMS has concerned some of the known clinical problems associated with long-term use of chlorpromazine, alcohol, and related compounds. In studies with mice, we have been seeking evidence of long-term treatment with psychotropic drugs on the aging process in the brain. From these studies we know that the brain may be damaged by some of the drugs, whereas other drugs seem to be less harmful or even beneficial in retarding the nervous system's decline. While disease processes and even aging itself are presumed to emanate from changes at the molecular level, progressing rapidly through systems of cell, tissue, and organ until vital functions are affected, the molecular mechanism of these changes is unknown.

connects physics, chemistry, biology

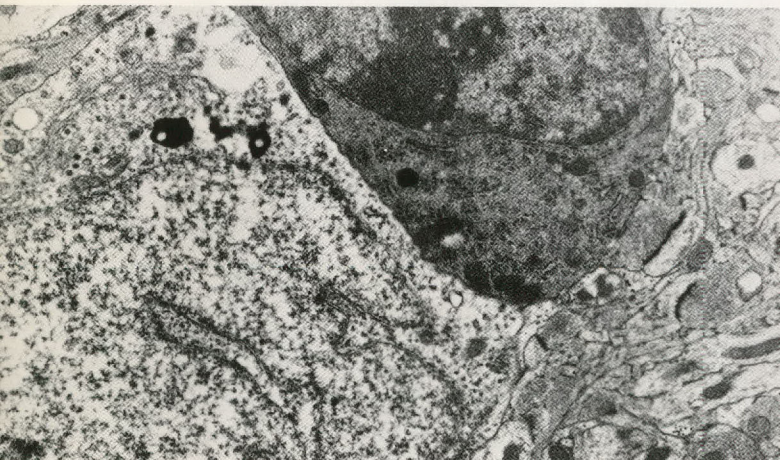
The electron microscope is a powerful tool for studying the molecular organization of cellular systems. A common meeting place for physics, chemistry, and biology, electron microscopy is the only method that makes possible the direct imaging of structures smaller than cells. The resolving power attainable is about four angstroms or, in practical terms, a magnification of about

continued on page 7

Like a proud father, Dr. Samorajski watches research assistant Larry Brizze look down the eyepiece of the long tube. New electron microscope is a Zeiss Model 10-A.



Electron microscope can magnify and photograph structures smaller than cells, enabling researchers to study changes in molecules of the brain.



visit from a social critic

Maggie Kuhn instantly warms up the room she enters, with greetings to the strange faces and a word of remembrance to the ones she's met before. A small, delicate personage, she talks about demonstration and confrontation, about alliances between young and old people to bring about "large changes in society."

The national convener of the Gray Panthers visited with the TRIMS geriatric staff last October before going on to the Gerontological Society meeting in Dallas. Seventy-three years old, veteran of 43 years in social work and a prolific writer and organizer, Maggie Kuhn was named one of the 25 most influential women in America by the 1978 World Almanac.

Her latest project, 117 one-minute tapes for television—a few well-chosen words on anything from funerals to exploitation by landlords—promises to be a different kind of public service announcements. The titles of her books, *You Can't Be Human Alone* and *Let's Get Out and Do Something About Injustice* are their own descriptions.

The Gray Panthers began in 1970, she said, "when six of us had to retire. Our own trauma of being separated from jobs we liked was a powerful force to develop an intergenerational movement working for human liberation and the elimination of discrimination on the basis of age." The Panthers' opposition to the Vietnam war "put us in touch with the kids," she said.

Since that time, the Gray Panthers have participated in government policy-making, in the United Nations as observers, led a three-year investigation of nursing home conditions in collaboration with public-interest lawyers, and staged some dramatic demonstrations of poor housing conditions of elderly people.

radical critique

"In my old age," Kuhn said, "I'm much more radical than I used to be. Ours (the Gray Panthers') is a radical critique of society and we bear the burden of that with a large measure of joy."

Large uphill struggles are not popular, she said, and winning support among elderly people who have spent their lives doing "dangerous, meaningless work and been destroyed by that work" is hard. "But when you form



Maggie Kuhn

Jefferson Fegley

alliances, some very important things can happen."

Kuhn told the TRIMS staffers she is "impressed with the comprehensive nature of what you are doing, linking service and research. It has been recognized as a pioneering effort which should serve as a model."

The separation of people by race and age and by class differences is a challenge for the mental health field, she said. She advised the field workers involved with elderly people at nutrition centers to recruit young people as helpers. Don't just feed people, she said. "What you are doing can make a difference in their lives. Persuade them it's not charity once you get through to them. See what you can do to stir them up and redirect their lives. I love to see you try it. Social separation is awful."

She gave a seven-stage recipe for organizing protests. It begins with "gather data," goes on through meetings and strategy-planning, and ends with "celebrate."

—Lore Feldman

CAN-DO-IT, an organization of citizens concerned with the mental health of children, saw a four-year dream come true with the opening of a residential treatment facility for emotionally disturbed children. In cooperation with DePelchin Faith Home, CAN-DO-IT operates the pilot program for children six through twelve years old. Shown at opening ceremony are William Choate, president of DePelchin Faith Home, Marsha Henderson, director of the facility, Charles McBrayer, executive director of DePelchin Faith Home, and Dann Cuellar, Channel 11 reporter. TRIMS staff members Felice Cohen and Dora McBride are founders and supporters of the project. Cohen is advisor to the CAN-DO-IT executive board, and McBride chairs the organization's next-steps committee.



Marsha Lee Recknagle

outpatient clinics heal some circulatory problems

Renaming their first contact with patients "information and referral" instead of "screening," all TRIMS clinics have taken steps to admit patients faster.

Adult outpatient services were organized into two major units: Service A, headed by Dr. Sebastian Cos, for patients who were diagnosed as psychotic, and Service B, headed by Dr. Jon Reck, for those with less severe illnesses.

The change marks the combination of several small clinics into the two larger units. Dr. Neil R. Burch, acting chief of the adult outpatient section, said the inflexible boundaries of clinics concerned with specific psychiatric problems created "a backlog of admissions of three or four months." Some clinics were overloaded, others not full, and "involving patients in research was difficult."

Dr. Mark Valverde, deputy chief of the adult outpatient section, said the change is in philosophy as well. An information and referral team will begin this month to meet eight times a week, twice a day, to conduct intake interviews and refer patients to the appropriate services, he said. The group consists of a psychiatrist, psychologist, social worker, and nurse. By doing as many as ten intakes a day, the team expects to eliminate the waiting list and place patients in treatment immediately.

The crisis unit led by Dr. Mohsen Mirabi is still in existence as a subunit of Service A. But Burch and Valverde foresee that operation of the intake team will reduce the need for emergency appointments. Mirabi's unit functions as the coordinating body for information and referral, which is patterned after the senior information and outreach service established by the geriatric clinic six years ago.

cure phone bottleneck

Having an intake team in place is expected also to alleviate the problems of caseworkers Paula Howard, Phyllis Qualls, and Ken Kepke who answer all calls of patients telephoning for appointments and information. No longer having to decide to which clinic a patient

should be referred, the caseworkers will be able to have shorter conversations and reduce the time patients have had to wait on the telephone. Instead of screening, they will be able to give patients information on services available at TRIMS and elsewhere, then check on referred patients to ensure that they made connections.

Social worker Jane Phillips has been appointed as community liaison person to work with other social agencies to find placement for patients not served at TRIMS, and vice versa.

"This plan did not appear to us as a vision, nor is it inscribed on a golden tablet," Dr. Valverde commented. "If it doesn't work, we'll change it. But at least we will be moving patients into available slots and making the therapists' caseloads more equitable."

case management advisors

In the child and adolescent service, section chief Dr. Kay R. Lewis has established a similar information and referral system and appointed a case management advisory committee.

"We think that most children, adolescents, and families are referred to specific staff members or programs, making screening unnecessary for them. Appointments for these patients will be made by the clinic who will serve them," Dr. Lewis said.

Glen Razak is charged with referral of all patients whose proper clinic placement is not easily decided. "We want to avoid patients' getting lost, not showing up for appointments or being confused by our procedures," Dr. Lewis said.

"We are developing means of making patient flow smoother and more therapeutic," she said, "from the point a patient or parent first calls us to the point the patient doesn't need us any more. When parents decide they need mental health services for a child, they are anxious enough. We must not do anything to upset them further. Each contact with patients is either therapeutic or antitherapeutic."

The case management advisory committee represents the staffs of all children's clinics, the adolescent, and marriage and family services. Dora McBride chairs the committee whose members are Mary Beth Holley, Ann Hollis, Julie Smoorenburg, Lillie Oliver, and Suzanne Bafis.

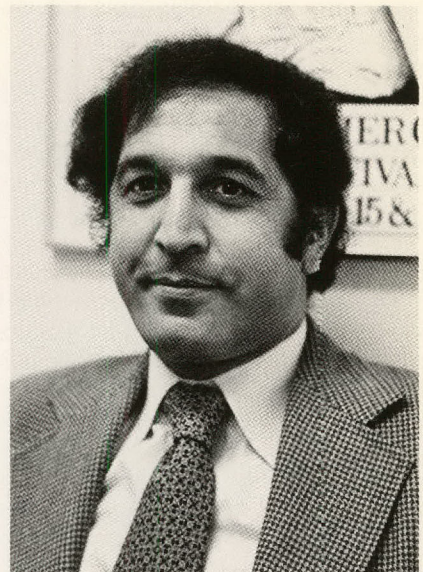
In addition, Dr. Lewis established a child and adolescent community relations committee which provides a forum for cooperative arrangements with other agencies. Chaired by Dr. Lewis, the committee has Dora McBride, Dr. Sergio Henao, Dr. Mae McMillan, Felice Cohen, Dr. Toby Myers, and Glen Razak as members.



Dr. Neil R. Burch, acting chief of adult outpatient section



Social worker Jane Phillips is link to community agencies.



Dr. Mohsen Mirabi coordinates information and referral service.



photos by Jefferson Fegley

Dr. Mark Valverde, deputy chief of adult outpatient section; Dr. Sebastian Cos, chief of Service A; Dr. Jon Reck, chief of Service B.

new push for new building

As the state legislature opens, TRIMS leaders are renewing their request for \$13.5 million to build a new research-treatment-training center that would adjoin the present building and replace leased space at Center Pavilion Hospital and the Heights substance abuse clinic.

The proposed three-story structure would house 104 inpatient beds instead of the current 60, including 16 beds each for children, retarded persons, adolescents, substance abuse patients, and geriatric patients. Twelve beds each have been designated for general psychiatric patients and research patients.

To review the TRIMS program and explain the need for the new building, the Volunteer Services Council for TRIMS invited Harris County legislators and community leaders to a dinner last month at the Doctors' Club. Dr. Joseph C. Scholar, director, was the main speaker.

shortage of public beds

The TRIMS request has a ten-year history, Dr. Scholar said, and the need for more public hospital beds for emotionally disturbed patients in Harris County has been evident for a long time. Houston has 878 beds in the private sector, 93 in the public sector. In 1973, the 63rd Legislature appropriated \$250,000 as planning funds. In 1977, the 65th Legislature approved \$619,000 for architectural design and fees. Planned and designed by Bernard Johnson Inc., construction could begin in September. The building could be ready for use in 1982.



Model of proposed research-treatment-training center which would adjoin present TRIMS building on south side.

Although they admit that the proposal faces tough sledding this year, TRIMS leaders are encouraged by the community support they have received for it. Opposed two years ago, the request now has the backing of the Mental Health Association, the Mental Health and Mental Retardation Authority of Harris County, and the Mental Health Needs Council, a coordinating body of service providers and medical societies established two years ago.

no hospital care for children

The League of Women Voters of Houston in a recent study stressed the need for public psychiatric hospital care for children, which is not available anywhere in the county.

At last year's site visit, Dr. Ethel Bonn of the Joint Commission on Accreditation of Hospitals said that, although much work has been done to provide a therapeutic environment in the present facility, "there is a serious need for a new building for the inpatient and related services for this program."

Current lease costs at Center Pavilion are \$395,960 a year. Combined with rent for the substance abuse clinic, TRIMS spends \$450,000 of its \$9.5 million budget as rent, Dr. Scholar said.

At the dinner, TDMHMR board member Robert Parsley underscored the need for the building. "I've always been somewhat embarrassed by the facilities of the Pavilion unit," he said. "If we have inpatient beds at all, we need this facility to upgrade the capability of TRIMS."

2 + 2 = 5

Dr. Richard Eastwood, executive vice president and director of the Texas Medical Center, said the center is "one place where you can add two and two and get five." For institutions that are part of the medical center, "the road runs both ways." They benefit from each other, he said.

Garrett R. Graham, executive vice president of the Greater Houston Hospital Council, reminded dinner guests of the inefficiency of housing one part of the institute's staff across a busy intersection that has no walkways or tunnels. He said services would be much improved in a unified setting.

alcohol and retardation books available

Copies of two proceedings of past TRIMS symposia are available free.

Biological Aspects of Alcohol, edited by Mary K. Roach, William M. McIsaac, and Patrick J. Creaven, 1971, contains reports of alcohol research still being widely cited. Among contributors are Lieber, Rubin, and DeCarli; Khanna and Kalant; Virginia Davis; Mello and

Mendelson; and Noble. The book contains excerpts of discussions following the papers.

Congenital Mental Retardation, edited by Gordon Farrell, is the collection of papers given at the institute's first annual symposium in 1967 by many of the world's active workers in the field of inborn errors of metabolism.

For copies, write to the publications office at TRIMS.

new book: still the darker side of childhood

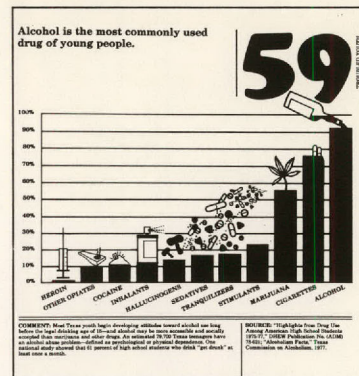
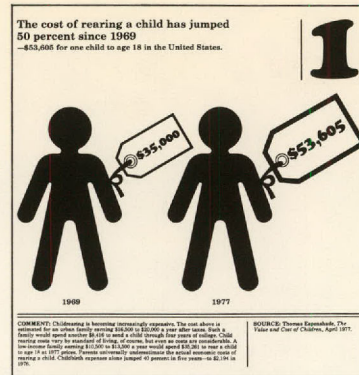
Traditionally, childhood is pictured as a bright and happy time, a time of security and freedom, of exploration and learning and growth. But for the one of every five children in Texas who lives in poverty, this picture does not apply. Nor does it fit the 31,000 children under six who are left to care for themselves while their parents work. . . or the 15,000 abused children found in Texas in 1977. . . or the children who are blind or retarded or who are continually being moved from one foster home to another.

These are the children who are pictured in *Still the Darker Side of Childhood: 78 Things You Need to Know about Texas Children*. Published in November by the Early Childhood Development Division of the Texas Department of Community Affairs, the book is a compendium of facts about children in Texas and the conditions under which they live.

The new publication is an expanded and updated version of *The Darker Side of Childhood*, which presented 46 facts about the plight of children from birth to six. Now, four years later, the age range has been extended to 18 years, and the facts have been increased to 78. The subjects covered are those that have the most influence in children's lives: environment, family, health, handicaps, education, troubled youth, child care, hidden (abused) children, and services to children and families.

Some of these facts may not be surprising, but almost all are frightening. Among them:

- Confirmed cases of child abuse and neglect in Texas tripled in three years.
- Almost 200,000 Texas children from birth to 20 are estimated to have developmental disabilities.
- There are no head start programs in 129 Texas coun-



ties, no regulated day care in 22.

- One-third of all legal abortions are obtained by teenagers.
- Forty percent of all Texas mothers with children under six are in the labor force.

The facts are illustrated by clear, colorful graphics. A brief commentary explains or expands upon each fact presented.

Still the Darker Side of Childhood is available, without cost, from the Early Childhood Development Division, Texas Department of Community Affairs, P.O. Box 13166, Capitol Station, Austin, Texas 78711.

electron microscope *continued from page 2*

200,000 times.

One disadvantage of microscopy is that living matter cannot be investigated. To a certain extent, we may compensate for this problem by applying several methods at once. In investigating the role of the synapse (the field in which two nerve cells interact), for example, we may be able to study the structure of the synapse by electron microscopy while biochemical analyses will give us information about the chemical components of the synapse and their activity.

Thus it is now possible to obtain information on a variety of molecular and biochemical changes that occur as a result of a particular treatment or condition.

With the acquisition of the electron microscope, scientists at TRIMS now have the opportunity to bring together information from morphology (the branch of biology that deals with the structure of organic matter) and biochemistry, in our effort to better understand problems encountered in clinical work with patients.

child and adult services accredited, drug abuse not

The Joint Commission on Accreditation of Hospitals issued two-year accreditations to the institute's adult and the child and adolescent psychiatric services, but denied accreditation to the substance abuse program.

The commission commended the staffs of the two approved services "for maintaining standards deserving of accreditation and your constant effort to improve the quality of patient care." A list of recommendations deals with better verification of licensure, delineation of staff privileges, and patient safety.

The substance abuse program was criticized, not for the treatment it offers, but for some deficiencies in physical environment and lack of coordination of service components.

The substance abuse clinic has established several committees to follow the commission's recommendations so that the clinic may re-apply for accreditation in six months.



Early morning jog down Heights Boulevard.

cover

Bob Hogan, left, doesn't always sit in his office to do his job, which is counseling drug abuse clients. And Chris, right who joined Hogan in jogging and tennis, found things other than drugs to satisfy his soul.



photos by Jefferson Fegley

“a real positive addiction”

Hogan et al. do some of their best work in running shoes

Bob Hogan's approach to drug abuse clients is like a breath of fresh air. Literally. A jog around the park, a tennis game, a fishing trip can be the best prescription for mental health, Hogan believes.

“Don't misunderstand me,” says Hogan, a counselor in the TRIMS substance abuse clinic at 336 West 21st Street in the Heights. “I'm not opposed to traditional therapy for drug abusers. For some people the best way is to sit down and talk.” But some of his client relationships have taken a different form.

Chris, a 25-year-old methadone client, arrives at Hogan's office. It is his day off from the hardware store but he has agreed to be interviewed. Hogan and Chris play tennis regularly but they don't spend a lot of time in the office together.

“Chris is getting into running now,” Hogan says. “Yes,” says Chris, grinning, “it's a real positive addiction.” They laugh because this is a line Hogan has often used on Chris, and they both realize it must be sinking in.

“Last year I didn't even know I had a body,” Chris says. “I was just a soul. All I wanted to do was satisfy the soul.”

In high school ten years ago, Chris was an all-state football player. At fifteen he started using heroin.

“I'm happy to hear Chris talking about being aware of his body again,” Hogan says. “I think if methadone clients become more conscious of their bodies they will think twice about putting chemicals in them. The two activities—exercise and taking drugs—seem incompatible.”

A counselor must see a client once a month for 30 minutes to meet federal guidelines for methadone programs. Usually Chris and Hogan's tennis “sessions” have been on their own time. But recently they have been hard pressed for time because Chris works 12 hours a day and Hogan is a waiter at night.

Heights Boulevard at sunrise

“We're thinking about trotting down Heights Boulevard at 6 in the morning in our sweatsuits,” Hogan says. “If Chris and I want to run a couple of times a week, that's fine. It's not taken away from someone else's time.” The clinic begins dispensing methadone at 5:30 a.m. and counselors see clients until 1:30 p.m.

Friendship comes hard for Chris. “You tell people you are an addict and they say it doesn't matter. But it does. It's hard for me to communicate with totally straight people,” he says. “Bob is straight but he is in the environment. Maybe when I learn more about myself I can make friends. Bob has been there as a friend,” he says.

“I feel confident that Chris will come in contact with more and more people who are not strung out on drugs,” Hogan says. “And he will be able to handle it.

“I've acquired a lot of counseling skills,” Hogan says.

“But I don't think that is the only way to help people.” Hogan earned a master's degree in counseling psychology from Texas A&M. Before college he was in the Air Force and stationed in Vietnam.

started rehab program

One day in Vietnam, Hogan helped the chaplain, who was the community liaison officer, deliver some concrete to a local mission. The chaplain complained about how little he was able to do for the community. Hogan and a friend suggested he channel his energy into a drug rehabilitation program.

They initiated a program to help soldiers withdraw from heroin before returning home. “A lot of these guys were from the Midwest, young, had hardly drunk beer,” Hogan says. “And here they were on heroin.”

Hogan believes that most heroin addicts are tense and have trouble relaxing. As the recently appointed activities coordinator for his clinic, Hogan has begun teaching yoga classes at night for the clients, but he is arranging for them to join a yoga class elsewhere. “People express interest in the class but complain about coming to the clinic at night after coming here every morning too,” he says.

hyperactive junkie

Mike is another of Hogan's clients who couldn't relax. “Mike's always been a hyperactive person. Whatever he does, he puts a lot of energy into it—even being a junkie.” When Mike, who is forty years old, transferred to Houston for a job, he decided to use the move as an opportunity to get off methadone and away from his old drug cronies.

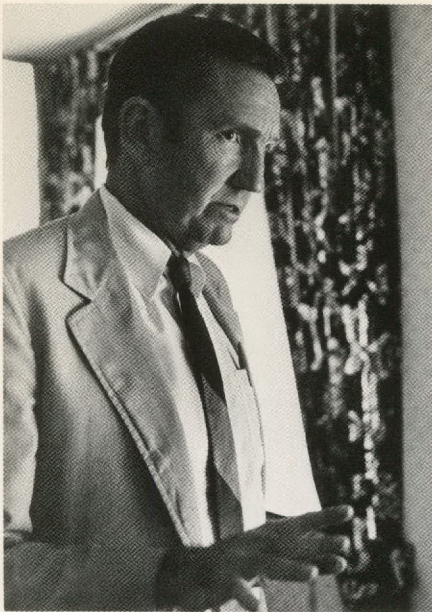
Mike started heroin in his teens. For seven years he had been in a New York methadone program. He entered the TRIMS program on a 90-milligram-a-day dosage of methadone and left the clinic on 5 milligrams. “People usually just get off altogether after reaching that level,” Hogan says.

Mike was very motivated. “We hit it off right away.” They became running companions and friends. “We also went through the World Series together,” Hogan says, making it sound as if they have been through a war.

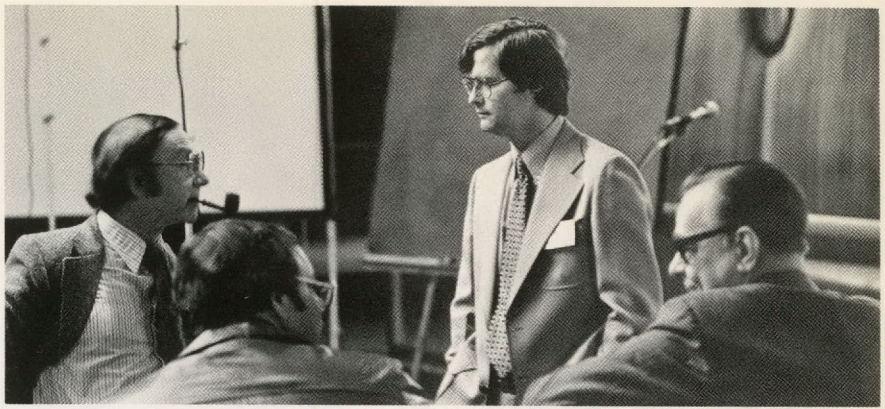
“I don't think that the client-counselor relationship is a cold one,” Hogan says. “And I don't think you lose that relationship when a friendship develops. This is such a difficult population to work with that when something develops it feels good to go with the flow of things. It isn't like dragging your work around with you. It's enjoyable.”

Mike and Hogan went to Galveston Bay to see about the possibility of chartering a fishing boat for clients. They spent the day fishing. Since then Mike has returned to New York. Hogan is busy nudging some of his other clients into the outside world and out of the drug culture.

—Marsha Lee Recknagel



Former Attorney General Ramsey Clark set tone of conference.



Drs. Nicholas Kittrie, Kenneth Solway, J. Ray Hays, and District Judge Wallace Miller. Solway, Hays, and Dr. Kevin Roberts organized conference.



Dr. Hans Toch talked about rehabilitation.

violence considered in social and personal contexts

The theme of this year's symposium, *Violence and the Violent Individual*, is a topical issue of importance not only to the Department of Mental Health and Mental Retardation and the citizens of Texas, but to every individual who daily must face the fear and apprehension of violence and violent crime. The symposium had three essentially independent components: the causes of violent behavior, its measurement and prediction, and treatment of the violent individual. For the three days of the conference in November, each of these topics was dealt with thoughtfully by speakers who are on the leading edge of the understanding our science has of these issues.

The keynote address was given by Ramsey Clark. The former attorney general spoke about causes of violence, admonishing us to examine our ignorance as well as our knowledge, and never to lose sight of the context in which violence occurs. As examples of environmental reasons for violent crime he cited poverty, violence in the family, life in a society that uses force to maintain freedom. Clark believes that the measure of a society's maturity is the way in which it treats its people. Statistics under "clear plastic overlays," he said, do not reveal enough of the human condition. The standing ovation for Clark was a measure of what his audience thought of his point of view.

Poverty with its extremes of starvation, malnutrition, sickness, ignorance, and want is a form of violence as deadly as gunfire.

—Ramsey Clark

Next job of the symposium was to begin to understand the causes of violence in more concrete ways. Joan

Klebba of the National Center for Health Statistics presented an excellently detailed paper on trends of homicide and suicide during the last three quarters of the century. Compared with sociological and environmental phenomena, these rates show the relationship between personal violence and societal disturbance.

The behavior of the psychopath is directed almost entirely towards the satisfaction of personal needs, without any concern whatsoever for the needs and welfare of others.

—Robert Hare

Dr. Saleem Shah of the National Institute of Mental Health raised questions of where and how the federal government could or should intervene in preventing violence. Obviously, for the states, federal funding is important if we are to deal with dangerousness from etiological, predictive, and treatment perspectives.

The next three speakers addressed psychological aspects of violent behavior. Dr. Kevin Roberts of TRIMS presented a comprehensive review of psychological theories related to violence. Moral development and its relationship to violence was Dr. Peter Scharf's topic. Scharf is a psychologist from the University of California at Irvine. As this is a relatively new area of interest for us, Scharf's recommendations no doubt will be used to examine in some depth the profiles of both our psychiatric patients and individuals referred because of violent actions toward others. Dr. Robert Hare, University of British Columbia, presented the relationship between psychopathy and violence. Traditional theory holds that psychopathy and violence co-exist and that one does not occur without the other, except in unusual circum-



Drs. Blair and Rita Justice reported on treatment of child-abusing parents.



Dr. Solway told of study of young persons charged with murder.



Dr. Julian Rappaport said "We have seen the enemy and he is us."

by J. Ray Hays, Ph.D.

stances. Hare did much to define psychopathy and to rescue the concept from its "waste-basket" category.

Medical topics concluded the day's discussions. Dr. Russell Monroe, University of Maryland School of Medicine, talked about a useful medical model in investigation of criminal behavior; Dr. Bernard Saltzberg of TRIMS presented a method for nonintrusive detection of abnormal deep-brain electrical activity.

The next day, Dr. Marvin Wolfgang, director of the Center for Studies in Criminology and Criminal Law, University of Pennsylvania, talked about the social context of violence, which must be understood by those engaged in treatment.

When war is glorified in a nation's history and included as part of the child's educational materials, a moral judgment about the legitimacy of violence is firmly made.

—Marvin Wolfgang

Dr. Eli Rubinstein, University of North Carolina, said the media have taken a bad rap for encouraging crime. In Florida, "television intoxication" was used by the defense in a murder case. On the West Coast, the parents of a raped child sued broadcasters for having inspired the attack. Rubinstein believes the media should be examined for their impact on disturbed individuals.

Dr. Edwin Megargee, Florida State University, dealt with methodological problems in predicting violence. As all researchers know, the base rate of such crimes as murder, rape, and aggravated assault is so low that all predictive schemes suffer from a high false-positive rate. We predict more violence than actually occurs. We need to refine statistical techniques and statistical guides and

include more variables from wider sources.

Dr. Kenneth Solway presented the study conducted at TRIMS as part of Linda Richardson's dissertation on predicting violence in youth. Young people who had been charged with murder in Harris County were studied and their psychological profiles examined in relation to the murder charge. The systematic investigation of youth who have committed murder, so close to the time the crime was committed, has not been attempted before. Our hope is that the study will continue and help to increase our understanding of violent youth.

Dr. Gene Abel of Columbia University reported on a behavioral assessment of sexual offenders. Rape is a particularly offensive crime, infrequently reported and infrequently punished. The shift in sexual attitudes has done enormous service, I believe, for dealing appropriately with rapists and other sexual offenders. TRIMS researcher Karen Howes Coleman's study of conjugal violence adds a great deal to understanding and treating the spouses of violent families.

The next two papers dealt with the difficulties mental health professionals have when they act as jailers. As

. . . the mentally ill are the only group in the United States who can be preventively detained for violence they might perpetrate rather than for violence they have performed.

—Henry J. Steadman

Clark had said, you can change the color of the coat from blue to white and the word over the door from prison to hospital, but you do not change what you do. Dr. Henry Steadman talked about problems of predicting violence among the mentally ill. Dr. James Mullen, Harold



Drs. Joseph Schoolar and Eugene Ebner. Schoolar gave summary.



Dr. Kevin Roberts reviewed psychological theories.



Linda Richardson co-authored paper. Debbie Johnston and Donna Schreiner helped to organize meeting.

photos by Peter Baer and Mike McGuyer

Dudley, and Dr. Ellis Craig reported specifically on the review process at Rusk State Hospital, where a review committee decides whether or not to release an individual once considered dangerous into the community. The two papers reached opposite conclusions, Steadman contending that all predictive schemes have failed, the Mullen group maintaining that certain kinds of wide-ranging information can produce correct decisions.

Three papers dealt with the legal aspects of violence. Dr. Samuel Shuman, professor of law and psychiatry, Wayne State University, discussed the sanctions on research with violent individuals. Dr. Charles Weigel of South Texas College of Law explained the doctrine of duty to warn. The other side of the coin, the duty to protect the confidentiality of therapist-patient relationships, creates an ethical dilemma that has been contested in court. In California, the decision came down on the side of duty to warn.

Given the unsavory reputation of rehabilitation, my willingness to address this topic labels me as a masochist with a blind penchant for anachronisms.

—Hans Toch

For our department, the prime issue is treatment. Dr. Hans Toch, State University of New York at Albany, spoke on psychological treatment of criminal offenders. Dr. John Lion, University of Maryland School of Medicine, talked about medical treatment, and Drs. Paul Walker and Walter Meyer of the University of Texas Medical Branch at Galveston described their experience with antiandrogen therapy for sex offenders.

The next three speakers, Drs. Rita and Blair Justice of

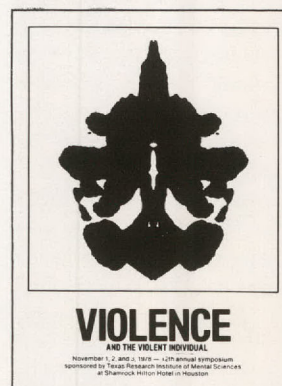
the University of Texas and Dr. Diana Everstine of the Mental Research Institute at Palo Alto, have treated members of violent and child-abusing families. Everstine's staff deals with families in the home. Combining classical social-work intervention with backup support of community resources has proved successful.

Dr. Julian Rappaport of the University of Illinois echoed and expanded Clark's plea to take a broad view of violence in its social context. Dr. Joseph Schoolar's summary of the conference pointed to research that needs to be done on all fronts.

What would happen if we took Ramsey Clark seriously? . . . It is not that we simply have to do the right research, but rather that we have not asked the right questions about the right people.

—Julian Rappaport

The papers will be available next year in a book published by Spectrum Publications.



publications

Kevin Roberts, Linda Johnson, and Randy Phelps. Lazarus's multimodal therapy model applied in an institutional setting. *Professional Psychology*, 1979, in press.

□ and at meetings. . . □

At the Society for Neuroscience meeting in St. Louis, Drs. James Claghorn and Roy Mathew, John Largen, Ken Dobbins, and Dr. John Meyer presented a paper on regional cerebral blood flow in migraine subjects; Dr. Louise Hsu reported on pharmacokinetic research with enzymes; Drs. Robert Smith, C. H. Misra, Doddemane Leelavathi, Harold Altshuler, and Charles Biggs gave papers on animal studies with phencyclidine and cysteine.

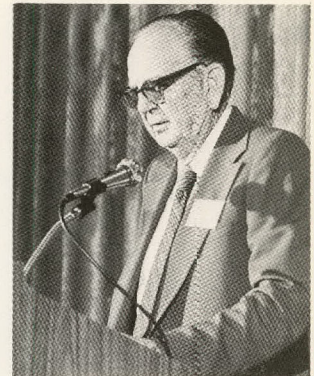
Drs. Smith and Leelavathi also were at the first meeting of the Texas Society for Neuroscience to report on effects of age and chronic treatment with neuroleptics on rat behavior and catecholamine biochemistry.

□ age and neuroleptic drugs □

Smith and collaborators Drs. Caryl Smith, James Hartford, Leelavathi, and Roy Varner presented a preliminary report to the Texas Psychological Association on blood levels and clinical responses to psychiatric drugs in older patients. At the International Catecholamine Symposium in Asilomar, Cal., the Smith group reported on effects of age and chronic neuroleptics on measures of supersensitivity, and on treatment with dopamine agonists for schizophrenia. Co-authors include Carol Tamminga, Beng T. Ho, Wayne Tansey, Misra, Carol Tamminga, M. H. Schaffer, and John Davis.



The real VanZandt



and the actual Smith

getting it right?

Pictured at left is Edwin R. VanZandt who presides over the Board of the Texas Department of Mental Health and Mental Retardation.

Last month's *Emissary* identified two photographs of Jack Y. Smith, volunteer leader of Big Spring State Hospital and past chair of the Volunteer Services State Council, as being of VanZandt. Both men spoke at the conference, and both are forgiving people, we hope.



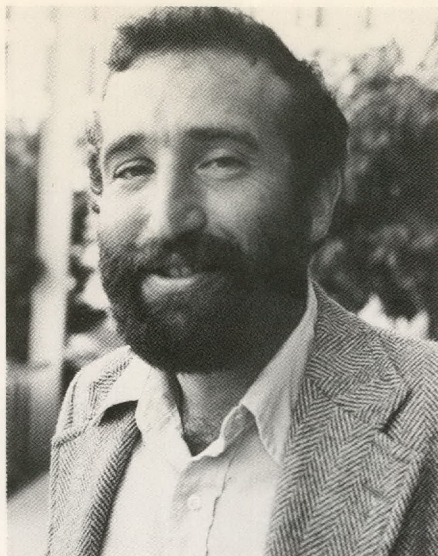
Right to left: Dr. Ernie Frugé and Dr. Dale Hill receive their diplomas for completing one-year fellowships in family therapy from Dr. James Claghorn, assistant director, and Dr. Sergio Henao, family therapy training chief. Hill is in private practice, Frugé a consultant to the Family Practice Center of Baylor College of Medicine.

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



No, **Bill Myerson** says, there is no common thread in the problems people bring into family therapy. What they do seem to have in common is "being stuck in repetitive and unhelpful ways to solve them." As a family therapy fellow, Myerson has 20 cases—some children, some parents, couples, whole family groups. Always to insist that an entire family enter therapy would drive some of them away, he believes. Myerson came into the TRIMS training program by way of psychological research at Baylor. He wanted to balance his strong research background with clinical experience, and he finds that the combination of practice and theory the program offers suits him exactly. "The important thing in a family is flexibility," he says. "My own family is one that has believed in really maintaining support no matter what. We can go in opposite directions and they are still there. Looking at my own family and understanding where I fit has been one of the exciting and interesting parts of the training."



For **Marie Byrd** and her family, TRIMS has meant a change. Secretary for the audiovisual and staff development sections, Byrd first heard about TRIMS three years ago. She was going through a divorce and her son's schoolwork was being affected. A teacher suggested counseling. The child is doing well in school now and Byrd meets monthly with a group of divorced parents. "Raising children alone can cause all sorts of problems. It's a lot of responsibility. It takes money. Sometimes the problems seem overwhelming," she says. When she started the job at TRIMS and learned that she was to work in two sections, she was nervous. "At first I thought, I'll never catch on to all this," she says. "Essentially it's two jobs, but now I don't think I'd like it any other way. My supervisors make me feel like I'm doing a terrific job. That just makes me want to do more."



Before he started his internship in Houston, **Steve Marans** had some lessons in flexibility and life adjustment forced on him—and not from textbooks. A graduate student in social work at Smith College in Northampton, Mass., Marans had listed four geographic regions where he wanted to work. The southwest was not one of them. Now that the shock is over, Marans says he might even stay in Houston. "It's a good thing you didn't ask me about it two months ago," he says, laughing. Marans works in the family and adolescent clinic with Mary Beth Holley as supervisor. Smith students do their course work during the summer and their internships in the fall and spring. Last year, at the Family Service and Mental Health Center in Chicago, he mainly did individual therapy and led group therapy sessions. He has worked at the Yale Child Study Clinic, "plotting and charting the development of children," and as a psychiatric aide at Yale Psychiatric Institute.

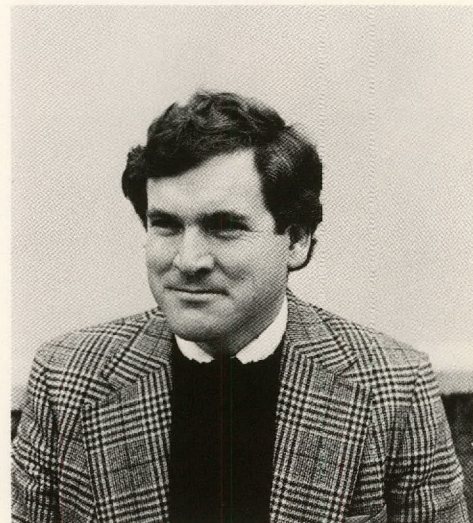
On stage, **Juan Torres**, a dancer with the Houston Jazz Ballet, is in control. As a research assistant in the psychosomatic laboratory, where he trains people to relax with biofeedback, he studies another form of control. "With biofeedback you learn to control your body, reduce muscle tension and anxiety," Torres says. "In many ways dance and biofeedback are related. In both you are trying to control body movement and channel it into a creative expression." Torres studied dance and psychology at the University of St. Thomas. "I've always liked having two things going at once," he says. Torres has worked with emotionally disturbed children at Children's Mental Health Services and he has been a recreational therapist for an inpatient substance abuse program in Houston. At the drug program he first learned to use relaxation therapy. He came to TRIMS to "learn more about biofeedback and how to conduct research," he says.



"No office work!" was **V. V. Cash's** only request when she became a volunteer. Cash had worked for years as executive secretary to the vice president of an oil company. She earned a law degree but never practiced because "I was making more money than most lawyers did then." After she retired, she wanted to contribute to a human service. She has worked in the TRIMS library and was recently appointed to the public responsibility committee, the patient-advocacy group. Soon locked mail boxes will be installed at the front door of the main building, the hospital, and the drug clinic to give patients easy access to filing complaints. Cash's three sons tease her about being so active. "They tell me I should sit back and enjoy being a little old lady." Instead, she has taken a course in alcoholism counseling, interned at a halfway house for alcoholic men, and sponsored foreign students through the Institute of International Education.



Even before **Dr. Richard Flanagan** and his wife moved to Houston from Delaware, Flanagan was interested in the effects of relocation on families. A family therapy fellow, he has studied ways to short-circuit the stress that comes with moving. "Large companies are meeting a lot of resistance from employees who don't want to move," he says. "It's becoming a problem. Moving is really hardest for the spouse who has to follow." Relocation agencies and more personal company practices are some alternatives, Flanagan says. He developed a program in the Newark, Del., school system for seventh- and eighth-grade students who had recently moved to town. "That's a tough age anyway," he says. The young people were put into groups for counseling and orientation. Each group included some students who had been in the school system for more than two years. Flanagan's first fellowship rotation is at Children's Mental Health Services and then he will come to TRIMS.



dr. syndrome

by Randy Strong



The trouble with holidays is that it's hard to get back to work when they end.

seminars

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

jan. 5 • the human brain
16mm film

jan. 12 • cultural diversity among the aged in Israel

Simon Bergman, M.Sc.
senior lecturer, University of Tel Aviv, Israel

jan. 19 • sleep: how much, what type, at what time

Laverne C. Johnson, Ph.D.
neuropsychiatric research department
Navy Regional Medical Center
San Diego, California

jan. 26 • tricyclic drugs

Joseph C. Schoolar, Ph.D., M.D.,
Robert Smith, M.D., Ph.D., and
Ken Reed, Ph.D., M.D.
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