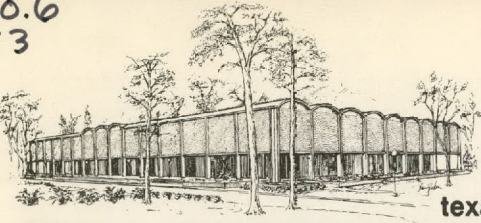


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texas research institute of mental sciences □ houston □ september 1979



Marc Meyers

the emissary

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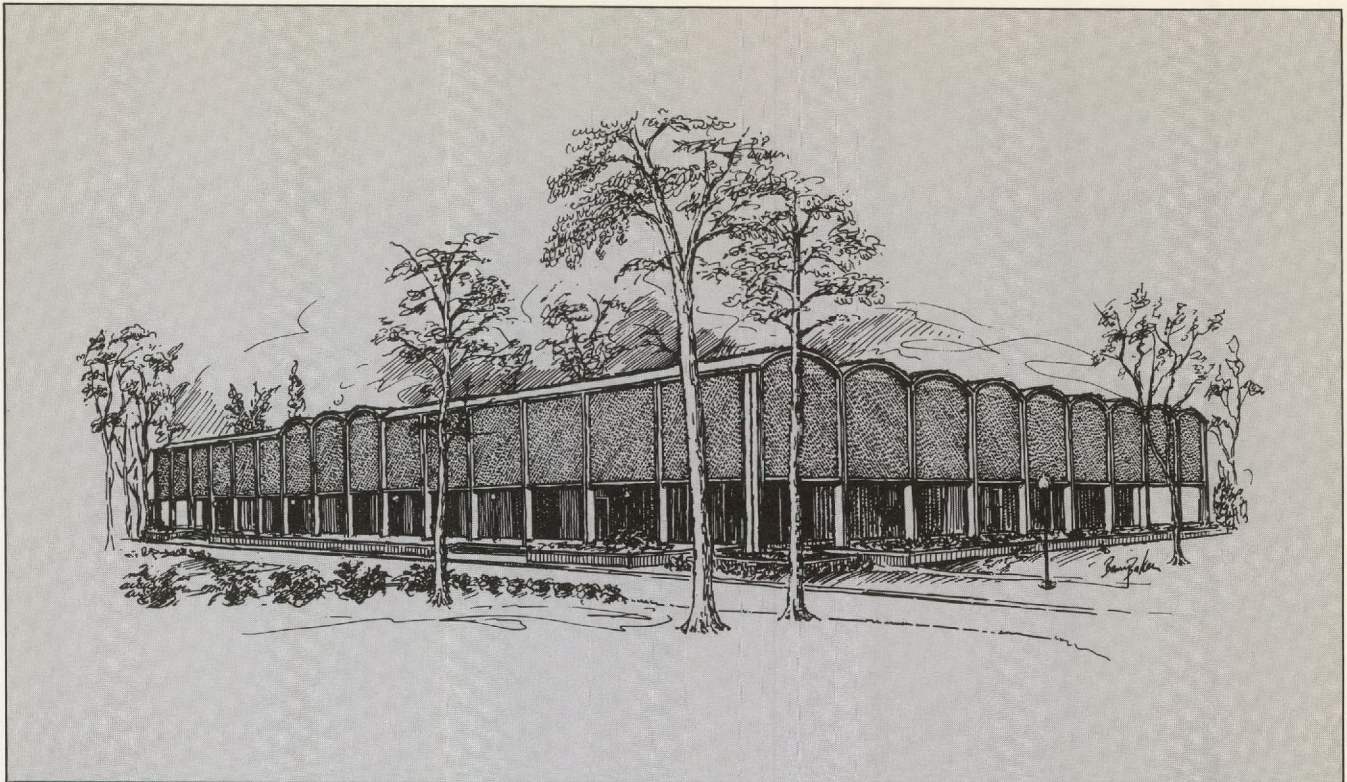


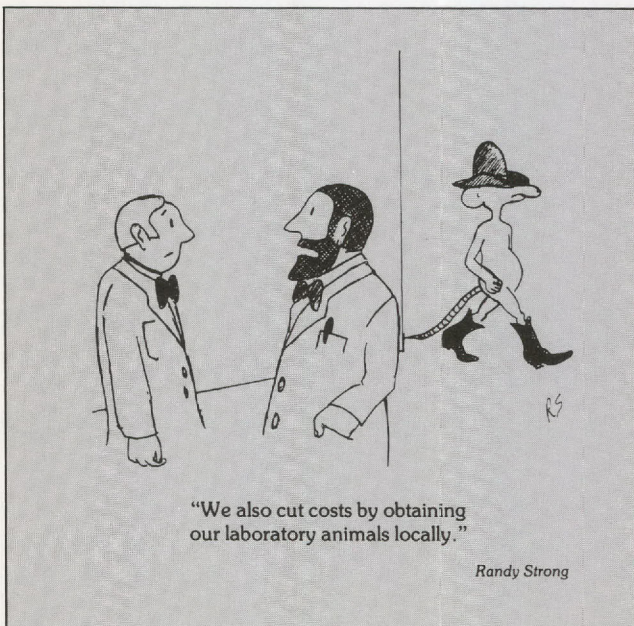
Illustration by Barry Baker

cover

The sandbox belongs to preschoolers in the early childhood therapy clinic. But you just can't keep the child therapy trainees out of it.

cartoons

Because this issue introduces the institute to new students arriving this month, we picked out cartoons from old issues of *the Emissary*, for a sort of retrospective view. Artists are Pat Thornton, June Dossett, and Randy Strong.



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Gayle Gould, special services: Wally Ragan. Be careful of where you park.

Wallace Ragan, plant engineering: Emergency phone extension 444 in case of fire, bodily injury, for safety and security. Energy conservation is the word of the day for TRIMS, the state and the nation. Render assistance to visitors and patients.

Maria Gandara, administration: It's a maze. You're going to get lost.

Christine Grannan, therapeutic nursery: Everyone is real friendly and willing to help.

Bill Burton, information analysis: An awareness of the accounting and support functions: how to requisition things, how to submit time cards, how to remember your I.D. card for picking up paychecks. It was the most confusing part about working here—a whole different philosophy.

Sigsby Rusk, information analysis: I agree with Bill.

Dr. George Vroulis, clinical research and training: It's a state agency and therefore subjected to a lot of red tape. Everything you want or need to do in terms of research, you have to sweat blood.

Doreen Dudley, plant maintenance: Keep your purses and wallets under lock and key.

Les Goekler, library: All about the many library services that are available. We have a computer-based bibliographic service, MEDLINE.

Felice Cohen, children's clinic: This is a unique place, and many of the staff are totally ignorant of the fine work that is going on in all sections of TRIMS. We need more intradisciplinary education. It would be a great help to have firsthand information about all the neat work that's going on here.

Steve Fulks, geriatric services: The location of the Recovery Room.

Carol Walser, volunteer services: The overall organizational structure of first TDMHMR and then TRIMS—you have to understand where everything comes from and why.

John Pascucci, substance abuse clinic: I like TRIMS and I'm really proud to be working here. One of the things in orientation should be to tell people the scope of TRIMS—that we have children's clinics, a child develop-

what should new employees know about TRIMS?

ment clinic, adult services, drug abuse treatment, and so many kinds of research. We don't have enough space for all the services we provide. The toughest thing when people come to TRIMS is knowing what a sophisticated conglomeration we are, that we're the only research institute in the TDMHMR, and that we're different from all the other state institutions.

Coy Nolley, personnel: They should know they'll be state employees and what job they'll be coming to.

Ira Mae Sam, continuing education: They have to really think about the patients, about their care, and they have to be patient and keep reminding themselves that the patients have a problem. That was one of the reasons I came to work here—to learn how to deal with someone in my family who is sick.

J. L. Rachel, children's clinic: History of the facility and an idea of how it's organized. There seems no exchange of information across divisions—current projects, research interests.

Tim Batsche, psychophysiology: Get ready to get used to a paycheck that's a month apart.

Dr. Thaddeus Samorajski, neurobiology of aging: 1. Purpose of TRIMS—why TRIMS exists. 2. Organization of TRIMS. 3. Role that they'll play on the team in the performance of its mission.

Lovie King, inpatient nursing service: They should know that the inpatient and outpatient services are not the same.

Ronald G. Dossett, psychophysiology: The very first thing is to know the purpose and mandate of TRIMS, why it is here and what it is supposed to be doing. They should know what their rights are as state employees. Loyalty and team spirit are important. Equally important is positive feedback for the individual's efforts.

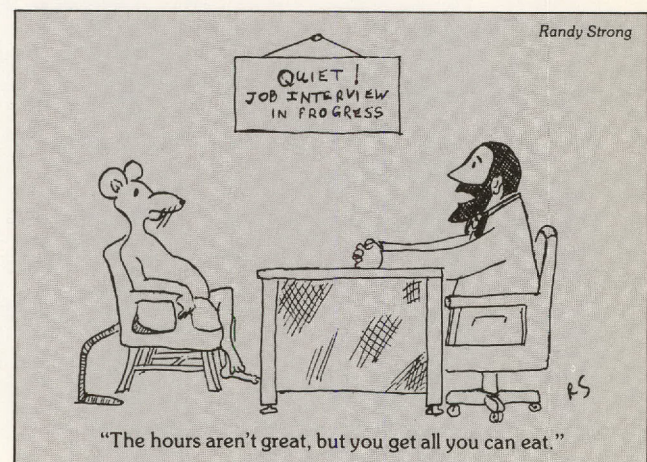
Dr. Mark Valverde, adult outpatient clinic: Where's the nearest exit.

videotape about TRIMS to be shown Sept. 21

"What Are We Doing Here?" is the title of the new videotape about TRIMS, which all staff members are invited to preview Sept. 21. The tape shows what the institute is about: researchers, clinicians, trainees, and patients talk about their work or their experience in treatment.

The tape is the Friday seminar presentation for that week, to be shown at 11 and at 11:45 in the auditorium.

The show is produced, written, and narrated by freelancer Thelma Schoettker and filmed by Peter Baer. On 3/4-inch videocassettes, the half-hour tape may be borrowed from the information and publications office.



HSPI = TRIMS: a brief history

The institute that eventually became known as "TRIMS" started out as a pilot project of research into psychology, biochemistry, sociology, and biophysics.

Sponsored by Baylor College of Medicine and Texas Medical Center, the project originally was housed on the Baker Estate on Baldwin Street in downtown Houston. Besides the main house, which had a wine cellar (empty), the estate included a carriage house (site of the animal colony and several laboratories), greenhouse, and several army barracks which were converted to offices. Altogether there were about 30 employees, recalls Dr. Neil Burch, who began his TRIMS career there. The initial staff, he says, were members of Baylor's department of psychiatry.

In 1957 the Texas legislature established the project as the Houston State Psychiatric Institute for Research and Training (HSPI), and the next year the Board for Texas State Hospitals and Special Schools assumed control. The new institute was charged with conducting research into the causes, treatment, and prevention of mental disease and mental retardation and with training personnel to work in these fields.

In January 1961 HSPI moved to the Texas Medical



Dr. Joseph C. Schoolar, director, is a psychiatrist and pharmacologist.

Photos on these pages are views of the Baker Estate, first home of the Houston State Psychiatric Institute. The institute opened on its present site in the Texas Medical Center in 1961 and was renamed the Texas Research Institute of Mental Sciences in 1968. photos by Harry Turley

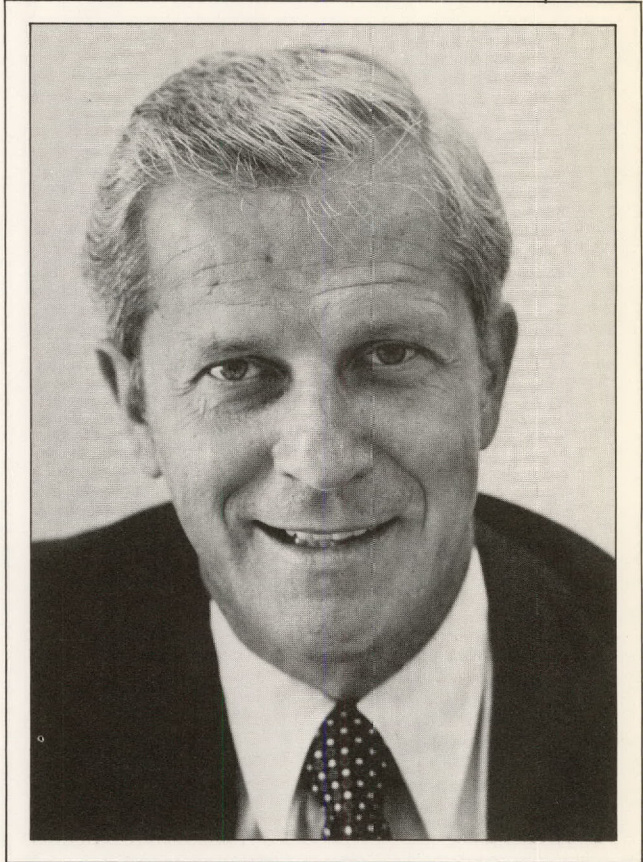
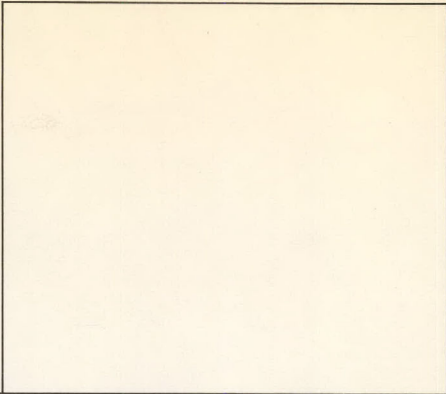


Center and its present home, a new building which was awarded first prize in its class by the Houston chapter of the American Institute of Architects. The new institute contained four divisions: a clinical division, which oversaw the operation of a day hospital, outpatient clinics, and training programs for psychiatrists, psychologists, and social workers; a psychology division, which concentrated on research of psychological functioning; a bioelectronics division, which studied the electrical activity of the brain; and the biochemistry and pharmacology division, which investigated the effectiveness of

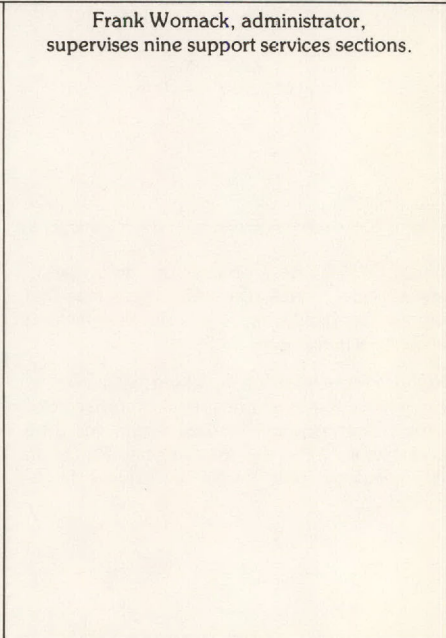
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page 12*



This portrait of Dr. Eugen Kahn hangs in the institute's board room, which was named in memory of the renowned psychiatrist. Artist June Dossett is at right. Dr. Kahn was emeritus professor of psychiatry at Baylor College of Medicine and Sterling professor of psychiatry at Yale University. He wrote and taught at TRIMS nearly until his death in 1973. His work—four books and at least 120 research papers mainly dealing with psychopathic personalities—is in a special collection in the TRIMS library.



Frank Womack, administrator,
supervises nine support services sections.



research spans studies of brain and behavior

Earlier this year, when the institute's researchers published a 143-page compendium of completed and in-progress projects, they put between soft covers a piece of work that ranges high and wide in the mental sciences.

The unifying principle is better treatment for mental illness and understanding the mechanisms of the brain that govern behavior, thought, and feeling. Although the word "cure" is not bandied about, many research projects are now concerned with prevention—prevention of long-term side effects of drugs, prevention of recidivism of youthful offenders, prevention of lifelong handicaps in children.

One element common to all studies dealing with human beings is that the research protocols—the methods used for the study—are scrutinized by several committees charged with protecting patient rights.

TRIMS is the primary research facility of the Texas Department of Mental Health and Mental Retardation. Although research is done at some state hospitals and state schools, the institute is the only one of its kind in the state system. About one-quarter of 500 staff members work in laboratories on more than 100 studies, and most clinicians are involved in research as well.

The studies range from drug discrimination in rats—which reveals the way a drug affects the central nervous system—to studies of aging, alcoholism, and clinical evaluations of new drug and drugless treatment for anxiety and depression.

Dr. Neil R. Burch, head of research, is also chief of the psychophysiology research section where some of the country's advanced research in brain-wave analysis is being done, and he chairs the Human Assurance Committee. In related work, Dr. Bernard Saltzberg, a mathematician, is developing computer-assisted methods of characterizing abnormal electrical discharges in the brain.

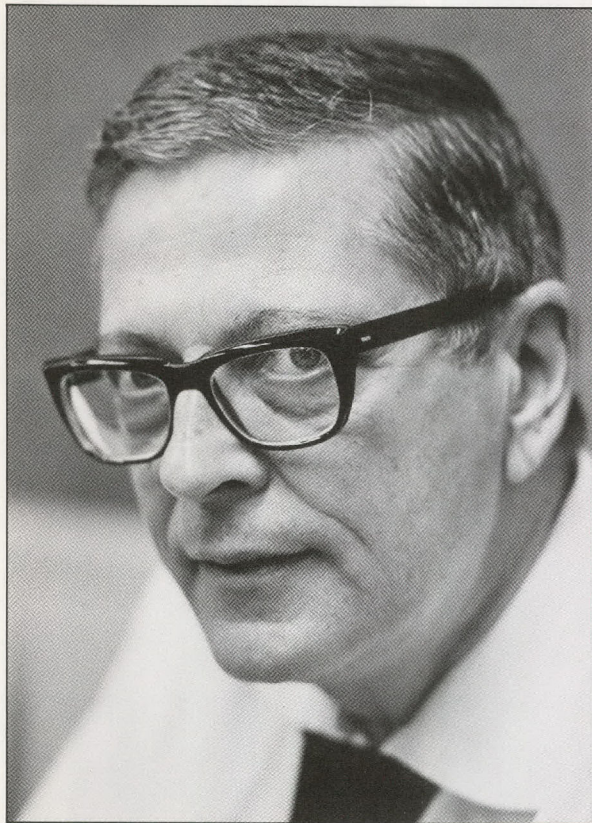
The research division was organized into three departments this year—applied, clinical, and basic—but each in fact contains research groups working on all three fronts.

Following are the research departments and sections, and some of their key interests.

applied research department

Gerontology research—Dr. Thaddeus Samorajski: long-term effects of drugs, exercise, and environment on the aging brain.

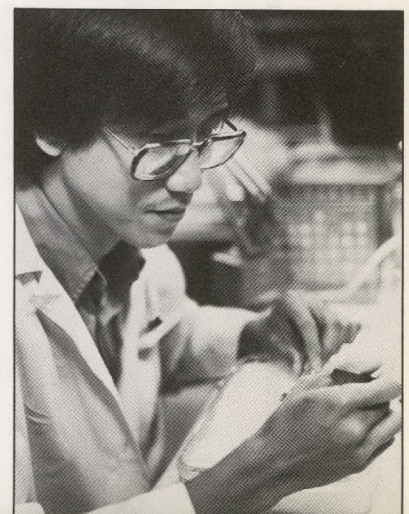
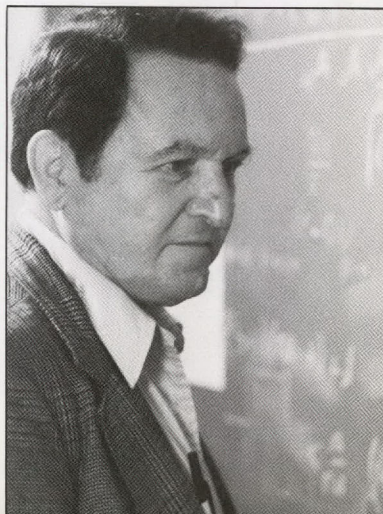
Child development—Dr. Kay R. Lewis: early identi-



Dr. Neil R. Burch, head of research, also chairs basic research department and is acting head of adult outpatient section.

(Left) Dr. Bernard Saltzberg, information analysis chief, chairs admissions committee that screens candidates for pre- and postdoctoral fellowships in the sciences.

(Right) Predoctoral fellow Ching-Wah Wan in the neurochemistry and neuropharmacology section does receptor-binding assays for drug level studies. He will receive his Ph.D. in pharmacology from Baylor College of Medicine.



fication of learning handicaps in children, and methods of serving the emotionally ill retarded.

Behavioral sciences—Dr. Kenneth S. Solway: etiology of criminal violence; characteristics of violent youth; relationship between moral development and juvenile delinquency.

Neurochemistry-neuropharmacology—Dr. Beng T. Ho: animal studies of drug effects (both abused and therapeutic drugs) on behavior and brain metabolism, and studies that parallel clinical research on nonchemical treatment of chronic anxiety—for example, biochemical changes found in blood samples of patients taught to relax.

clinical research department

Drug research—Dr. James L. Claghorn: controlled clinical studies of new compounds for treating affective illnesses and schizophrenia, often in comparison to drugs already marketed or to placebo.

Behavioral neurochemistry—Dr. Robert C. Smith: drug blood-levels in patients, related to treatment and the safety and efficacy of drugs for specific disorders and patient groups. The section has a particular interest in cause and prevention of tardive dyskinesia, a condition often caused by long-term administration of neuroleptic medications.

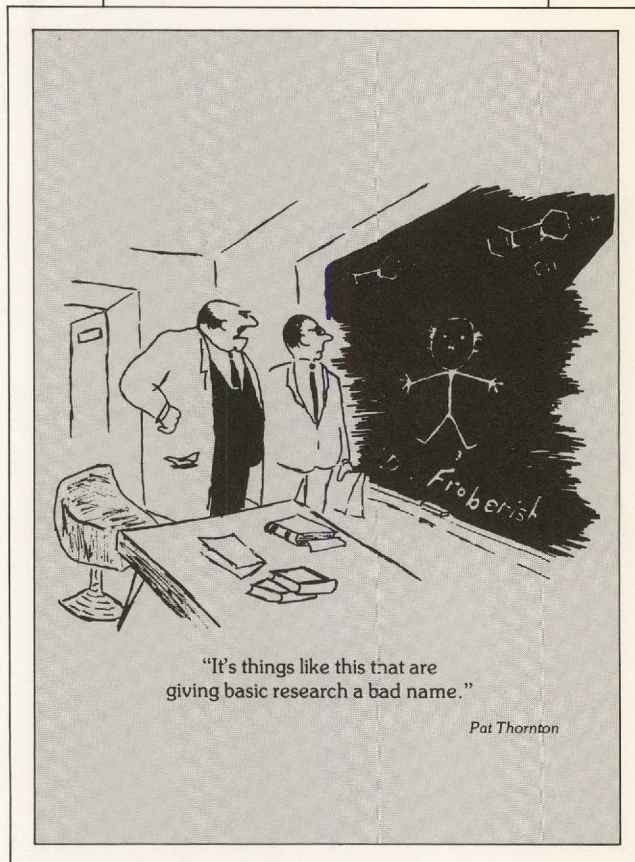
Drug abuse—Dr. Timothy Sharma: Studied long-acting methadone compound and is now focusing on narcotic addicts' change to a chemical-free life; studied changing independence of addicted women in seeking help.

Psychosomatic research—Dr. Roy J. Mathew: biofeedback-assisted relaxation training for anxious patients and those suffering from migraine headaches is proving to be effective, without drugs. Biochemical changes showing up in these patients' blood samples are intriguing, as are changes in cerebral circulation.

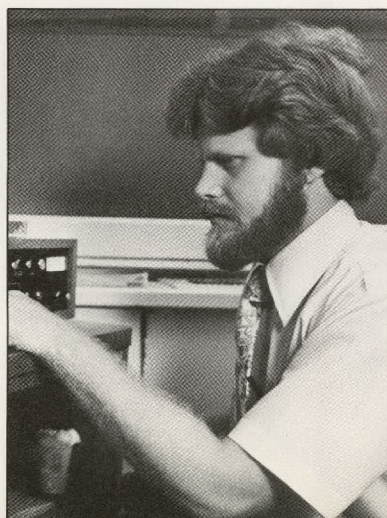
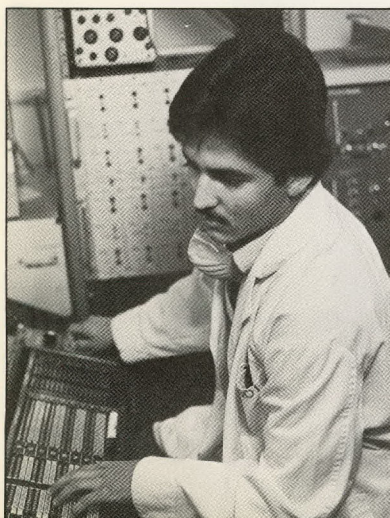
basic research department

Psychophysiology—Dr. Neil R. Burch: Developed period-analysis of electroencephalography, and is applying the method to elderly patients to study brain changes in aging, to juvenile delinquent group to identify abnormal brain patterns, and to primates to study effects of alcohol, cocaine and other stimulants.

continued on page 13



Pat Thornton



(Left) Summer student Jose Carlos Cortez worked in the neuropsychopharmacology section on electrophysiological studies. He is a junior at the University of Houston, majoring in biology.

(Right) Predoctoral fellow John Largin, Jr. conducted research in the psychosomatic lab, investigating the effectiveness of biofeedback in reducing migraine headaches and anxiety. He will receive his Ph.D. in clinical neuropsychology from the University of Houston next year.

if this is September, these must be the new students

They need offices and lab space, or at least a desk and chair, they need parking stickers and IDs, orientation and introductions, telephones, supplies, supervision and consultation, schedules and tours.

As students arrive to spend the prescribed time to become psychiatrists, clinical psychologists, family therapists, pastoral counselors, social workers, occupational therapists, psychiatric nurses, art and child therapists, researchers in the biomedical sciences, the TRIMS training program starts a new lifecycle.

Dr. James L. Claghorn, assistant director and head of training, says that as the training program has expanded, "we've become more and more careful to match students' interests and qualifications to the needs of the Texas Department of Mental Health and Mental Retardation."

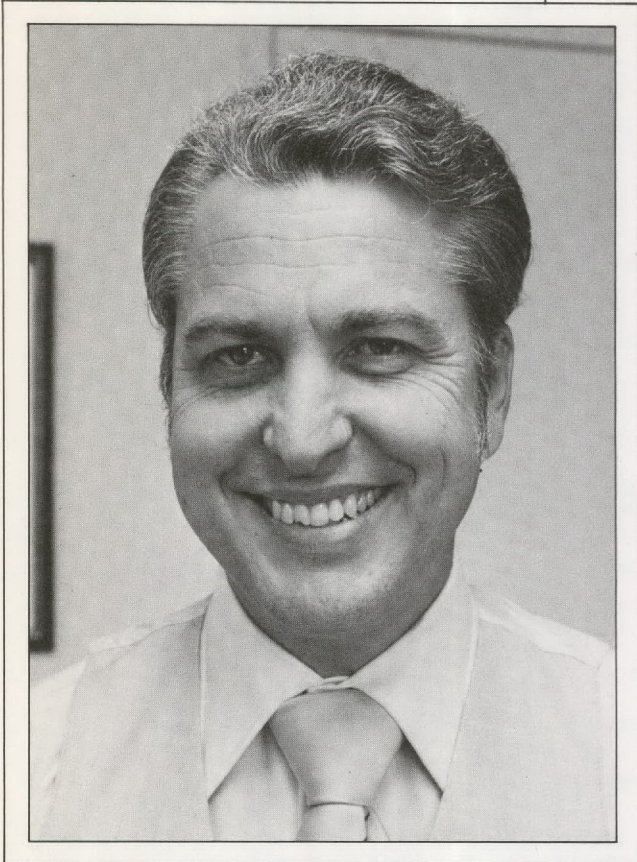
Each year new disciplines are added to the program. The psychiatry residency, ending its second year, enrolled its third group of physicians. Despite the declining number of applicants to psychiatry residencies nationally, Dr. Claghorn says, this program has been growing rapidly and will soon be completely filled.

accredited programs

The clinical psychology internship has been accredited for eight years, and it attracts applicants from universities throughout the country. The pastoral counseling program, co-sponsored by the Institute of Religion, is in its second seven-year period of accreditation.

New this year are geriatric psychiatry and psychology fellowships, funded by the National Institute of Mental Health, which offer two-year training to psychologists and psychiatrists who plan careers in psychogeriatrics.

Trainees in the early childhood clinic have a year to go before receiving masters degrees in child development from Texas Woman's University. Left to right, (bottom row) Betty Andress, Sandye Gilbert, Jim Viola, and (top row) Barbara Gardner, Lynn Wilson, Debi Klein, and Jane Heatherington. Claudia Anderson was absent.



Dr. James L. Claghorn, assistant director, is head of training division and chairs clinical research department.



Candidates for pre- and postdoctoral fellowships in the sciences were screened for the first time this year by an admissions committee chaired by Dr. Bernard Saltzberg. The purpose is to ensure selection of fellows "whose academic and professional interests will be enhanced by the opportunity provided at TRIMS," he says. Dr. Beng T. Ho coordinates the admissions process.

Since the institute grants no degrees, most of the programs are offered in affiliation with universities in Houston and elsewhere. The child therapists, for example, receive masters' degrees in child development from Texas Woman's University.

Following is a list of training programs, their chiefs, and the new students.

Psychiatric residency—Dr. Edwin E. Johnstone: Drs. Corky Rosan, Harish Pariani, Mary Ann Ford, Zehra Peerbhoy, Frank Pena.

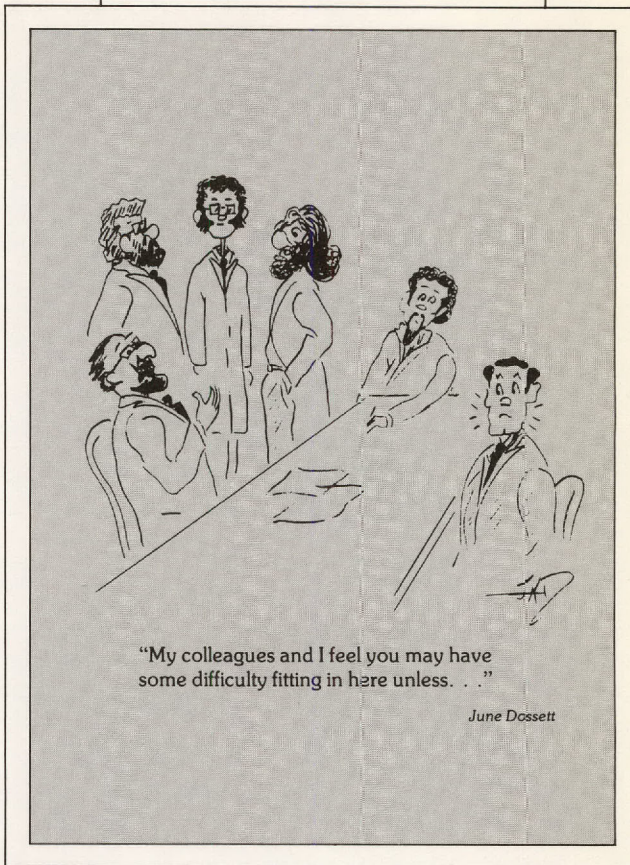
Clinical psychology—Dr. Kenneth S. Solway: William S. Friedrich, University of North Dakota; Diane Goldwater, University of Texas; Peter Reid, Rhode Island University. They are serving family/child internships. Larry Brown and Douglas Dunlap, Tennessee University; James Bray, University of Houston; Gregory Steinwand, Denver University, are in general internships.

Biomedical sciences—David John Francis, University
continued on page 13



(Top) Clinical psychologists complete their year-long internships. Left to right, (bottom row) Tim Sippola, Patrick Russell, Terry Bauknight; (middle) Doris Weaver, Barbara Held, Donna Copeland; (back) Peter Watrous and Dr. Kenneth S. Solway, director of the program.

(Bottom) Psychiatry residents recently spent a day in "working retreat" at Autry House to discuss the training program. Left to right, Dr. Edwin E. Johnstone, program director, and current residents Drs. Guruswami Ravichandran, Manjul Mehra, Harvey Kornblit, Vivi Daniel, Rafael Lacomba, and Esther Perez.



delivering high-quality patient care

"We do it, and we do a lot of it. The priority focus is on delivery of high-quality health services, and to the extent possible this is based on careful diagnosis, evaluation, and a specific treatment plan for the individual and family."

Dr. Charles M. Gaitz, head of clinical services, is talking about patient care at TRIMS, which spans all age groups from toddlers to the aged, is provided in a dozen outpatient clinics and the hospital, and occupies the energies and talents of what TRIMS people always call a "multidisciplinary team."

That means psychiatrists, psychologists, social workers, nurses, mental health workers are all involved directly in treatment, as are the students they supervise. The children's clinics have educational specialists, and in some clinics the therapeutic skein is knitted together by a case manager, who helps patients navigate through the service without being lost at sea.

"The cardinal precept of the care program," Dr. Gaitz says, "is constantly looking for ways to improve patient care, and this is where research comes into the picture."

It's obvious, he says, that "if we had perfect treatment now we would not need research. We are aware that many of our treatment programs and approaches are less than satisfactory, and this is why we conduct a great deal of clinical research, ranging all the way from neurochemical and similar studies done in laboratories to evaluation of new and old treatment approaches. Research is absolutely necessary if we ever are to improve quality of care."

Dr. Gaitz makes clear that TRIMS research programs are in the service of patient care, and not the other way around. "We don't have clinical programs in order to provide researchers with subjects." And all training programs have the same objective, "to train a new corps of professionals highly qualified to deliver services at the present state of the art," he says.

TRIMS clinicians treat about 11,000 patients each year as outpatients, and the inpatient unit at Center Pavilion Hospital has an average yearly caseload of about 700. Patient visits number about 175,000 a year. These are the clinics:

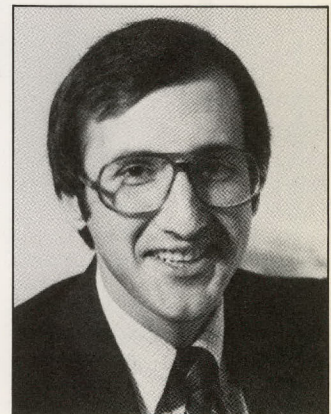
Early childhood therapy—therapeutic nursery program for children 0 to six years old, directed by Dr. Mae F.

continued on page 13



Dr. Charles M. Gaitz
heads clinical services division and
chairs applied research department.

Dr. Mark Valverde is
deputy chief of
adult outpatient clinics.



residency attracting psychiatrists who like organizational life

In two years, the psychiatric residency program will have its maximum complement of 20 physicians in training as community or administrative psychiatrists, a rare animal in that profession.

And rarer still, says Dr. Edwin E. Johnstone, program director, is a curriculum that produces the kind of physicians for whom institutional settings are "egosyntonic." That means they like organizational life and find it satisfying.

Dr. Johnstone and the TRIMS clinical leadership, the residency program consultants and teachers, and the six current residents—Drs. Harvey Kornblit, Esther Perez, Vivi Daniel, Rafael Lacomba, Guruswami Ravichandran, Manjul Mehra—spent a day in "working retreat" at Autry House recently to discuss and criticize the training program. Their text was the comprehensive handbook, just published by TRIMS, which details the program's goals, teaching methods, faculty, and schedules.

The residency began with a four-year plan two years ago. It has been extended by a fifth postgraduate year so that the residents may "emerge with more solid preparation," Dr. Johnstone says. Through a contract with Medical Center Del Oro Hospital, the first-year residents will be able to train in a general hospital, in addition to their work in TRIMS outpatient clinics.

from one to more

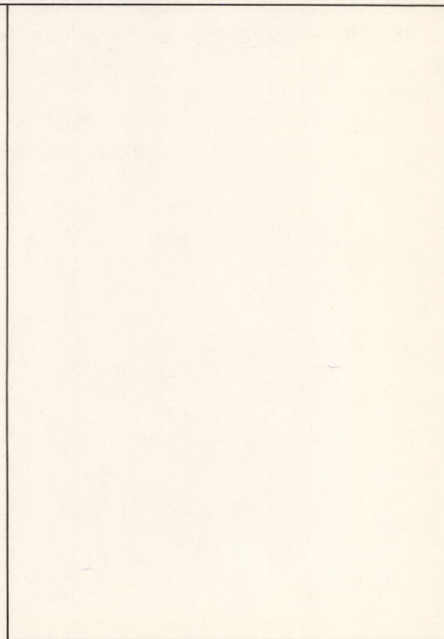
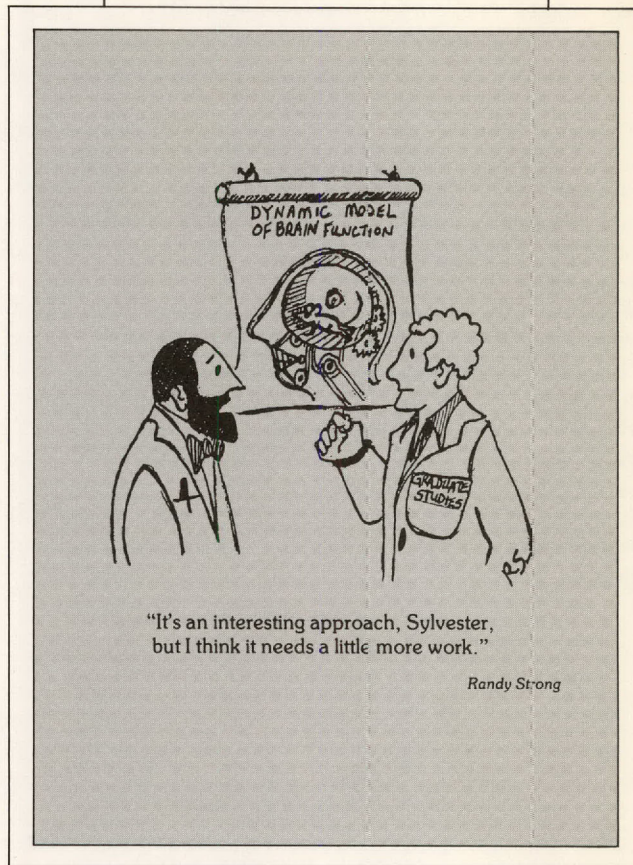
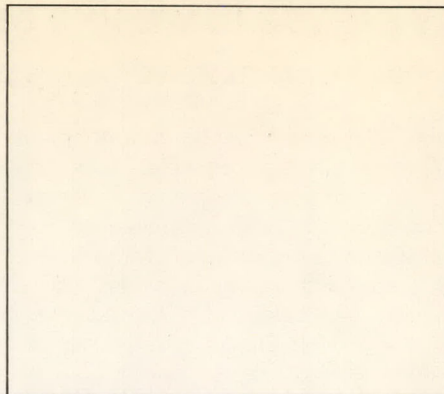
The TRIMS program follows what Dr. Johnstone calls an "epigenetic sequence"—from treating individual patients, to couples or groups, to administrative and organizational relationships as they exist in a hospital.

"The guiding philosophy is that of systems theory, which allows for understanding human behavior at different levels of complexity and interaction ranging from organism to social unit," Dr. Johnstone says.

The residents are faced only with treatment problems that they have learned to handle, he says. "At no time is the student confronted with a clinical situation discrepant from the learning model for that year."

Retreat participants spent much time discussing ways of teaching and learning an almost unmanageable amount of material on psychiatric and medical management, neurobiology, neuropsychology, biochemistry, and so on. They agreed that this is a universal problem of residency programs in psychiatry, because the specialty requires such a wide base of knowledge.

Dr. Moise Axelrad, who will supervise the residents at Medical Center Del Oro Hospital, cautioned the teachers: "Don't forget these people have been to medical school," he said.



survey proves it: we like our jobs but chances for promotion draw low marks from everybody

A survey of job satisfaction among mental health workers in three Houston agencies, including TRIMS, turned up no dramatic differences between them. It showed that, generally, staff members like their jobs but are least satisfied with opportunities for promotion.

Of 553 employees surveyed at TRIMS, Children's Mental Health Services (CMHS), and the children's division of the Mental Health and Mental Retardation Authority (MHMRA) of Harris County, 367 (66 percent) responded. The survey was conducted by Dr. Linda Webb, TDMHMR continuing education director, Dr. Patrick Brady of CMHS, a private agency, and Dr. Bob Chapman of MHMRA.

Supported by a small grant from the state mental health department, the survey is the first mental health interagency study of its kind. This is "paradoxical," Webb says, "when one considers the impact job satisfaction must have on the quality of patient care." Although the respondents expressed positive opinions of most aspects of their work, their satisfaction ranks below that found among workers in business and industry, she says.

No significant differences turned up between men and women. White anglo staff members are more satisfied with all working conditions than are blacks, Hispanics, and other minority group members, except in one respect. Opportunities for promotion got low marks from all groups in all agencies, ranking below satisfaction with supervisors, co-workers, job, pay, which ranked in that order.

older workers happier

Satisfaction with work seems to increase with age and years of experience in the field. And, as could be expected, the more the employee is absent from work, the less overall satisfaction he or she expresses. Therapists in the TRIMS outpatient clinics are more satisfied the more time they spend in direct patient care.

More than 70 percent of the respondents think they have too much paperwork, but TRIMS staffers rank third in this, with MHMRA workers feeling most burdened. On

questions of productivity, more TRIMS employees reported themselves high than did those in the other agencies.

Questioned about the reputation of their agencies, 70 percent of TRIMS respondents and 83 percent of CMHS respondents feel that their agency has either a good or excellent reputation among other mental health professionals, while only 29 percent of MHMRA respondents expressed that belief. More TRIMS and CMHS employees said they are proud of their agencies than did MHMRA staffers.

About 27 percent of all respondents said they would choose a job in another occupation if given the choice, while another 41 percent would choose another job in the same profession. More than half said they have thought at some time about changing jobs, but the majority had declined an opportunity to do so.

training division scores higher

When employees in the TRIMS training, research, clinical, and administrative divisions are compared, there is essentially no difference between them on satisfaction with supervision, pay, and opportunities for promotion. Employees and students in the training division, however, reported more satisfaction with the work itself and with co-workers than did staff members in the other divisions.

The survey consisted of 13 questions divided into three general types: perceptions about job and performance, perceptions of the employing organization's reputation, and questions about choice of jobs. In addition, the respondents completed two standard measures, the Job Satisfaction Blank and the Job Description Index.

Summarizing the results, Webb says differences between the three agencies are "almost imperceptible. The respondents seem enthusiastic about their jobs, satisfied most of the time, not eager to change, although many would if a better job came along. They tend to feel that they like their jobs more than does the average person."
—Lore Feldman

HSPI = TRIMS continued from page 5

drugs and biochemical defects in mental illness.

By 1965, 207 employees were working at Houston State Psychiatric Institute—a name the legislature changed two years later to Texas Research Institute of Mental Sciences.

On May 1, 1967, when the first *Emissary* was published, the newsletter could report that the House Appropriations Committee had approved a \$2,787,045 budget—almost double the previous year's budget. That year also marked the institute's fiscal separation from Baylor College of Medicine, although professional and training affiliations were maintained.

In 1968 TRIMS received a grant to open a new in-patient unit, a short-term intensive care unit located at Center Pavilion Hospital. Since that time TRIMS has grown from 399 employees in 1968 to 520 in 1979, with funding increased from \$2,860,000 to \$9,550,000 during the same period.

RESEARCH SPANS STUDIES *continued from page 7*

Experimental psychopathology—Dr. Eugene Ebner: Studies of perceptual deficits in schizophrenic and depressed patients.

Neuropsychopharmacology—Dr. Harold L. Altshuler: Studies in monkeys and rodents of the way alcohol and stimulants affect behavior and learning. Particular interest is in fetal alcohol syndrome.

Instrumental analysis—Dr. David C. Fenimore: Developed rapid, accurate methods of detecting minute

amounts of drugs in small blood samples, in collaboration with studies in outpatient clinics and hospital on effectiveness and safety of chemotherapy.

Information analysis—Dr. Bernard Saltzberg: Computerized methods of identifying deep-brain pathology in electroencephalograms.

The research division's slice of the budget is \$1,762,415 this year, with an additional \$44,225 from grants and contracts.

IF THIS IS SEPTEMBER *continued from page 9*

of Houston, supervised by Dr. Roy J. Mathew; Heidi Sue Phillips and Chun-Kwok Wong, University of Texas Graduate School of Biomedical Sciences, supervised by Dr. Beng T. Ho; David F. Turner, Clark University, supervised by Dr. Saltzberg.

Pastoral residents—Dr. G. Kelton Ro-Trock: The Reverends Jerry L. Terrill from Alexandria, Virginia; John C. Lacy from Sheffield, England; Norman S. Brown from Hempstead, Texas.

Art therapy—Felice W. Cohen: John Moore, University of Houston Clear Lake Campus.

Occupational therapy—Marlo McRea: Karen V. Grubbs, University of Florida; Mary Anne Dillon, Texas Woman's University.

Family therapy—Dr. Sergio Henao: Beatrice Molina Velez, University of Antioquia, Colombia; Dr. Susan McDaniel, University of North Carolina; Dr. Allen J. Bernhardt, clinical psychology professor from University of Topeka, Kansas. Judy Britton, a social worker, has taken an externship in the marriage and family clinic with

Mary Beth Holley.

Child development—Dr. Kay R. Lewis: Dr. Lynn Malseed, University of Texas School of Medicine.

Social work—Anne Hollis, Mary Beth Holley, Virginia Mahan: Penelope Brunson Loughhead and Roberta Goodfader, Smith College; Jane Bosman-Clark, Joanne Carlson, Kim Casey, Sheila Fulgenzei, Sandra Berger, Scott Williams, Joan Rubin, Linda Goyne, Gail Howell, Guillermo Lopez, Irene Wheeler, University of Houston Graduate School of Social Work.

Geriatric psychiatry and psychology—Drs. Charles M. Gaitz, Roy Varner, and George Niederehe: Dr. Vladimir Einisman, psychiatry; Drs. Loraine Cutler, Ann E. Carlisle, Victor Molinari, psychology.

Psychiatric nursing—Rick Martinez, R.N., and Angela Waligura, R.N.: About 25 students from the University of Texas School of Nursing will serve nine-week rotations. Their names were not yet available.

Studies in aging (North Texas State University)—Nancy Wilson: Anna M. Cevicelov.

DELIVERING PATIENT CARE *continued from page 10*

McMillan. The children come for two hours a day, either each weekday or several times a week, for intensive contact with child therapists and trainees.

Child treatment—for children six to 13 and their parents, who are seen in individual, group, and art therapy. Chief is Dr. Jaime Ganc.

Child development—for children and young adults with developmental handicaps. The clinic is the site of diagnosis and evaluation of persons who may be mentally retarded. The clinic offers an infant stimulation program, and its staff members work as consultants at Hermann Hospital pediatric clinic, Juvenile Probation Department, Harris County Center for the Retarded, and several state schools for the retarded. Clinic chief Dr. Kay R. Lewis heads the TRIMS child and adolescent section.

Adolescent clinic and family psychiatry program—here adolescents or family members may be seen individually, but the clinic operates on the principle that the family is a system. The clinic offers marriage and family counseling and therapy for sexual dysfunctions. It is part of the Houston-Galveston Family Therapy Consortium, which sponsors a training program for family therapists. Dr. Sergio Henao is clinic chief.

Adult outpatient service—divided into clinics for chronically ill patients, those who need only short-term therapy, and a crisis clinic for patients who need immediate attention. Dr. Neil R. Burch is acting chief, Dr. Mark

Valverde is deputy chief.

Geriatric services—a three-faceted service for patients over 60. It consists of a geriatric unit in the hospital, an outpatient psychiatric clinic, and a senior information and outreach service. Field workers stationed at community health clinics do casefinding and followup, visiting old people at home and in nursing homes. Outreach workers staff a telephone information and referral service. Dr. Roy V. Varner directs the unit.

Substance abuse treatment—hard-core narcotics addicts who qualify under stringent federal guidelines may receive methadone maintenance and counseling at the Heights clinic, 336 West 21st Street, but the emphasis is on detoxifying from drugs and learning to live a chemical-free life. The chemical-free clinic at Center Pavilion Hospital is expanding. Dr. Timothy Sharma is section chief.

Inpatient unit—60-bed hospital on the 15th floor of Center Pavilion Hospital provides evaluation and intensive short-term treatment for patients too ill to be cared for as outpatients. The hospital has units for geriatric patients, drug abusers, adults, and adolescents. TRIMS has for many years asked the legislature for funds to build a facility that would be suitable also for mentally ill children. Hospital medical director is Dr. Roy V. Varner.

Patient care will absorb more than one-half of the TRIMS budget this year—\$4,960,232.

'outside was an ocean'

cleaning up. . .counseling: how staff members fared in flood

They talk about watching fish swim in the living room, looking out a window and seeing "an ocean" surrounding the house, or listening to someone who sat on top of a dresser while snakes swam by.

Now they are all back at work—the TRIMS employees who were directly or indirectly involved with the massive flooding following tropical storm Claudette. The flood victims, some still contending with the aftermath of the disaster, are able to drive to work again, and the counselors who helped out at the disaster relief centers are back at their normal jobs.

Monica McConnell, administrative technician in child and adolescent services, was particularly hard hit by the flooding. At her two-story house in Friendswood the water rose to her roof. She and her six children spent that Wednesday night on the second floor, McConnell watching with a flashlight as the water inched up to the top three steps. "I'd look down with my flashlight and see fish," she recalls.

She had made a rope from tied-together sheets, and the next morning, when she saw the water had not subsided, she planned to use the rope either to help her family climb to the roof or swim to safety. "I thought we'd tie ourselves together and then with a strong swimmer leading, we'd swim from tree to tree," she says.

boat to the rescue

But first two of her daughters called out of a window for help. A neighbor heard them and sent a rescue boat. That morning the McConnell family had breakfast at the Friendswood fire station and later moved in with friends.

When they returned to their home Saturday morning the water was still ankle-deep, walls, floors and furniture were covered with mud, and there was "a terrible smell." Floating debris had knocked a gaping hole in the wall between the living room and garage.

Two weeks later, the new air conditioning system still was not working and mold was growing in the house. McConnell is applying for a federal loan to replace insulation and sheetrock and to fix the hole, which is letting in mosquitoes. Three weeks before the storm the McConnells had finished painting and recarpeting their house.

The hardest thing now, she says, is "trying to be patient camping out."

everyone offers help

But everyone at TRIMS has been "very solicitous, offering help. Just knowing that people care has been a big help," she says.

Personnel officer Patty Weaver was flying home from a meeting the night of the storm. Her plane was delayed by the rain, and by the time she and her husband and son returned from the airport, they found nine inches of water in their home.

Driving up to the house, she says, "was terrible. I couldn't believe it. We almost floated down the driveway." The family filled plastic garbage bags with sheets

and pillowcases and waded to a house they are in the process of building on higher ground. They slept there for three nights, using stacks of sheetrock as mattresses.

The whole next day Weaver says she was in a daze. Outside "was like an ocean." Her husband and son waded to their flooded house for peanut butter and jelly, bacon, instant coffee, and boiled eggs.

Three days later, when they returned to their home, they discovered floor tiles bending up, mold everywhere. "We scrubbed and scrubbed and disinfected," she says. She found soaked boxes filled with pictures and her family's letters from the 1800s, which she separated and laid inside the new house to dry on racks. "I hope I never, never go through anything like that again," she says.

work at disaster centers

At the federal relief centers set up to help flood victims, TRIMS employees were offering the mental health assistance requested by the state Disaster Emergency Services Council. Stationed there were Claire Frey, Paula Howard, Marilyn Filderman, Elizabeth Lucas, Jane Phillips, Dr. Esther Perez, Claire Banker Wingerter, Eleanor Lee, and Beverly Woods.

"People were very appreciative of anything we could do," says Marilyn Filderman, caseworker in information and referral, who spent two days at the League City center. Filderman helped with exit interviews, seeing that everyone had checked out all the resources that would be helpful to them, and told people about TRIMS services. Some copied the phone number, saying they might come later, and others picked up the booklets she had brought with her—"Stress" was the most popular. In the two days she was at the disaster center, about 1400 people stopped in for assistance, she says.

necessities first

Caseworker Paula Howard found that people stopping for help at the Alvin disaster center were more interested in getting their belongings together—"concrete things"—than in counseling. "I think the impact of their loss, the feelings connected to that, will hit later."

Most of Howard's time was spent directing people to the correct place for information about small business loans, social security, farm property, property insurance, income tax, Salvation Army and Red Cross services, and listening to people who wanted to talk. One person told her about sitting on a dresser watching snakes float by. Some complained about chickens that had sought refuge in their houses.

All the flood victims she'd seen "held up very well," reports psychiatric caseworker Claire Frey, who worked at the Baytown Center. Counseling didn't take up much time, but she acted as a resource person and "saw that everyone got everything they were entitled to." She says she tried to offer support in any way she could. "I saw a young couple who lost everything in the flood. It just broke my heart."

—Karen Hanson Stuyck

waiting time in clinics cut from months to weeks —how'd they do it?

Adults seeking treatment at TRIMS used to wait three or four months for their first appointment, and that often was for admission only. The first therapy date might have been another month away.

And people who inquired about services sat waiting on "hold" at their telephones for ten, fifteen minutes, and then they spoke to intake workers who had maybe six more callers on the line. Something had to be done.

Today the maximum waiting time for an appointment is three to four weeks. And nobody is put on "hold" any more.

Dr. Mohsen Mirabi, chief of the crisis clinic and information and referral, ascribes the changes to better management and some creative reorganization by the entire adult clinic staff, especially administrative technician Rebecca Reyes. Reyes, he says, is a whiz at devising schedules that serve patients better and use the therapists' time more efficiently.

"In January, we gave ourselves six weeks to shorten the waiting list," Mirabi says. "We scheduled all the patients who had been waiting for admission during that time, and by the middle of February we had seen every-one."

take people in

First thing to be done was to change the screening concept to "information and referral." The idea was to take people in rather than to screen them out. The telephone traffic jam needed clearing up, and so a revolving system was set up: one intake worker takes only names and telephone numbers of callers, another returns all calls, and another welcomes patients coming for their first appointment. The three intake workers—Paula Howard, Elizabeth Lucas, Marilyn Filderman—take turns each week at those tasks. One is available all day to help new patients through admission procedures and to introduce patients to their therapists. Admission and the first



Rebecca Reyes's appointments schedule makes clinics more efficient.

therapy appointment now take place in one day.

Another innovation was the establishment of intake teams which meet mornings and afternoons four days a week. The teams are headed by a psychiatrist and involve nurses, social workers, and trainees in all adult clinics, each team serving for one week at a time.

"We wanted all staff members to have experience in seeing all kinds of patients," Mirabi says. "We felt that there are some therapists here who have been dealing with short-term patients only, and they might never have had contact with a chronic schizophrenic patient."

At TRIMS patients can now be seen earlier than at any other agency, but "we still cannot provide services for everybody who needs them," he says.

Still, he is proud of receiving phone calls and requests for consultation from people in many other states who have heard about TRIMS. "They sometimes come here to consult us, even though we tell them to seek treatment where they live. Sometimes we simply reassure them that they are getting good treatment, and we encourage them to keep on and follow their doctors' instructions."

Asked whether the changes required staff members to work twice as hard as they did before, he says simply, "No, we're just organized better and using our resources more creatively."

"a matter of time" is on channel 8 Saturday evenings

"A Matter of Time," the documentary series on continued creativity and activity in old age, will be broadcast by KUHT-Channel 8 Saturday evenings in September and October from 7 to 8 p.m.

The six shows on public-policy issues in aging are a joint project of Houston's public television station and the Texas Research Institute of Mental Sciences, supported by a grant from the Texas Committee for the Humanities and Public Policy and the National Endowment for the Humanities.

Thelma Schoettker produced, directed, and narrated the shows. Howard Rabinowitz, TRIMS gerontology training coordinator, was project director, and Peter Baer of the audiovisual section did the filming.

Air dates are:

Sept. 1—myths and realities of aging

Sept. 8—"The Harvest Years"—retirement

Sept. 15—"The Fragile Aged"—guardianship and competency

Sept. 22—"To a Long and Healthy Life"—health care and quality of life

Sept. 29—"Off Your Rockers"—age-preferential legislation and political activism

Oct. 6—"Lifestyles"—environment and housing

The first show has been bought by 20 public TV stations of the Southern Educational Communications Association, to be aired in states from Vermont to Florida.

privileged communication

new state law limits disclosure of patient data in court

by J. Ray Hays, Ph.D.

A bill passed by the legislature last session has a significant impact upon our work. House Bill 1163 gives our patients privileged communication, which means that information about these patients may not be used in a court proceeding, and sets forth the limits of confidentiality of information in other than court proceedings. The bill provides that information pertaining to the emotional or mental health of an individual may not be revealed without authorization from that patient. The act applies to any person who is licensed or certified to diagnose, evaluate, and treat mental disorders.

There are only a few exceptions to the testamentary privilege. Information about a patient may be revealed in a court proceeding if (1) the information is revealed in order to collect fees for service, (2) the client sues the professional, (3) the client waives the right of confidentiality, or (4) a judge finds that the client has been told that the information would not be privileged in a court-ordered examination of the client's mental or emotional health.

These four provisions of the act seem to mean that after August 27, 1979, the effective date of the legislation, a professional may not provide testimony on the emotional or mental health of a client unless such testimony is specifically authorized by the client. This also appears to mean that a court order may not be used to obtain information about a professional's clients. In the past there was no testamentary privilege; our records could be obtained with a court order and we had to testify. That is no longer the case.

other exceptions

Exceptions in other than court proceedings include (1) disclosures required by law, for example, child-abuse reporting law, (2) information given to other professionals participating in the diagnosis, evaluation, or treatment of the patient, (3) information revealed to any person with the written consent of the client, (4) information used for the collection of fees, (5) disclosure for the purpose of management and financial audits, program evaluation, and research so long as no client can be identified, and (6) information given to other medical or law enforcement personnel when there is a probability of imminent physical or mental injury to the client or to others.

This last exception provides some guidelines concerning the duty-to-warn doctrine which stems from the California case, *Tarasoff v. Board of Regents*. Under the Texas statute, it seems that if we believe a patient will harm someone, we may not warn the intended victim but may only notify third parties, that is, law enforcement or medical personnel.

The new law provides for a civil action by a client against anyone who reveals information covered by the act. The client may also seek injunctive relief to prevent confidential or privileged information from being disclosed. Mental health professionals would seem to have a new burden of protecting privileged communication between themselves and their patients from judicial inquiry. Before we respond to subpoenas to testify now, we shall probably need to get our patients' permission. It will be interesting to see the case law that develops as a result of this change in the law.

energy saving is topic of NTSU winter course

Energy conservation in facilities serving the aged will be the topic of the Winter Institute on Aging to be held in January at North Texas State University.

Sponsored by the university's Center for Studies in Aging, the institute will take place January 7 to 11 next year. The course is designed for program and agency directors involved in work with the aged and for administrators of long-term care facilities. It may be taken for graduate credit or continuing education units.

For further information contact Eleanor Adams, coordinator, Winter Institute, Center for Studies in Aging, N.T. Box 13438, North Texas State University, Denton, TX 76203; phone (817) 788-2763.

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



Dr. Sharma

narcotics addicts learn to live without drugs

Maintaining hard-core narcotics addicts on methadone should be considered a "last resort" because the problem of addiction is best treated when the goal is total abstinence from drugs.

Dr. Timothy Sharma, chief of the TRIMS substance abuse treatment and research program, says methadone maintenance should be used "only if patients will eventually detoxify from drugs and remain chemical-free."

Sharma has been working with addicts for more than ten years. "The drug abuser who is still taking methadone has not really conquered his addiction," he says. "He's in a holding pattern until his lifestyle stabilizes, still thinking he has to take narcotics to be normal. He maintains an addict's lifestyle in the sense that all his friends are addicts. He's closer to slipping back into illicit drug use."

Helping patients to achieve a drugless existence is the goal of both the TRIMS substance abuse clinic in the Heights and the chemical-free clinic at Center Pavilion Hospital. The latter service is being enlarged with the addition of several counselors, some of them ex-addicts themselves, and the clinic is moving from the hospital's 14th floor to more spacious quarters on the second floor.

A client intent on detoxifying from drugs spends about ten days in the inpatient unit, then goes on to individual psychotherapy as an outpatient in the chemical-free clinic and perhaps a self-help group (like Narcotics Anony-

mous) modeled on the principles of the Alcoholics Anonymous twelve steps and twelve traditions of maintaining abstinence.

it can be done

It is not true, Sharma says, that narcotics addicts cannot remain drug-free. "It can be done. Patients who reach that stage tell us they're thankful that we encouraged them to detoxify. They experience a change in attitudes—they are more honest about their feelings and they claim they feel better and are healthier physically."

The psychological factors are the same in all addictions, Sharma says. But he believes that persons who overeat have a far more difficult problem than do drug abusers. "The drug addict can remain drug-free, but nobody can abstain from food completely and maintain proper nutrition." Like weight-watchers, clients in the chemical-free program must make a "long-term commitment," he says. "It's a lifelong problem."

The institute's \$300,000 contract for treatment and rehabilitation of addicts was renewed recently by the National Institute on Drug Abuse and the Texas Department of Community Affairs. During the past year, as drug treatment programs closed at Riverside and St. Joseph hospitals, the TRIMS unit accepted about 150 clients from those programs, raising the caseload to about 400.

new research

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

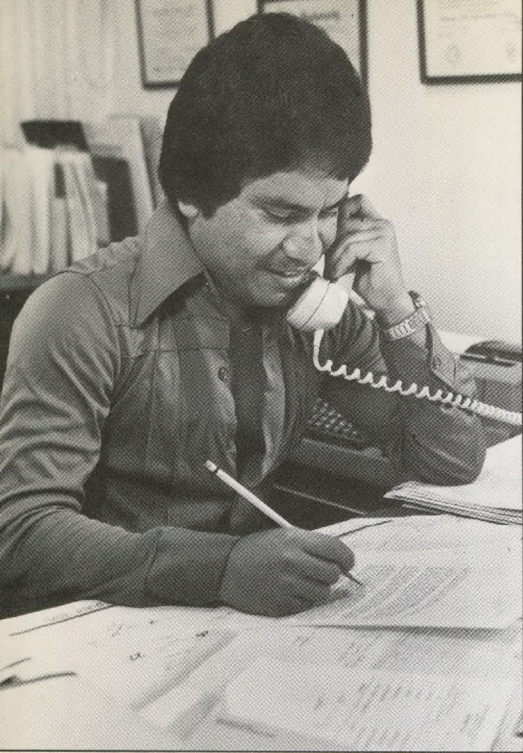
- Therapist and client family environments and their impact on family therapy—Carlo DiClemente, Ph.D.
- A study of traffic phobia in Houston—Roy J. Mathew, M.D.
- A preventive planning service for divorcing families of school-aged children—Carol Ann Brady, Ph.D.

Effect of biofeedback-induced changes in skin temperature and muscle relaxation on migraine headaches—James L. Claghorn, M.D.

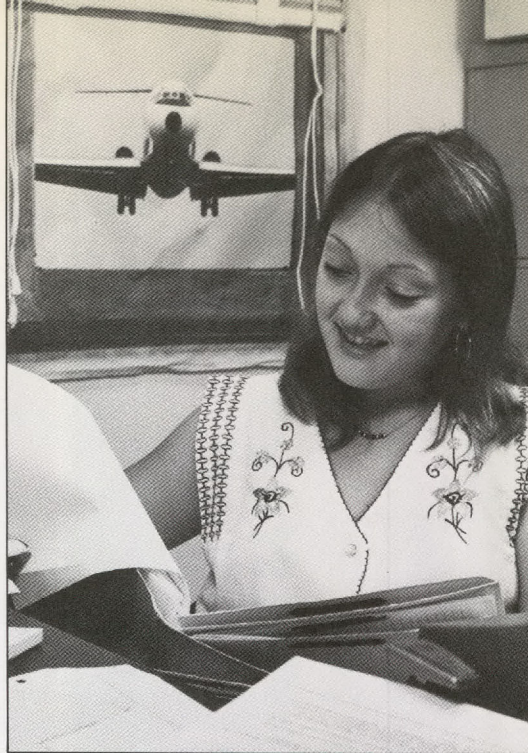
Comparison of the clinical effectiveness of epinephrine flooding and implosion in the treatment of anxiety using psychological, physiological, and biochemical measures—Roy J. Mathew, M.D.

Biological symptoms in depression—Roy J. Mathew, M.D.

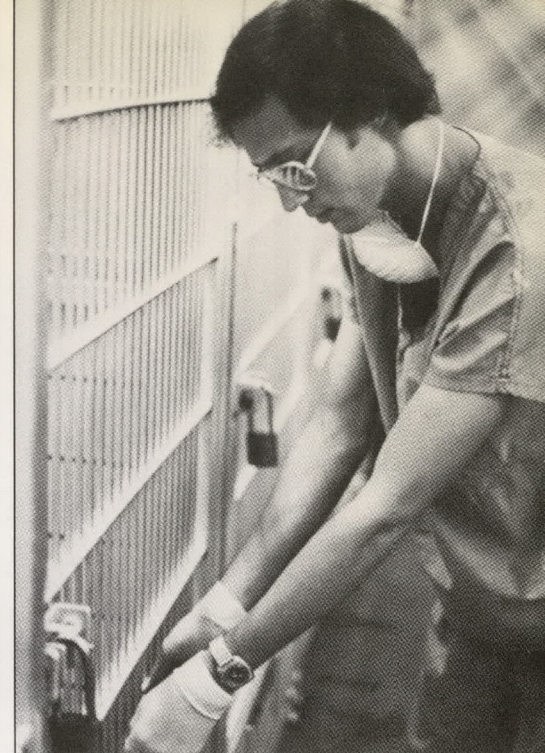
Relationship between moral development, ego development, and self-reported delinquency—Kenneth S. Solway, Ph.D.



Carlos Perales



Christine Grannan



Greg Grave

photos by Marc Meyers

summer jobs confirmed (and changed) some students' career plans

Carlos Perales views his summer job as an opportunity to see book theory put into action. He is one of 17 college students who worked at TRIMS this summer.

Working in the child and adolescent services, Perales spent his summer, he said, learning the administrative process. A master's degree student at the University of Texas School of Public Health, he is concentrating his studies in health administration and planning. At TRIMS, he said, he got a chance to "see how administrative and management theory actually occur rather than how the books say they do."

Under the supervision of Dr. Kay Lewis and Monica McConnell, Perales helped make arrangements for the upcoming TRIMS symposium on the emotionally disturbed retarded, typing the program, contacting speakers and financial contributors. He searched the literature for information on research projects and "tried to attend as many administrative meetings as possible."

What he learned from the job, Perales said, is that the actual practice of the administrative management theories he has been studying in school "involves a lot of strategic diplomacy. You have to know how to achieve a compromise which will be satisfactory to both parties." He thought this was not something any book could teach him. "Like medicine, administration is an art. You have to experience it to learn it," he said.

Perales would like to work in health planning. As a result of his job at TRIMS, he said, he became interested in mental health and hopes his eventual career will have room for both his interests.

Perales believes there should be a closer relationship between the professionals involved in mental health and the legislators who make the mental health laws. "I would like to be involved in some aspects of that," he said.

Christine Grannan, who said she tried to work at TRIMS for the past two summers, finally got her wish this

summer with a job in the therapeutic nursery.

Working under Dr. Toby Myers, Grannan found the job "real perfect for me. It's right along the lines of what I'm studying at school."

A senior psychology major at Rice University, Grannan planned to teach kindergarten or first grade, but after her summer here she thinks she might like to join the TRIMS master's degree program in child development.

Grannan's job involved keeping patients' charts in order, doing followup studies of children who completed treatment, and updating the clinic's procedures manual. She helped Myers with educational assessments, which she found especially interesting.

Every Thursday Grannan spent some time playing with the children in the nursery under the supervision of a child therapist. She watched the therapists, she said, and tried to pick up some of their techniques.

What did she learn? "A lot of the time it's the way you talk to the children. You have to try to relate to the child in a person-to-person way instead of being domineering: Go do this, or, Don't do that. You have to ask the children what they want to do. Let them feel like they're a part of things."

Grannan said she has always wanted to work with little children but never thought of doing this in a therapy situation until she came to TRIMS. "I've really gotten to do what I wanted to do," she said.

Greg Grave spent his summer in the animal colony. A senior biology major at Texas A&M who plans to go to dental school, Grave helped care for the animal colony's monkeys and worked in the cage washing room.

Under the supervision of Priscilla Weeks, Grave fed the monkeys, gave them water, changed cages, and tested them for tuberculosis. Grave said he wanted a lab-related summer job because "it would help me in my pre dental studies, and lab work is an interest of mine."

program: the emotionally disturbed retarded: their nature and needs

September 26-28, 1979
13th annual symposium
sponsored by Texas Research Institute of Mental Sciences
at Shamrock Hilton Hotel, Houston

Chair: Kay R. Lewis, M.D., F.A.A.P.
chief, child and adolescent services, TRIMS

Wednesday, September 26

- 8:30 *Welcome.* Joseph C. Schoolar, Ph.D., M.D., director, TRIMS
- 8:45 *Concerns regarding the emotionally disturbed retarded at the state level.* John J. Kavanagh, M.D., commissioner, Texas Department of Mental Health and Mental Retardation, Austin
- 9:00 *Overview—from prevention onward.* Kay R. Lewis, M.D.
- 9:30 *Pitfalls in diagnostic classification: evaluation methods which fill the gap between classification and intervention.* Robert J. Reichler, M.D., child psychiatrist and director of behavioral sciences, Children's Orthopedic Hospital, Seattle
- 11:00 *Differential diagnosis of the emotionally disturbed mentally retarded.* Beverly Sutton, M.D., director, children's psychiatric unit, Austin State Hospital
- 1:30 *Measurement of neurotransmitters in the emotionally disturbed retarded.* James Perel, Ph.D., associate professor of clinical pharmacology, and chief, research in clinical pharmacology, New York State Psychiatric Institute
- 2:30 *Problems in assessment of intelligence and adaptive behavior.* H. Carl Haywood, Ph.D., director, John F. Kennedy Center for Research and Human Development; professor of psychology and special education, professor of neurology, Vanderbilt University, Nashville
- 4:00 *Neurotransmitter differences in self-abusive and aggressive retarded: implications for pharmacological management.* James Perel, Ph.D.

Thursday, September 27

- 9:00 *The educator's role in evaluation and program planning.* Horace Mann, Ph.D., professor, exceptional child education, State University College at Buffalo, New York
- 10:30 *A continuum of behavior therapy techniques: indications and safeguards for use of aversive techniques to insure least restrictive, effective programming—working with parents.* Paula Firestone, M.A., research associate, autism project, University of California—Los Angeles
- 1:00 *Intensive outpatient psychotherapeutic intervention: avoiding institutionalization.* Mae F. McMillan, M.D., chief, early childhood therapy course and clinic, TRIMS
- 2:00 *Working with families of emotionally disturbed retarded children: indications for residential treatment.* Robert J. Reichler, M.D.
- 3:30 *Effective leadership styles required for program management and implementation.* Tom Fernekes, M.A., associate director, developmental disabilities management training program, University of Alabama, Birmingham

Friday, September 28

- 8:30 *Recent changes in the definition of developmental disabilities: implications for funding services and research.* Marge Kirkland, M.S.W., senior program specialist, National Development Disabilities Office, U.S. Department of Health, Education, and Welfare; president, American Association of Mental Deficiency, Washington

- 9:00 *Client rights: effect of Public Law 94-142 and the Texas Mentally Retarded Persons Act on clients, families, and service providers; legal aspects of competency.* Dayle Beebe, attorney; executive director, Advocacy Incorporated, Austin
- 10:15 *Psychological aspects of competency.* Ron Cookston, Ed.D., assistant superintendent, Fort Worth State School; member, TDMHMR psychology task force on evaluation of competency
- 10:45 *Panel: wrap-up and challenge.* Kay R. Lewis, M.D., chair; Jimmie R. Clemons, M.D., deputy commissioner for mental health; John Carley, Ph.D., deputy commissioner for mental retardation; Jon D. Hannum, Ph.D., deputy commissioner for community services, Texas Department of Mental Health and Mental Retardation, Austin

Return registration and fee to:

Kay R. Lewis, M.D.
 Texas Research Institute of Mental Sciences
 1300 Moursund Street
 Texas Medical Center
 Houston, Texas 77030
 phone: (713) 797-1976 STS 859-9266

Registration

.....

name _____

facility _____

position _____ discipline _____

street _____

city _____

state _____ zip _____

phone _____ STS number _____

\$80 preregistration fee enclosed (must be mailed before Sept. 15, 1979). Late registration and door registration (as space permits) is \$100.

\$30 student registration fee enclosed.

registration for TDMHMR or community center staff member enclosed. These staff members are exempt from fees.

Please make checks payable to Texas Research Institute of Mental Sciences.

publications

James T. Hartford. How to minimize side effects of psychotropic drugs. *Geriatrics* 34:83, 1979.

J. M. Fletcher and P. Satz. Unitary deficit hypotheses of reading disabilities: Has Vellutino led us astray? *Journal of Learning Disabilities* 12:155, 1979.

J. M. Fletcher and P. Satz. Perceptual deficit hypothesis: A rejoinder to a reply. *Journal of Learning Disabilities* 12:168, 1979.

P. Satz and J. M. Fletcher. Early screening tests: Some uses and abuses. *Journal of Learning Disabilities* 12:43, 1979.

James H. Shackelford, G. Kelton Ro-Trock, and Joseph C. Schoolar. The place of worship in a therapeutic milieu setting. *Journal of Pastoral Care* 33:126, 1979.

Charles M. Gaitz and Roy V. Varner. Pharmacotherapy of age-associated brain syndromes. *Interdisciplinary Topics in Gerontology* 15:169, 1979.

Dahlem conference

Earlier this year, Dr. Bernard Saltzberg was invited by the German Academy of Science and the Max Planck Institute to participate in the Dahlem Conference on Biomedical Pattern Recognition in Berlin. A summary of the conference is to be published.

EEG developments

Sigsby K. Rusk is first author (with Drs. Neil Burch and Saltzberg, Harry Turley, and William Burton) of "A programmable microprocessor convolver for 16-channel EEG analysis" presented to the Association for the Advancement of Medical Instrumentation at Las Vegas. The report describes TRIMS developments in EEG analysis.

honors

Frank Womack was elected treasurer of the Mental Health Needs Council, and he serves on the adult advisory committee of the Mental Health and Mental Retardation Authority of Harris County. He gathered distinction of another sort by being elected to the Longhorn Hall of Honor Court of the University of Texas. This group selects persons each year for special awards by the university. . . . Dr. Sergio Henao was appointed to the Committee on Family Therapy of the Academy of Child Psychiatry. . . . Dora McBride succeeded Henao on the advisory council for children's services of the Mental Health and Mental Retardation Authority of Harris County. . . . Dr. George Niederehe was appointed to the National Institute of Mental Health grant review group for life-course studies.

complete CE records

Dr. Mae F. McMillan received her certificate of completion of 150 hours of continuing education credits from the American Psychiatric Assn. She reminds TRIMS

TRIMS cited for cost-containment effort

TRIMS has received a 1979 certificate of participation citing the institute for its outstanding effort in cost containment.

Dr. Joseph C. Schoolar, in announcing the receipt of this certificate said, "We're proud of the progress TRIMS, together with its medical staff and employees, is making toward holding down the cost of hospital care. We will continue to make every effort to hold our expenses to the absolute minimum without sacrificing the quality of care delivered to patients."

In early 1978, the hospital industry launched a program, known as the Texas Voluntary Effort, to control costs. This is a part of a national effort which commits hospitals to reduce the national rate of cost increase by two percent a year for 1978 and for 1979. In 1978, the hospital industry in Texas reduced the rate of rise by 2.6 percent.

Unitex credit union open to TRIMS staff

The Unitex Credit Union has about 6000 members, \$6 million in assets, and all TRIMS employees (including salaried students and trainees) are eligible to join.

Largest credit union in the medical center, Unitex is located in the Fannin-Holcombe Building (at the intersection of those two streets) in room 440. Its members include employees of TRIMS, all University of Texas institutions in Houston, the medical center cooperative laundry, and Texas Air Control Board.

The credit union offers its members individual loans, share draft accounts (similar to a bank checking account), passbook savings, certificates of deposit, and money market certificates of deposit.

"We pay a six percent dividend on passbook savings and five percent on the daily balance of our share draft accounts," said Susan Riker, credit union manager. "Dividends on certificates of deposit start at 6½ percent, and we pay one-fourth of a percent higher on money-market CDs than our competitors."

Credit union hours are 9 a.m. to 4 p.m. Monday through Thursday and 9 a.m. to 5:30 p.m. Fridays and paydays. Any TRIMS employee may become a member by making a \$5 deposit and paying a 25-cent membership fee.

psychiatrists to complete their records and submit them to Carolyn Rabinowitz, APA deputy medical director.

Another reminder from McMillan is that 1980 will be The Year of the Family, 1981 The Year of the Handicapped, including the mentally handicapped.

plenary lecture

Dr. David Fenimore will give the plenary lecture on high-performance thin-layer chromatography at the Expochemistry meeting at Astrohall in October.

biofeedbackers unite

TRIMS biofeedback researchers John Largen and Dr. Roy Mathew are on the organizing committee to form a Biofeedback Society of Harris County. It is to be an interdisciplinary professional organization.

learning disabilities

Dr. Jack Fletcher taught a workshop on the neuropsychology of learning disabilities for the Texas Psychology Assn. and a seminar for the Spring Independent School District on early screening of children for learning problems. At the International Neuropsychological Society's conference in Holland he reported on "Perceptual deficits: problems with unitary deficit hypotheses of reading disabilities."

medical services at state schools

Dr. Kay Lewis chaired a workshop for medical directors of state schools for the retarded on improving

CETA students did well in summer jobs here

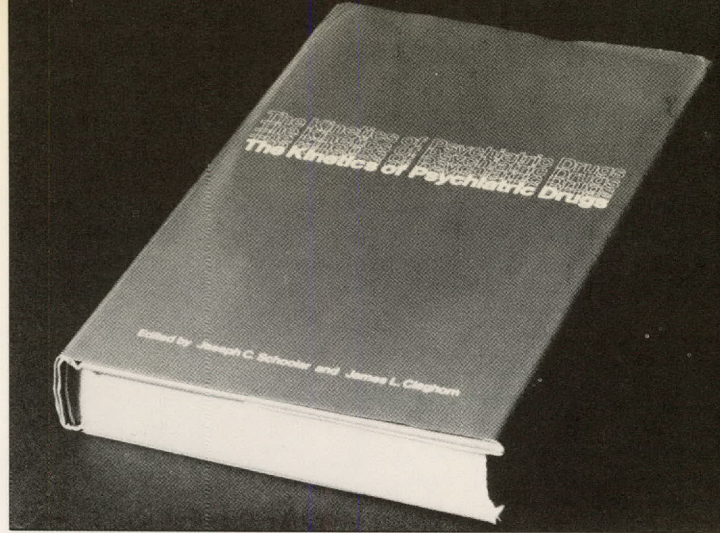
Seven students in the Mayor's Summer Youth Program spent part of their summer working in TRIMS laboratories and offices.

The program is designed to provide economically disadvantaged young people between the ages of 14 and 21 with meaningful work experience during the summer months. It is funded by the Department of Labor under the Comprehensive Employment and Training Act (CETA).

This summer is the first time that the CETA summer job program has been a centralized effort at TRIMS, said Anita Smith, who coordinated the program here. The seven students met weekly with Smith to talk out any problems they had encountered or "just to have someone to touch base with," she said.

Smith said there were no real problems. "They were a cooperative group and very good workers. Most of the evaluations from their supervisors described them as average to excellent on various aspects of their work. Some of the supervisors indicated they would hire them."

The students, who spent most of June and July at TRIMS, are Karen Alexander, who worked part of the summer in Dr. Schoolar's office and part in geriatric services; Ann Barnes, who worked in medical records; and Larry Baugh, employed in the neurobiology of aging lab. Lionel Green worked in property, Nadine Marsh spent her time in the accounting office, and Vicki Tate and Venecia Watts worked in the animal colony.



The Kinetics of Psychiatric Drugs, the proceedings of the 1977 TRIMS symposium, is now available. Edited by Drs. Joseph C. Schoolar and James L. Claghorn, the new book contains sixteen papers by experts in the field of pharmacokinetics.

medical services for their residents. Participants included Dr. John J. Kavanagh, TDMHMR commissioner, deputy commissioners Drs. John W. Carley and Jimmie R. Clemons, and Dr. James Claghorn of TRIMS.

schizophrenia grant

Dr. Caryl Smith has been awarded a grant to study "Sensory integration in schizophrenia: a study of proprioception" by the Scottish Rite Foundation.

teaching social-work skills

Virginia Mahan, Dora McBride, and Mary Beth Holley were faculty members for a series of continuing education workshops for the department's social workers held around the state. Topics were interviewing, information-gathering and assessment skills.

where's Jo McKinnon?

Jo McKinnon, administrative technician for Dr. Charles Gaitz for 11 years, left TRIMS but said she is not retiring. Her daughter is expecting McKinnon's first grandchild next month and, after helping with the baby, McKinnon plans to study creative writing "and then from there, who knows."

quitting puffing

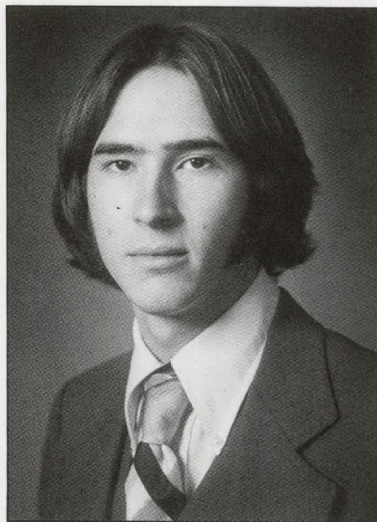
Dr. Carlo DiClemente reported his study with successful quitters, "Operationalizing a model of change: smoking cessation maintenance," to the Rhode Island, Rocky Mountain, and Southwestern Psychological Assns.

testing

At the Rocky Mountain convention of psychologists, Dr. Kenneth Solway chaired the session on psychological assessment; Donna Schreiner presented a clinical study of youths for whom certification as adults has been filed (co-authors are Solway, Dr. J. Ray Hays, and Dr. David Cansler); Donna Copeland reported on "The Rorschach index of egocentricity in normal and psychopathological groups and its relationship to other cognitive-perceptual measures"; and Terry Bauknight presented a paper on psychotherapeutic treatment of gastrointestinal disorders from individual and family-system perspectives.



Just because **Marlo McRea** likes the motto, "It often shows a fine command of language to say nothing," doesn't mean she's taciturn. The hospital's recreation director has plenty to say: about her allegiance to Louisiana, her "open-door" recreational and occupational therapy program, her "supportive, tightly knit staff," and the OT students "who bring us new ideas." The motto on her wall has to do with McRea's style of managing her department. She had a lot to learn about "public relations and diplomacy and being more assertive." But she saves her assertiveness for things that matter, and those are her daily exercise programs to get patients ready for the day, crafts sessions that bring structure and offer new skills to withdrawn patients, weekly trips on the town and monthly picnics in city parks, and domino, ping-pong and card-game tournaments. "We give the patients a lot of feedback, but we don't analyze," she says. "We leave that to the psychologists."

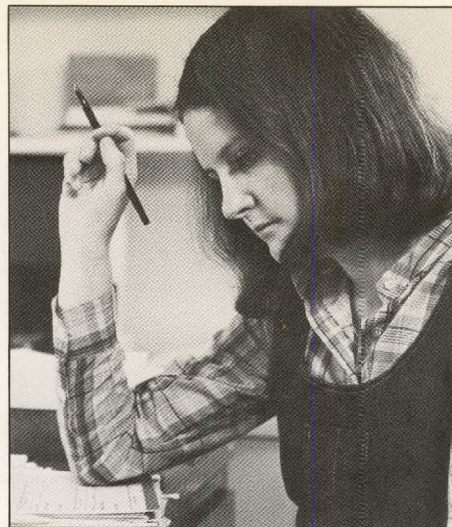


His new job here as an audiovisual technician is **Marc Meyers'** "first full-time professional photography job," he says. At TRIMS he is taking still photographs (for *the Emissary*, among others), videotaping, and doing dark-room work. As a student at Houston's High School for the Performing and Visual Arts, Meyers spent three hours a day in classes in his area of specialization, communications, in addition to the traditional academic courses. He studied photography, radio-TV, cinematography, animation, and audio production at the professional high school. For the last four years he also has been a freelance photographer, shooting "mainly portraits, weddings, and some fashion work," he says. Meyers worked at the University of Texas Health Science Center operating audiovisual equipment and at Baylor College of Medicine as a darkroom technician. In his spare time he is the photographer for the Westbury Rodeo Team.



Dr. Jack Gordon is a tall, expansive man who graduated from UT-Galveston and took his residency in psychiatry at Baylor. What brought him to TRIMS, to join the Scholar-Smith clinical research team, was his experience as a consultant to the outreach clinics of Big Spring State Hospital, a place not exactly next door to Houston. Gordon is a pilot with 3000 hours of flight time. He commuted to West Texas in his airplane, a Piper. Now he is establishing a followup clinic here for discharged hospital patients being maintained on neuroleptic and antidepressant drugs. The purpose is to relate blood-level data of the drugs to the patients' condition and to discover the therapeutic ranges that are not yet known for some drugs. Dr. Gordon says he likes both private and public practice, but "we've got to find broader remedies for mental illness. That is the real challenge and satisfaction of work of this type."

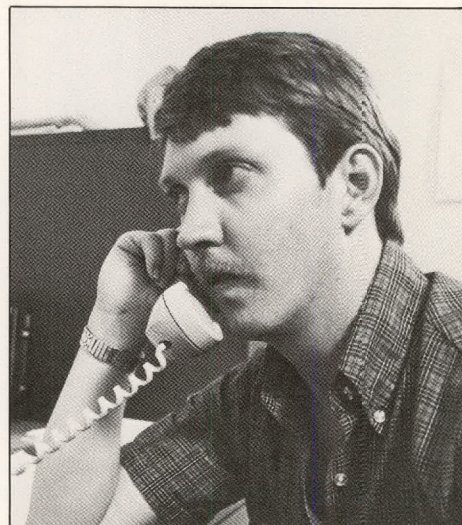
Dr. Lynn Malseed thinks of her child development fellowship at TRIMS as “the fulfillment of my ambitions.” She’d done special work in child psychiatry in medical school at Galveston, then taken a pediatric residency at Hermann Hospital. There she met the TRIMS developmental specialists who staff the UT hospital’s pediatric outpatient clinic two days a week. Malseed works there now, evaluating children referred to the clinic because they may have problems at school, perhaps have failed first grade, cannot read, are hyperactive, or mildly retarded. These are garden-variety problems, she says, but “we always have one or two zebras.” One or two what? Malseed explains the medical school adage: “If you hear hoofs on the road, don’t expect zebras”—regardless of the signs, only one in a thousand is an exotic case. Speech and hearing people, language-learning experts, infant specialists stand ready to give whatever help a child needs.



Sally DeWalch’s volunteer activities have led her everywhere from a well-baby clinic to an agency serving the aged. Now a board member of the TRIMS Volunteer Services Council, DeWalch was instrumental in getting TRIMS patients their new 12-passenger van from the Junior League of Houston. She is the mother of two sons, Binz, 20, a mechanical engineering student at the University of Texas, and Mark, 18, a senior at St. John’s School, who worked this summer on a student fellowship at the Texas Heart Institute. Both her sons have won art prizes, with their work shown at the Museum of Fine Arts. Binz’s diorama of the Mesa Verde cliff dwellings is still on exhibit at the Museum of Natural Science. A native Houstonian, DeWalch is the great-granddaughter of Jacob Binz, builder of Houston’s first skyscraper, the Binz Building. It was the first Houston building to have an elevator, she says, and its cornerstone now resides in her father’s backyard.

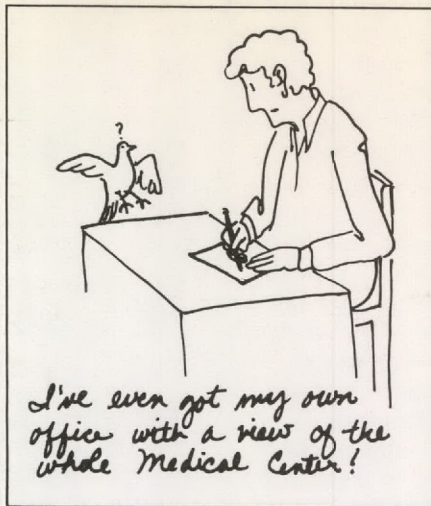
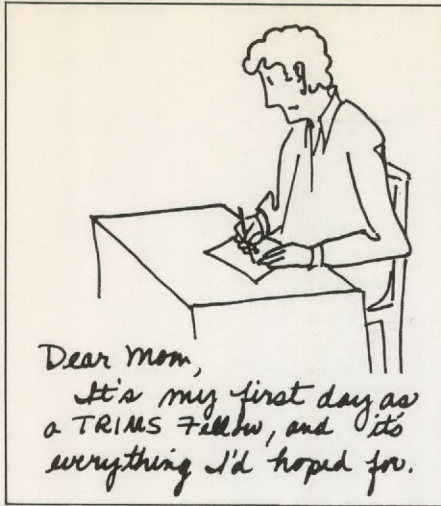


Bill McKinnon sees his role as being an advocate for children with developmental disabilities and for their families. A psychological associate in developmental services and a newly certified member of the diagnostic and evaluation team, McKinnon says he is seeing lots of families who have had difficulties locating help for their developmentally disabled children. The children may be autistic, mentally retarded, or have neurological problems like cerebral palsy or epilepsy. “For families with children like these, it’s very hard for them to get services,” he says. At TRIMS, however, the developmental services staff uses a centralized case-management approach, McKinnon says. “We maintain contact with the client, and try to see that he or she’s linked up to the proper services. It’s not the kind of thing where we’re holding people’s hands. If anything, we’re teaching them how to use the system. We’re advocates for the clients and advocates for their rights.”



dr. syndrome

by Randy Strong



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here?"**
staff preview of recently completed
videotape about TRIMS

sept. 28 • no seminar—symposium,
*the emotionally disturbed retarded:
their nature and needs,* at
Shamrock Hilton Hotel

the emissary

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