IMPACT

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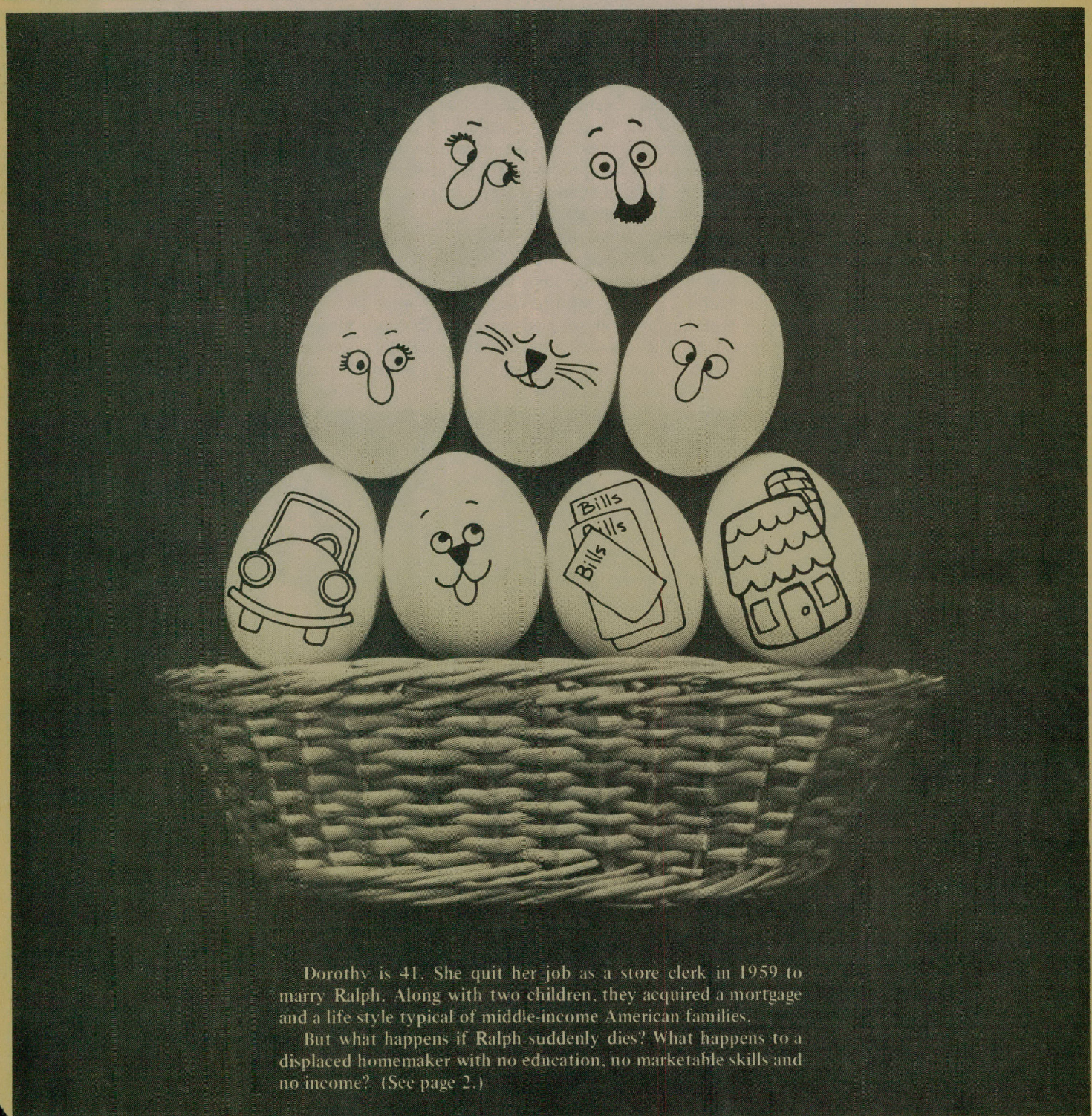


Dorothy is 41. She quit her job as a store clerk in 1959 to marry Ralph. Along with two children, they acquired a mortgage and a life style typical of middle-income American families.

But what happens if Ralph suddenly dies? What happens to a displaced homemaker with no education, no marketable skills and no income? (See page 2.)

New Options:

A Center for Displaced Homemakers

By Shari Limpert

VICTORIA---The plight of the displaced homemaker---the homemaker who as a result of death, divorce, desertion or disability of spouse is forced to become a breadwinner---is an old one.

But help now is available from a displaced homemakers center in Victoria, one of the first half dozen such centers in the nation to provide the counseling, training and other services needed by these women in transition. The center, called New Options, opened Feb. 1 as the newest division under the Gulf Bend MHMR Center umbrella.

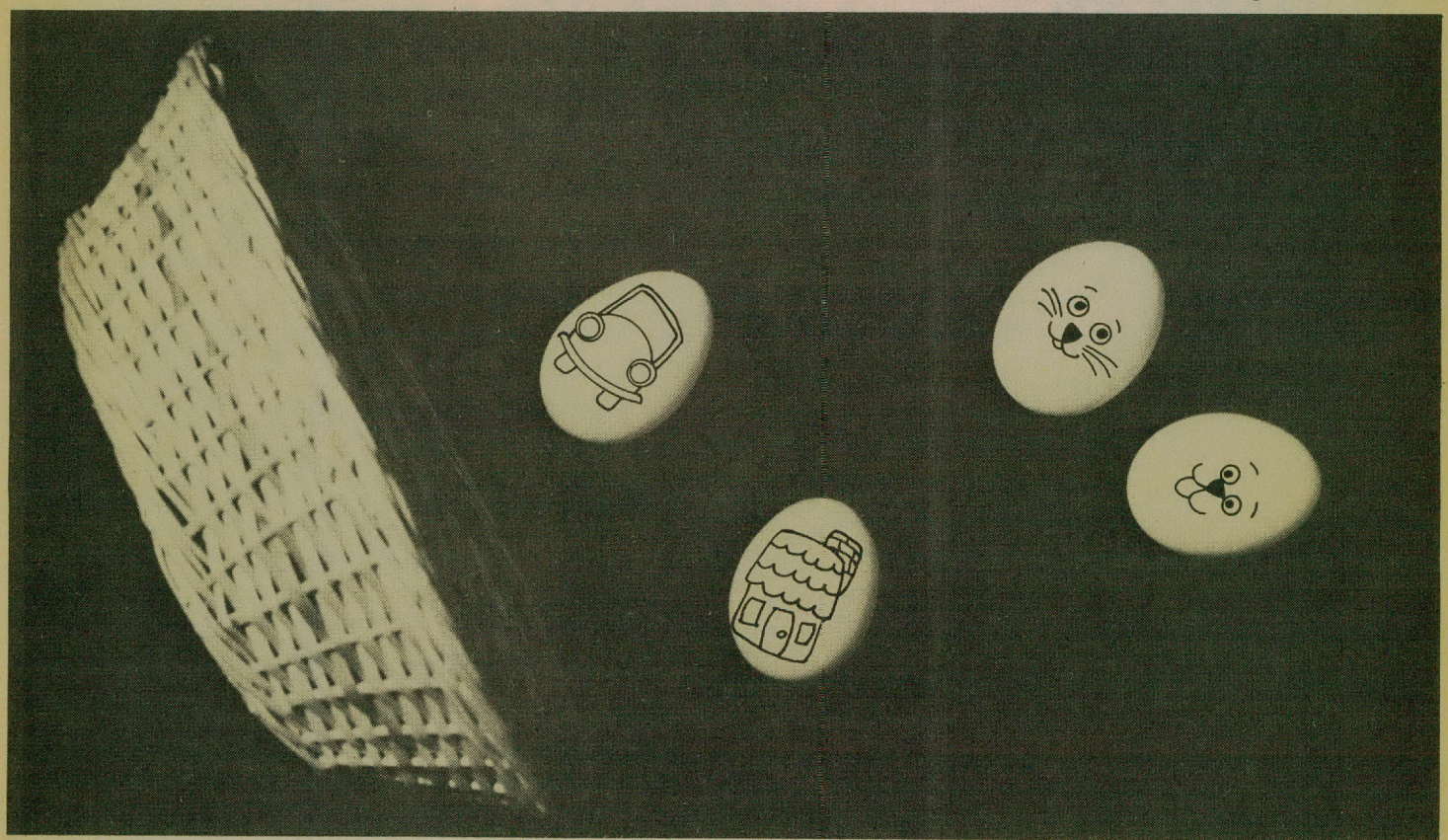
The number of displaced homemakers is increasing. With a median age of 56, there are now about 12 million widows in America. It is estimated that one-third of the women between 55 and 64 are divorced or widowed, and the great majority of them do not qualify for Social Security or other aid. Statistics recently released by the federal government indicate that 85 per cent of all married women will be either divorced or widowed at some time in their lives.

Younger women are not in a much better position. One out of eight families is supported financially by a woman, an increase of 45 per cent within 10 years. Considering the fact that women in this country make approximately 60 cents for every dollar that men make, the financial problems are evident.

What these statistics add up to is the fact that in the United States there are perhaps seven million women of 40 years of age or older who have lost their source of support and are having trouble finding jobs. They are being forced into an already tight job market with rusty skills or, more likely, no skills at all.

Displaced homemakers do not qualify for unemployment compensation, because they have never worked. If they are divorced after a marriage of less than 20 years, they don't qualify for Social Security benefits through their husbands' earnings. And unless they are disabled physically or have children under 18, they are not eligible for federal assistance. Many, with a disabled spouse, are forced to find work immediately, and even if they are fortunate, generally find a dead-end job whose salary barely pays for their food and some type of housing.

But having a job available to pay those bills is not the solution to the whole problem. With so many divorces taking place in middle life, many women have low self-esteem and feel that they lack abilities for coping and working outside the home---that homemaking, in short, was



"not really work." Their husbands often made nearly all decisions for them.

As Charles Schnabel, director of special programs for the Texas Rehabilitation Commission, says, "There is no question of the need. Women who have been washing dishes, feeding the kids and making beds need a boost to make the transition to the outside world and to being a wage earner."

A boost---and a lot more, it is hoped---is exactly what the concept of New Options is all about. This multiservice program provides counseling to aid participants to gain confidence, develop any other personal skills necessary to enter the job market and make volunteer work and past experience salable.

By establishing an intake and referral system, the program will be able to supply a variety of services for up to 200 clients annually. Funds from the Comprehensive Employment Training Act (CETA) and the Texas Education Agency will help provide vocational education if necessary to ready the participants for employment equal to both skills and needs. A public relations campaign in relation to job placement is underway, and all prospective major area employers are being contacted to enlist their support in placing displaced homemakers in jobs. Other job placement assistance will come through the Texas Employment Commission.

To ensure that clients receive all benefits and services for which they are eligible under the guidelines of the state Displaced Homemakers Act of 1977, the New Options center will also work with the Texas Rehabilitation Commission, the Golden Crescent Council of Governments and Gulf Bend Center clinical staff members.

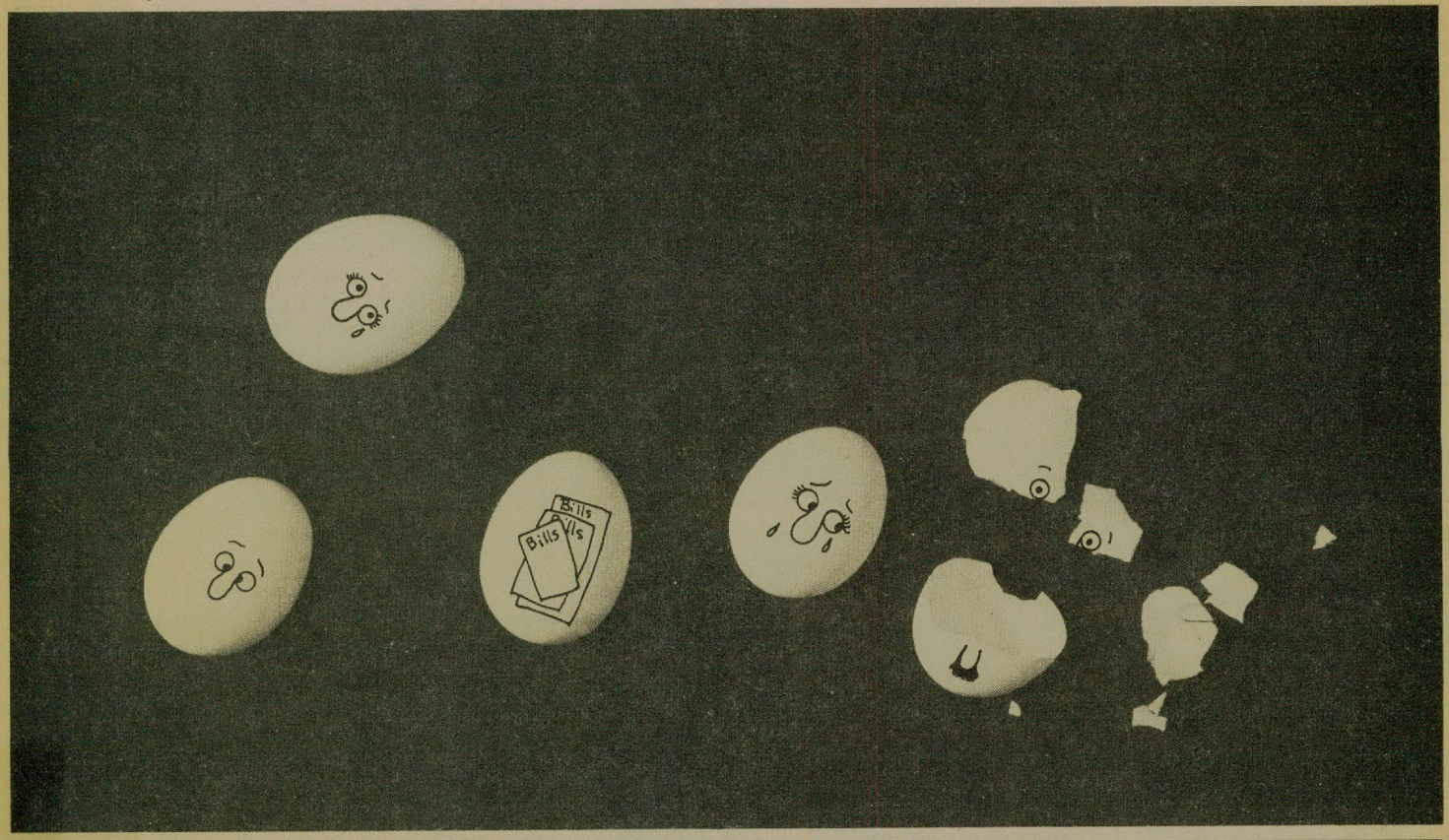
Why is a community MHMR center involved in a program to help displaced homemakers become job-ready and eventually financially independent? It's because emotional stability and independence is often just as great a need of the many widowed, deserted and divorced homemakers who find themselves in difficult and often traumatic situations. It may be necessary to provide them with psychological or psychiatric consultation, an on-going women's support and therapy group and peer counseling. When needed, arrangements will be made to provide physical examinations and/or access to alcohol and drug addiction programs.

Workshops can be provided in financial planning, budgeting, nutrition, preventive health care, child care, interviewing for a job, developing a resume and other areas. Lectures by local business and professional people will be given on a number of potential vocations for displaced homemakers, such as careers in science and engineering, opportunities in the food industry, setting up housemother services, nontraditional jobs for women in industry and new options for women in business.

The staff members hope to determine potential job situations in which homemakers may be able to utilize their existing skills. One possibility is a service offering weekend child care or a child care center open 24 hours a day for shift workers. Another need to be explored is a referral source to match homemaker-companions to live in with the elderly, the mentally disabled or those recovering from illnesses or injuries.

After an individual plan has been followed through for each client, generally culminating in job placement, New Options staff members will maintain follow-up to ensure emotional and financial stability. With help from New Options, it is hoped that many displaced homemakers can continue to make a contribution to the community in which they live.

Shari Limpert is coordinator of New Options in Victoria.



JOB STRESS

By June Bilsborough

Should you find yourself resisting the early morning alarm's relentless call to rise, you might want to check closely to see if you have the usual weekend hangover or some deep-rooted reason for not wanting to go to work.

As you deliberately take your time dressing, do you wonder exactly how you got caught up in the work routine and if there's a way out?

Looking back, you were so eager to have that job to earn a living. Work started out fun. So why are you so dissatisfied with your job situation?

Before damaging physical effects become overbearing, it might be a good idea to check the symptoms of any unhappiness experienced while on the job. All too often the emotional state of job depression sneaks in and creates an "I don't care" attitude while the employee continues to avoid his problems.

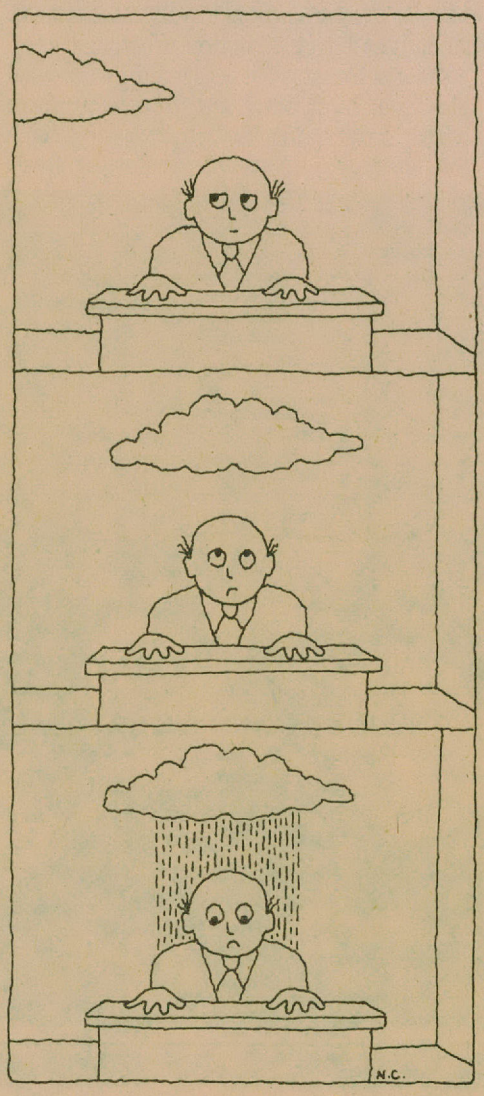
Anyway, you might be interested in knowing how your job affects you since you do spend a large portion of your life at work. According to many psychologists and physicians, 85 per cent of all illnesses are psychosomatic in their origin. So it might be worth learning how to minimize stress.

Sure, we all want to take on added responsibility, but have you overburdened yourself beyond your personal limit? Remember we all have our shortcomings and no one can perform optimally at all times.

Do you find fault in situations and tend to perpetuate negative thought patterns? If an incident occurs, look for some positive aspect of it to dwell upon, such as better alternatives in future situations. Negative thinking leads to negative emotional responses such as anger, hurt and fear, which result in stress.

Many stressful situations end in job depression. One of the many causes is inactivity (which shows itself with guilt feelings from not accomplishing the job), boredom and tiredness from a day that seems extra long.

Lack of structure in a job situation also contributes to depressive responses through wasted energy and anxiety from the employee, wondering if he is doing the job correctly.



The lack of direction in a job can create an attitude of "just clocking in to put in eight hours" and even destroys feelings of pride so important to any worker.

Failure to receive credit for a job well done can also diminish an employee's morale. Low quality and quantity of job performance result from the lack of such necessary reinforcement.

A person who lacks feelings of worthiness only adopts an attitude of "anyone can do my job; and if I foul up, they'll just get someone else." Often, the lack of communication makes for a seemingly uncaring environment. Many times employees think no one cares about them, their jobs and problems.

Even stimulants such as coffee, cokes and cigarettes create a never-ending circle of fluctuating sugar levels which contribute to hyperactivity and depression.

Of course, there are many other causes of depression: frustration from being unable to get results or achieve goals, conflicts with other employees and conditions that hinder job efficiency. Sometimes such stressful situations result in serious personal problems---ulcers, drug abuse, marital and interpersonal difficulties, child abuse and neglect and even suicide.

It is usually up to the individual to modify his own attitude toward work, say psychologists. Here are some suggestions on how to create a healthy attitude toward work, and thus a happier life off the job.

* Read your job description, and if it doesn't describe what you do, go to your supervisor and talk it over. See if changes can be made in some areas. But find out what is expected of you.

* Set up a daily schedule. Write it down and talk it over with your supervisor. Set goals and objectives in your job and list how your job could be more meaningful to you.

* Perhaps a promotion in the career ladder would provide a goal to work toward. Sometimes even a new job in the organization can help utilize your talents and skills better.

* You might even consider rearranging furniture and decorating the work areas to get a new outlook or change.

* List the positive things that happen every day and try to use only positive verbal communication. Most of all, keep your sense of humor!

* When you work toward your goals, don't forget to reward yourself with the breaks you earned. Spend them with different people, or take a walk someplace different. And don't forget to utilize your vacation.

* Try to leave your work at the office. Relax. Join in recreational activities like bowling or jogging.

* Get regular sleep, eat wholesome food and watch any excess drinking or smoking.

* If you still have trouble keeping your rate of stress down, you might want to consider light group therapy or even see a counselor.

But remember: you're the only one who can really take care of yourself.

June Bilsborough is editor of Contact, *the Denton State School (DSS) newsletter. Her article is based on a survey of DSS psychologists.*

Testing the Aftercare Rule

What will it take to make a department-wide system of aftercare services work?

A pilot study involving two state hospitals, three hospital outreach centers, three community MHMR centers and three state schools now is underway to find an answer.

The study was ordered after preliminary writing of a proposed commissioner's rule was completed and the proposal was sent to department facilities and community centers for comment.

The proposed rule would establish uniform procedures for preadmission services, discharge planning, aftercare, client program coordination and follow-up of persons discharged or furloughed from department residential facilities. Also, it seeks to encourage joint program planning and cooperation between residential facilities and community centers.

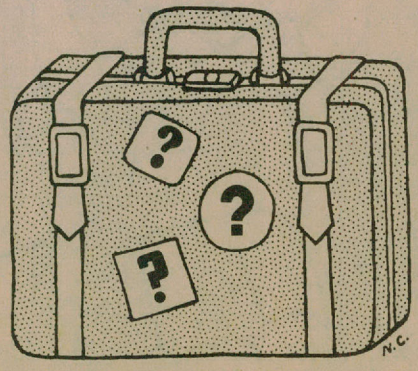
"We have found that all our facilities and the community centers are in agreement that there should be a standard policy on aftercare services and discharge planning," said Dan Sheehan, Ph.D., director of Program Support Services.

"The problem is, however, funds were not available to the community centers to carry out their intended assignments, and hospitals and schools were not able to make the necessary changes in staff and assignments to meet their obligations.

"We believe the pilot study will give us the data we need to determine the cost of providing aftercare services, how effective it will be and the needed changes in hospital and school staff assignments to carry out the intent of the rule."

Involved in the pilot study are Rusk and Austin State Hospitals; the Heart of Texas Region MHMR Center, Waco; the MHMR Authority of Harris County, Houston; the Deep East Texas Regional MHMR Services, Lufkin; Mexia, Lufkin and Richmond State Schools; and the Austin State Hospital's outreach centers in Bastrop, Cameron and Williamson Counties.

The staffs of these facilities and centers will follow the procedures for aftercare as they are detailed in the proposed commissioner's rule. The results of their work will be collected and evaluated by the Program Analysis and Statistical Research division of Central Office.



The pilot study will seek to:

1. Determine whether preadmission screening by community MHMR centers and outreach centers has an effect on the number of hospital and school admissions and the amount of time clients spend in the facilities.

2. Examine whether operating procedures detailed in the proposed commissioner's rule will work, the cost of those procedures and the problems encountered in carrying them out.

3. Evaluate the effectiveness of the proposed aftercare system on how long persons discharged from a hospital or state school remain in the community and how they function three months, six months and one year after discharge.

4. Determine whether the proposed rule will improve the link and cooperation between state residential facilities and community MHMR centers and outreach centers.

Briefly, here's how the pilot study will work:

Persons seeking admission to a state hospital or state school involved in the pilot study first must be screened by the community MHMR center or outreach center serving their county of residency. This is being implemented to determine whether inappropriate hospital and school admissions can be reduced.

When a resident of a state hospital or a state school is ready for discharge or furlough, staff members of the community MHMR center or outreach center serving the resident's county of residency will work with facility staff to develop a treatment plan to be followed when the resident leaves the facility.

The community MHMR center or outreach center staff will monitor the client's progress after release from a facility.

"We believe the proposed aftercare rule should have a major impact on the populations of our state hospitals and state schools," said Dr. Sheehan.

"Will it bring about an increase in the number of state hospital and state school discharges, reduce the number of readmissions to state residential facilities, increase the length of time discharged patients spend in their communities before seeking readmission to state facilities and increase the number of clients who are employed or participating in educational or training activities after discharge from the facility?

"We hope to find out." *H.P.*

CAMP I CAN

By Larry R. Moffitt

The general public's image of mental retardation is, in itself, somewhat retarded. It's also fashionable today to call it "learning disabilities," which only makes the concept more difficult for the layman to grasp.

In my experience, those who've never been around retarded individuals tend to visualize them as sort of soft, puffy marshmallow creatures who drool a lot, are somehow dangerous, or at least embarrassing to be around and are prone to walking into heavy traffic.

It should be noted that mental retardation ranges from barely noticeable to profound and is caused by inherited birth defects, poor health of the mother during pregnancy, inadequate diet of the newborn baby, brain damage through child abuse and many other reasons.

Physical defects often accompany retardation; seizures, stunted limbs, deformed features and such help create the stigma of "looking retarded." And accord-

ing to this popular stereotype, if you look retarded, you must be retarded. On the practical level, however, most are able to function well in society. But because we tend to throw people away in this country, a lot more get put into institutions than belong there.

I can't speak for *your* retarded people, but the kids I spent four summers with at an Austin day-camp called "I Can" were strong within limits, compassionate and very hip. I had 11 of them, from 12- to 17-year-olds, including trainables (low level), educables (high level), mongoloids and George.

George, who was 13, had cerebral palsy, which made him look retarded although he had fairly normal intelligence, and was overweight, which made him uncoordinated. How he got into a summer camp for retarded children was never clear, but I think he liked our sports program and just sort of *arrived.*

To seal his involvement, his name somehow got onto a "blue sheet" and was sent through the monstrous state and federal funding bureaucracy. When that happens, you are permanently and irrevocably mentally retarded whether you want to be or not. He was assigned to a caseworker, given a number and enrolled in remedial reading.

Actually George was a prolific reader who specialized in street signs. Whenever our group ventured away from the urban day-camp, George read aloud every printed message in sight. It was a way to demonstrate intelligence and get attention at the same time.

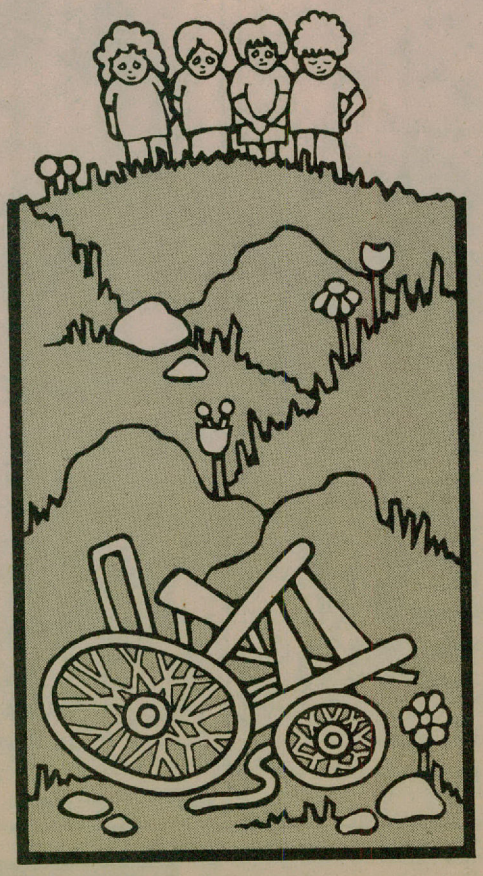
"No parking, tow away zone," George announced as we left the park on the way to get ice cream. Pease Park is an elongated wilderness of hike and bike trails, a creek and some low rocky cliffs in the middle of Austin. It's a great place to do anything and for a day-camp it was ideal.

The wading pool and playground were good for physical therapy and toning the muscles. And being in the city, we were close enough to medical facilities for the occasional emergencies that accompany some birth defects, not to mention the usual cut feet and falling out of trees that make summer camp the memorable time it is.

One trail we took every day ended at a Dairy Queen next to the park. And every day, George read the No Parking sign. At our destination George always shouted, "Dairy Queen," and added in a quieter voice, "Flash lights for service, no honking." The volume of his voice was always in relation to the size letters on the sign. Men's room signs rated a stage whisper whereas billboards were deafening.

The camp was divided into "mobs." My adolescents called themselves The Monsters and for simplicity we only had one rule of conduct: *No cheating.* Cheating included anything that was unfair or harmful to yourself or anybody else. There was nothing it didn't cover.

Another rule, which was more of a policy, was that everybody did everything the mob did, regardless of handicap. The idea behind Camp I Can was that if you treat a kid like he's normal, he'll behave normally.



It was a good policy and the only time we encountered much difficulty was when we climbed the cliffs with David "Church Organ" Romero and his wheelchair. We called him "Church Organ" because I saw a movie once where some pioneers transported a huge pipe organ across mountains and rivers and a forest crawling with Indians in order to set it up in their little sod church on the prairie and play "Amazing Grace" before the final reel ended.

We didn't have Indians but we had 35-foot cliffs with a climbable tree going halfway up to a ledge where a narrow trail augmented with hand and toeholds took us to the summit. Neighborhood children climbed it all the time, but even with individual safety ropes secured to a tree at the top, the experience was frightening and totally new to these kids who had been overly protected from many normal activities.

David was actually the easiest of all to get up the cliff. We tied a rope around him and anchored the other end to George who walked back from the edge like a mule pulling ore out of a shaft. We pulled his chair up separately. David dragged along the cliff facing using his one good arm to protect himself as best he could. He was thoroughly skinned up and bruised at the end but he was laughing, flexing his muscles and insisting that his screams had only been singing. It's true, we all agreed; a lot of people sing while climbing.

The wheelchair was not so fortunate. The two kids pulling it up let go of the rope and ran when a honey bee flew by too close. Looking over the edge, George read the brand name on the scrap metal below that had been a wheelchair. "Everest and Jennings," he said. Federal funds bought another chair but David's new self-confidence didn't cost a cent.

The most exciting field trip of the summer was when we got to be the peanut gallery on the afternoon show at a local television station.

On a tour of the place before the show began, we were quietly led into a studio where a dog food commercial was being taped. The dog wasn't cooperating, and they must have been on "take 600" because the dog food lady was screaming at the poor dog between failures and the technical crew looked wiped out.

When we came in, the animal had just figured out what was going on and was finally sitting in the proper spot, facing the camera while the lady smiled and said how good it all smelled.

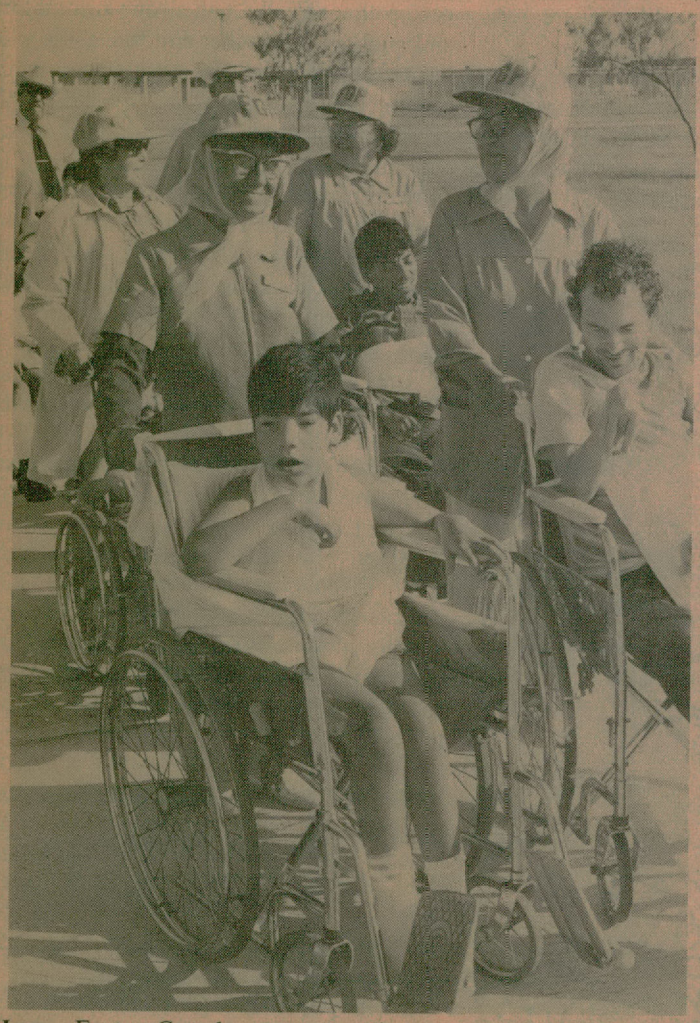
Over the door was an urgent-looking sign with a red light behind it. "On the Air," George announced in a voice appropriate to the authoritarian mood of the sign.

We left very quickly by the same door we had entered. I didn't want my kids picking up a lot of foul language. ■

Larry Moffitt, a former employee of the Austin-Travis County MHMR Center, earned a graduate degree in mental health information in 1973 from The University of Texas at Austin on a fellowship from the National Institute of Mental Health. He is currently associate editor for The News World, *a daily newspaper in New York City, in which this story first appeared.*

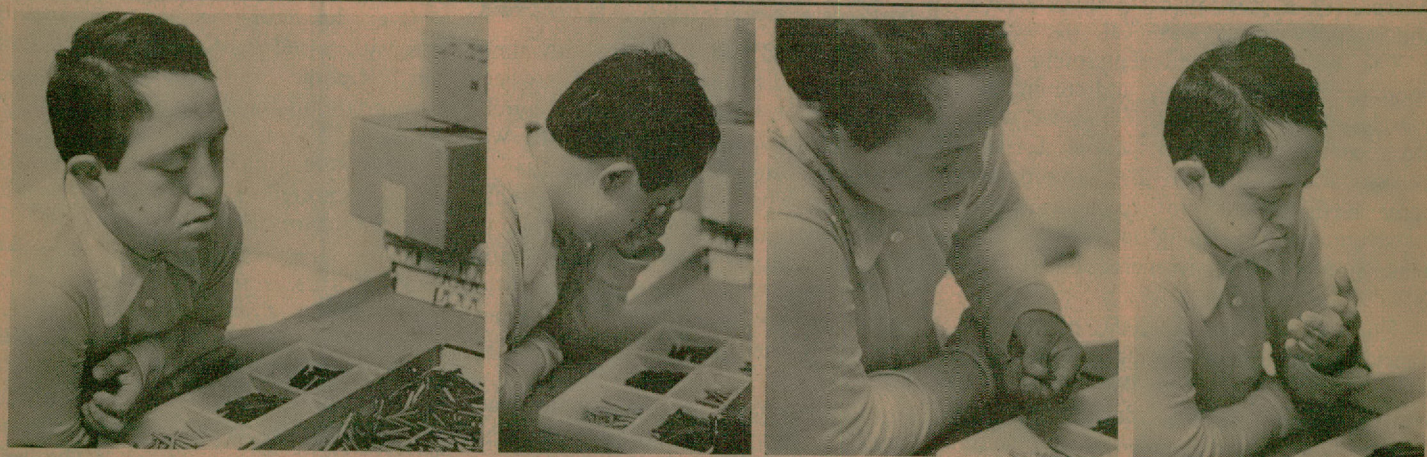
Corpus Christi State School: A Photo Essay

A State School Offers...

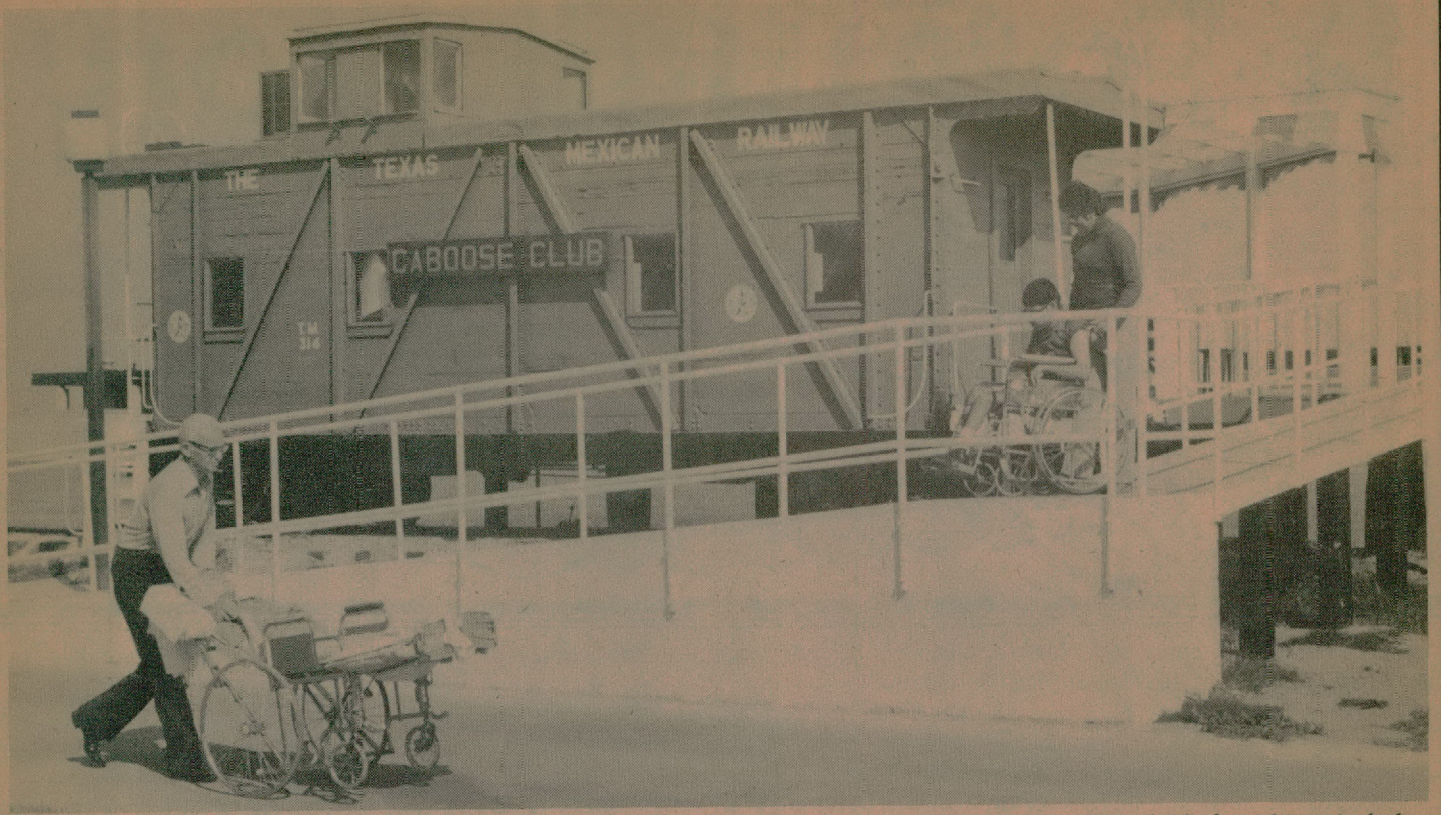


Love. Foster Grandparents give close companionship to their assigned clients. This Foster Grandparent parade is a frequent sight on sunny days.

Therapy. A daily routine in the physical therapy center is range of motion exercises for physically handicapped clients. Here, staff member Sylvia Macias works with John Jaimes.

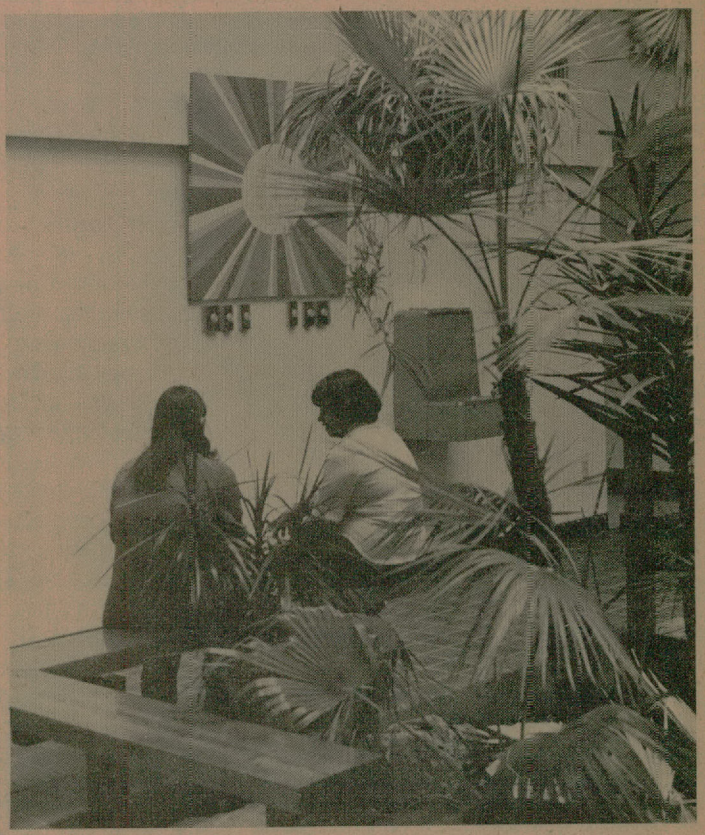


Challenge. Sorting by color in a vocational readiness class requires all the effort Julian Torres can muster. The assignment helps profoundly and severely retarded individuals learn to complete tasks and succeed in standard rehabilitation programs.



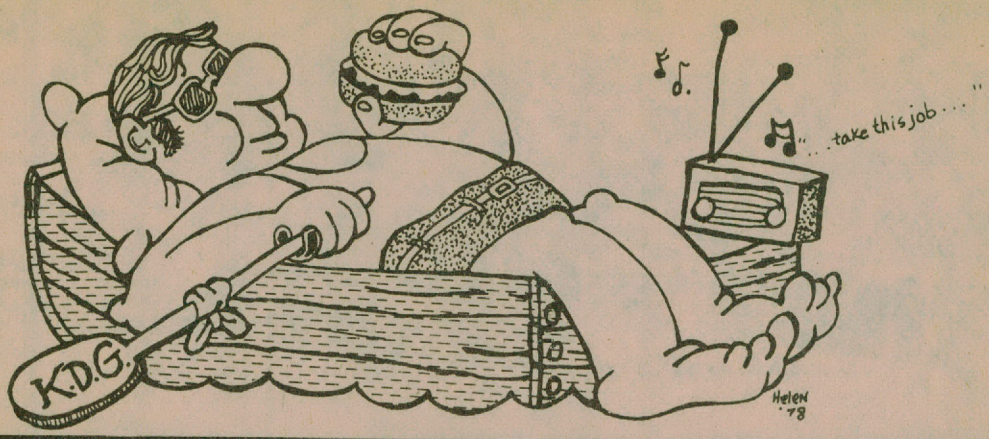
Recreation. A converted caboose offers relaxation to clients after a busy day at work or school. The club's furnishings include a television, record player and foosball game.

Training. Lucian Jimenez is taught the basic motion of a hand saw by Linda Perez in the adult workshop. Learning job skills gives clients a feeling of self-esteem and may lead to income-producing work.



Friendship. The Pavilion atrium is a pleasant spot to share a conversation. A center of campus activity, the Pavilion houses training rooms and classrooms, a religious sanctuary, lecture hall and other facilities. *Photos by Jo Ann Hammer.*

A Farewell Story



The Gaver era has come to a close for the Texas Department of Mental Health and Mental Retardation.

It ended Feb. 28 when Commissioner Kenneth D. Gaver, M.D., stepped down from his post to enter the private sector, ending 41 months of service with the department.

In a farewell report on the state of the department as he found it and as he left it, Dr. Gaver emphasized that providing quality of care and accounting for those services were the major thrusts of his tenure.

"We have come a long way in these 41 months," said Dr. Gaver. "The quality of care we now provide the residents and clients of our facilities has improved greatly.

"It is not perfect and perhaps it never will be, but it certainly is a lot better now than it used to be."

Dr. Gaver met with representatives of Texas' news media organizations to discuss his role as commissioner and to list the major issues that have not been resolved.

One of the goals he hopes to see accomplished in the next biennium is the implementation of a systematic aftercare program for all residents leaving department facilities and returning to their home communities. *(See page 5 in this issue of IMPACT.)*

Other major problems needing resolution are:

1. Continued development of services to citizens in their home communities.

2. Development of high quality protected residential care in the communities for those needing less than full institutional care, including services for the emotionally disturbed children and establishment of fiscal means to create and operate the community protected living facilities.

3. Elimination of the active waiting list of those seeking admission to the state schools for the mentally retarded.

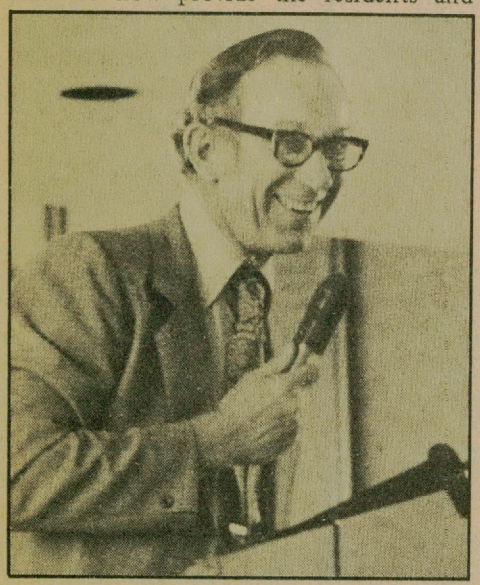
4. Expansion of preventive services to decrease the incidence and prevalence of mental impairments, including development of the genetics counseling program into all areas of the state.

5. Expanding the department's inservice training and research capabilities in order to stay abreast of the rapid technological changes.

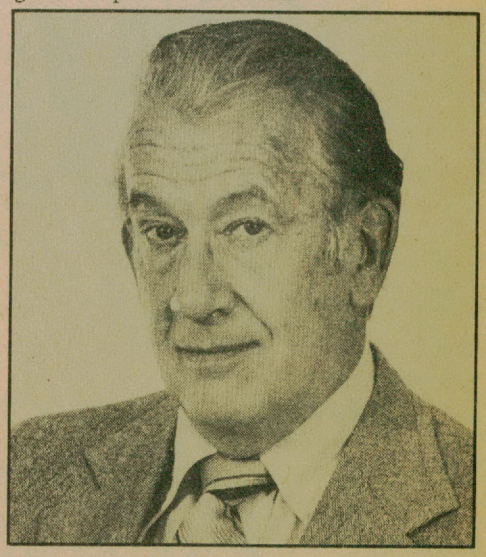
6. Sustaining the improvements in quality of care achieved during the past 41 months, including medical treatment, training, education, rehabilitation, diet and living facilities.

In discussing his role with the department during his tenure, Dr. Gaver listed these as his major accomplishments:

* Established rights for facility residents
* Implemented new client records system
* Adopted extensive rules on operating procedures and client care
* Set standards for quality of care
* Developed standards compliance and quality assurance programs in each facility
* Defined client abuse and adopted rules to safeguard against abuse
* Established continuing education program for professional staff



A Central Office reception for out-going commissioner Kenneth D. Gaver, M.D., prompted remarks of appreciation from the honoree, laced with humor and concluded with enthusiasm typical of a young boy on the last day of school.



New acting commissioner as of March 1 is John J. Kavanagh, M.D. A psychiatrist who formerly was on the staff at San Antonio State Hospital, Dr. Kavanagh was named deputy commissioner for mental health services as recently as Jan. 3. and still holds that position.

* Implemented training programs for direct care personnel

* Improved the quality and the palatability of food

* Established centralized food purchasing program

* Expanded genetics counseling program

* Increased accountability

* Established management audit system for community MHMR centers

* Developed transitional living programs.

He noted the changes in the patterns of services provided by the state mental hospitals. On Sept. 1, 1974, there were 8,998 patients in the eight hospitals. During the next 12 months, admissions totaled 18,516 patients and 24,101 were served in outpatient clinics or outreach centers.

On Sept. 1, 1977, the number of patients in residence at the hospitals was 5,609, a significant decrease during the three-year period. However, additions had climbed to 19,726 and the number of patients served in outreach centers or outpatient clinics rose to 26,802.

Dr. Gaver cited the dramatic change in the average length of stay for a state hospital patient, noting that in 1974, 37 per cent of the patients had been in the hospital five years or longer and 25 per cent less than three months. At present, only 25 per cent of the patients have been in state hospitals more than five years while 41 per cent are there for less than three months.

He attributed this change to the quality of care brought about by increased staffing patterns, including additional registered and licensed vocational nurses and a decrease in the caseload for physicians.

The department's participation in the program for Intermediate Care Facilities-Mentally Retarded (ICF-MR) has brought about extensive improvements in the quality of care for the state school residents, said Dr. Gaver.

He added the pressures of the job were the primary reasons for his resigning the post.

He said that problems associated with complying with federal regulations which did not take into account the problems of providing services to the mentally impaired consumed more of his time than anything else.

Dr. Gaver said he plans to "do nothing for awhile," and then consider one or two positions that have been offered him.

"I have enjoyed my work here and I think I have contributed something," he added. *H.P.*

Key Central Office Personnel

Commissioner (acting) ..... John J. Kavanagh, M.D.

Executive Assistant ..... Charles Schotz

Assistant Commissioner ..... Phil Bible
- Director, Information Systems Division ..... Roy S. Hill
  - Director, Management Analysis ..... Mike Laritz
  - Manager, Systems Development & Maintenance ..... open
  - Manager, Computer Operations ..... Phil Darby
  - Director, Arts, Graphics & Educational Services ..... Harley Pershing
- Chief, Design & Construction ..... Bill Bauder
- Chief, Plant Maintenance ..... James V. Campbell
- Chief, Purchasing, Supply & Reproduction Services ..... Leonard L. Wynn
- Chief, Nutrition & Food ..... James T. Moore

Assistant Commissioner ..... James A. Adkins
- Chief, Legal & Claims ..... open
  - Chief Claims Officer ..... James Dalton
- Chief, Budget & Finance ..... Hubert L. Menn, Ph.D.
  - Chief, Wage and Salary ..... Elmer G. Carlson
  - Chief, Institutional Accounting ..... Henry J. Johnson Jr.
  - Chief Budget Officer ..... Albert R. Reed
  - Central Office Chief Accountant ..... Herman J. Knodel
- Chief, Personnel & Training ..... Bill E. Reno
  - Personnel Director ..... Homer M. DeGlandon
  - Personnel Specialist ..... M. R. "Bob" Everett
  - Director, Office of Staff Development ..... Carl W. Fairman
- Chief, Internal Audit ..... Oliver Jelks
- Director, Planning & Resource Development ..... Stuart C. Fisher
  - Chief, Resource Development ..... G. F. "Jeff" England

Chief, Volunteer Services ..... Nancy Barker

Director, Program Support Services ..... Dan Sheehan, Ph.D.
- Chief, Standards Compliance ..... Sue Cavin
- Chief, Program Analysis & Statistical Research ..... Jack L. Franklin, Ph.D.
- Chief, Quality Assurance ..... Ellis M. "Pat" Craig, Ph.D.

Deputy Commissioner for Mental Health Services ..... John J. Kavanagh, M.D.
- Asst. Deputy Commissioner for MH Services ..... Caren Phelan, Ph.D.
- Deputy Asst. Administrator ..... H. K. "Kenny" Dudley Jr.

Deputy Commissioner for Mental Retardation Services ..... James E. Craft, Ed.D.
- Asst. Deputy Commissioner for MR Services ..... John W. Carley III, Ph.D.
- Asst. Deputy Commissioner for MR Services ..... Pamela A. Carley
- Director, Developmental Disabilities ..... Jack Leath

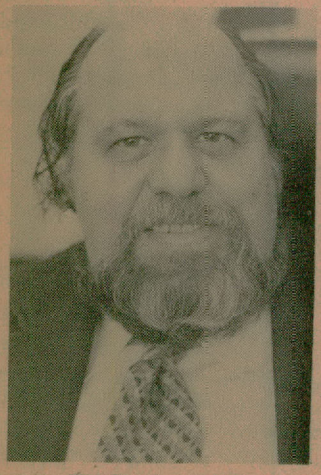
Deputy Commissioner for Community Services ..... Jon D. Hannum, Ph.D.
- Asst. Deputy Commissioner, Community Services ..... James A. King
- Asst. Deputy Commissioner, Community Services ..... E. Hartley Sappington
- Asst. Deputy Commissioner, Community Services ..... Charles C. Rich, Ph.D.
- Asst. Deputy Commissioner, Community Services ..... Bill Dillard

People Helping People

Eugene Waters, Ph.D.
Assistant Executive Director

Gerald Rogers
Director, Residential Services

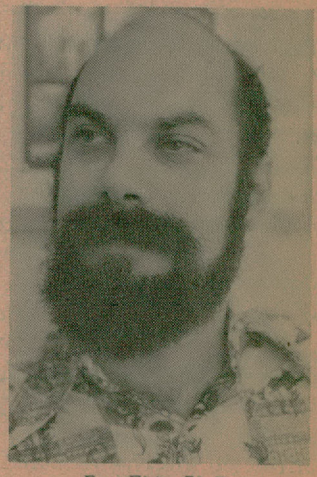
Steve Ferguson
Personnel Director



Mel Goodman, M.D.
Director, Adult/Alcohol
Psychiatric Services

Katharine Johanns
Director
Public Information

Tom Atwood
Director, Mental
Retardation Services



Ray Finn, Ph.D.
Director
Training and Evaluation

Rosemary Reynolds
Director, Mental Health Services
Temple and East Bell County

Chester R. Dietz, M.D.
Director, Child and
Adolescent Psychiatric
Services

Mike Matherly
Coordinator, Vocational/Adult
Mental Retardation Services

These are but a few of the friendly faces at the Central Counties Center for MHMR Services, as photographed by staff members Katharine Johanns and Arthur Pease.

TEMPLE---When Maria Alvarez came home from the hospital with her seventh child, she was ill and needed surgery. But there was no money for medical care because her husband Herminio was out of a job. Even money for food was scarce. Worst of all, their home was plagued with sewer problems and rats. Worried and nervous, Maria feared for the safety of her new baby.

Unfortunately, the Alvarez family rented their home on a year's lease, and the landlord---subsidized through a federal program if he contracted with a low-income family---feared his rent supplement would cease if Maria and Herminio moved. So even though he wouldn't improve the house, he refused to let them break their lease.

The Alvarez family needed help. But where could they turn with so many problems needing immediate attention?

The unlikely provider of answers was the Central Counties Center for MHMR Services, a five-county system of mental health and mental retardation programs headquartered in Temple. The center is funded through local, state and federal agencies along with fees for services on a sliding scale based upon total income and family size.

The program approached by Maria Alvarez was the H.E.L.P. Center in Temple, which had a reputation for cooperating with area agencies in streamlining bureaucratic processes and, through referrals or innovative programs, meeting many needs for everyone who called or walked through the door.

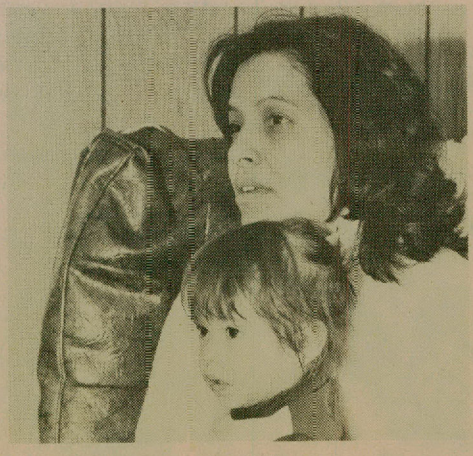
Staff members at the H.E.L.P. Center (which stands for Health, Education, Leadership and Progress) acted as advocates for the Alvarez family so that the rent supplement agency let them transfer to a modest two-bedroom house free of rats. The couple was assisted in filling out forms to apply for food stamps, Maria was referred to a low-cost clinic for medical treatment and Herminio found a job. When Thanksgiving came, the Alvarez family was notified of a church offering free dinners, and at Christmas the children were invited to a H.E.L.P. Center holiday party.

The prime mover behind this assistance is Judy Morales, coordinator of the H.E.L.P. Center. The words others use to describe her are on the order of "a real live wire" and "a ball of fire."

In addition to making home visits and counseling clients at the center, Morales serves on as many as 20 community boards and committees. "It gives me an opportunity to feed back what services we find are needed and find out what programs others are offering," she explains.

The telephone rings and Morales finds out she has a meeting at 11:30. It is now 11:00 and a one-hour appointment has just begun. "You know Chicano time," she tells the caller, smiling. "I may be a little late." By 11:30 another phone call reminds her she has a noon meeting to attend. It's all part of establishing a network of services for potential H.E.L.P. Center clients.

Judy Morales (above), coordinator of the Temple H.E.L.P. Center, marshaled resources to help the family of Maria Alvarez and her year-old child (below). It's one of the ways people help people at the Central Counties Center.



"I don't think I could have made it without their help," says Maria Alvarez, smiling and cuddling her baby, now one year old. "Judy's been real nice to me. I was so glad she helped me, you know."

Morales and her staff help a lot of people. "Our community responds to need," she says. "People who come here are crisis-oriented; they need help *now*. The H.E.L.P. Center is geared to provide crisis intervention and referral services to poor families in distress."

The center assists by providing space for visiting agency representatives. In one location clients can have papers notarized, apply for rent supplements, see a Manpower representative about job placement, participate in an expanded nutrition program sponsored by the county agricultural extension agent, find assistance to complete income tax forms and obtain state aid for weatherization of a poorly-insulated home. Other clients may take the written part of the driver's education test, learn about college scholarships or see a counselor about emotional, drug or alcohol problems. More formal mental health evaluation and treatment is provided to H.E.L.P. Center clients if needed.

Not long ago, an elderly man dropped by and wanted referrals to do yard care work. "Why aren't you retired by now?" he was asked.

The man was not retired because he had no income except what he earned doing yard work. A staff member helped the man secure a copy of his birth certificate, all he lacked to qualify for SSI, the Supplemental Security Income. His shack was weatherized and he was aided in receiving food stamps.

But what does this have to do with mental health?

"Mental health," says Steven B. Schnee, Ph.D., executive director of Central Counties Center, "is a stable state of mind in which, it is hoped, you can best utilize your own resources. Take a woman with an alcoholic husband who's just spent his week's salary on drinking and there's no money for food for the kids. You can certainly say she's depressed when she comes in the H.E.L.P. Center door.

"We accepted the fact that traditional mental health systems are simply that---traditional. They don't meet the crisis mental health needs of the poor and minority people. The H.E.L.P. Centers are partly preventive from the mental health perspective, but they are clearly a clinical service in providing crisis intervention and referral. They represent an attempt by our board of trustees and our staff members to offer services at the point of the crisis in a way that people can utilize them."

Utilize them they do. Last year 16,500 clients were served by the H.E.L.P. Center in Temple and the one in Killeen.

The Killeen H.E.L.P. Center opened in 1975, two years after its sister center. It's a good example of the ways the Central Counties Center tailors its programs for the clients of individual communities.

Dr. Schnee calls the population around Killeen (home of Ft. Hood, the U.S. Army's largest military base) "potentially volatile" in the mental health sense. Because of its rapid business/industrial and population growth rates, the large military

presence and the ever-changing working force, the City of Killeen is experiencing increasing social problems. Child abuse, assault, rape, battered wives and DWI offenses are not uncommon in the area.

The H.E.L.P. Center here is housed in a donated former army barracks, symbolic of community support in this city of 48,000 adjacent to the army post with well over 100,000 people. Military units helped renovate the building and a citizen's band radio club contributed furnishings.

Agencies which share space at the center include the Central Texas Council on Alcoholism, the Veterans Outreach Program, the Hill Country Community Action Program and the Central Texas Council of Governments. The Central Texas Housing Assistance Payments Program, which once accommodated 52 clients in a single afternoon, also contributes to the H.E.L.P. Center's monthly caseload of approximately 500. Senior citizens meet here for transportation on field trips; teenagers employed by Manpower are scheduled to help with the weatherization work; and an unemployed, alcoholic veteran with emotional problems is led to counseling, a job, food vouchers and payments for his medical bills.

"The concept behind the two H.E.L.P. centers is the same," explains coordinator Julian Abbud. "But because of Ft. Hood, two-thirds of our clients are Anglo, and the others represent many ethnic groups. Drug and alcohol abuse are big problems here."

The Bell County Probation Department refers many drug or alcohol offenders to the center. As many as 20 new clients are acquired this way each week, 60-65 per cent of whom are in the military.

Ft. Hood family dependents and retired military personnel contribute to a relatively high unemployment rate in Killeen. Likewise, the high mobility factor associated with the community growth creates problems of its own, such as incoming families with job and home location difficulties. Their needs prompted a program of cooperation between the H.E.L.P. Center and the Killeen Police Department, called the H.E.L.P. Police Emergency Fund.

The emergency fund provides money free of red tape for these families who often arrive in crowded cars or pickup trucks in need of repair. They usually have no money, no food and no place to stay. They need immediate guidance and financial assistance.

Abbud coordinates the program with Capt. Ted Wermuth, crime prevention division commander and director of the police community relations program. With funds provided by area churches, the two men help as many as five families each week in need of a little support. Even though careful screening limits help to the most needy, too often the monthly fund is depleted within two weeks.

Such close cooperation exists between police officers and the H.E.L.P. Center staff that, says Capt. Wermuth, "If we didn't have this organization, we'd be hurting."

The Central Counties drug and alcohol program in Killeen is located both in the H.E.L.P. Center and the mental health center on Rancier St. Strong support for the drug and alcohol program, called Crossroads, comes from the probation department, according to Dave Thompson, in charge of consultation, education and clinical services. The majority of Crossroads clients come to the program as a condition of probation or parole.

Thompson is trying to design a drug and alcohol abuse program for voluntary clients as well as the involuntary court-referred individual who requires compulsory counseling.

With this type of client, Thompson believes the tough approach is essential to successful rehabilitation. But with all clients, voluntary or not, Crossroads assists in channeling energy into more creative and acceptable activities than taking drugs.

Explains Thompson, "With the substance abuser we must incorporate activity more than talk. We don't just discuss a job problem a client may be having. We go see his employer."

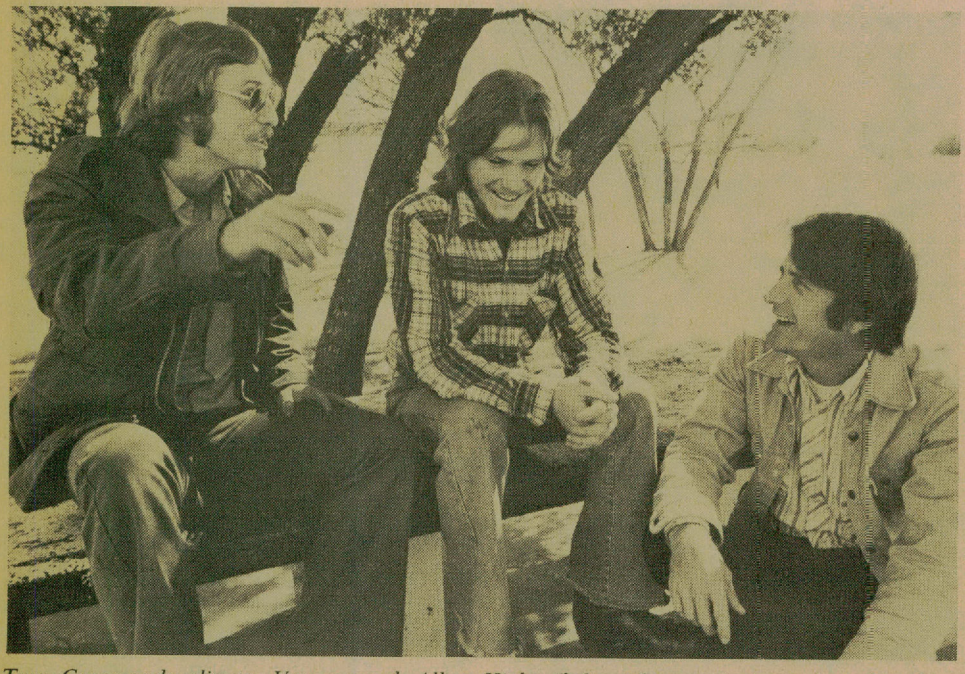
In Thompson's program group therapy and peer counseling are foremost, to show that a person can relate to others without taking drugs. The client's family is also involved in a process of resocialization. Crossroads staff currently are developing a support system for families to teach them how to better cope with the misplaced feelings of responsibility and guilt associated with living with a substance abuser.

Programs for the mentally retarded are directed by Tom Atwood. Services include stimulation for infants who are developing slowly, special education, adult activities and help in making application for residential placement at a state school.

Atwood recognizes there are gaps in services that inconvenience families, overburden state schools and limit the potential of mentally retarded clients. With more funds, priorities for new programs would include home trainers to work with families, a halfway house to teach independent living skills and respite care to give occasional relief to families caring for a mentally retarded member.

One program in operation is the Vocational Evaluation Training and Employment Center (VETEC for short) under the direction of Mike Matherly. Here, the multihandicapped are provided vocational evaluations as well as job skills and work adjustment training. One client had done nothing but live with his family during the decade following the time he last received any services at age 15. After five months of VETEC training, he was employed as a janitor.

Other successes, though smaller, are no



Two Crossroads clients, Vernon and Allen Hicks (left and center), join counselor Ron Beevers for an informal session outdoors.

less applauded. Atwood describes a client who had learned to use a hand drill after lengthy training and gradually reduced supervision. He watched the boy at work one day, a huge grin on his face as he operated the drill.

"With people stepping on the moon and 707's buzzing around, it may not seem like much," he says. "But it means a lot to these people to be contributing instead of taking."

Another category of people the center helps is the elderly, those who have long been independent but find their resources dwindling and their support groups growing smaller as children move away and parents die. Unable to do things or get around as they used to, they are susceptible to depression or psychosomatic problems. Reversing the withdrawal process through activities and interaction with others is the key to mental health services for the aging.

But, says Louise Moon, coordinator of services for the elderly, "We see only a small percentage of the elderly. Another 90 per cent are out there coping well."

Those they do see may only require a listening ear. "Someone may visit an elderly man twice a week," says Moon, "just to hear his problems and ease his loneliness. After a couple of months, the man may begin to look at himself and see if he can do anything to help his own situation."

Many older persons are in the center's structured day treatment program for several hours each day. Here they find companionship, activities and more listening ears. One feature of the program is the life cycle review group, a method of encouraging people to resolve old conflicts and learn to relate better to others by sharing with a group their remembrances of days past. The same technique is used in nursing home visits.

Another aspect of Moon's work is arranging workshops for geriatric caregivers and service providers. Because nursing home administrators are required to earn continuing education credits to maintain licensure, the fact that center workshops on the elderly merit awarding such credits assures a full house for any training sessions offered.

Other workshops the Central Counties Center provides are developed by the consultation and education division. These include rape prevention and self-defense courses cosponsored by the Temple Police Department, classes on parenting and seminars dealing with divorce and recovery. Training programs for staff include such innovations as sessions to sensitize center secretaries to their impact on client care.

Besides these programs, the Central Counties Center offers outpatient counseling, a 24-hour hotline, short-term hospitalization, a residential program for adolescents and more. But as the Temple-Killeen area is experiencing great growth, the demand for more and different services is just as keen.

The center's main building, a former hospital in Temple, houses more than half of the total staff of 200 in 60,000 square feet. Even here growth is evident. The expanding mental retardation programs are taking over the business section which is moving to a newly-renovated wing.

Nearly 100,000 people live in the four other counties served by the Central Counties Center. Milam County is experiencing rapid growth in the Rockdale area. Lampasas County, although small, has a growing population and is developing its social support systems. Hamilton County, the smallest of the rural counties, has a sizable portion of the region's elderly population. Coryell County with its military presence and rapid growth is experiencing more disruptive family situations.

Dr. Schnee, as executive director, is responsible for developing programs to suit each community's needs, a process which often involves both traditional and H.E.L.P. Center approaches. Permanent centers alive and well in Copperas Cove, Gatesville, Hamilton, Lampasas and Rockdale illustrate great progress over the circuit-riding staff members who served the region not long ago.

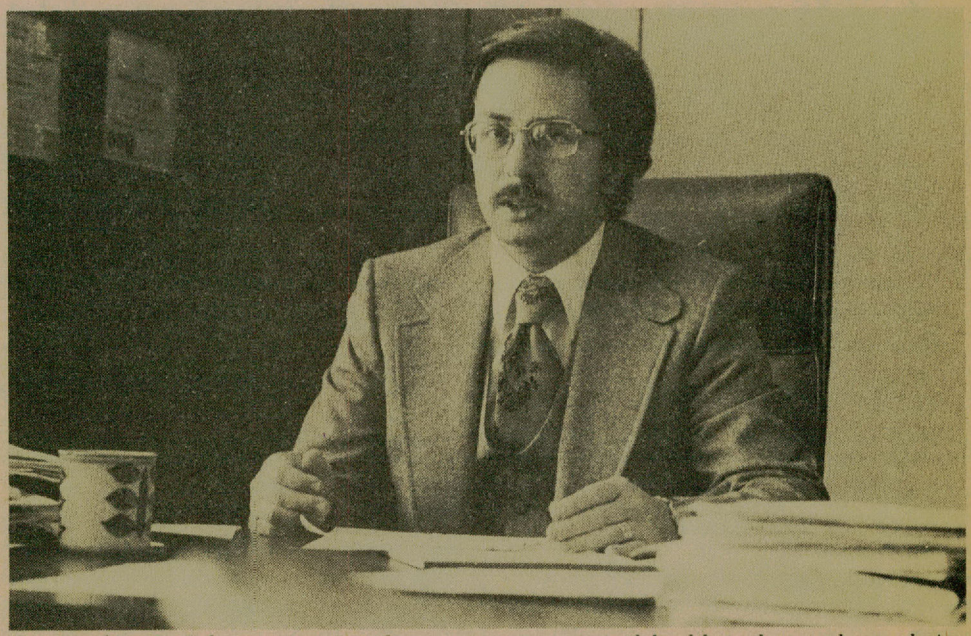
Another assist to the center is the acquisition of a computerized management information system still being tested in a pilot program. Its purpose, according to Dr. Schnee, is to support the clinical, fiscal and evaluation components of the center.

"Who comes to our center?" asks Ray Finn, Ph.D., director of training and evaluation. "How much does it cost to serve them? How much does it cost to produce not a unit of care, but a unit of change in a client's condition? Defining these things will be a real step toward accountability.

"We know, for example, that a significant portion of our clientele comes for three visits or less. A common assumption is that this may represent failure, but that's not necessarily true. When we are better able to use the computer for evaluation, we'll be able to determine the significance of that statistically and perhaps develop a profile of clients likely to drop out early. Perhaps these people may be seeking and receiving crisis relief and, as such, have their expectations and their needs fulfilled."

This concern for the delivery of effective client care pervades the center. With help from Katharine Johanns, the center's spirited director of public information, more and more area citizens are becoming aware that they can find help for problems without being labeled "crazy." Dr. Schnee calls it "people helping people . . . in the most cost effective way possible."

Maria Alvarez, who found food, medical care, a home and peace of mind through center staff member efforts, just says, "I don't think I could have made it without their help." *J.O.*



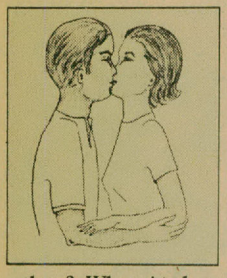
Dr. Stephen B. Schnee, executive director, oversees mental health and mental retardation services for a five-county area.

Why Is Sex Education Important?

Because sex is something you are, not something you do.

By Chaplain Jim Martin

What do you say to a mentally handicapped client who wants to get married? What is the response to a client who hugs another inappropriately, touches strangers or children on the street at inappropriate places on their bodies? What is the response to a client who masturbates in public?



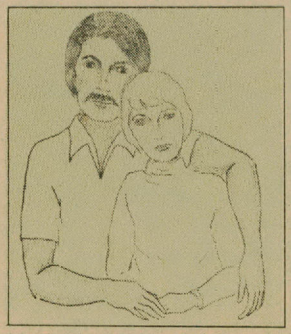
How does a client learn not to peep in windows out of curiosity, because others might not understand? What is the response to clients who publicly express affection to each other? What is done when clients engage in sexual intercourse?

The attempt to answer some of these difficult questions has led state schools in Texas into a most ambiguous and controversial area.

Staff at Austin State School began more than seven years ago to answer some of these questions. Slowly and deliberately a program of sex education (human sexuality training) was begun, evaluated, revised and retried. After seven years, the program of staff training and client education continues to improve as it attempts to help clients see themselves as worthwhile human beings who happen to be male or female.

But what is sex education? And why is sex education important?

First, what is sex? An individual's answer to this question will determine that individual's attitude and perception about sex education. If the answer is "Sex is intercourse," then sex education would be limited to a small aspect of human sexuality. If, on the other hand, we understand sex to mean human beings of the male or female gender, then sex education takes on a much broader view and includes everything that a male or female is.



Human sexuality training addresses itself to the interaction of the sexually related biological, psychological and social influences encountered from birth through adulthood. Human sexuality training sees the clients as complete individuals in a process of learning about being male and female, the totality of being human. Therefore, to answer the question posed earlier, sex is something we are, not something we do.

In considering human sexuality training for mentally handicapped persons, it is important to be aware of characteristics that make it difficult for them to learn about their own sexuality. First, retarded persons can easily become confused. When this happens, they often do not know what, when or whom to ask for help.

Second, retarded persons lack reading skills. This severely limits their access to information.

Third, most retarded persons do not have friends who can help them with information, because their peers are also ignorant about human sexuality.

In the fourth place, retarded people have few opportunities for social development, so their chances to observe and practice social skills also are limited.

Finally, because retarded persons often are deficient in reasoning ability, it is difficult for them to distinguish reality from unreality.

Retarded persons frequently possess other characteristics that make them vulnerable to sexual exploitation or inappropriate sexual acts. Retarded persons respond disproportionately to affection and give affection indiscriminately in return. Many retarded persons will do whatever is asked of them without questioning. This second trait is true because retarded persons want to please and be accepted. This characteristic is certainly a normal human trait. Also,

mentally handicapped persons may be unaware of appropriate behavior. They often possess poor judgment, especially in forming relationships. Finally, retarded persons have difficulty in predicting the consequences of their acts.

With this background, let's look more specifically at the sex education program at Austin State School. All clients at the school do not receive human sexuality training. Only about six per cent of the school's clients receive human sexuality training per year. Some of these students enter classes at their request or at the request of their parents. Others are enrolled as a result of their interdisciplinary team's recommendation.

A typical reaction to the class was expressed by one young girl who said, "I like this class better than my other classes." The uniqueness of the class is not so much that its topic is human sexuality, but rather that its focus is on the student as a one-of-a-kind person. Much effort is expended by teachers to help students identify those aspects of themselves that are good and indicative of their personalities. This part of the curriculum is important in view of the fact that institutional living does not enhance self-esteem.

Body image is also important in human sexuality training. The bodies portrayed in the movies and on TV (often watched by clients) are beautiful bodies without blemish. Often, students with deformed bodies will ask "Why is my arm this way?" or "Why don't girls like me?" Human sexuality training helps students see their bodies as whole and good with many parts, all of which have different functions.

Marriage, dating, parenthood, sexual expression and birth control are other topics thoroughly discussed in human sexuality training. Of course, the depth of discussion on these topics depends on the levels of the students. Because a few students eventually marry and because many students return to the community, they have the opportunity to learn as much as they want to know.

An important element of human sexuality training at Austin State School is the teacher. Teachers are selected on the basis of professional competence and healthy attitudes regarding the mentally handicapped and human sexuality. After selection, teachers are provided special training before entering the classroom.

What is a relationship? How would you help a retarded person understand the concept of human relationships? During one class a student asked, "What is marriage?" After a futile attempt to explain marriage, one teacher suggested the class go to the chapel to enact a wedding. This role-play experience not only helped the students understand marriage, but also helped them understand all human relationships. The concrete expression of commitment in the marriage ceremony made the commitment aspect of all relationships more real. The students rarely had difficulty discussing responsibilities

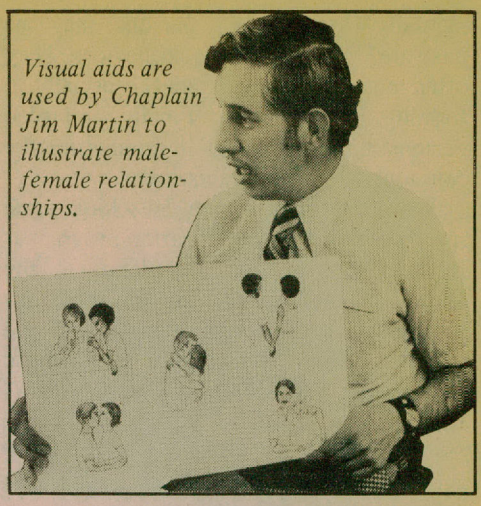
Body image, an important aspect of human sexuality training, is explored through assignments for students to draw pictures of themselves. Sharing their illustrations are Evelyn Turner (left) and Cyrena Smith of Austin State School.

within relationships after that chapel experience.

What about human sexuality training for the profoundly and severely retarded---is this possible? Yes, this is a newer part of the sex education program at Austin State School. Trained staff working one-to-one with a client can teach profoundly and severely retarded persons appropriate sexual behavior. Perhaps the key to human sexuality training for profoundly and severely retarded people is the trained staff who know *when* to respond to certain client behavior and *how* to respond.

Overall, human sexuality training includes many areas. The ultimate goal is to help clients build positive self-perceptions as sexual beings.

Chaplain Jim Martin is director of the religious services department at Austin State School and chairs the school's Human Sexuality Committee. He is a sex educator certified by the American Association of Sex Educators, Counselors and Therapists.



Visual aids are used by Chaplain Jim Martin to illustrate male-female relationships.

Resources: Sexuality & the Mentally Retarded

Recommended by Chaplain Jim Martin

Agencies

American Association of Sex Educators, Counselors and Therapists, 5010 Wisconsin Ave. N.W., Washington, D.C. 20016.

Articles

Johnson, Warren R., "Mental Retardation and Masturbation," *Sexology,* April 1967.

Martin, Chaplain J. Harold, "Sexual Development of Institutionalized Mentally Retarded," a paper presented to the Religion Subsection of the American Association on Mental Deficiency, Region V, October 1973.

Books

De La Cruz, Felix F., and Gerald D. LaVeck, *Human Sexuality and the Mentally Retarded,* Brunner/Mazel, Inc., New York, 1973. The first comprehensive and authoritative treatment of the subject. A good reference work for staff members.

Gordon, Sol, *Let's Make Sex a Household Word: A Guide for Parents and Children,* The John Day Co., New York, 1975. Reference book for staff members and parents.

-----, *Girls Are Girls and Boys Are Boys, So What's the Difference?,* John Day., New York, 1974. Helpful with mentally retarded persons.

----- and Judith Gordon, *Did the Sun Shine Before You Were Born?,* The Third Press, New York, 1974. A sex education primer useful with mentally retarded persons.

Johnson, Warren R., *Sex Education and Counseling of Special Groups,* Charles C. Thomas, Springfield, Ill., 1975. Reference book for staff members.

Kempton, Winifred, *A Teacher's Guide to Sex Education for Persons With Disabilities That Hinder Learning.* Excellent resource for teachers. Available from Planned Parenthood of Southeastern Pennsylvania, 1220 Sansom St., Philadelphia, PA 19107.

-----, Medora S. Bass and Sol Gordon, *Love, Sex and Birth Control for Mentally Retarded.* Excellent handout booklet for parents. Available in English or Spanish at $1 per single copy (reduced rates for bulk purchases) from Planned Parenthood---World Population, 810 Seventh Ave., New York, NY 10019.

Curricula

Fischer, Krajicek, Borthick, *Sex Education for the Developmentally Disabled,* University Park Press, Baltimore, 1973. Designed to encourage communication between the parent or instructor and the trainable or educable mentally retarded person. The line drawings help determine what the handicapped person knows and make conversation easy. The second part of the book provides help for parents.

Social and Sexual Development: A Guide for Teachers of the Handicapped, 1971. Well-developed curriculum presented on primary, intermediate and advanced levels. Available from Special Education Curriculum Development Center, Iowa State Dept. of Public Instruction and the University of Iowa, 17 W. College Ave., Iowa City, IA 52240.

Visual Aids

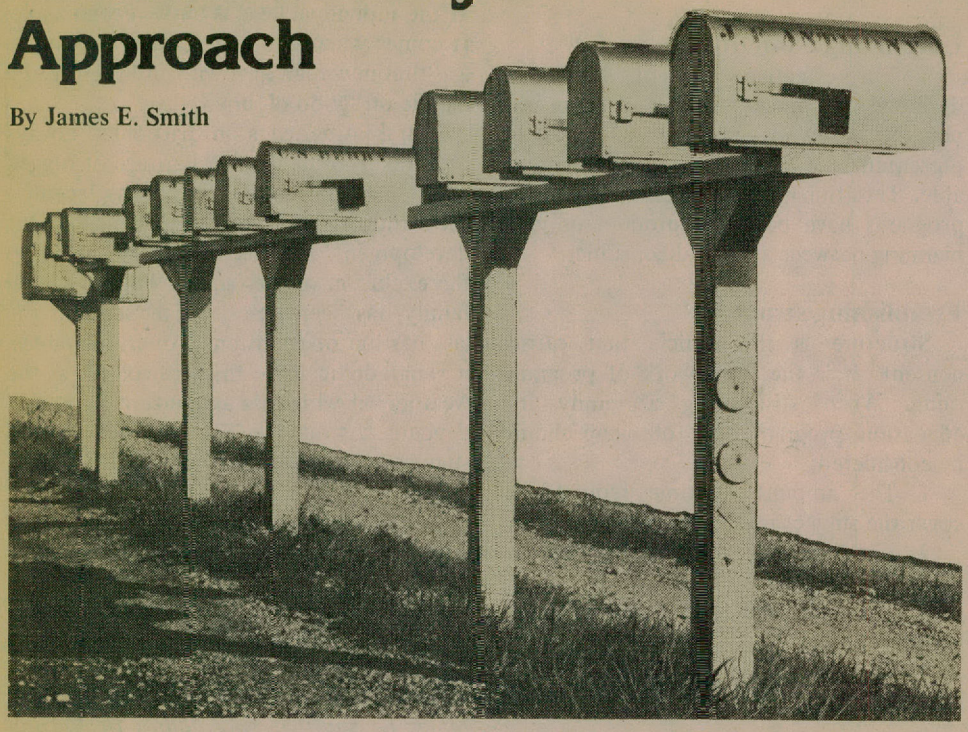
Human Sexuality: A Portfolio for the Mentally Retarded. Ten drawings on stiffened paper in a durable plastic case. Discussion suggestions for the teacher are printed on the back of each plate. Available from Planned Parenthood of Seattle-King County, 2211 E. Madison, Seattle, WA 98112.

"The ABC of Sex Education for Trainable Persons," 20 min., 16 mm, color and sound, rental: $25 daily or purchase: $250. Designed for inservice training in institutions. Available from Educational Division, Hallmark Films and Recordings, Inc., 1511 E. North Ave., Baltimore, MD 21213.

"Like Other People," 37 min., 16 mm, 8 mm or videocassette, color and sound, rental: $37.50 or purchase: $375. Depicts cerebral palsied persons, but concepts of need for normal human relationships relate also to mentally retarded persons. Highly recommended. Available at prices quoted above from Perennial Education, Inc., 1825 Willow Rd., Northfield, IL 60093. Free two-week loan from Texas Dept. of Health, Public Health Education Film Library, 1100 W. 49th St., Austin, TX 78756.

FAMILY LIFE EDUCATION IN RURAL TEXAS: A Good Ol' Boy's Approach

By James E. Smith



VERNON---Heading through north Texas on an autumn day and viewing seemingly endless fields of cotton, one might imagine a snow has fallen during the night. In winter, a lone cowboy sits atop his pony, surveying a herd of cattle searching the cold ground for grazing. Late spring brings harvesters southward to sail golden oceans of wheat in bright new combines, while the summer air will ring with the sound of men working the oil rigs to the east. And everywhere, good ol' boys discuss their lives over a cup of coffee at local cafes.

A scene from Edna Ferber's *Giant?* Maybe, but these also have become common experiences for the Vernon Center outreach staff.

The Vernon Center outreach program serves a 14-county area in North Central Texas. Operating under the auspices of the newest state hospital, the program is charged with preventing hospitalization and rehospitalization by providing direct client services and prevention-oriented services at the community level. Staff from the program's seven outreach centers and two traveling treatment teams meet this responsibility by providing a comprehensive array of mental health services. However, diverse sociologic, demographic, economic and geographic conditions pose problems for mental health service providers in this area. This is especially true regarding the provision of prevention-oriented programs such as family life education.

Outreach-sponsored family life education programs in the rural Vernon area were developed initially to meet program needs and the needs of the population served. The economic climate of an outreach center's catchment area directly influences size of the caseload. As economic conditions are favorable, caseload declines; conversely, if cattle or hog prices fall, if a hail storm or drought destroys crops, caseload increases. There also appears to be a relationship of a symbiotic nature with regard to staff morale and size of caseload. As the caseload increases, staff morale is high, but as caseload decreases, so goes morale.

In the past, when center activity was low, creative staff members initiated family life education programs to elevate morale. Such programs typically have been well-received at the community level. Initial successes combined with the administration's willingness to permit staff to develop their own expertise in areas of personal and program interest contributed to the further development of family life education programs.

Dawn S. Simon, a social worker who has written several articles about family life education, noted some observations that influenced a similar change within the Family and Child Service of Metropolitan Seattle. Her observations, which appear to be true for the Vernon Center outreach program, are:

1. By practicing in the medical model, staff based their work in pathology, working with the symptoms people described which presented a basic assumption that they were in some way unhealthy or destructive.
2. People came only when they were in a crisis, under stress or after the fact, prevention and growth being rare reasons for seeking the agency's services.
3. Human relationships is one of the areas in which people are least trained or prepared.
4. Many people who need help in their personal relationships do not come for counseling because of a fear that there is something wrong or abnormal about them.
5. Most people are not fearful of classes (in fact, classes can be a bridge to counseling), and many are eager to be trained and not blamed.

A client in the program once said, "You can't go bird huntin' with a deer rifle," meaning that in order to accomplish an objective, one must use the right approach. In working to accomplish the objective of providing effective family life education programming, the staff has used a variety of approaches. These include:

1. A family education workshop series designed to facilitate a better public understanding of the dynamics of interpersonal relationships within the family unit.
2. A women's awareness group dealing with stereotyping as a factor in family relationships.
3. Presentations to school-age children designed to promote a better understanding of the problems of youth.
4. Presentations to service clubs aimed at improving community understanding of and generating support for services provided to families at the outreach centers.
5. Training of paraprofessionals and professionals employed by other agencies in order to create a viable community network of effective service providers.
6. The organization of volunteers to provide information and education to the public at large.

Although these programs initially seemed to be a product of a creative staff wanting more fulfillment from their work, they have since become a service that is expected by the citizens in the catchment

area served by Vernon Center.

Meeting the expectations of citizens with regard to programming requires that special attention be given to planning. The following areas have been identified by Dawn Simon as being critically important to planning: identifying the community needs, assigning the appropriate staff to meet programming needs, establishing focus, developing content, establishing structure, involving the community and evaluating effectiveness.

Identifying the community needs

A director of one of the outreach centers once stated that she lives in a fishbowl. This seems true of all service providers in rural areas, as they are not autonomous individuals simply residing in the community, but important members of the community. While this often means a sacrifice in terms of individual privacy, it also can afford the rural service provider with firsthand knowledge of community needs. Some of the most effective programs conducted have been the result of conversations held in beauty salons and farm implement dealerships. The key to identifying community needs is often as simple as learning to listen to one's neighbors.

Assigning the staff

After community needs have been identified, staff must be assigned to develop programs to meet these needs. Assignments are most often given on the basis of individual interest and expertise. Typically, in rural areas the major task in assigning personnel is finding staff members who have enough time to plan effective programs. The perennial scarcity of mental health professionals in rural areas makes it necessary to develop alternative methods of delivering services. An effective alternative used by the outreach staff has been to train nonprofessionals and professionals from other disciplines to serve as volunteers in areas of preventive programming.

Establishing focus

Establishing the focus of preventive programming is a process whereby reasonable objectives are defined to meet the needs of the population to be served.

For example, a group of women approached an outreach center director with a request for education classes. The staff member assigned to work with the women learned that they were interested in women's liberation but were reluctant to start a group on their own for fear of what their friends might think. From this need a women's awareness group was initiated. This group has met weekly at the outreach center for more than one year. Group participants freely discuss their concerns as individuals and are encouarged to take responsibility for defining and redefining objectives of the group.

Developing content

To be effective, content should be developed to meet specific needs of the population served. Subject matter must be presented in a manner that is understandable. Traditionally, the most well-received programs have been the product of joint planning between staff and consumer.

Establishing structure

Structure is the vehicle that carries content. It is the framework of programming. When structuring a family life education program, the following should be considered:

1. The amount of time required to cover the subject matter adequately.
2. The time and location of programming.
3. The method by which subject matter is delivered.
4. The manner in which the public is informed of the program to be offered.

Involving the community

It is this writer's observation that community involvement is essential to effective preventive programming. Three identified areas where community involvement is necessary are program planning, program participation and feedback on programs delivered. Valuable input into program planning is often given by current or past clients and outreach advisory boards. Community participation is solicited through use of local media. Feedback is typically received by word-of-mouth and, though quite informal, it is usually reliable.

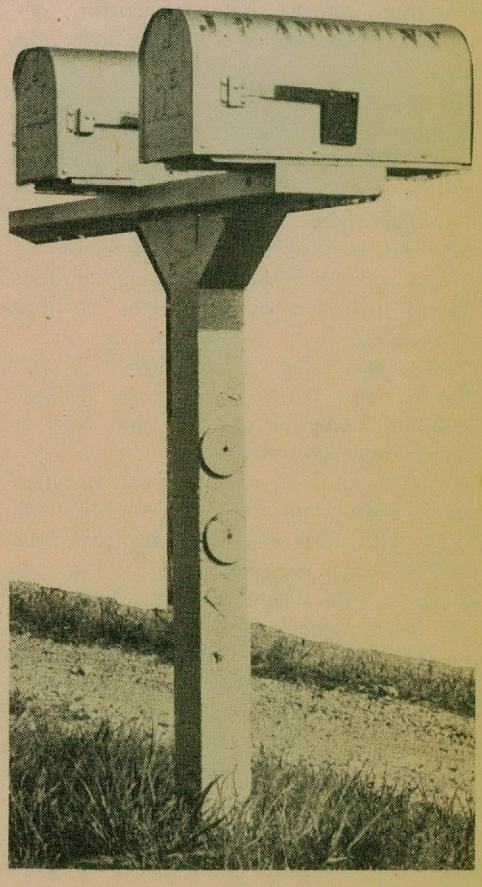
Evaluating effectiveness

Evaluating the effectiveness of preventive programming in rural areas is especially valuable. The evaluation process provides for easy identification of program strengths and weaknesses. In the outreach program brief evaluations are recorded on a Community Service Form. This form allows the recording of both details about the program itself and its reception by participants. Forms are then kept in a centrally located file for future reference.

Effective planning is perhaps the most vital element in preventive programming. However, in rural areas effective planning and two bits are worth little more than a cup of coffee without community acceptance. It has been this writer's experience that rural mental health programs seldom receive this acceptance until individual service providers are accepted. Although obviously intangible, acceptance at the individual level is quite recognizable. It comes when one is no longer referred to as "that new man in town" and is given the handle of "good ol' boy."

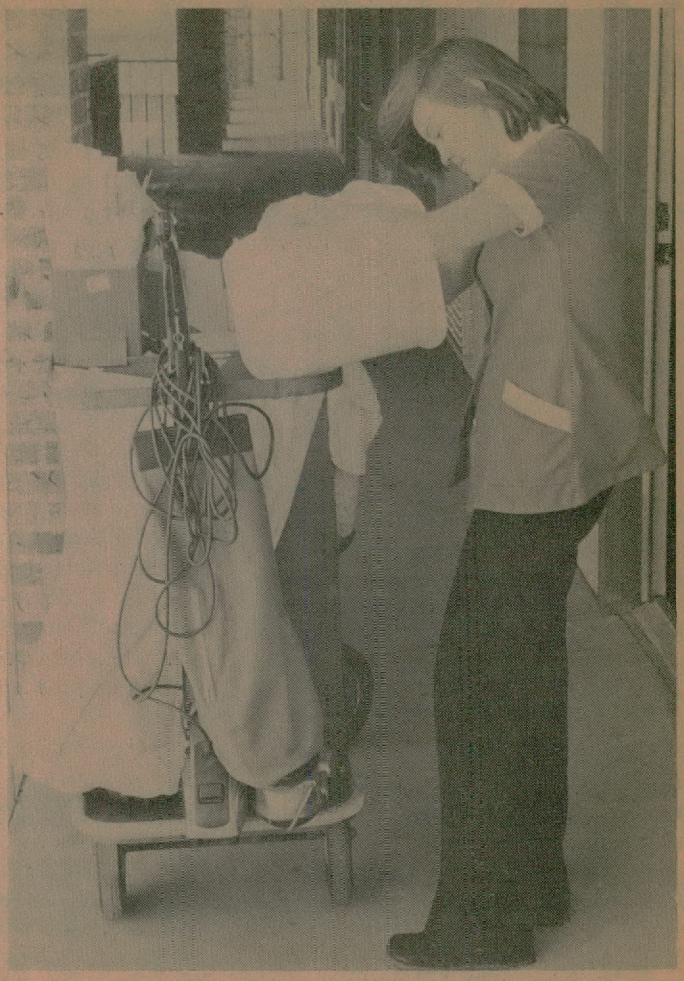
Rural Americans in particular always have taken pride in their heritage of rugged individualism. Emphasis has been placed on the individual, his achievement, his development and his happiness, often to the exclusion of the family. While the rural family has been described by some as the last bastion of traditional American values, it is paradoxically at times as volatile as the weather on which its agricultural economy depends. As many people still cling to old stigmas attached to mental health facilities, family life education becomes increasingly important. Though much remains to be done in providing effective preventive programming to rural areas, many obstacles have been overcome by concerned professionals who realize the importance of being accepted as "good ol' boys and gals."

James E. Smith is coordinator of Vernon Center's outreach program.



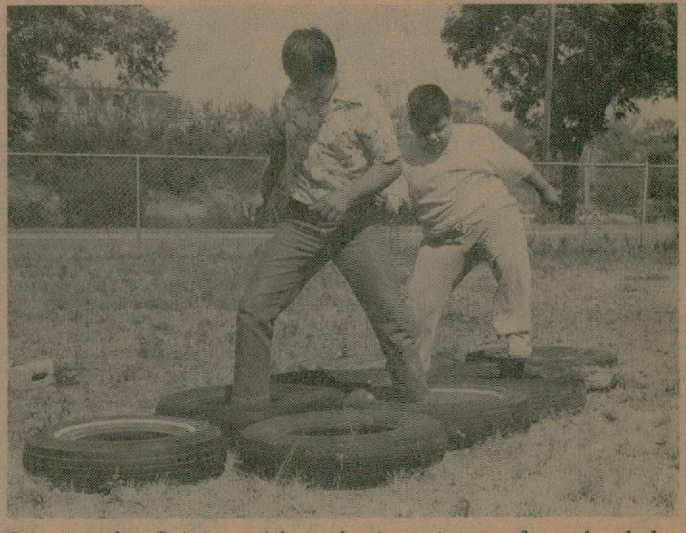
Random Focus

Terrell. Taking more hospital services into the community and furthering training of Terrell State Hospital employees were reasons for hypertension screening at three grocery stores. Involved in the blood pressure check above were (clockwise from top) Sue Neagle, MHMR aide; Sue Ann Pike; and Sharon Hamburg, L.V.N., instructor. *Photo by Jim Bell.*



Denton. Competing against six other maids at Ramada Inn, Dorothy Foster of Denton State School won $25 as the maid of the month. Foster lives at the school's Bernard St. Apartments and has worked at the motel for more than two years. *Photo by John Stark.*

Beaumont. Belinda Blaylock gets special transportation from the Easter rabbit during the egg hunt at the Beaumont State Center for Human Development. *Photo by Roy Bray, courtesy of the* Beaumont Enterprise and Journal.



San Angelo. Joining with enthusiasm in an after-school day care program are John David Perez and Michael Alejandro, clients of the MHMR Center for Greater West Texas. *Photo by Jo Ann Hammer.*

★★★PEOPLE & PLACES★★★

Newsmakers

James A. Adkins, formerly chief of Legal and Claims for TDMHMR, was named assistant commissioner in February. He filled a post left vacant since the retirement of **Earl M. Scott** last July.

John J. Kavanagh, M.D., a psychiatrist and formerly director of Residential Services at **San Antonio State Hospital**, became deputy commissioner for Mental Health Services Jan. 3. He then was named acting commissioner for TDMHMR March 1 following the resignation of **Kenneth D. Gaver, M.D.**

Gary Hughes, director of Staff Services at **Austin State School**, was elected to a one-year term as an officer of the Texas State Personnel Administrators Association beginning January 1978.

Marie Ballard, coordinator of Nursing Services at **Terrell State Hospital** (TSH), was named winner of the 1978 Rotary Community Service Award by the Terrell Rotary Club in February for her involvement in civic projects and programs, in part because of her support of the TSH Volunteer Services Council.

Ruth Hoffman, a volunteer at **Travis State School** for 17 years, was named Austin's "Most Worthy Citizen" of 1977 by the Austin Board of Realtors.

Jimmy Suniga was named the Work Evaluation & Training Center's (WETC) Worker of the Year at the center's third annual banquet. WETC is the sheltered workshop for the **Amarillo State Center for Human Development**. Suniga's skills enabled him to move from the sheltered work setting to the plant of one of the shop's contractors.

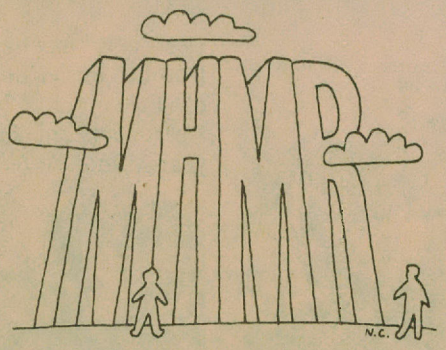
Tom Deliganis assumed his duties as the first head of the new **San Antonio State School for the Mentally Retarded** March 1. His official title is assistant superintendent for Mental Retardation Services, **San Antonio State Hospital and State School**. Formerly Deliganis was dean of occupational and continuing education for the Laredo Junior College.

The school was created by the 65th Legislature as an adjunct of San Antonio State Hospital. It is operated as a residential facility for the mentally retarded and draws administrative and logistical support from the state hospital.

The school is located in 10 buildings formerly used by the San Antonio Chest Hospital which is adjacent to San Antonio State Hospital.

The school's first residents were expected to arrive by April 1. When the school is fully operational in 1979, it will accommodate more than 400 residents.

Conversation Starters

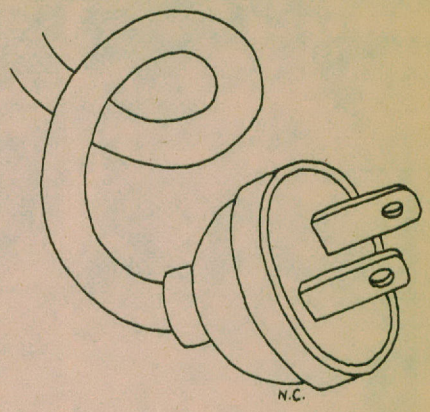


Some facts and figures about TDMHMR you might want to keep handy to dazzle your friends with:

The department is the largest employer in the state government, with 26,200 employees on the payroll at the start of 1978.

Last year the department's payroll amounted to $216,261,247.58. That amount was paid to 43,216 employees, including 6,263 client workers. More than 10,000 employees left the department during the year.

Department employees paid taxes last year, a lot of taxes. Federal income tax withholdings for 1977 amounted to $25,122,697,81. The amount paid into Social Security was $12,144,929,74.



James V. Campbell, chief of Plant Maintenance, reports that during each of the four years since implementation of the **Central Office** energy conservation program energy use has been reduced as much as 51 per cent from that used the year before the program began.

During the period December 1976-December 1977, for example, the 41 per cent energy reduction over the 1972-73 period represented a savings of $55,250.81 in utility costs.

Our Readers Write

The 1977 annual report from TDMHMR, CHALLENGES 1977, has reached my desk, and I want to congratulate you on the wonderful job.

The unique format and content of this report compel the most uninterested person to really read it. Once into the book, the person then quickly realizes the impact of the work of TDMHMR.

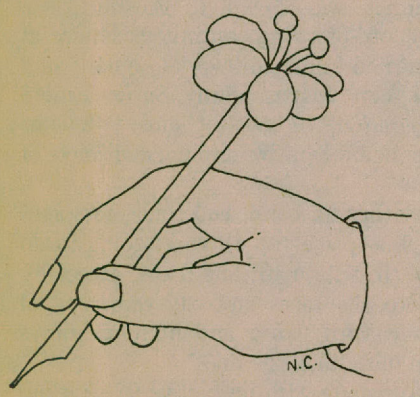
All of us working to help human beings in this great state realize that one of the most difficult of our jobs is to inform the state officials and the public about the work being done, and this report does an excellent job of that. My congratulations to you.

Ben F. McDonald, Jr.
Executive Director
Texas Department of
Community Affairs
Austin

Thank you for the copy of CHALLENGES 1977. It is excellent. It tells the story of what the department is doing in sufficient personal and graphic detail that it makes the program come to life. The photos are especially well done to accentuate this need.

I'm sure this report must be much more impressive and effective for legislators, board members, persons from the citizen support groups, etc., than the typical annual report with dry figures and abstract copy.

Harold L. McPheeters, M.D.
Director, Commission on
Mental Health and Human Services
Southern Regional Education Board
Atlanta, Ga.



The TDMHMR report for 1977 was a masterpiece . . . extremely well done from a layout angle as well as content. It should be widely read. Congratulations for the outstanding work.

Ed VanZandt
Chairman
Texas Board of MHMR
Rusk

The Executive Committee of the Volunteer Services State Council is continually impressed by the excellent quality and the outstanding content of IMPACT, the departmental newsmagazine.

Thousands of volunteers affiliated with councils at TDMHMR facilities are grateful for your continuing coverage of their activities. IMPACT is widely read and eagerly anticipated. It provides volunteers with the broad perspective and insight necessary to serve the mentally disabled citizens of Texas more effectively.

Gerard J. Benzberg
Immediate Past Chairman
Volunteer Services State Council
Lubbock

Conference Calendar

April 10-11
How to Get More Grants: A Systems Approach to Grantsmanship
Held in Boulder, Colo.
Sponsored by the University of Colorado at Boulder
Tuition: $165
Contact: CMT/University of Colorado
P.O. Box 3253
Boulder, CO 80307

May 11
Fifth Annual Alcoholism and Drug Abuse Institute
Held in Wichita Falls
Contact: Becky Davis
Nortex Regional Planning Commission
2101 Kemp Blvd.
Wichita Falls, TX 76309
817-322-5281

May 25 thru July 13
Strategies of Family Intervention
Held in San Antonio
Sponsored by Our Lady of the Lake University of San Antonio
Fee: $75
Contact: Worden School of Social Service
411 S.W. 24th St.
San Antonio, TX 78285
512-434-6711, Ext. 115

June 28-July 1
National Society for Autistic Children (NSAC)
Annual meeting and conference
Held in Dallas
Registration: NSAC members, $35; non-members, $50; students, $15
Contact: NSAC
4224 Boca Bay Dr.
Dallas, TX 75234

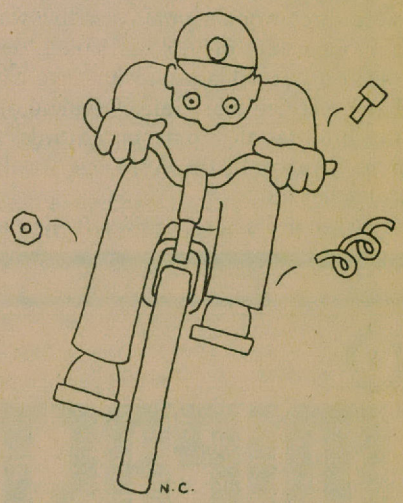
Aug. 7-10
21st Annual Institute of Alcohol Studies
Held in Austin
Sponsored by Texas Commission on Alcoholism
Contact: Helen Schippers
TCA
809 Sam Houston Bldg.
Austin, TX 78701
512-475-2577 or STS 822-2577

Sept. 18-21
American Psychiatric Assn.
30th Institute on Hospital and Community Psychiatry
Held in Kansas City, Missouri
Contact: Alice Conde Martinez
Institutes on H&CP
American Psychiatric Assn.
1700 18th St., N.W.
Washington, DC 20009

What's New

The Archer/Clay County Outreach Center has been established at the **Wichita Falls State Hospital** (WFSH) to serve the needs of persons in Archer and Clay Counties.

The outreach center will provide outpatient mental health care and follow-up services for persons recently discharged from WFSH and serve persons already living in the community. The center also will work with the county judges and the families concerned in arranging for admission of patients to WFSH.



A new service project of the Grape Creek Lions Club benefits **San Angelo Center** residents who own bicycles. Marvin Brooks, Lions Club president and center recreation staff member, was aware of the critical need for a repair and maintenance service for resident bicycle owners.

When the project began, members were faced with 18 flat tires, maladjusted brakes, loose seats and many other safety factors to be checked. A Lions Bike Shop set up at the center power plant on Saturdays fills a real need.

Record-Setting Employee Retires

By Mary Whitt

Imogene Burnes

TERRELL---Imogene Snow was just a small wisp of a girl, fresh out of high school, when her older sister and brother told her to come to Terrell (from Royse City) where she could earn $30 a month plus room and board. The sister and brother were part of a family of employees who lived on the Terrell State Hospital grounds and were regimented to the toll of the bells clanging at 6 a.m., noon, 5 p.m. and 10 p.m.

It was 1930 and jobs were hard to come by. The hospital offered steady employment. There was no thought of insurance or 40-hour work weeks. Today's parking lots were baseball diamonds, and teams came from 100 miles away to play at the asylum, as it was called then. Movies and dances were held on Friday nights for employees and patients.

Supt. George Powell, M.D., ruled the roost and served as the final voice for everyone. The patient load was about 2,500.

When Imogene Snow arrived, she moved into the girls' dormitory and began work in the doctors' dining room. After working five years there, Snow took a job on the ward. There were three women employees to a ward. They began work at 6 a.m. One went off duty at 1 p.m., the second at 7:30 p.m. and the third at 10 p.m., seven days a week on a rotation basis. Each one had every third weekend off---that is, she could leave the hospital at 1 p.m. on Saturday and not return until 10 p.m. Sunday. In the event one was late, she was in danger of losing her job.

Seven years later, Snow left the cares of the ward and began working in the canteen. A year later she moved up again to work at the switchboard. She and one other person handled all the visits, furloughs and discharges. They had no office, no file cabinets or special equipment. But neither did they have problem-oriented record system forms or harrassment from government regulations.

In 1944 Snow became a file clerk and typist; she became pay clerk soon after that. In 1946 she joined the social service department and interviewed families and patients.

Snow married Bob Burnes after World War II and the couple moved to their home in Terrell. She continued to work faithfully as a caseworker.

In 1973 Imogene Burnes was flown to Austin for a reception to honor her record-breaking continuous service in state government. She returned home and worked quietly and modestly for the next five years. Just as quietly, Snow decided to retire, and without any fanfare or boasting, ended 48 years of service on Feb. 28. She had taken two and one-half days of sick leave during that time.

What is a single person (her husband died four years ago) who has worked in the same place for 48 years going to do with her time? Don't give it a thought. She reads, especially the sports, enjoys going to the races and ball games of all kinds, loves gardening and yard work, and no one enjoys relatives and their children more than she does.

And she can always go fishing with her active 92-year-old father, or sister and brother-in-law, Mr. and Mrs. Charles Akin, or brother and sister-in-law, Mr. and Mrs. M. C. Snow, who all live in the same neighborhood.

Mary Whitt is a social worker at Terrell State Hospital. Photo by Len Mohnkern, courtesy of the Terrell Tribune.

IMPACT

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