IMPACT

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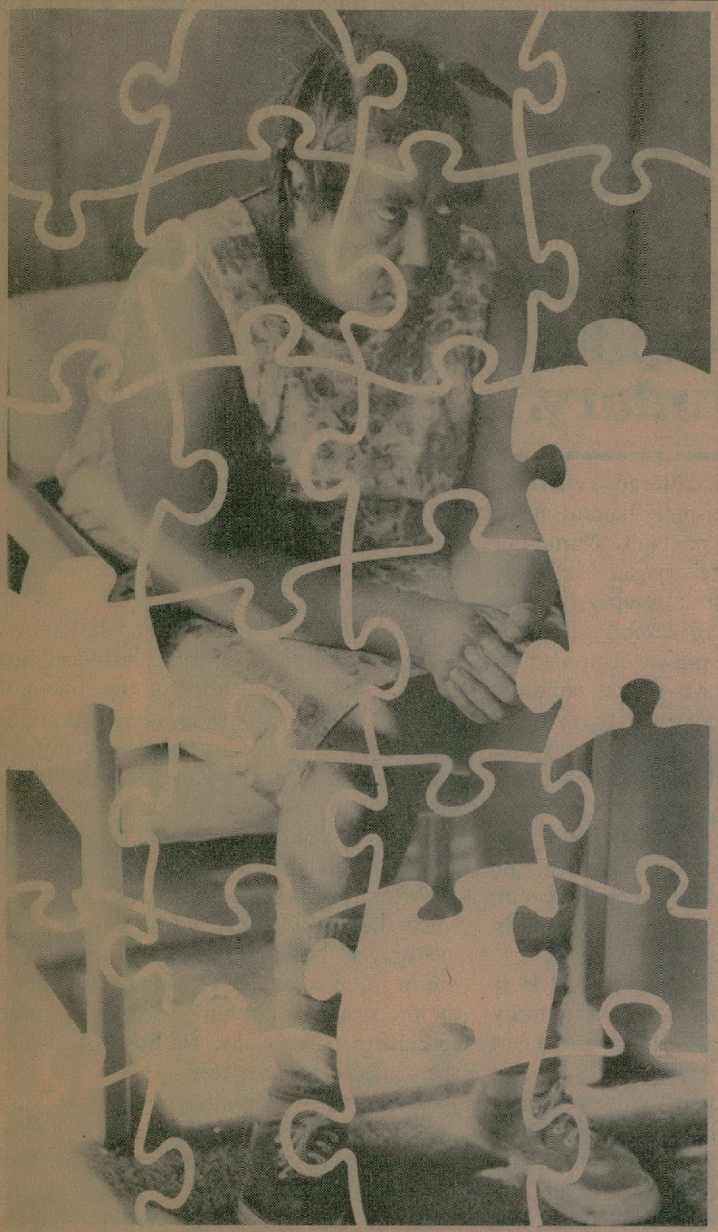
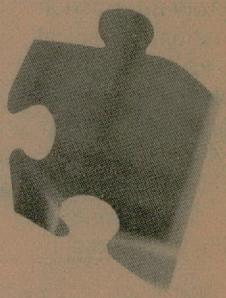
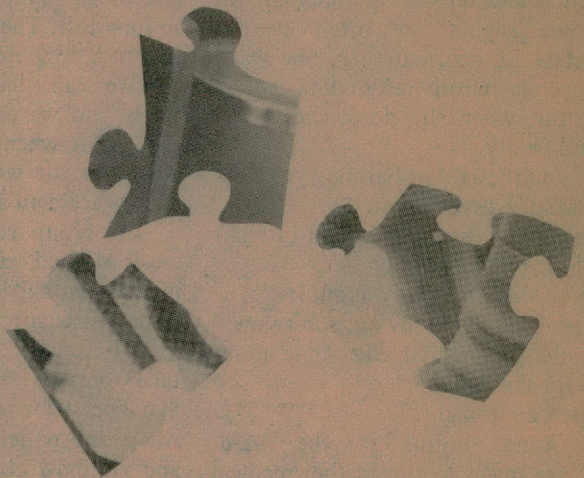




MAKING DECISIONS to help mend broken minds



Ashtrays and coffee cups line the top of the long conference table. Scattered among them are fat files labeled with names and numbers and marked "Confidential."

It's 8:30 a.m. Wednesday and time for the weekly admissions staff conference on new patients on the C and D section of Capital Unit at Austin State Hospital. Staff members representing several specialties have taken their seats.

New patients in this section are "staffed" within one week of the time of admission to the hospital. This morning, the complex stories of five patients will be reviewed and treatment goals will be developed. Observing the staff members' enthusiastic participation will provide valuable teaching benefits to visiting intern students from such fields as nursing, psychology, psychiatry, law and religion.

The process also gives the team of staff members time for consultation with each other and responsibility for many difficult decisions.

How much of which medication will be of greatest benefit to a particular patient? What are the legal consequences if he refuses to take medication, but we feel it is the best hope for relief from his symptoms?

Making Decisions (Cont'd.)

Does this person really need hospitalization? If we think he doesn't, what will happen if he commits a violent act after we turn him away? If we decide to provide therapy, will we only encourage his dependence on the hospital?

If this patient has been hospitalized before, why is he back? Was the last treatment plan not adequate? Was he not supported in the community?

Because each patient is a unique combination of problems and potentials, these decisions are not easy.

First on the agenda is Anne. In order, each team member contributes information for the group's consideration. A social worker describes Anne's social history; a physician details the results of the mental status exam; a mental health worker offers observations of her behavior on the ward since admission; a psychologist interprets her psychometric tests. Then Anne is brought in, welcomed and introduced to the group.

Anne---described as "52, white and married"---has been hospitalized 13 times during the last three decades. Described as manic-depressive, she is now confused, depressed, withdrawn and disorganized. And her husband has decided he doesn't want her back when she's released this time.

Several questions are asked of her: Do you know what happened to bring you to the hospital? How are you feeling? What do you have planned for your future? Do you have any questions for us?

Anne answers in ways that are popularly considered characteristic of mentally ill people. Her replies are often evasive, inappropriate or contradictory. She waits several seconds before responding to any question, but when she does, she speaks briskly and firmly.

"Have you thought of harming yourself, Anne?" asks the psychiatrist.

"I thought of throwing myself in front of a car," she replies quickly.

"Did you think seriously about it?"

"I think life's worth living, don't you?"

Later, the psychiatrist asks Anne about her plans for the future.

"I hope I die tonight."

After Anne returns to the ward, decisions are made to run further medical tests to check for possible kidney and cardiac problems and to discontinue lithium and try another medication. It is also agreed to ask Anne if she will consent to stay as a voluntary patient when her 14-day order of protective custody expires.

Aware she will lack both income and a home after her release, the staff considers options for Anne's aftercare placement. It's one way plans for a patient's discharge are considered simultaneously with the diagnosis.

It hasn't always been so. In the past, hospital staff assumed the role of benevolent caretakers when a patient didn't want to be discharged, when he had no family to return to or when the community didn't want him back.

Then in 1968 the geographic unit system was instituted in Texas hospitals. With exceptions for children, alcoholics and a few others requiring specialized care, patients were assigned to units according to the proximity of their hometowns. Now, if unsatisfactory arrangements for aftercare cause a patient to return to the hospital, he comes back to staff members previously assigned to work with him. Continuity of care receives prime consideration today.

Most admissions to the hospital are voluntary.

Next to be staffed is Mildred, a cherubic fortyish woman with a pixie haircut and a crisp red and white pantsuit. Numerous trips to mental hospitals began for her in 1962 and her suicide attempts number more than 20. Divorced several years ago from the husband she put through medical school, Mildred has two grown children. She seems preoccupied with status symbols and to be mourning too deeply for a love so long lost. The psychiatrist calls her case that of a "smouldering suicide."

"We can diagnose her problems correctly and we can treat her correctly," he said. "But when we release her there's no guarantee she won't attempt suicide again and by accident succeed."

The group concurs its best hope is to see if Mildred will agree to stay voluntarily in the hospital long enough for treatment to be thorough.

"Thorough" treatment, however, may take only a matter of weeks. Team members refer to the hospital as the place where the patient's condition is stabilized and groundwork for recovery is laid. It is assumed that therapy will continue after the patient returns to the community.

It is a popular conception that most mental patients enter the hospital reluctantly and that discharge is difficult. In fact, most admissions are voluntary and as many as half of the current patients, says one hospital psychiatrist, would probably not leave voluntarily were the offer presented to them.

Some people try frequently and desperately to be admitted to the hospital. A few are so-called "street people" who see the hospital as a provider of organized recreation, a change of clothes, clean sheets and dependable meals. Others are former patients dependent on hospital routine as a refuge from the stresses and challenges of life on the outside.

One patient, evaluated as ready for discharge, left on a Friday. When his mother refused to return him to the hospital the following day, he became violent, hitting his mother and kicking in a wall. She finally relented.

Another former patient periodically quits taking her medication so that she will "go crazy" and have to return. She knows that's a sure way to be readmitted. She's representative of more than half the returnees who need further hospitalization because they have failed to take their prescribed medication regularly.

The next patient has tried several times in the last year to manipulate his way into the hospital. This time he succeeded.

John is a nice-looking young man in his twenties. Records reflect he has been hospitalized several times before---in 1969 following a bad LSD trip and three times since then for drug abuse. There have also been indications of a sociopathic personality.

When John is interviewed, he denies having used drugs within the last year. But he says he's anxious a lot of the time and gets too emotional. He says he's paranoid; he sees things and hears things. Finally, he suggests that electroshock therapy or truth serum might help him. All in all, he comes across as a young man trying to act crazy and only barely succeeding.

After John leaves, several staff members voice their suspicions that he is really not mentally ill but is merely seeking refuge in the hospital to escape trouble he may be in on the streets for dealing in drugs. Unable to confirm John's need for hospitalization, the staff orders more tests.

These three patients are only a tiny sample of the 5,117 admitted to Austin State Hospital from June 1976 to May 1977. There were 323 others denied admission and 4,691 who were discharged.

Each number is a human life. Each decision regarding admission, treatment and discharge is an attempt by concerned staff members to improve the quality of life for a person unable to cope. If human concern, thorough testing and continuity of care mend broken minds, Austin State Hospital offers the tools for recovery.

CHANGING TIMES AT WICHITA FALLS STATE HOSPITAL

WICHITA FALLS---Things have changed at Wichita Falls State Hospital since Supt. Mark Huff, M.D., first joined the facility in 1942 as staff physician.

Among 400 employees then there were only four physicians to care for 2,900 patients. Staff members worked 12 hours a day with only a day or so off each month. Not only were there enormous numbers of patients to tend, but they also were subject to many physical ailments not as common today, such as diphtheria, typhoid fever and advanced syphilis.

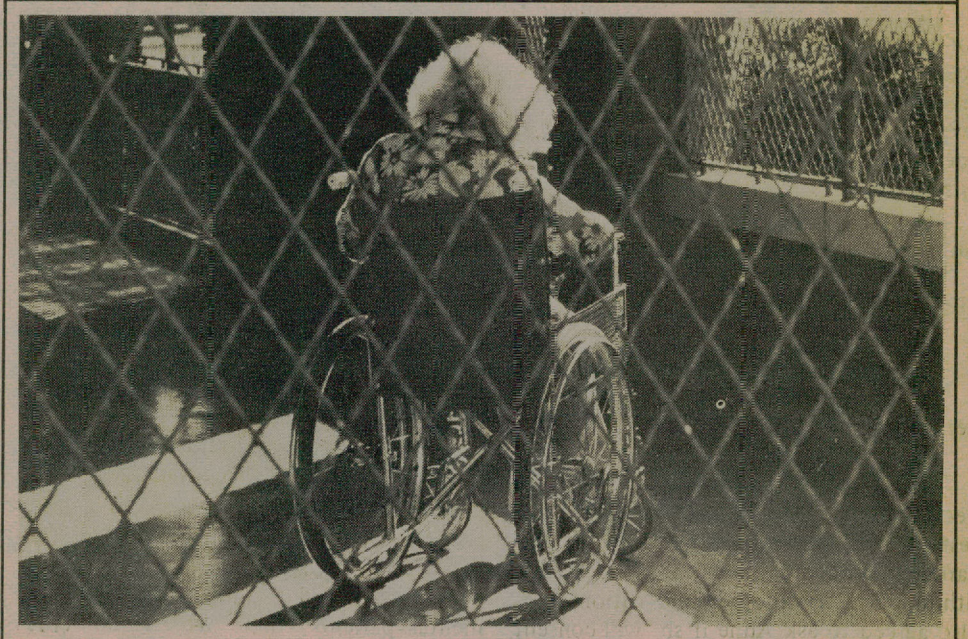
Fever therapy was in vogue. Patients with brain damage from advanced syphilis who failed to respond to regular medication were heated in a fever machine to a body temperature of 104 degrees for two hours. Sometimes, it helped. Electroshock therapy had not yet been introduced, much less seen its decline.

With few effective medications, there was difficulty controlling patients' symptoms sufficiently to warrant their discharge to the community. Their conditions became chronic, their lives institutionalized.

At the hospital, many patients worked on the dairy and hog farms, or tended the chicken ranch which hatched 10,000 baby chicks every three weeks.

"We had all the eggs and fried chicken we wanted back then," laughs Dr. Huff. "Yet even though we were shorthanded, it would amaze you how much we did for those patients."

Today, Wichita Falls State Hospital has 13 physicians among 1,000 employees. And there are only 625 patients. More than three times that number are admitted each year, but discharge is rapid and aftercare services help former patients maintain themselves in the community. The development of highly effective psychotropic drugs and more tolerant public attitudes have also contributed to the reduction in the patient population.



As more programs are developed to meet individual needs, geriatric patients become more responsive. The involvement called for in the reality orientation class shown above contrasts with moments spent alone on a sunny porch.

Ed Caudill, Ph.D., director of staff development, relates his section to those changes, also: "What we do in training staff members has a lot to do with the care and treatment provided by the hospital."

In addition to orientation for all new employees, staff development provides continuing education opportunities for professionals who must meet certain requirements for certification in their fields. For direct care workers, there are three weeks of specialized training, half in the classroom, half on the job. Employees are taught the Heimlich manuever to rescue a choking victim, and a full day's instruction in CPR (cardiopulmonary resuscitation) is offered at least twice a month.

New to the staff development section is a microfiche reference library which enables the purchase of book materials at less expense and with less storage space. Also underway is the installation of a closed circuit television system for the campus.

A dramatic change at the hospital is the transformation of buildings constructed as early as 1922 into modern, air-conditioned facilities with an emphasis on privacy and safety for the patients. Most of the campus dormitories will be renovated by 1978, a process which leaves nothing intact but the building's shell.

Meeting standards for certification set by the Joint Commission on Accreditation of Hospitals (JCAH) requires such changes as removal of grates on downstairs windows, use of wire glass for interior windows, double locks on refrigerators storing medication, emergency lighting systems, sprinkler systems in storage and other areas susceptible to fire, four-foot-wide doorways and water fountains to accommodate wheelchairs, smoke detectors, partitioned sections enclosing a maximum of four beds, thick solid core doors along fire exit paths, separation of serving and dishwashing areas from the dining room and hall doors which close automatically to prevent the spread of fire when the smoke detectors sound.

Renovation hasn't been an easy or an inexpensive job.

"But," says E. W. (Swede) Swanson, plant engineer, "our buildings are a lot cleaner, safer and more attractive as a result of working to meet JCAH standards."

Helen Wall, administrator on the children's unit, gestures to the children's open sleeping area soon to be partitioned and says she regrets that it has to be done. "For the children, this open space has been a play area and it gives them a feeling of belonging," she explains.

But Wall is proud of the building, one of the newest on campus. Rooms are brightly colored with circus murals painted by volunteers, and the toys and voices of children eliminate any aura of an institution.

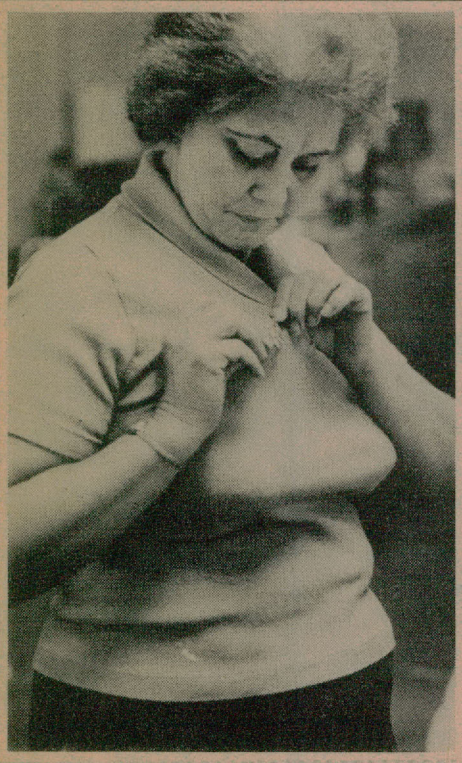
Most of the children who come here welcome the discipline and structure, according to Enrique Macher, M.D., director of the child and adolescent units. Also, he adds, simply admitting the child for two or three weeks helps family, teachers and community break the vicious cycle of reacting to the child's misbehavior in a nonproductive way. When the child returns home, his improved behavior prompts parents and others to respond more supportively. For the child, emphasis on milieu therapy is a way to reinforce his appropriate behavior consistently throughout the day.

Because three out of five child and adolescent patients have families in Fort Worth, a special outreach service is conducted there by Art Chupik, M.S.W. He meets monthly with these families to offer progress reports on their children and to discuss effective parenting.

In addition to social, psychological and recreation services, the units provide a regular academic curriculum tailored to each child's level of functioning. The goal, according to patient education director Bettye Baker, is to keep each student on grade level or provide remedial instruction when appropriate to ease his transition later into the community. About half the children who leave return to regular classrooms and the remainder, because of learning disabilities, need special education.

Baker is also responsible for remedial and adult basic education for other patients. Vocational education is conducted when possible. Cooking and canning skills are practiced with fresh vegetables grown by the adolescents.

Children and adolescents with



LEFT: Ava O'Quinn shops without charge for any item she needs at the campus fashion shop, well-stocked by volunteers. ABOVE: Kitchen staff help farmer Jim Barger (in cap) unload 3,000 pounds of his donated potatoes.

emotional problems are the group least likely to return to the hospital after discharge---only 10 per cent do. Alcoholics, on the other hand, have a 42 per cent recidivism rate. Why? Overcrowding caused by lack of screening of referrals and shortage of detoxification facilities and understaffing may contribute, says Andy Toth, unit psychologist for the alcoholic recovery program. Another answer comes from a participant in the weekly 8 a.m. fishbowl session, in which Toth leads an inner circle of patients in conversation while others occasionally join in.

"All my problems are on the outside," says one woman with a chuckle. "I like it here because I don't have any problems now. I really don't want to leave."

She's joking, and the group laughs with her, but everyone knows there's truth in her statement. Detoxification, plus social skills training and an emphasis on interaction, give most patients a new perspective on life before they're discharged. But once home, many experience the old frustrations of job or marital problems and turn again to the drink that offers consolation.

"A typical patient," says Toth, "has three prior admissions for alcoholism and about four divorces. He's passive dependent, introverted and isolated."

Toth uses the fishbowl to help patients interact, learning to establish verbal and emotional bonds with one another. He also tries to make them angry.

During one fishbowl session a man challenged Toth, "There's not a person here you haven't made mad at one time or another, Andy."

"Do you think I do it on purpose?" asked Toth, innocently.

"I think you do," replied the man.

"Then you're 100 per cent right," said Toth. "Do you know why? I want you to experience resentment and hostility and practice working it out in a non-alcoholic way."

Sometimes the miracles worked here are small, like the man who had been an alcoholic for 16 years. Discharged last year, he stayed out for six months before returning. Toth attributes much of that success to a counselor who provided follow-up at an outreach clinic in Wise County. He expects the readmission rate for alcoholics to drop several percentage points this year because of the improved aftercare services offered by counselors from community MHMR centers in some counties and by the hospitals' six outreach clinics in Breckenridge, Bowie, Decatur, Gainesville, Mineral Wells and McKinney.

Corliss B. Green, director of outreach services, says that 20 per cent of the clinics' caseloads consists of aftercare for discharged patients. Citing a hospital population figure of almost 1,300 in 1972, she believes the fact it has been cut by more than half is partly attributable to the development of outreach programs which now have more than 850 active cases.

Green presents an example of a five-year hospital patient who was epileptic, mentally retarded and sometimes psychotic. Discharged to an outreach clinic, he didn't return for eight months.

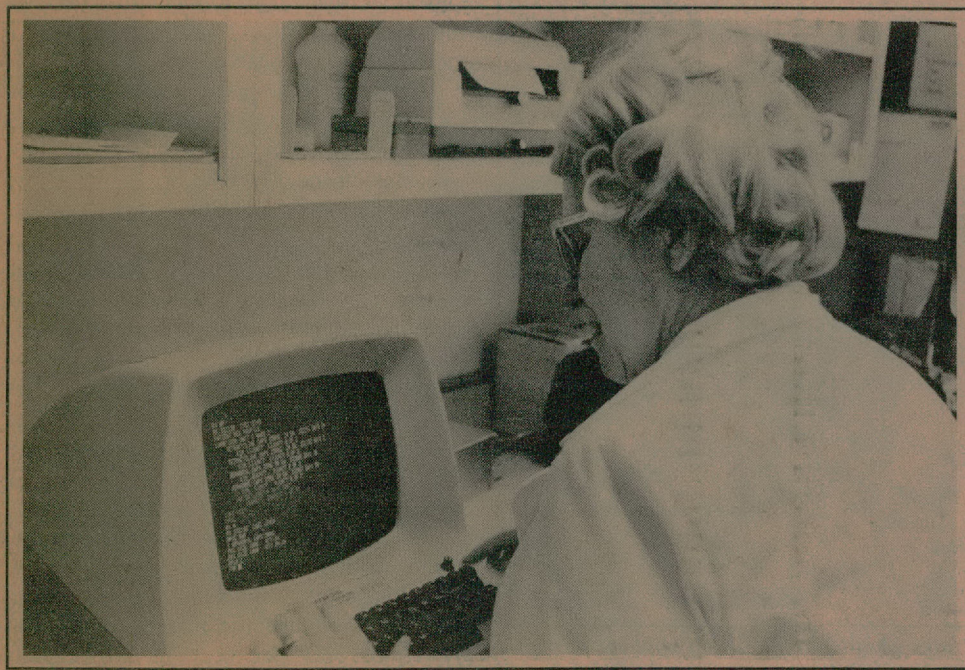
"Is that a failure?" she asks. "I think it was a success he stayed out at all."

Acquiring job skills is one way patients are prepared for discharge. Prior to 1974, when it was ruled that minimum wages must be paid client workers, Wichita Falls State Hospital had 200 patients who earned only $2 per week and 150 who weren't paid at all. The work was especially good therapy for chronic patients, and many reacted with anger or disappointment when their jobs were curtailed for lack of funds.

Today, even though that court decision has been reversed, the hospital continues to pay all working patients according to their ability to produce. About 60 work 10 hours a week and a few are on the job 20 hours a week. Those earning as much as $1.10 an hour who have potential for discharge are eligible for the Comprehensive Employment and Training Act (CETA) program.

Once enrolled, these patients earn $2.30 an hour. Two hours a day are spent in personal-social adjustment classes and two hours are spent on the job, in a program supervised by Bill Elder. After several weeks, they are evaluated for employment.

For many patients, this is the opportunity to make a smooth transition back home. Some present a difficult challenge, however, like the woman in the program whose symptoms of mental illness



ABOVE: Chief pharmacist Barbara Underwood R. Ph., enters data for an automated inventory of drugs. RIGHT: Mark Huff, M.D., superintendent, believes psychotropic drugs and more tolerant attitudes have helped reduce the hospital's population.

ABOVE: Instructor Billie Kirby (standing) talks about filling out job applications in a personal social adjustment class for client workers. BELOW: Mary Jo Matheny and Richard Drury, hospital patients off and on for 22 and 12 years respectively, pooh-pooh the popular misconceptions about padded cells and shock treatments and consider the hospital a workshop for learning to deal with problems.

suddenly increase when she nears time for discharge.

Other CETA workers at the hospital are not patients. Some are placed at the hospital by the city, which administers the federally-supported CETA program, because they have low incomes and are long-term unemployed. The hospital eventually hires as many as 80 per cent of these workers.

The summer CETA program places more high school and college workers at the hospital than at any other Wichita Falls agency. This year, 55 workers from low-income families are aiding hospital staff members across the campus while gaining on-the-job training and experience.

Another type of worker, who serves without a paycheck, is the volunteer. The sizable donations of time, services and items from local citizens require the employment of a coordinator of volunteer services, Michael Uriniak. Jill Eckert, one of three assistants, supervises the summer volunteer program which involves about 20 teenagers annually and each gives 20 hours weekly to group or one-to-one activity with patients.

Chronic patients need more stimulation than some. One such group is finding that through music therapy. With vacant expressions, seven men and one woman shuffle into the music therapy classroom. They speak sluggishly if at all. None moves from his chair until encouraged by Joyce Akawie, a registered music therapist, to join in a circle for movement to music. As the hour progresses, the patients move more freely and speak more often.

"They've come a long way since we started this session last October," says Akawie. "At first they couldn't interact with each other or with me at all. They were tactilely defensive and unaffectionate."

After coffee and time for art, the patients rise to leave, looking somehow more alive. One man brushes Akawie's cheek with a damp kiss as he leaves.

She's stunned. When that patient first started with the group, he would let no one touch him. Later he began to speak and still later, to shake hands. The kiss is somehow symbolic of his progress.

Recovery is a slow process full of hope, the result of efforts by many caring people. The changes at Wichita Falls State Hospital that have reduced the patient population by almost 80 per cent in 35 years is testimony to the concern of staff members there. They have learned to appreciate small miracles and have wrought some big ones as well.

BIOFEEDBACK: Learning Self-Control

DENTON---Frank, a resident of Denton State School, sits patiently in a darkened room while a psychologist attaches rubber-coated sensory detectors to his scalp. Soon his brain wave patterns are translated into flashing numbers displayed on equipment which resembles a home stereo set.

As a technician records data, Frank concentrates on a soft tone which turns on and off according to his brain wave activity. His goal is to keep the tone (which he relates to by calling it the "kitty-cat") on throughout the training session.

The process is biofeedback training. It involves machines which pick up small signals such as brain waves, muscle tension and skin temperature and translate them into sounds and lights which allow a person to see or become aware of activity within his body. The purpose of biofeedback training is to teach the person to use this information (biological feedback) to control and regulate his body's responses.

Frank, for instance, is learning to control his brain wave activity in order to reduce the frequency and intensity of his epileptic seizures.

"Many residents," comments P.C. Funk, M.D., "could work successfully in the community if they achieve enough autonomic (spontaneous) control to eliminate or significantly reduce seizures. This is something they can't do while receiving only drug treatment."

"We plan to work with residents at all levels of retardation," says Brad Haire, school psychologist who received a federal grant to fund the pilot project. "To date we have had good results in training. Several moderately and mildly retarded residents have learned to control their autonomic activity using standard feedback signals such as sound and light. We select an appropriate physiological state (body activity), set the equipment to give a feedback signal when that state occurs and ask the resident to concentrate on keeping that signal on during the training session."

Do the residents understand biofeedback, what they're doing and how they're doing it? Haire says, "We explain what we're teaching and how it will help them. They respond by learning quickly to produce a desired type and amount of autonomic activity. It's not necessary to describe the process to them for them to be able to produce the effects."

In addition to seizure control, the biofeedback training project will work with multihandicapped residents to improve their general health and motor skills and with hyperactive/emotionally disturbed residents who experience frequent behavior problems. Training with these people will center on teaching them to relax their muscles and to control their skin temperature.

The project will involve approximately 30 residents and biofeedback technicians Mike Long and Dale General. Staff physicians prescribe biofeedback training for each resident in the program.

Frank, one of the first to receive training, learned to control his brain wave activity in his first daily 30-minute session. After three months, he will be phased into less training as his control becomes more spontaneous.

Do You Know Your Board?

Members of the Texas Board of MHMR are appointed to six-year terms by the Governor of Texas. They are responsible for setting the department's goals and operating policies and appointing a commissioner to administer the programs. The board is scheduled to meet at Central Office in Austin Aug. 26 and at Lubbock State School Oct. 7.

Edwin R. VanZandt,
Chairman
121 Stratton Ln.
Beaumont, TX 77707

Walter A. Brooks, M.D., F.A.C.S.
404 Mercer St.
Quanah, TX 79252

Olin B. Gober, M.D., F.A.C.P.
1410 N. 11th
Temple, TX 76501

Mrs. Howard E. Butt
3700 Ocean Dr.
Corpus Christi, TX 78411

The Honorable Menton Murray
P.O. Box 2244
Harlingen, TX 78550

Margaret Cigarroa, M.D.
Cigarroa Medical Bldg.
1502 Logan Ave.
Laredo, TX 78040

Robert H. Parsley
1100 Esperson Bldg.
Houston, TX 77002

Lynn Darden
912 City National Bldg.
Wichita Falls, TX 76301

Mrs. A. I. Thomas
P.O. Box 2235
Prairie View, TX 77445

state holidays

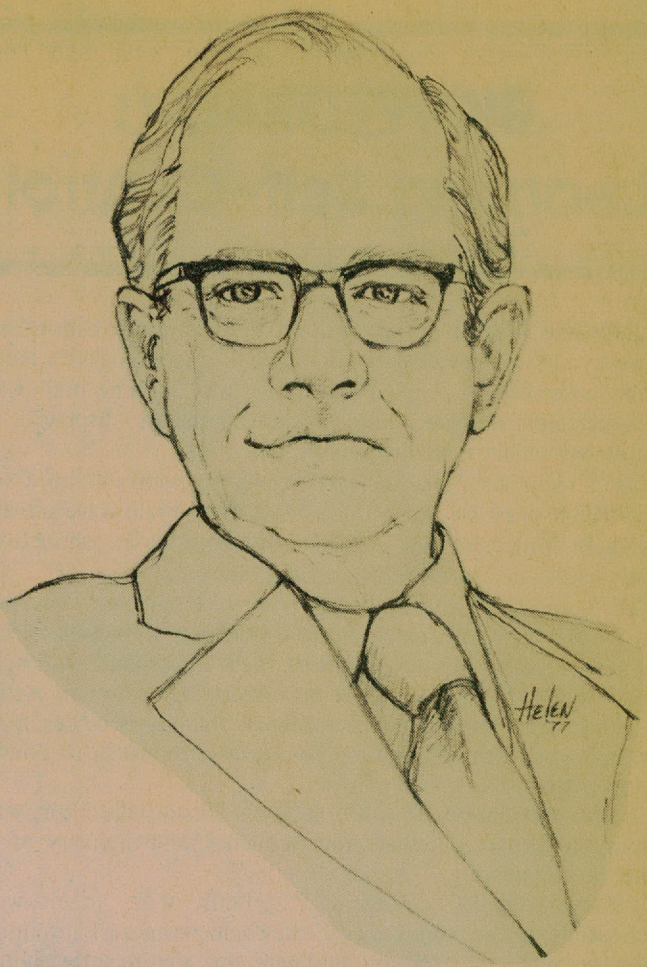
1977

Sept. 5, Mon.	Labor Day
Oct. 10, Mon.	Columbus Day
Nov. 11, Fri.	Veterans' Day
Nov. 24-25, Thurs.-Fri.	Thanksgiving
Dec. 23 & 26, Fri. & Mon.	Christmas

1978

Jan. 2, Mon.	New Year's Day
Feb. 20, Mon.	George Washington's Birthday
March 2, Thurs.	Texas Independence Day
April 21, Fri.	San Jacinto Day
May 29, Mon.	Memorial Day
July 4, Tues.	Independence Day

"We've Come A Long Way"



Earl Morrow Scott

Had Assistant Commissioner Earl Scott had $700 in his bank account about this time 26 years ago, this story about him probably wouldn't have been written.

Scott had just received his law degree from The University of Texas and was trying to decide about his future.

He didn't need much time to make up his mind.

"I had borrowed $700 to go through law school," recalls Scott. "And there I was with a degree in one hand and a $700 debt in the other. I decided right then I needed a job and needed one in a hurry."

Scott learned that the then Board for Texas State Hospitals and Special Schools needed a lawyer to work in the newly-formed claims division.

"I walked into the office and they offered me a job as a field representative at $310 a month," said Scott. "I took the job. I wasn't thinking about making a career out of that job. All I wanted was $700 to pay off that debt."

That was in August 1951. Scott finally paid off his debt but as new ones occurred, he remained on the job. The experiences of working with and for the state mental and tuberculosis hospitals and state schools for the mentally retarded became so ingrained that he never thought about entering private law practice.

And now, 26 years later, Scott is ready to strike out on his own. He retired July 31, ending a career with TDMHMR and its predecessor that has covered the spectrum of experiences.

He is planning a trip with his family to Florida to visit relatives and play golf on the lush courses of that state. After that he will return to Austin and make another decision about his future.

"I'm thinking about opening my own law office, but I'm not sure about that," said Scott. "I'm going to do something."

One thing is for certain: he will play golf, a sport he only recently took up in earnest but which has captured him in its habit-forming ways.

In reminiscing over his years with the department, Scott recalled his first assignment as a field representative.

His job was to contact the owner of a ranch near Brownwood about support, maintenance and treatment payments the rancher owed for his mentally retarded child at the Austin State School.

"It was a small ranch and the man obviously was having a hard time making ends meet," recalls Scott. "He only owed $10 a month but after I was through talking with that fellow, I felt like the state should have been paying him. I told him to send in what he could and I left. I don't know whether he ever sent in anything and I wasn't worried about it."

The easiest claim he ever settled was one he didn't know involved a debt.

Scott had received a letter from a Houston law firm inquiring about settling the estate of a deceased Austin State Hospital patient who had owned a sizable ranch in Llano County.

"Our records didn't show the patient had any property or that

he owed the state anything," said Scott. "We figured up how long the man had been a patient, sent the law firm a bill for $10,000 and promptly received a check for that amount."

Scott's successes as a claims representative earned him a promotion in 1955 when he was appointed the agency's chief claims officer. In 1964, he was named chief of legal and claims services and retained that title when the agency was changed to TDMHMR.

His penchant for detail and keen memory helped him win numerous lawsuits filed over the state's claim for support, maintenance and treatment payments. And in one lawsuit, it earned him the grudging respect of a small town North Texas judge.

During the course of a lawsuit, Scott's memory jumped back to law school days when he had read a text book that clearly addressed and resolved a legal point that was involved in the trial.

Scott recalled the book's title and asked one of his assistants to try to find a copy in that small town. Luckily, the assistant located the book at a lawyer's office and returned to court with the text.

The lawyer for the opposing side had spent considerable time citing court cases he thought would support his position that the state had no claim against his client's property.

When the attorney had completed his presentation, Scott merely read from the text book, citing the points it made and the cases to support it.

Upon completion of the presentation, the judge, an elderly man wearing wire frame spectacles, peered down his nose at the other lawyer and said: "Jed, it looks like he's got you there. Your side loses."

Scott served as chief of legal and claims until April 28, 1970, when he was appointed assistant commissioner and at the same time named as acting commissioner to guide the department until a full-time head of the agency could be named. He served as the acting commissioner for five months.

During his years with the agency, Scott has seen many dramatic changes in treatment programs.

"It is difficult to appreciate fully those changes," says Scott, "unless you saw conditions of the old days and compare them with those of today.

"About all we did with the clients in the fifties and early sixties was feed them and fan them. There just wasn't any money to do otherwise."

The impact of the changes in treatment programs was thrust upon Scott during a recent visit to Austin State Hospital. While at the facility, he inquired about the record of a mentally ill patient who had lived close to Scott's boyhood farm home in Coryell County.

When Scott was a youngster, the man had gone berserk and had to be taken to jail to await a lunacy hearing. The farmer remained in that jail six weeks, locked behind bars without benefit of medical help. He then was committed to the state hospital as a mental patient.

In searching the record, Scott learned that the man had stayed at the hospital for 16 years, finally receiving a discharge in 1944.

"I asked the superintendent to look over the man's records and tell me what would have happened to the man were he admitted to the hospital at the present time," says Scott.

"The superintendent read the case history carefully, handed it back to me and, shaking his head in disbelief, said the man probably would not have had to stay in the hospital any longer than 90 days.

"We have come a long way. I wish I were young enough to see how far we will go in the future."

FREE: Family and Child Statistics

A Corpus Christi city councilman pondered the budget figures typed neatly in the folder on his desk.

"Should the city put up funds for another child care center?" he asked himself, remembering the well-scrubbed faces of children he had seen the day before in the one center that was already receiving city funds. "How many mothers with preschool children work in this area? Are there enough child care facilities already?"

In another Texas city many miles away, the director of the Teenage Parent Council slowly sipped her coffee as board members noisily assembled for their yearly program planning session.

"Are we reaching all the teenage mothers here that we can? How many are married? We had several 14-year-olds in the program last year. Will there be more this year?"

Questions like these, affecting preschool children and their families, are being asked all over Texas today. The programs that result from this kind of questioning are often decided on the basis of available information, or the lack of it.

The city councilman and the agency director and many other Texans have found information on preschool children and families is quickly and readily available from a new, free service of a state agency in Austin. That service is FACS, the Family and Child Statistics information system of the Texas Department of Community Affairs, Early Childhood Development Division.

FACS can supply statistics on income, employment, working mothers, marriages, divorces, illegitimacy, education levels, housing, child abuse, infant death rate and a variety of other facts pertinent to children under age six and their families.

FACS may be used free by public officials, community agencies or anyone involved with programs for preschool children.

Most requests for data can be answered within one day to one week after they are made.

FACS uses the county as the basic geographical unit. Data are available on all 254 counties in Texas, but not usually on cities.

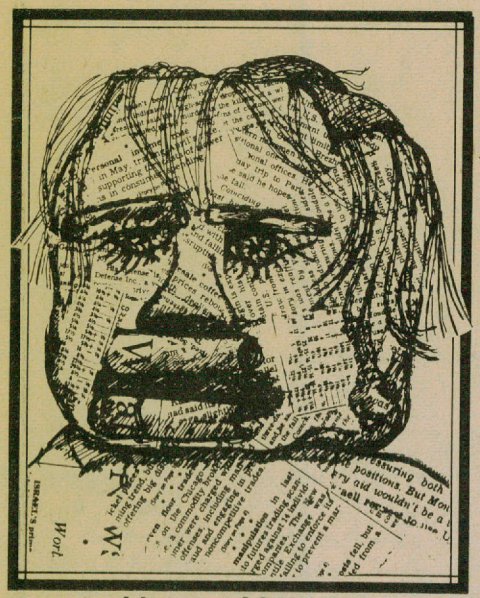
A typical computer-generated report is a county statistical profile with data arranged by broad subject areas, such as health, education and income. Alongside each county fact is the corresponding statewide figure for comparison.

Technical assistance in interpreting and applying the data is available from the Early Childhood Development Division's information staff.

To learn more about FACS and other information services on children and families, telephone 1-800-292-9642 toll-free, or 512-475-6118. Or write Texas Department of Community Affairs, Early Childhood Development Division, P.O. Box 13166, Capitol Station, Austin, TX 78711.

SMALL MIRACLES
FROM REHAB THERAPY

Paula Womack, coordinator of Volunteer Services at Austin State Hospital, recently conducted in-service training in public relations for a group of rehabilitation therapy employees at the hospital. Her assignment for them was to write about "the most exciting thing you've seen happen to a patient in the last year." The staff members' responses, a few of which are printed here, reveal how therapy happens through such diverse activities as camping, sports and art.



Using Humor

By John Francis

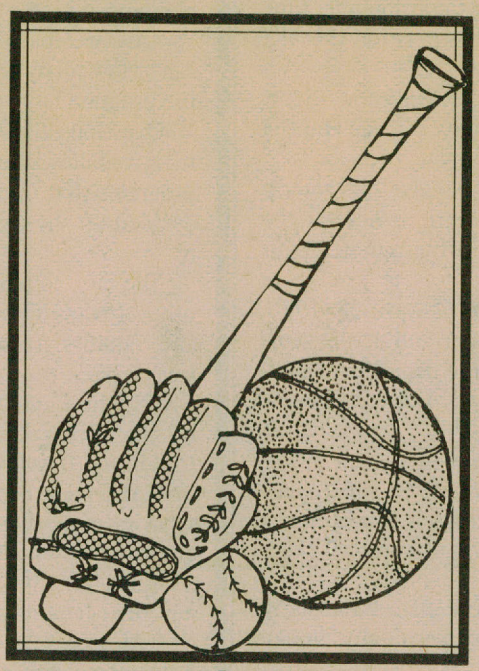
Fritz, a chronic long-term patient in his fifties, worked under my supervision on a mask-making project for nearly two months.

Fritz was notorious for his lack of motivation in occupational therapy and never seemed to be able to use one of his real strengths, which was humor. But then Fritz decided to make a mask totally covering his head (thus creating a disguise from himself).

The humor in his mask was in the application of vivid colors and textures he used to make his "Bourbon Street Girl." Big, red lips and pink and yellow hair were the predominant features of the mask. Incorporated into the eyes was a blinking eye lid.

Papier-mache and chicken wire were used for the basic construction. Since he could see through the eye pieces, Fritz proudly donned it and he left it on as he walked back to his ward. Fritz was almost doubled up in laughter at the reaction of patients and doctors who passed him.

In this art therapy activity Fritz was able to regain much of his lost motivation and use his sense of humor for the benefit of himself and all his spectators in the hospital.



Building Confidence

By Steve Kuehner

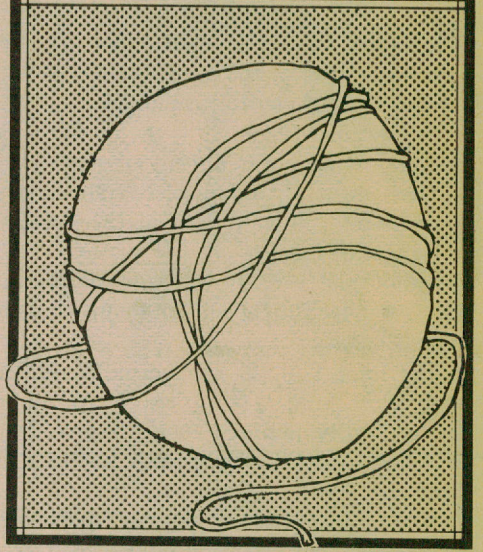
Since I became a recreation therapist several months ago, I've been involved with a number of adolescent patients who have gained considerable self-confidence in their abilities in the area of recreation. One stands out in my mind.

Thomas came to the unit paranoid and self-conscious. He was down on himself. He expressed little desire to interact with other patients and try new activities.

After he began to attend various classes he showed skills he didn't know he had. In my physical education class and sports activity class he learned the fundamentals of basketball, although he had never touched a basketball before coming to the hospital.

In the beginning Thomas complained a lot about having to exert himself. After practicing and becoming involved with the adolescent unit team, he was ready to compete against other Texas Sports Conference teams. He actually began to look forward to physical education class and his positive attitude spread to the rest of the team. His desire and skill soon equaled those of other patients who had played for years.

Upon Thomas' discharge we both felt a if he had made great strides in developing a new interest and confidence in his own ability.



Releasing Hostility

By Frances Sawyer

Jay had been admitted several times to the Alcohol and Drug Abuse Treatment Center. Because he was angry at himself and his family for his need to be there, he was assigned to occupational therapy (OT) for constructive release of hostilities.

When he entered and looked around, wanting to know what kind of Mickey Mouse game we were playing, we crossed words and attitudes strongly. It ended with

my giving the challenge that it took more of a man than he was capable of to do string art. Of course, that was hard to take, so he decided he had to outdo all the others. And he did, even giving direction and help to those still in the stages of detoxification as well as to those who could not read instructions.

I have heard from Jay twice in the past three years. Once he called collect to ask me to send him a certain string art pattern. Later, a package arrived with some of his own patterns.

Both times he's stated he's "still sober." Being sober has nothing to do with OT or string art; that decision had to come from inside himself. What did come out of OT was the knowledge he was man enough to try, he could do a good job and he had something to share with others. Starting at this Mickey Mouse level, I believe, was the first step toward learning that "I can and will do what I want."

Feeling Free

By Mary Ann Todd

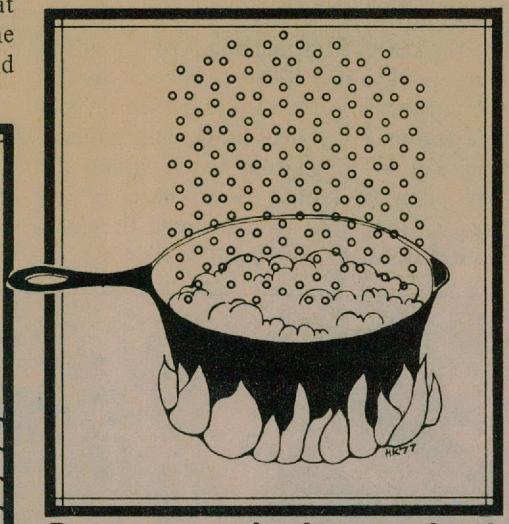
When Joe first began one-to-one sessions with me, it was on recommendation from his therapist, Leslie Reynolds, Ph.D. She described him as a "cute kid, echolalic, fearful, with a lot of feelings still to straighten out. He has plenty of energy and loves to dance."

So, I began seeing him for 45 minutes once a week. When our sessions began, Joe seemed anxious, willing to please and was imitative of my gestures as well as my speech. His face had a pinched look that seemed unusual for an eight-year-old and his interactions were full of tension and limited. He never initiated interactions.

Joe brought anger, sadness, loneliness, happiness with him to our sessions. Directing these feelings in an appropriate way was a major emphasis of our work together. The strength of this child amazed me...and together we grew.

Joe is continuing in therapy but he now greets me with a squeal of delight and "Mary Ann, is it time for therapy?", along with a hug. We are still working on the "okayness" of all the feelings that are part of Joe, but his interactions seem much more genuine. His movements are freer and cover a broader range of movement. His affect (the way his face and body reflect his emotions) now seems more clear and appropriate to the feelings he expresses verbally.

This is one of those kids that keeps me coming back to work, a child whose growth is partly mine but mostly his, a truly rewarding relationship---both for him *and* his therapist!



Becoming Independent

By Donna Bailey

Our unit has an extensive camping program, including the survival camp-out which consists of two and one-half days spent in a clearing in the woods at Leander Rehabilitation Center. Ten patients and two recreation staff members sleep in tents and cook on an open fire.

This type of camp-out is designed for chronic patients who have been in the hospital at least 10 years and who are unmotivated and institutionalized. One such patient is George. He is fortyish but has been babied all his life and reflects this. George whines a lot and will rarely go on any type of outing with the staff.

However, in these camp-outs he *shines*. He is our best camper. He can put up his own tent and knows what is needed to cook the meals. We often put him in charge of showing patients who are novices at roughing it in the woods how to do such things as put up their own tent or stack wood for a campfire.

TEXANS NAMED TO PRESIDENT'S TASK FORCE

Six Texans have been named to task force groups which will work with the President's Commission on Mental Health in making recommendations regarding mental health care for Americans.

Heading the Texans named to the groups is TDMHMR Commissioner Kenneth D. Gaver, M.D. He was named to the panel on organization and structure of mental health services.

Marolyn Stubblefield, coordinator of outreach services, San Antonio State Hospital, was named as a member of the task force on rural mental health.

Other Texans and the task forces they will serve are:

Marta Sotomayor, assistant dean of the graduate school of social work, University of Houston, assessment of community mental health center programs.

Ernesto Gomez, M.S.W., instructor in social work, Our Lady of the Lake University, San Antonio, prevention of mental impairments.

Leonard Mestas, M.D., coordinator and co-director of Juarez-Lincoln University, College of Antioch, Austin, mental health needs of migrants and seasonal farmworkers.

Ann Marek, member of the board of directors, Parenting Guidance Center, and chairperson, Tarrant County Blue Ribbon Commission for the Study of Children and Youth Services, Fort Worth, mental health and the family.

The commission's executive director, Thomas E. Bryant, M.D., said the task force groups would provide specialized expertise and knowledge for the commission to draw upon in making recommendations regarding the mental health care of Americans. A preliminary report to the President is due in September. The final report is due in April 1978.

Rosalynn Carter, the nation's First Lady, is the commission's honorary chairperson.

Spreading Services at Wichita Falls Community MHMR Center

WICHITA FALLS---Eight years ago, an unhappy couple here with limited income had no place to turn for marital counseling they could afford.

Four years ago, mentally retarded residents of Denton State School who could live in the community with some supervision had no place to call home in Wichita Falls.

One year ago, prospective parents in the city who had reason to think their chances of bearing a retarded child were greater than average had nowhere to turn for genetics counseling.

Last spring, a desperate teenager contemplating suicide had no one to call for emergency services at 2 a.m.

Today, these services and more are provided to citizens of Wichita County by more than 80 staff members at the Wichita Falls Community MHMR Center, established in 1969.

The center's original component was the outpatient clinic, located adjacent to the administrative offices at 1800 Rose St. The site was once a stately home with grounds enclosed by a tall iron fence. Inside the beveled glass doors now is the reception area for the clinic, with sculpted fireplace, crystal chandelier and winding staircase.

These distinctive surroundings don't impress surveyors from the Joint Commission on Accreditation of Hospitals, though. Renovations to meet their standards would be so costly that a move from this facility is expected within three years. In the meantime, professionals here continue to offer counseling for any mental health problem not requiring hospitalization.

A medication clinic provides low-cost prescription drugs to 350 clients, 40 per cent of whom are receiving no other center services. This subgroup, mainly former patients of Wichita Falls State Hospital, has a continuing need for medication to

Administrative offices for Wichita Falls Community MHMR Center are located on the grounds of what was once a stately home.

control their symptoms and the clinic provides necessary aftercare.

Roger Adams, program manager of the outpatient clinic, says that intake interviews are scheduled 8-5 weekdays for prospective clients if no crisis exists. If the situation is critical, a contract with Wichita General Hospital provides short-term emergency psychiatric care.

In June, 24-hour crisis care became available with the addition of two staff members who answer emergency calls transferred automatically to their homes from the center's telephone between 5 p.m. and 8 a.m.

"Centers are treating more and more people in the community," says Adams, "as they provide better services, as the community becomes more accepting and as more sophisticated psychotropic drugs are developed.

"Even we as professionals have become more tolerant of human differences. My feeling is that there's just less prejudice in general against the mental health client."

Until 1973, just after James R. Zug joined the center as executive director, there were no mental retardation services.

First to be developed was the vocational education center (VEC) which serves as many as 50 trainable mentally retarded clients. The center offers special education for those aged 13-21 plus a work activities program.

On a typical day, there will be several clients in the workshop assembling items on contract for businesses, while others in a woodworking class refinish chairs for a nursing home. A yard crew practices on the lawn in front of the building and a sewing class is in progress.

Clients frequently visit other sites for work experience. Maids-in-training travel to a nursing home to practice housekeeping skills and roll the patients' hair. A janitorial team works at the YMCA and a cooking class visits one of the center's residential facilities to prepare lunch.

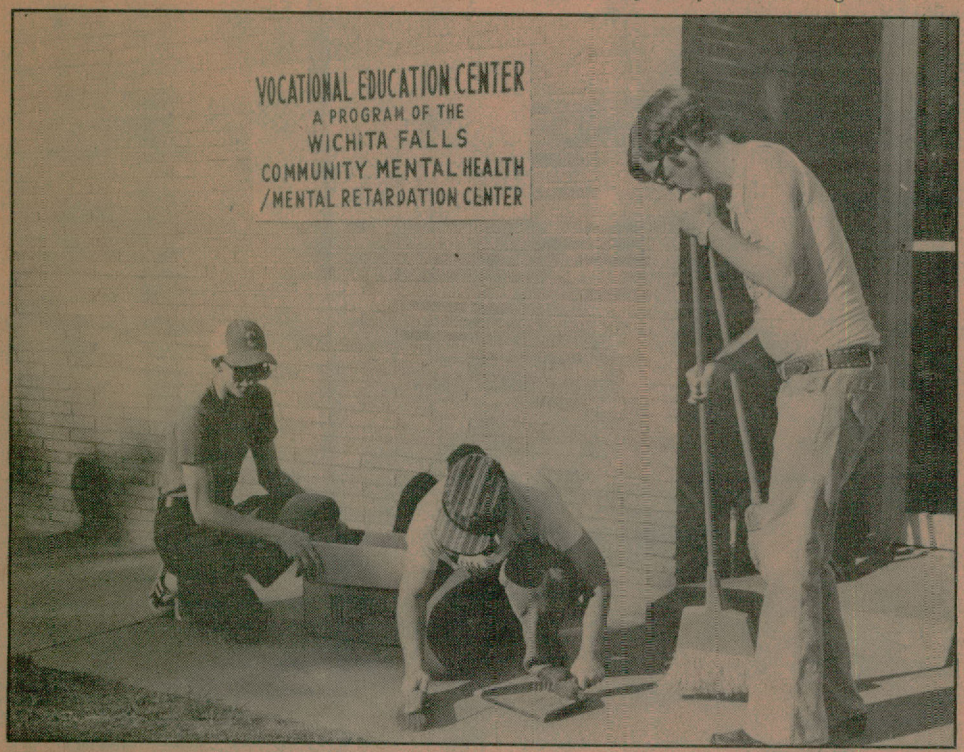
New to VEC is the extended rehabilitation program, one of five pilots sponsored by the Texas Rehabilitation Commission (TRC) within the state. Usually, TRC supports clients who meet standard rehabilitation standards---those who have potential to find competitive employment or a job in a sheltered workshop. These pilot programs, however, offer training to those likely to stay with a work activities center. A concentrated program for 15 participants is being developed.

Many of the clients have vocational skills that are far better developed than their social skills. As a result, training in

Breakfast at the center's extended living facility starts a busy day for 15 residents. Eldridge Allen, pictured below, helps clear the table before leaving for work and classes at the Vocational Education Center.

James Gardner works in the kitchen at Bethania Hospital in Wichita Falls. He lives in his own apartment with support from center counselors.

Steve Cox, a resident of Horizon House group home, receives a loving nibble from the family's pet. He's one of eight men there learning independent living skills.



Yard maintenance is one of many skills taught at the Vocational Education Center. Class members frequently practice what they've learned in their own front yard.

personal and social adjustment is offered in addition to work skills instruction.

One tool used in training is closed circuit television. Clients are videotaped and then allowed to observe their work habits. Demonstrations are recorded to teach grooming, to role play ways to handle anger and to offer examples of good posture. One client who's capable but shy gained confidence after he was recorded demonstrating the use of several tools.

"One of the biggest changes we find in clients after they've been here a short time," says program manager Phyllis Blagg, "is in their attitudes. They become less introverted and demonstrate more adult behavior. Their parents are pleased with that."

Several VEC clients are residents of the center's extended living facility. The 15-bed coed home brings together clients from ages 16 to 67. One has brain damage from an automobile accident; one has Down's syndrome; another has been psychotic. As individual as their handicaps are their needs, but a program plan with several objectives is developed to guide the growth of each resident.

All can take care of their basic needs, self-administer any needed medication, can act in case of an emergency and are involved in a workshop of some type. One common need is for some supervision.

"It's like a greenhouse here, because we watch the people grow and develop every day," explains program manager Dennis Myers.

The center's other residential facility is Horizon House. A converted convent, the facility's only clue to its former calling is a stained glass window in one bedroom. Otherwise---from the puppy in the backyard to the family portrait on the mantel---it looks like the home it is for eight mentally retarded persons.

Lynne Allen, program manager, explains that because most of the residents formerly lived at state schools, deinstitutionalizing them is important. This requires encouragement in individual rather than group activities, instruction in cooking, help with money management and work with behavior and grooming skills that can mean the difference between acceptance and rejection by the community.

It's not easy. One promising resident of Horizon House graduated to semi-independent apartment living but squandered his paycheck and eventually lost his job. He returned to Horizon House with reluctance. Remembering, though, the feel of freedom encourages him to work once again toward his original goal.

Eligibility for apartment living is based on a client's having a steady work history, $250 saved and the ability to manage a checking account and use leisure time effectively. Currently, there are eight residents in six apartments throughout Wichita Falls.

These clients have made giant strides from the time when they lived at home with families or in state schools, but they need continuing support from the center. Beverly Mack and Mary Ann Patrick, counselors for the apartment living program, spend many hours as teachers and

friends, helping with money management, use of free time, social adjustment and job counseling.

At the opposite end of this rehabilitative process is genetics screening and counseling, a center service designed to determine the probability of an inherited disability being passed on to the children of prospective parents.

A traveling nurse-physician-social worker team from Denton visits the center 10 times a year to hold two-day clinics. Groundwork is laid each time by clinic coordinator Anne Driver, a center employee who follows up referrals by pediatricians and obstetricians of children with genetic developmental disabilities.

Clients pay on a sliding fee scale for extensive laboratory tests, physician fees and supportive counseling. About four new cases are added at each clinic.

"The program has been so successful," claims MR services director Ron Gougenheim, "that a waiting list has developed."

The genetics counseling program is part of a developing state-funded network intended to serve every community in Texas within 10 years, a goal likely to be reached with ease.

"It's only one way we're tying ourselves into the state system of services," says center director Zug. "Another way we're doing that is through meetings with staff members from Wichita Falls State Hospital to reduce this county's high admission and readmission rates to the hospital for alcoholism."

In fiscal year 1976, nine per cent of the center's admissions were clients discharged from state schools and hospitals, the second highest percentage in that category of any community MHMR center in the state. Many of those discharged are represented at Friendship House, the center's partial care program.

Most of the clients there are former hospital patients and live alone. They are largely unmotivated, virtually unemployable and exist on minimal incomes. But here, for almost eight hours a day, they find friends and stimulation. From arts and crafts to instruction in nutrition and current events, activities are designed to promote adjustment to the community.

"We do a lot of little things," explains Genil (Connie) Economidy, program manager. "We help them get food stamps, open a savings account and budget money. There was one man, for instance, who couldn't handle his housekeeping, so we arranged for him to pay a family nearby to prepare his meals and wash his clothes."

Each Thursday, a group of patients scheduled for discharge from Wichita Falls State Hospital to Wichita County visit Friendship House for an introduction to the program. Joining in games and visiting local stores help them make friends and offer encouragement to return to the community.

Another way prospective clients come in contact with the center is through Protective Services, supervised by Mary Cesare-Murphy, Ph.D. By means of a staff member who maintains an office in the county courthouse along with the Family Court Services, the center receives many requests to evaluate children and families referred for services as a result of abuse or neglect of the children. Frequently, counseling and other treatment follow.

Overseeing this array of programs is the center's nine-member board of trustees. These community representatives are appointed jointly by the city council and the county commissioners, two of the center's 18 funding sources. Indicative of their support is their 30 per cent funding increase for fiscal year 1978 over last year's amount.

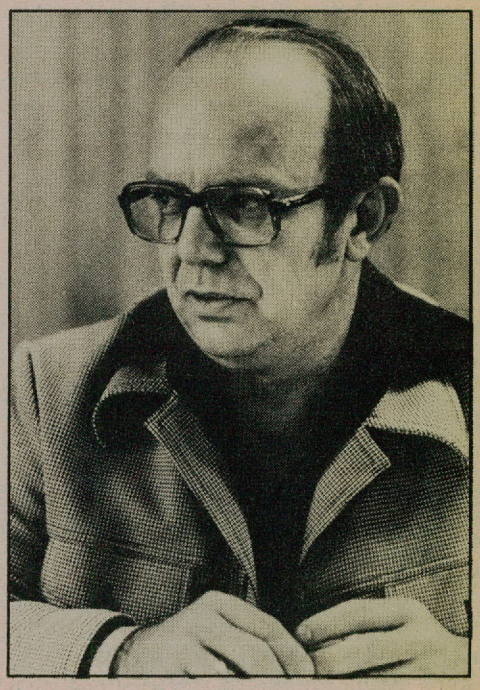
The board of trustees is subdivided into three committees which independently research administrative, program and personnel issues scheduled for action at the next monthly board meeting. Each meeting is covered usually by representatives from the local newspaper and both television stations.

"The news media are our allies," says Gene Stahl, administrative assistant responsible for public information in addition to personnel and staff development. "Our series of 'Alternatives' public service announcements are on permanent rotation at the television stations, and five or six radio stations are playing the radio spots for us." During one recent month, $1,200 worth of free air time was provided by one television station.

With mutual support between center and community continuing to grow, the future for citizens of Wichita County looks bright.

Don Boulware, Ph.D.
Director of Mental Health Services

James R. Zug, Executive Director
Wichita Falls Community MHMR Center



Ron Gougenheim
Director of Mental Retardation Services

Truth and Consequences

Been in and out of mental hospitals often?
Haven't held a steady job in years?
Can't rely on family or friends for support?
Lack the skill and courage to find a job on your own?

If the answer is "yes" to these questions, you probably would be a good Lodge member.

That's Capital Lodge. It's not a fraternal order. There's no secret handshake or emblem. Membership is restricted and you must be referred. You submit to a self-inventory and sign a four-month pledge (contract). If you are accepted, you join an exclusive group of about 24 men and women of similar backgrounds who are seeking the promise life holds.

As a Capital Lodge member you move to an open, independent living and training unit at Austin State Hospital (ASH). But what's it all about?

In March, Merry Miller, an ASH Capital Unit social worker, was appointed director of a new project sponsored by the hospital and Austin-Travis County MHMR Center. She was joined by a small group of workers from the unit in a move across ASH campus to the abandoned Dix Building. Their first challenge was the creation of an attractive living and learning environment in the drab, two-story structure.

"As we worked together, stripping and waxing floors, painting walls and scrounging for equipment," Miller recalls, "we shared our ideas of what could be accomplished at the Lodge.

"By the time the Lodge opened on May 5, staff members knew one another so well we didn't have the communication problems shift work usually creates," Miller adds.

More plus factors recognized by Miller are the continuing cooperation extended by personnel from the Austin-Travis County MHMR Center, Texas Rehabilitation Commission and other ASH units and services, as well as by people in the community. All contributed to a positive beginning for the first students. (Because they are in training, the participants prefer to be called "students" and not "patients.")

How are prospective students referred? Initially they were to have been chosen from ASH Capital Unit's Travis County patients or clients of the Austin-Travis County MHMR Center. Expediency in initiating the project with the necessary number caused the rules to be changed and now students come from the center, any of the ASH units and one is from the community. (A University of Texas student employed at the Lodge explained the project's concept to a class so favorably an inquiry resulted in behalf of a relative needing such a program. A referral was accepted and he is now a student.)

Lodge staff members, when considering a referral, request records on the social, psychiatric and job histories, medication, diagnosis, problems, goals, current relationships with family and others, hospitalizations, psychological reports, hospital chart plus a list of services utilized and made available by other agencies. They also examine a current behavioral inventory reflecting the candidate's social interaction, mental clarity and physical fitness.

A candidate's next hurdle is the self-report inventory. It is administered by the program staff and among the 13 queries are:

What are your interests and hobbies?

If you accidentally tore a hole in your clothing, what would you do?

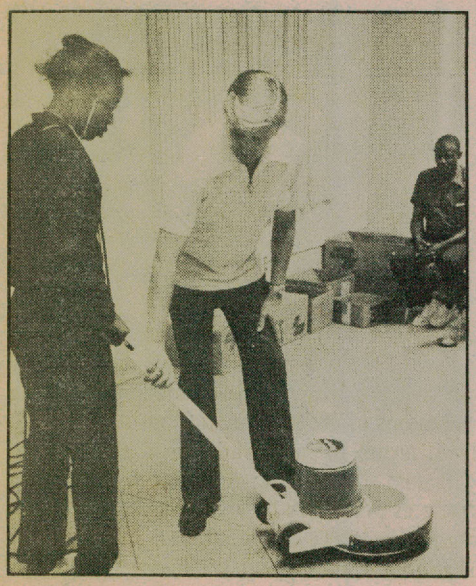
What problems do you expect from living with a group?

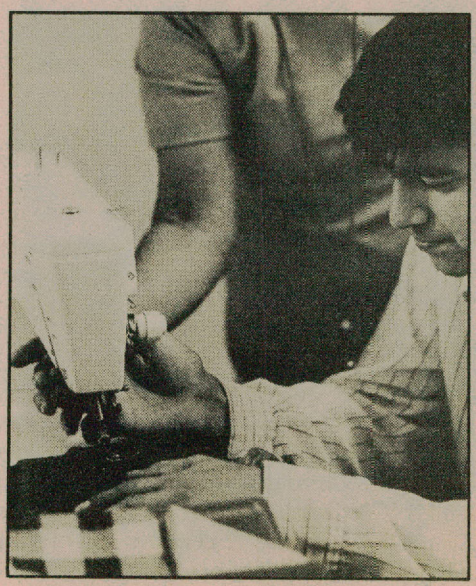
Are you willing to be employed in janitorial services?

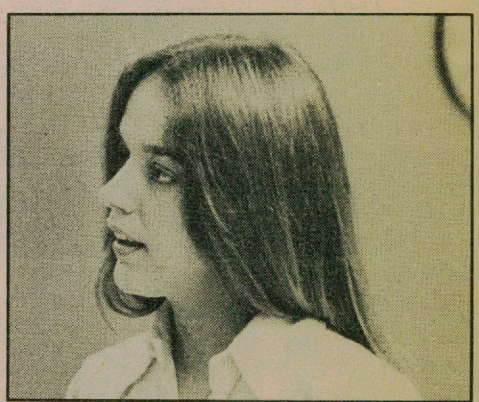
If unable to read or write, the candidate may give oral answers to the questions.

To be accepted, each student must sign a voluntary request to be admitted to the program plus a four-month contract and agree to its requirements. The contract may be renewed or terminated at the end of four months by agreement of the staff and student.

Capital Lodge members are now divided into three groups (two of eight students and one of seven). Independent skills are possessed by half the students in each group. Others have been supervised so long they suffer a chronic dependency. Some have a second diagnosis of mental retardation, two are accident victims with brain damage and four have epileptic seizures.







LEFT: Volunteer Tommy Edwards (right) teaches Rose Mary Lacey correct floor buffer usage. CENTER: Fred Espinosa uses the sewing machine to make his clothing repairs. RIGHT: Lodge director Merry Miller reviews group notes.

LEFT: Coordinator Linda Hruska (center) teaches money management to Gloria Reynolds (left) and Charles Ross. RIGHT: Gardening skills are used in community homes.

The major treatment goal is for each individual to accept responsibility for his actions. Because the project doesn't offer individual therapy, students may try to find friendly people, among staff or the public, to help them, and this reduces their ability to fend for themselves.

"In the beginning there was a lot of testing," Miller says, "and students stayed in bed or failed to attend class on time. Even the staff had to learn the new ways and avoid the old routines of telling them when and what to do."

Following election of a chairman, secretary, crew chief, medication chairman and treasurer by each group, they have problem-solving sessions as a group, four days each week. With small, regular doses of responsibility each group may progress from step one to step four. Job training is concentrated in one type of work. Each member of the group learns a particular segment of the task. Janitorial work is the students' current training assignment.

Problems for group resolution are presented to the students through a system of notes from staff. Each group has a locked note box, to be opened at the private, daily group sessions. Notes are succinct statements of a problem. The recommendation for action is the group's responsibility. Notes may give information or refer to students' appearance, inappropriate behavior, work, bed area or medication.

The group may adopt a buddy system with one member helping another to remember to keep appointments, help on work assignments or be up on time. It is not unusual for some students to be incapable of responding to peer pressure and some have left the Lodge.

From the outset, training is aimed toward self-support and management for the group after leaving ASH for a community lodge. Stress is placed upon skills needed for maintaining adequate personal appearance, orderliness about possessions and living area, money management, acquisition of new skills and improved communication with others.

Within three weeks after the students arrived, there was evidence the group idea was working. When the group joined other patients at a campout, staff members compared them. The students were more active during recreation, didn't have to be manipulated into participating and they interacted with other patients as well as their own group.

What does the experiment mean to group members in terms of rewards? As the group progresses or falls behind, staff members determine the levels and their benefits. These relate to passes, coffee, on-grounds privileges, trust fund withdrawals, telephone usage and recreation. These are meted out at the groups' weekly sessions with staff members.

Constantly alert to the need for appropriate leisure time events, staff members collect and post on Lodge bulletin boards announcements of community festivals, movies, concerts and exhibits.

"Weekends are a challenge," Miller observes, "and we welcome help from volunteers to arrange off-campus functions. Otherwise, the students have a tendency to fall into the routine of sitting and sleeping."

One concerned volunteer, the owner of a chemical supply company, became interested in the groups' janitorial training and is now serving as a consultant, teaching proper procedures to be used in contract work. Additional specialized help is anticipated from University of Texas home economics students in terms of home management for group living.

The September goal for the initial groups is a community group home with a work contract to sustain them. A search has been underway for suitable dwellings located in an area accessible to public transportation and services.

Lodge coordinators Mike Carter and Linda Hruska, Austin-Travis County MHMR Center employees, have been following the progress of the groups and know their strengths and weaknesses. They will be on duty daily and on call around-the-clock to help support the Lodge members as they adjust to living and working in the community. If the plan becomes reality, there will be two lodges this year and two opened in the Austin area next year.

If the current groups' gardening success is a clue to their potential for improving a location, every neighborhood should have a Lodge. The flower beds outside the Capital Lodge have never looked as colorful. And the vegetable garden includes a corn crop, heavily-laden tomato plants and other additions for a good salad. Nightly garden inspections are a source of satisfaction and pride for the green thumb members.

Although Capital Lodge's program is new to Austin State Hospital, the concept was initiated in the early sixties by George W. Fairweather of Michigan State University's Department of Psychology. Austin, San Antonio and Terrell State Hospitals now have similar plans in varying degrees of development for solving some of the life stress problems of chronic mental patients.

For everyone involved, group members and staff, the process resembles the rules of "Truth or Consequences." The note system is a revelation of the *truth* as perceived by fellow group and staff members and their judgment results in *consequences*. Some are bad but the chances for good are looking up at Capital Lodge.

The Good Neighbor Policy

"Vanguard" frequently is associated with a military action, an advancing body prepared to engage in battle.

When Austin State Hospital (ASH) volunteers Bill Hawn and Lynette (Lyn) Nelson round up their Vanguard Project troop for the Monday-Wednesday-Friday afternoon frays, their materiel and personnel don't conform to standard operating procedure specifications.

About 2:20 p.m. Nelson's yellow compact station wagon moves out for the rendezvous point, ASH's Capital Unit, a general psychiatric treatment facility. There she unloads from the tailgate a battered carton of battle paraphernalia. Her weapons include some elderly, lopsided balls of varying sizes, a milk carton, lumpy pillows, a potato chip can, tattered magazines, a disarmed pepper mill, rubber horseshoes, a bucket, a cane and some four-foot sticks.

Meanwhile Hawn reports to the recruiting post, ASH's Alcohol and Drug Abuse Treatment Center (ADATC), to collect his volunteers (all ADATC patients) for the march across campus and the conquest.

Who is the enemy? It is chronic mental illness. Over the years it has captured a number of Capital Unit patients. They are almost immobile as a result of long-term hospitalization.

Hawn's recruits join Nelson in one of the unit's activity rooms. They eagerly welcome a corps of patients, some of whom are silently occupying a world of their own.

The hour-combat begins when the participants, usually about 24, agree on strategy for the day. It may be bowling competition, with an inflated ball and a milk carton, chip can and pepper mill for pins. If it's to be baseball, the bases are pillows and the cane is a bat for the plastic ball.

What about reinforcement? The most to be expected is a round of applause or a pat on the back when a player scores for his team or encouragement is needed for a better effort.

The ADATC volunteers shout, "Good show, A.J.," or, "You can do it, Sunshine." These battle cries spur activity of patients and volunteers. They laugh, tease, shout, run, visit and compete. It's the kind of normal, rough and tumble fun one expects at a family picnic.

What's so unusual about this?

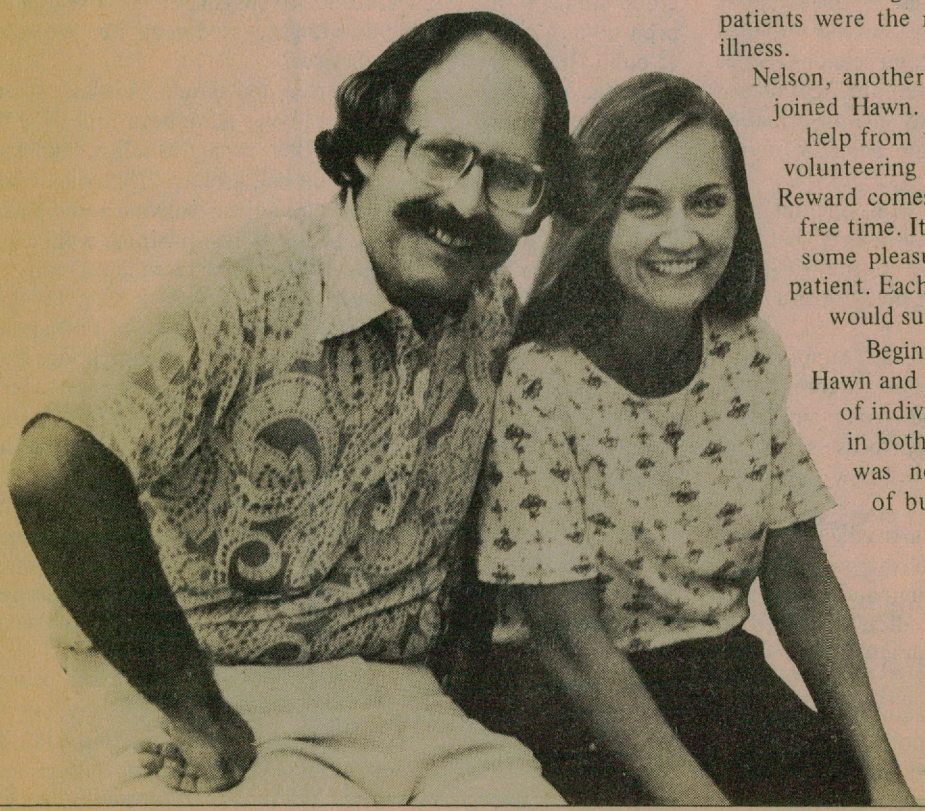
It's the combination, the mixture of participants *and* the challenge.

For some time Paula Womack, ASH coordinator of volunteer services, championed the premise some patients could become good volunteers. Her first attempts didn't produce the results she wanted.

When Hawn, a University of Texas at Austin (UT) psychology senior, offered some time as a volunteer, he told Womack he preferred some administrative work and not to be involved with alcoholic patients. The latter didn't deter Womack and she soon convinced him he would be ideal to direct the Vanguard Project. The alcohol and drug abuse patients were the recruits to help victims of chronic mental illness.

Nelson, another UT senior and a special education major, joined Hawn. Womack helped in their initial appeals for help from the ADATC population. Each was assured volunteering gave him no special privileges as a patient. Reward comes as it does to all volunteers who give their free time. It would be the satisfaction of contributing some pleasure and a measure of concern for a fellow patient. Each spark of renewed awareness or recognition would suffice as a win.

Beginning Feb. 7 with the first afternoon session, Hawn and Nelson methodically recorded the number of individuals and observations about participation in both groups, volunteer-patients and patients. It was never regarded as merely a haphazard hour of busy activity. Progress notes were made.



University seniors Bill Hawn (left) and Lyn Nelson are Austin State Hospital volunteers leading the Vanguard Project.

As months passed, Hawn and Nelson observed the younger ADATC participants often brought great enthusiasm to volunteering. However, some had to be discouraged from a one-to-one involvement and the false idea they, alone, could do something for particular patients. The emphasis is upon group interaction.

Approximately half of the ADATC recruits continue to serve as volunteers. Unexpected benefit accrued when three of them were discharged and chose to return regularly to lend a supportive hand to Henry, Thelma, Fritz and the others they have helped.

The project now warrants the serious interest of a UT psychology professor. Hawn and Nelson were granted credit for their summer hours and a proposal for program evaluation is being prepared.

What has been happening since Feb. 7 at the Capital Unit before and after the three hourly sessions each week?

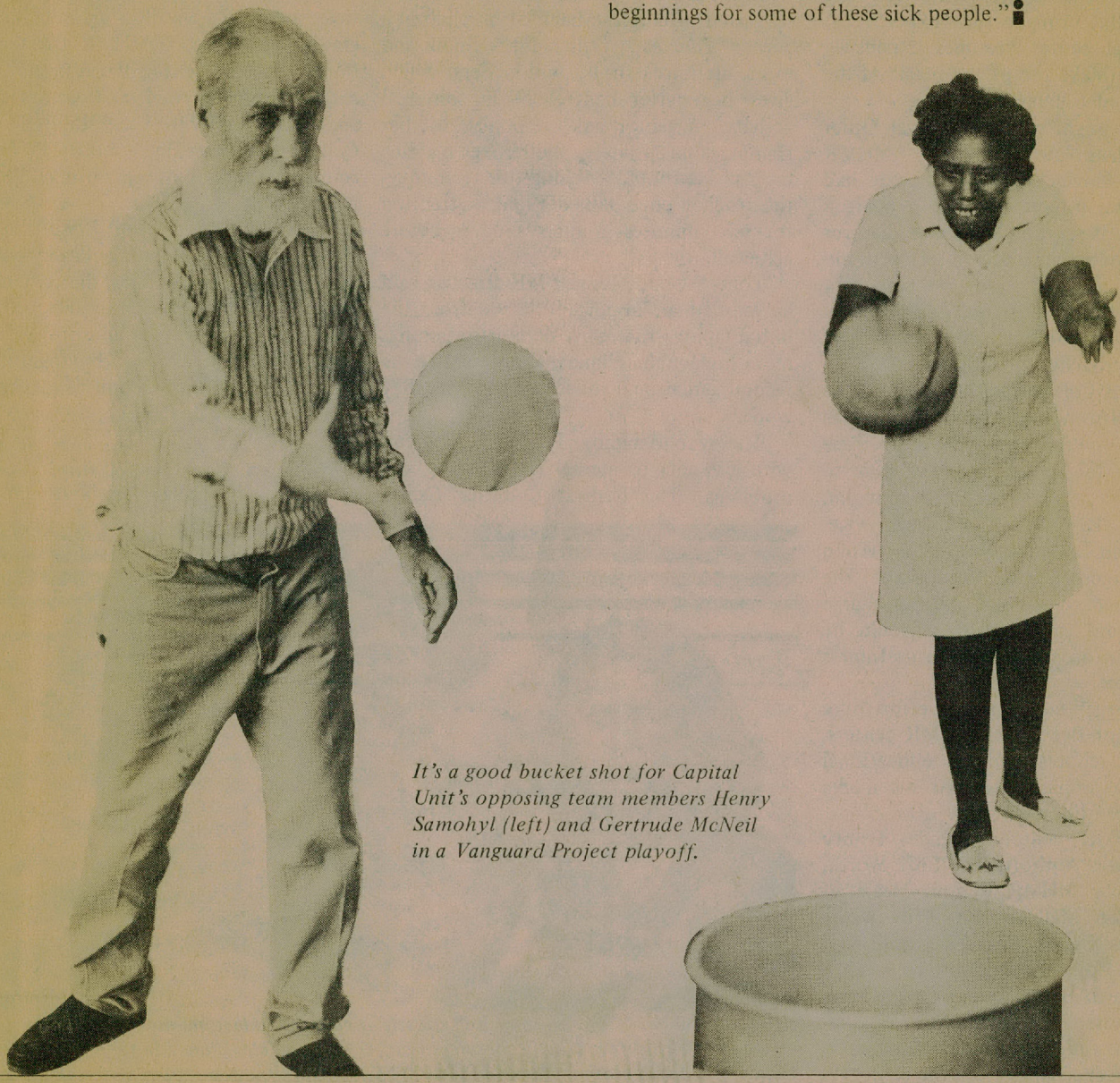
Social worker Lynn Fisk attests to the project's premise validity. "As a result of this regular activity, by a group of volunteers," says Fisk, "our patients are responding. They're even learning to know one another."

Although all ADATC volunteers may not attend each session, enough always show up to stimulate and encourage the patient participation. A single volunteer, Fisk observes, often has difficulty or is uncomfortable in a one-to-one relationship with the chronically ill patient and doesn't sustain the relationship for long.

Perhaps the project has made the patients more comfortable and happy with interaction because more are willing now to participate in other unit functions and attend occupational therapy sessions.

Although the ADATC volunteers are cautioned about expecting immediate changes in the patients, everyone has observed the emergence of some long-lost personalities and awareness. They hear Annette, a veteran of 30 years' hospitalization, break out of her self-imposed silences and call people by name. Or Fritz may puzzle everyone with his imaginative charade.

The vanguard is moving forward and as Margaret Sedberry, M.D., unit director, watched Barbara arm-in-arm with Helen and heard Charlie assure Thelma he would see her on Wednesday, she lamented, "If we just had vanguards on every corner of the hospital, they might produce a lot of new beginnings for some of these sick people."



It's a good bucket shot for Capital Unit's opposing team members Henry Samohyl (left) and Gertrude McNeil in a Vanguard Project playoff.

STAND BY...YOU'RE ON THE AIR

By Katharine Johanns

TEMPLE---Frank is 10 years old and severely mentally retarded. He has a short attention span and entertains himself by throwing food and chairs, pounding on the table, pulling the teacher's hair, biting and yelling.

His constant motion requires one-to-one attention from the teacher or aide. His condition is such that the teacher cannot keep him still long enough to teach him anything. Frank's parents feel lost and the mental retardation (MR) specialists at Central Counties Center for MHMR in Temple are frustrated. They've never had a case such as Frank's.

The director of MR Services at Central Counties Center, Tom Atwood, wanted help---perhaps consultation with other MR specialists. But bringing such expertise to an individual center becomes expensive. So, why not make use of the magic of the electronic media---television.

Atwood's plight was not unusual. Other MR specialists at community MHMR centers and state schools across Texas had expressed an interest in using such a concept for case consultation, as well as for program development and in-service training.

So in the fall of 1976, Steven B. Schnee, Ph.D., Central Counties Center executive director, approached the administration of Central Texas College in Killeen about the possibility of using their telecomputer grid to connect simultaneously two or three broadcasting locations across the state to produce a live, station-to-station program.

Richard D. Wilson, college vice-president, and Ed Jasuta, college television program director, were interested. The college offered to produce without charge three in-studio programs that would be videotaped in order to test the usefulness of the concept.

And so began an innovative effort by a consortium of five Texas MHMR centers, three state schools and an educational institution to implement electronic media multiresource utilization.

The MHMR centers include Trinity Valley MHMR Authority in Fort Worth, Dallas County MHMR Center, Heart of Texas Region MHMR Center in Waco, Austin-Travis County MHMR Center and the Central Counties Center. The schools are Fort Worth State School, Travis State School in Austin and Mexia State School.

The first full session on January 25 involved MR specialists from the centers in Dallas, Fort Worth, Waco and Temple plus Fort Worth State School and Travis State School. MR specialists from the Dallas area broadcast from Skyline High School, Austin area personnel from the Southwest Educational Development Laboratory, and staff from Waco, Mexia and Temple broadcast from the Killeen studios.

At the first taping, master clinicians from Temple showed two video tapes of clients from its center and a live demonstration of Frank. After seeing and hearing a teacher trying to work with the child, the consultants made recommendations to the Temple staff on how to structure Frank's training.

Instead of working with Frank in the middle of the room, the consultants suggested placing the back of his chair in a corner. The teacher then faces Frank and locks his knees firmly within hers, which gives her better control of his physical activity. When Frank responds to her training appropriately, she strokes his face or pats his shoulder. Using this technique, the teacher once gained Frank's attention for two minutes---a success never before achieved.

Tom Atwood, Temple MR director, said he learned an important lesson from the initial taping---that a live demonstration has more impact and clinicians can practice the recommendations made to see if they work.

The second taping, February 23, dealt with a variety of mental retardation client problems. The Central Counties Center once again presented live demonstrations to obtain the expertise of the participating consultants. Then, Travis State School and Dallas County MHMR Center staff members discussed a follow-up study on a former client of the school who was not under the care of that center.

The third taping on April 26 dealt not with live clients but with such subjects as budgets and programming, standards and verbal case consultations.

After the final taping, Atwood said, "We weren't aware of how much could be accomplished so quickly. Perhaps knowing the time limitations in television broadcasting prompted us to be more concise in our presentations."

Last March the Central Counties Center was awarded $4,500 in supplemental grant-in-aid from TDMHMR for the continuing development of the system.

Dr. Schnee of Central Counties Center and Richard Wilson of Central Texas College are seeking multiple funding sources so that the program may continue beyond that.

According to Atwood, "We may find ourselves in a technical isolation booth if we can't reach out and share. With the costs of bringing in consultants and rising fuel costs, we won't be able to have ready communication. We are buying into the future. The MHMR centers and the state schools have made their commitment."

Katharine Johanns is director of public information for the Central Counties Center for MHMR Services in Temple.

Beverly Sawyer, Tom Atwood and Dottie Young, all staff members from the Central Counties Center for MHMR Services, gather in the television studio of Central Texas College for a videotaping session. Photo by Katharine Johanns.

Conference Calendar

Aug. 4-5
Central Texas Drug Abuse Prevention Conference
Held in Austin
Contact: George Pryor, Ph.D.
Freedom Connection
2340 Rosewood
Austin, TX 78702
(512) 472-6261

Aug. 10-11
Clinical Evaluation and Treatment of Common Neurological Disorders
Held in San Antonio
Designed for physicians; open to anyone
Sponsored by TDMHMR
Contact: Robert W. White
Director, Medical Services Continuing Education
TDMHMR
P.O. Box 12668, Capitol Sta.
Austin, TX 78711
(512) 454-3761 or STS 824-4335

Aug. 15-16
JCAH Training Workshop for State Psychiatric Facilities
Held in Austin
Contact: Charles Locklin
TDMHMR
P.O. Box 12668, Capitol Sta.
Austin, TX 78711
(512) 454-3761 or STS 824-4226

Aug. 19
Practice of Social Work in Psychiatric Settings
Held in Wichita Falls
Sponsored by TDMHMR, Wichita Falls State Hospital, Midwestern University and Tx. Chapter of Natl. Assn. of Social Workers
Registration: $5 for NASW members and students, $7.50 for others
Contact: Mary Catherine Henry
Wichita Falls State Hospital
P.O. Box 300
Wichita Falls, TX 76307
(817) 692-1220 or STS 836-9261

Sept. 7-8
Border Cities Conference on Drug Abuse Prevention
Held in McAllen
Contact: Luis Rivera
Tropical Texas Center for MHMR
P.O. Box 1108
Edinburg, TX 78539
(512) 383-0121

Sept. 8-10
National Assn. of MH Information Officers
Annual national institute
Held in Chicago
Contact: John Baer
Membership Chairman
Director of News Service
Dept. of Public Welfare
313 Health and Welfare Bldg.
Harrisburg, PA 17120

Sept. 9-10 (Intermediate Program)
Dec. 9-10 (Advanced Program)
Mental Illness in Children
Held in Austin
Designed for physicians and MHMR professionals in children's services; open to anyone
Sponsored by TDMHMR
Contact: Robert R. White
Director, Medical Services Continuing Education
TDMHMR
P.O. Box 12668, Capitol Sta.
Austin, TX 78711
(512) 454-3761 or STS 824-4335

Sept. 20-21
Texas Volunteer Conference
Held in Austin
Sponsored by Tex. Center for Voluntary Action
Open to any volunteer in in Texas
Contact : Tex. Center for Voluntary Action
1212 Guadalupe, Suite 1101
Austin, TX., 78701
(512) 475-4441

Oct. 3-6
Hospital and Community Psychiatry
29th Institute
Held in San Francisco
Contact: Alice Conde Martinez
Institute Coordinator
1700 18th St. N.W.
Washington, DC 20009

Oct. 6-8
Volunteer Services State Council
19th annual meeting
Held in Lubbock
Contact: Volunteer Services
TDMHMR
P.O. Box 12668, Capitol Sta.
Austin, TX 78711
(512) 454-3761 or STS 824-4253

directory of services

This information will help you update your *TDMHMR Directory of Services,* published Fall, 1976. Copies are available upon request from Arts, Graphics and Educational Services, TDMHMR, P.O. Box 12668, Capitol Station, Austin, Tx. 78711.

ALVIN
Alvin Community Living School
Change address to:
"Route 2, Box 955-A"

COMANCHE
Bill Doggett Work Center
Change address to: "207 W. Duncan"

CORPUS CHRISTI
Day Care and Special Education (Parkway)
Add mailing address: "1630 S. Brownlee (78404)"

DIMMITT
Family Services Center
Change address to: "306 W. Bedford"

GIDDINGS
Add: Lee County Outreach Center
P.O. Box 359 (78942)
(444 S. Main)
713-542-3042
Outpatient 8-5 weekdays
MH
Children thru geriatric
Auspices: Austin State Hospital
Serving: Lee County and northern part of Fayette County

LULING
Add: Caldwell County Outreach Center
505 E. Fannin (78648)
512-875-5700
Outpatient 8-5 weekdays
MH
Children thru adults
Auspices: Austin State Hospital
Serving: Caldwell County

McALLEN
McAllen Training and Development Center
Add mail address: "P.O. Box 577"

McKINNEY
Collin County MH Clinic
Change address to: "Merritt Homes No. 67"

MISSION
Palm Garden Young Adult Unit No. 1
Change address to: "First United Methodist Church, P.O. Box 926 (78572)"

NEW BOSTON
Delete: Ark-Tex Center for Human Services

SAN ANGELO
HELP Center
Change address to: "304 West 12th"

★★★ PEOPLE & PLACES ★★★

Newsmakers

★**James Adkins**, chief of Legal and Claims at **Central Office**, has been elected vice-chairman of the National Association of Chief Counsels of State Mental Health Agencies, a division of the National Association of State Mental Health Program Directors.

★**Wallace C. Hunter, M.D.**, resigned as superintendent of **Big Spring State Hospital** effective July 31 to return to the private practice of psychiatry in Big Spring. He served as superintendent since the death of **Preston E. Harrison, M.D.**, in August 1975. His successor has not been named.

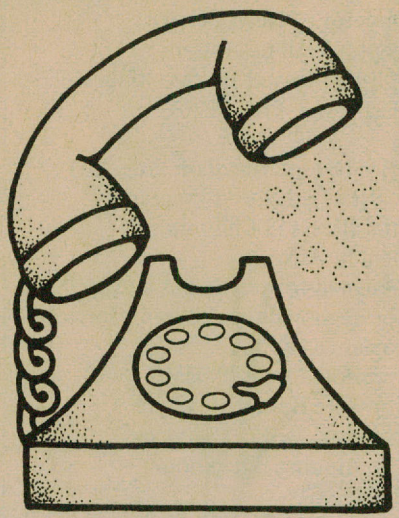
★Recent graduates of the Management Training Program at the Center for Developmental and Learning Disorders, University of Alabama in Birmingham, are **Rick Wolfe**, director of staff development at **Lubbock State School**; **Ronald D. Fowler**, chief accountant at **Mexia State School**; and **Lonnie Willis**, personnel director at **San Angelo Center** in Carlsbad.

★**B.R. Walker, Ph.D.**, superintendent of **Austin State School**, has been elected treasurer to the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded. Traditionally, the treasurer progresses to the offices of secretary, president-elect and president. Dr. Walker also was elected recently to a three-year term on the Awards Committee of the American Association on Mental Deficiency.

★**Phil Bible**, formerly chief of design and construction for TDMHMR at **Central Office**, has been named assistant commissioner following the retirement of **W.G. "Cotton" Kirklin** in March. Bible's replacement is **Bill Bauder**, formerly assistant chief of design and construction.

★**Earl Scott**, assistant commissioner for TDMHMR for seven years, retired July 31 after 26 years of service to the department.

★**William H. Lowry, Ph.D.**, has been appointed superintendent of **Mexia State School**.



Did You Know?

★A hotline has been installed at **Corpus Christi State School** for the public to use to report instances of abuse at the school. It's a preventive measure monitored by the Public Responsibility Committee, a seven-member group of area citizens who act as advocates for clients of the school.

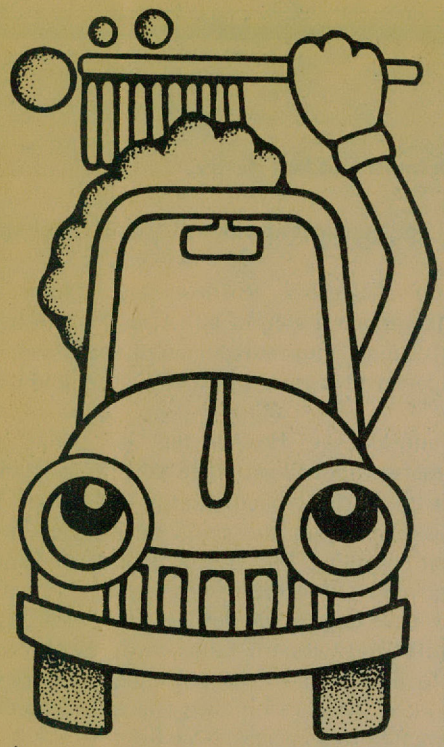
★For three years the chaplaincy department at **Lufkin State School** has used summer missionaries to supplement the religious education program during the months when most volunteer church groups from the local community are taking a break. Each year the school hosts two young women who teach religious education classes in the pattern of vacation Bible schools. They also aid in the chapel choir and worship programs.

This year Vicki Day and Sarah Haggard are volunteers in the Baptist Student Union (BSU) summer missionary program which assigns college students to 10-week ministries in areas such as work with children or the aged. BSU pays expenses to and from the field of service. The host facility's obligation is to insure appropriate living accommodations and basic necessities.

★Twenty-eight **Denton State School** residents in the Home Management Educational Program have moved into a new apartment complex in preparation for halfway house living. Each client will have a roommate and share a dining and recreational area. The project is subsidized by the Denton Housing Authority, and residents will pay 25 per cent of their monthly income for rent.

★June Bilsborough, editor of the employee newsletter CONTACT at **Denton State School**, is collecting articles for the regional American Association on Mental Deficiency publication. Information on projects and research in the field of MR should be sent to her at Denton State School, P.O. Box 368, Denton, TX 76201 (817)387-3831.

★Why not dance during your next coffee break? Residents working at the Fred Moore Training Center in Denton now have an opportunity to do just that with a juke box in their new break area. **Denton State School** staff members decided to build the area to help the residents learn social skills. Volunteer Services provided tables, chairs, fans and recreational items. Vending machines make soft drinks available to the residents.

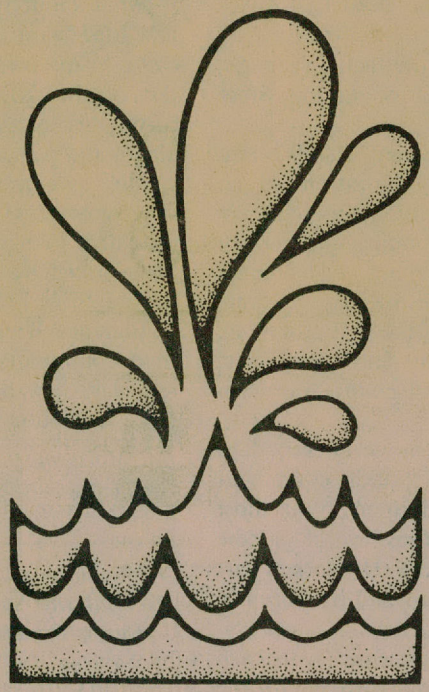


★State Rep. Mike Ezzell of Snyder was at **Big Spring State Hospital** to participate in a hospital employees' car wash to benefit the Volunteer Services Council's swimming pool project. Plans call for an enclosed pool with a shallow end for wheelchair patients and deeper water for other recreation.

★Student government has added a new perspective to residential living for one dormitory of residents at **Denton State School**. Weekly meetings provide a discussion period for problem solving as well as a time to plan parties.

In addition to improving dormitory living conditions, the residents learn responsibility, social skills and how to follow committee rules and procedures. Role playing also helps them learn how to handle different situations.

★A special telephone hookup between **Brenham State School** and Houston's Methodist Hospital and **Texas Research Institute of Mental Sciences** enables electroencephalograms (tracings of brain waves) taken at Brenham to be recorded and interpreted on the spot by the Houston experts. The system makes mailing of EEG records unnecessary and provides the school with the expertise of a team of trained neurologists and EEG technicians.



★Successful fund-raising efforts by the Volunteer Services Council for **Brenham State School** have resulted in a contract for construction of a water sports complex at the facility. Included are a swimming pool 60 by 30 feet and a wading pool 24 by 20 feet.

★Persons interested in the next annual conference on research with the profoundly retarded should contact Charles Cleland, Ph.D., Pres.; Western Research Conference on MR; P.O. Box 5513; Austin, TX 78763. Volumes I and II of the previous conference proceedings are available at the same address for $5 each.

New Laws on Handicapped To Be Topic Of Conference

New federal and state legislation affecting the handicapped will be discussed and explained at a series of regional conferences to be conducted by the state attorney general's office this fall.

The one-day sessions will be in El Paso Sept. 17, Austin Oct. 8, Houston Oct. 15, and Dallas Oct. 22.

Atty. Gen. John Hill will be the keynote speaker at each session. Other speakers will include Robert J. Provan, an assistant attorney general who will discuss the state's new guardianship law; James E. Craft, Ed.D. TDMHMR deputy commissioner for MR services who will explain the new mentally retarded persons act which becomes effective Jan. 1; Dayle Bebee, executive director of the Advocacy and Protective Services System of the State Bar of Texas who will discuss her agency's functions; and Charles Eskridge, Jr., a public relations man who will talk on the mobility impaired.

The conferences are sponsored by the attorney general's office through a grant from the Texas Committee for the Humanities and Public Policy and the National Endowment for the Humanities.

The conferences are open to the general public and specifically to handicapped citizens, parents of handicapped persons, county judges, care providers and state legislators.

For information about the conferences contact Paul McCoy, Project Director, Attorney General's Conferences on the Rights of the Handicapped, Office of the Attorney General, Capitol Station, Austin, TX 78711.

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A NEW LIFE

By Jim McDermott and Phil Hester

LUFKIN---Clarence Ward and John McCray have moved recently into a new apartment in Lufkin. What is exciting about that? People move into apartments every day.

Clarence Ward, 55, and John McCray, 30, have spent a large portion of their lives in institutions.

Ward and McCray have been residents of Sunrise Manor Halfway House in Lufkin, a community living facility for 10 mentally retarded males. It is a program of the Deep East Texas Regional MHMR Services which serves a 13-county area in East Texas. Prior to admission to Sunrise Manor more than a year ago, both Ward and McCray had been residents of Lufkin State School.

While at Sunrise Manor, both men received training and counseling which prepared them for this transition to an independent lifestyle. The training and education programs are designed to develop the total person, encompassing money management and budgeting, general housekeeping and cooking, vocational consultation, recreation and use of leisure time, personal and social adjustment, personal hygiene and grooming, medical and pharmaceutical needs, shopping and purchasing, using public transportation and psychological counseling when appropriate.

Both men have full-time jobs. Ward has been working six days a week in the maintenance department of a Lufkin equipment firm for three years. His supervisor considers him one of his most dependable and dedicated employees. McCray works in the drying division at Lufkin State School's laundry. He worked part time in the laundry for more than eight years and has recently become a full-time employee.

Since beginning their new life, they have received visits each evening from Phil Hester, coordinator of alternative living for the Deep East Texas Regional MHMR Services. Hester discusses the day's activities, providing guidance during this initial adjustment period.

Hester, elated with the pair's progress, said: "John and Clarence have made the grandest step of all. After years of living in various Texas institutions, they now share an apartment and are doing well. The apartment is always neat and clean, and it is a pleasure to visit them."

What about Ward and McCray? How do they feel about their new life? Ward is a reserved individual. When asked how he liked living in his own apartment, he replied simply, "I like it." The rest of the story was plain from the smile on his face. Ward spends his leisure time watching TV, visiting friends at Sunrise Manor and going to movies and local sporting events.

McCray is more of an extrovert. He devotes most of his spare time going to country and western clubs with his brother, watching TV, going to movies and visiting friends and relatives. When asked how he liked living in his own apartment, McCray replied, "I've always wanted to go places. Now I can."

Clarence Ward and John McCray are happy and accepted in their community setting. They are the first success story of the relatively new Sunrise Manor Halfway House. It is hoped many more will follow.

Jim McDermott is director of program support services and Phil Hester is coordinator of alternative living for the Deep East Texas Regional MHMR Services.

For more information about Ward and McCray's progress or about the Sunrise Manor program, contact Phil Hester or Byron Crawford at the Deep East Texas Regional MHMR Services, 303 Angelina Bldg., 106 N. First St., Lufkin, TX 75901, (713) 634-2241.

IMPACT

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Arts, Graphics and Educational Services:
Harley Pershing, Director
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