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What About the Children? ▶



# Islands of Service



Beverly Sutton, M.D.

"There are no gaps in services to children. There are chasms. What we have are little islands of service."

Beverly Sutton, M.D., director of Children's Psychiatric Unit (CPU) at the Austin State Hospital (ASH), speaks bluntly on a subject she has devoted much of her professional life to--the mental health needs of children in Texas.

Dr. Sutton's concern is being echoed across the country during

1979, the International Year of the Child, as the myth that America is a child-oriented society explodes in the face of national statistics such as these: The suicide rate among teenagers has tripled since 1950. More than 8.1 million school-age children are in need of psychiatric care. Only one in every four state mental hospitals makes any provision at all for children.

That final gloomy fact, however, does not hold true in Texas. All but two of the state's eight mental hospitals have children's units.

Services for mentally disturbed children were far different 15 years ago. "There were 155 children floating around the hospital in 1964," Dr. Sutton recalls. "They were mostly mixed in with the adult patients. On evaluation, the vast majority of these children were found to be mentally retarded and did not need hospitalization.

"At that time, children's outpatient services did not exist at the hospital, and so I saw children under their parents' names. That produced some strange notes on the charts, like a 40-year-old woman with a diagnosis of childhood schizophrenia."

CPU was the first public-supported psychiatric inpatient program for children in Texas. From every corner of the state disturbed children were referred there through the hospital. A follow-up study of these first child patients revealed a significant relationship: the effectiveness of treatment decreased as the distance between the child and his or her home increased. In 1970 the Texas Board of MHMR issued a policy supporting children's treatment programs in the hospitals and directing hospitals to provide this care for children within their regions.

The eruption of a whole chain of islands providing service to children followed. In 1973 the CPU moved to a new 60-bed facility. This new physical setting provided the site





for one of the programs of which Dr. Sutton is most proud---training. The CPU has fully accredited programs in child psychiatry and child care work, and it serves as a training site for nursing, social service, psychology, volunteer work, recreational therapy, milieu therapy and special education.

Austin is a city with many highly trained and skillful people. It is no wonder that every time Dr. Sutton turns around, she finds that "someone has discovered something odd and wonderful which will help children."

Many of the odd and wonderful discoveries have been in the area of genetic research and follow-up of genetic disorders. For example, the PKU (phenylketonuria) girl babies who were saved from mental retardation with special diets in the fifties now have reached reproductive age. There is some evidence that these phenylketonuric mothers on special diets can produce a healthy baby. There is ample evidence that those mothers not on special diets will produce severely retarded children. It is the function of the training program to make this problem known and the function of the service programs to be of assistance in counseling these women when they reach reproductive age.

Another prevention program being carried out at CPU is to inform carrier families about something called G6PD deficiency. While G6PD deficiency might have little meaning to most people, it is of vital importance to the 10-14 percent of the black male population afflicted with it. Other high risk groups also are routinely screened. It has mental health consequences since conditions of stress or ingestion of many commonplace compounds such as aspirin and vitamin K will make a person anemic. Anemia may be manifested in a child with such symptoms as lethargy, inattentiveness, irritability and even slow learning patterns. In severely affected groups, death can occur from massive hemolysis (red blood cell destruction).

One bridge to services was the Outreach Action Team (OAT) formed at the CPU. Organized in 1972, the OAT was a traveling team from ASH consisting of a special education teacher, a nurse, a psychologist, a child psychiatrist, a social worker and a secretary. They trained and consulted across the state whenever there was a need for improved community child care.

The OAT program evolved into the Community Resources Development Project (CRDP) which worked to ensure that a child's transition from the community to the state hospital and back again was a smooth one. In September 1977 this function was placed under the direction of the Community Programs Department as Child/Adolescent Aftercare.

Training and counseling for the parents was identified in a

1976 survey of children's mental health specialists as the primary service needed for fostering healthy development in children. The Child/Adolescent Aftercare social workers agree with this emphasis on prevention. "If we can catch a child, or the parent who is going to be teaching the child, early enough to teach some options for handling emotions," says Joy Lock, a social worker with Community Programs, "it's going to cost us much less time and effort than it will to wait until the child is an adult and needs treatment."

Parenting workshops are the vehicle Lock and the two other social workers, Debbie Ruffman and Carol York, use to mobilize this philosophy throughout 11 outreach centers in 14 surrounding counties.

"Discipline is the biggie," says Lock, referring to the typical questions parents pose during the six-session workshop. Participants who range from expectant couples to grandparents, are helped to find "the answers they already have." Other prevalent concerns encountered are: How can I teach my child right from wrong? How do I give appropriate affection? How do I find time for myself? How do I know when it's time to let go?

The Magic Five Minutes and Chore Charts are two behavior-enhancing items which are introduced to parents. The first involves spending five minutes alone each day with the child. The magic in these undisturbed minutes is that they are spent talking exclusively about positive things.

With Chore Charts parents are advised to be extremely specific. "Don't tell a child, 'Clean up your room.' Get down to specific items like, 'Make your bed: Pick up your clothes.' And be specific about a time when all this needs to be completed."

To ensure children as near an equal billing as possible, Dr. Sutton and her staff spend enormous amounts of time on boards and committees, lobbying for children's legislation, consulting and working to upgrade children's rights. Dr. Sutton is a consistent supporter of legislation like State Rep. Wilhemina Delco's bill to allow schools to offer family life classes from kindergarten through twelfth grade. Altogether, the staff at CPU logs some five to six thousand hours of community consultation and education annually, often in their off-hours.

Still it doesn't seem to be enough. The greatest among many needs, says Dr. Sutton, is for adequate alternate care facilities with highly supervised 24-hour care. "They are no more available now than they were 15 years ago. There is a huge vacuum between the home and the hospital."

Many bridges to service islands are now in the planning stages, and it will take the concerted effort of many people to provide the network of care needed by the children in Texas. ■

S.B.

# Resources on Children

## Brochures

- The Mental Health Education Branch of the National Institute of Mental Health (NIMH) is producing a series of brochures for parents under the general title "Caring About Kids." Single copies of each can be obtained free by writing Public Inquiries, National Institute of Mental Health, 5600

Fishers Lane, Rockville, MD 20857. They may be reproduced without further permission from NIMH. Titles now available are *Stimulating Baby Senses*, *Helping the Hyperactive Child* and *Dyslexia*.

- For a copy of *Mental Health of Children* (available in English or Spanish) write Harley Pershing, director of Arts



Graphics and Educational Services, Texas Department of Mental Health and Mental Retardation, P.O. Box 12668, Austin, TX 78711.

• Another good source of brochures about children is the Texas Department of Community Affairs. Copies are free from Early Childhood Development Division, Texas Department of Community Affairs, P.O. Box 13166, Austin, TX 78711. Write for a publications list.

## Films

The films listed below either are for or about children. They were purchased by TDMHMR and made available through the Texas Department of Health for loans up to two weeks to any responsible group or individual in Texas.

To borrow a film (or request a complete film catalog), write or call the Texas Department of Health, Film Library, 1100 W. 49th St., Austin, TX 78756, (512) 458-7260. You must include the film's name and number, the name of the individual responsible for the loan, the date you need the film and the date you will return it. It is advisable to list alternate dates too.

**Childhood Aggression - 492:** The number of families beset by conflict caused by aggressive, hyperactive, coercive children is mounting, and many accept chronic conflict as a situation that cannot be remedied. This film describes a systematic method for helping troubled families restore



Photos by Sarah Bird.

normal relationships using a proven behavior modification approach. 1974, 31 min.

**Child/Parent Relationships - 445:** The film shows parents and children having fun together and learning at the same time. The program will probably spark parents' interest in spending more time with their children---exploring, communicating, listening and learning through everyday household materials and real life experiences. 1975, 28 min.

**Don't Give Up On Me - 222:** A chain of events unwinds when a woman tells the police of her suspicion that her neighbor is a child abuser. The film is especially valuable in demonstrating how community support systems interact in a particular case history, and illustrates that growth, whether personal or professional, is a slow process. 1974, 28 min.

**Early Recognition of Learning Disabilities - 245:** A classroom of children, some with varying degrees of learning problems, is observed and problem areas are discussed. The film points out these warning signs: unusual patterns of behavior, erratic body control, perception problems and difficulties with abstract thinking. Good for teachers, parents and counselors. 1974, 30 min.

**Eye of the Storm - 331:** A teacher illustrates prejudice for her third-grade class by designating blue-eyed children as superior beings for one day. On the next day, brown-eyed children are superior. The film demonstrates how prejudice can alter behavior. 1971, 28 min.

**Inside/Out:** The five films listed below are from the Inside/Out series of discussion films for 8- to 10-year-olds.

**Breakup - 97:** Becky's parents are separated. She feels guilty, lonely, angry and afraid as she imagines the consequences of divorce. 1973, 15 min.

**Home Sweet Home - 217:** Eddie, whose parents neglect and abuse him, and his friend Steve, whose parents are loving but strict, decide to run away from home. 1973, 15 min.

**How Do You Show? - 218:** Three boys of different temperaments express or hide the things that happen to them in the course of an afternoon. 1973, 15 min.

**Love, Susan - 505:** Susan's father arrives home from work exhausted and troubled. Susan doesn't understand when he rejects her pleas to look at the family portrait she has just painted. 1973, 15 min.

**Strong Feelings - 224:** In a sequence of zany dreams, Edgar discovers how love, fright, embarrassment, confusion and disappointment can affect the body. 1973, 15 min.

**Just Different From Other Children - 482:** This film includes general information on autism and illustrates autistic children as withdrawn, as living in a shell or world of their own. They have functional difficulties with language, do not interact with other persons and display some kind of ritualistic behavior. Various techniques are shown for working with these children. 1977, 20 min.

**Wednesday's Child - 582:** The film illustrates the value of genetic counseling, how and where it may be obtained, its strengths and limitations. It also encourages positive rather than stigmatizing attitudes toward the problems of mental defects and other genetic disorders. Much information is conveyed. 1975, 25 min.



# Home at Mrs. Kelley's

By Gail Beil

**BECKVILLE**---Delia Kelley had her day May 15 in this small community in the piney woods of East Texas. That was the date the Commissioners Court of Panola County set aside to salute Kelley.

What's so special about Delia Kelley and why does she rate a day in her honor?

She is a boarding house operator who opened her doors to former Rusk State Hospital (RSH) patients in the belief they are important people and need a life like everyone else.

Kelley was approached about accepting former hospital patients because of her fame in operating the boarding house, known as "Mrs. Kelley's," as a family venture.

Gerri Young of the Carthage Outreach Clinic, part of Sabine Valley Regional MHMR Center, and RSH staff members were seeking alternative living arrangements for five patients, each of whom had been hospitalized more than 20 years and had no place outside the institution to go. Each suffered from long-term mental illness, such as schizophrenia or manic depression, and most had not been away from the hospital more than a week since admission.

Kelley, who had operated a boarding house since 1969, already had several older boarders, none of

whom had ever suffered from any sort of mental illness, but she agreed to give it a try. She took one client and then another, until she had five former RSH patients and four who were not.

The four men and five women, ranging in age from 59 to 76, grow and can or freeze most of the fruits and vegetables served. They help cook, clean their rooms and generally busy themselves with the housekeeping chores.

"Mrs. Kelley's" is truly a family affair, with two of Kelley's daughters, a grandson and two great-granddaughters in and out of the house almost any time of the night or day. One daughter, a bank teller, keeps the books; another, a registered nurse, helps with medication. The grandson keeps up with the repairs, and the two young girls consider all of Kelley's boarders their special friends.

Kelley herself is a remarkable woman. She agreed to take the RSH patients because, she said, "People are important to me. I want them to have a life too." She charges each boarder \$175 per month, an annual savings for taxpayers of nearly \$20,000, based on the \$60 average daily cost at Rusk. Her boarders attend

church with her if they like, and she personally takes them to the doctor or shopping when they need to go.

Though the boarding house is a private operation, in no way connected to the Sabine Valley Center, Kelley works closely with community service worker Young.

"I give her the guidance she needs to work with our clients, and she knows that she can reach me 24 hours a day if there is an emergency," Young noted. "But so far there hasn't been anything she can't handle."

Finding another "Mrs. Kelley's" is a goal of Mary Jane Sherfey, M.D., Sabine Valley Center Mental Health director and resident psychiatrist; Kelley is willing to do what she can to help. After recent local publicity about the remarkable house, she had several inquiries from people interested in opening "Kelley Homes" of their own. "I tell them you can support 10 people for the same amount it takes for two.

"I've never regretted what I have chosen to do with my life," Kelley said. "I've had a lot of support. I wish that others would open their hearts and homes to these people." ■

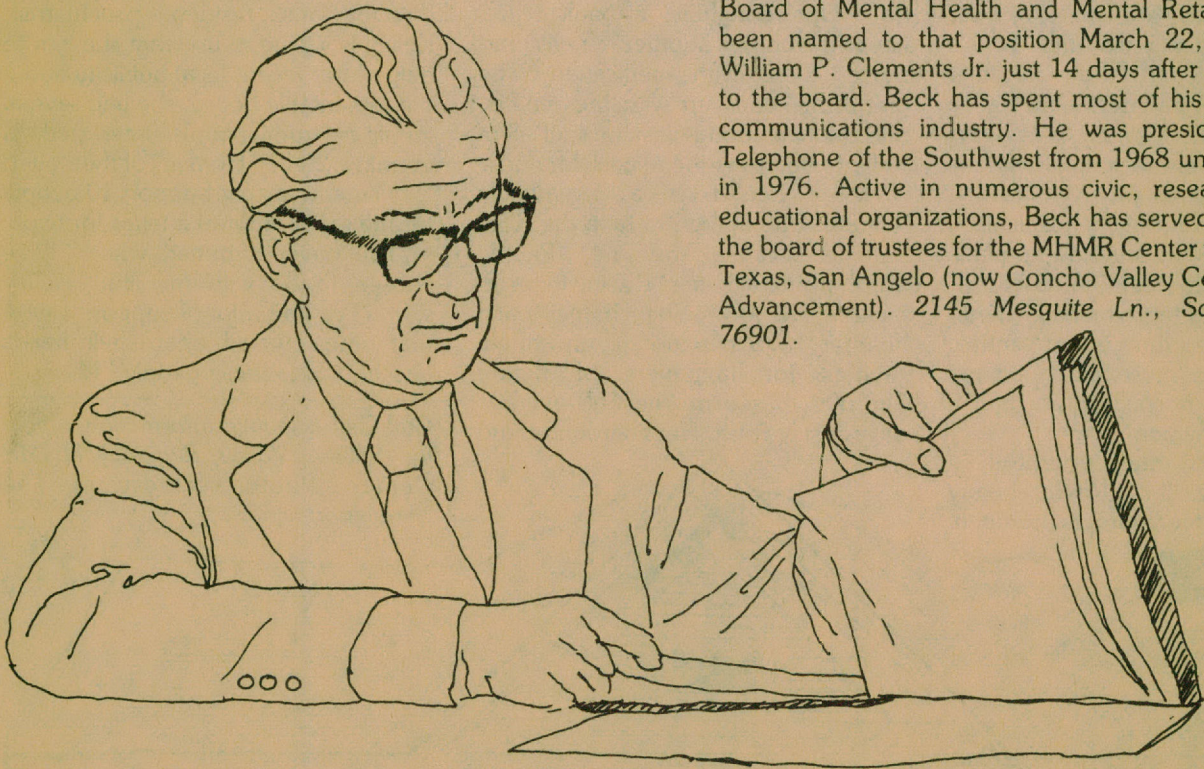
*Gail Beil is public information officer for Sabine Valley Regional MHMR Center. Photo courtesy of The Shreveport Times.*





# Texas Board of Mental Health and Mental Retardation

The chairman and members of the board are appointed by the Governor to set goals and operating policies for the Texas Department of Mental Health and Mental Retardation. Newest appointments, all since January 1979, are L. Gray Beck, chairman; A. L. Mangham Jr.; William B. Schnapp; and Mrs. Marvin Selig. The board names a commissioner to administer the department's programs.



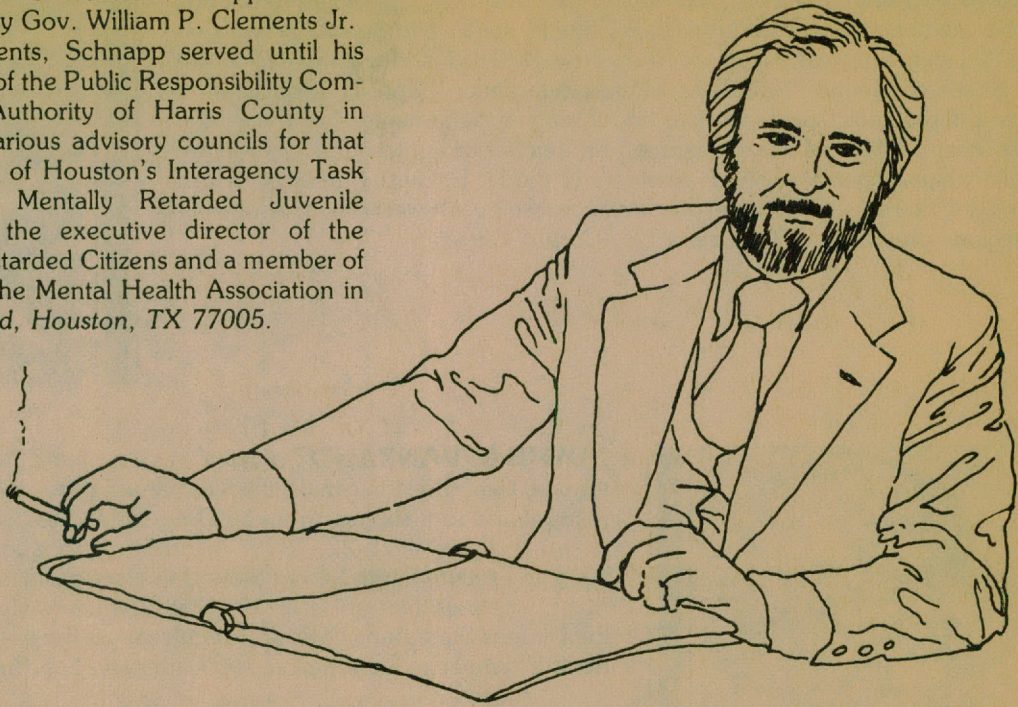
**L. GRAY BECK** of San Angelo is chairman of the Texas Board of Mental Health and Mental Retardation, having been named to that position March 22, 1979 by Gov. William P. Clements Jr. just 14 days after his appointment to the board. Beck has spent most of his adult life in the communications industry. He was president of General Telephone of the Southwest from 1968 until his retirement in 1976. Active in numerous civic, research, social and educational organizations, Beck has served as chairman of the board of trustees for the MHMR Center for Greater West Texas, San Angelo (now Concho Valley Center for Human Advancement). 2145 Mesquite Ln., San Angelo, TX 76901.

**MARGARET G. CIGARROA, M.D.**, of Laredo was appointed to the board in June 1973 by Gov. Dolph Briscoe to succeed her late husband, Leonides G. Cigarroa, M.D., who died June 19, 1973. On Feb. 3, 1975 she was appointed to a full six-year term. Dr. Cigarroa serves as the city health officer of Laredo and operates a health clinic in that city. She is a native of Chicago, Ill., and received her medical degree from the University of Illinois School of Medicine. Cigarroa Medical Bldg., 1502 Logan Avenue, Laredo, TX 78040.

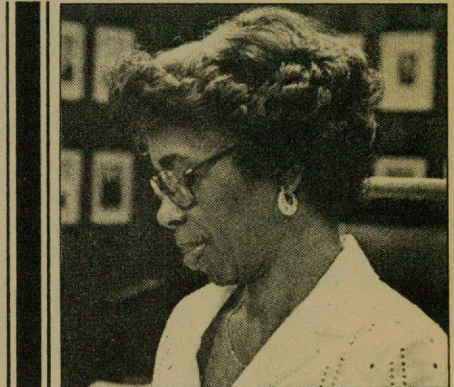




**WILLIAM B. SCHNAPP** of Houston was appointed to the board March 6, 1979 by Gov. William P. Clements Jr. Self-employed in investments, Schnapp served until his appointment as chairman of the Public Responsibility Committee for the MHMR Authority of Harris County in Houston. He has aided various advisory councils for that agency and was chairman of Houston's Interagency Task Force on Services for Mentally Retarded Juvenile Offenders. He also was the executive director of the Houston Association for Retarded Citizens and a member of the board of directors for the Mental Health Association in Harris County. 3002 Jarrad, Houston, TX 77005.



**MRS. IRIS B. THOMAS** of Prairie View was appointed to her first term in May 1977 by Gov. Dolph Briscoe. She was elected vice chairman of the board April 20, 1979. A former college French teacher, she gave up her teaching career when her husband, A. I. Thomas, was named president of Prairie View A&M University. Mrs. Thomas has been active in scouting. For several years she was responsible for the testing and screening of children in the Prairie View area for vision impairment, a program sponsored by the Texas Society for the Prevention of Blindness. P.O. Box 2235, Prairie View, TX 77445.



**MRS. MARVIN SELIG** of Seguin was appointed to the board March 6, 1979 by Gov. William P. Clements Jr. Active in volunteer, civic and cultural organizations, Mrs. Selig was a member of the Public Responsibility Committee for San Antonio State Hospital, a delegate to the White House Conference on Handicapped Individuals and a member of the President's National Committee on Minority Groups. She received the Seguin Chamber of Commerce award as the outstanding civic leader of 1978. Mrs. Selig is chairman of the board of the Guadalupe County Mental Health and Mental Retardation Agency. P.O. Box 722, Seguin, TX 78115.

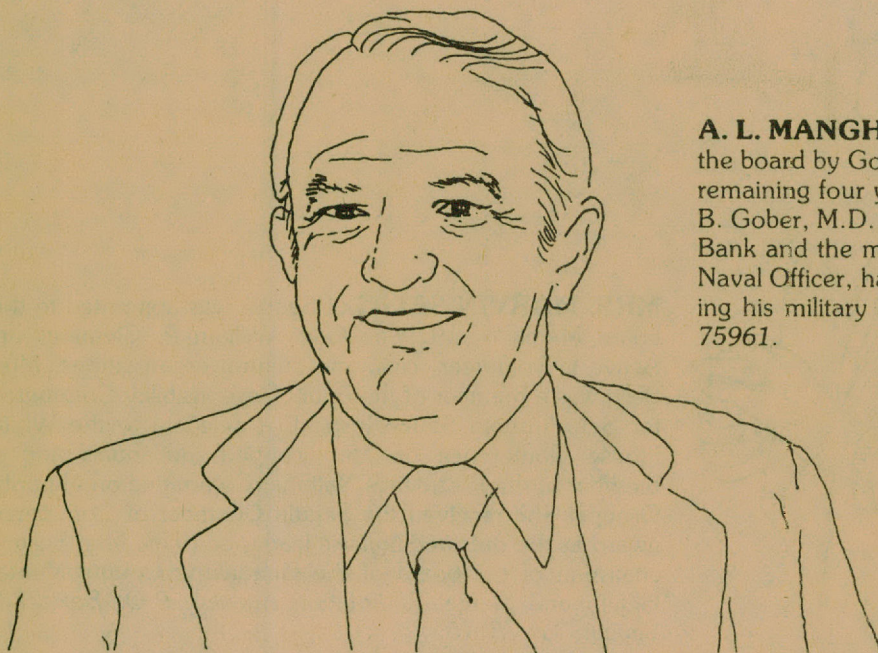


**MRS. HOWARD E. BUTT SR.** of Corpus Christi was appointed to her first term as a member of the Board for Texas State Hospitals and Special Schools on Nov. 21, 1955. She was reappointed on Nov. 4, 1961 and was named to the Texas Board of Mental Health and Mental Retardation Sept. 1, 1965 when it replaced the previous board. She has had three reappointments since then. Mrs. Butt has been active as a board chairman or member of numerous social welfare and child welfare agencies. She is president of the H. E. Butt Foundation which supports a wide range of activities, including public health, recreation, education and religious programs. 3700 Ocean Dr., Corpus Christi, TX 78411.



**EDWIN R. VANZANDT** of Rusk was appointed June 1969 to his first six-year term by Gov. Preston Smith. He was named chairman in January 1973 and was reappointed to a six-year term by Gov. Dolph Briscoe Feb. 3, 1975, serving as chairman until March 22, 1979. A former newspaper executive, VanZandt has been an executive with Lamar State University's Office of Research and Development, vice president of Beaumont State Bank and vice president and director of the Citizens State Bank of Rusk. He currently is the executive vice president of the Rusk Chamber of Commerce. 1909 Johnson St., Rusk, TX 75785.

**WALTER A. BROOKS, M.D., F.A.C.S.,** of Quanah was appointed to the board by Gov. Preston Smith on March 24, 1971. He was appointed to his second six-year term by Gov. Dolph Briscoe in May 1977. Dr. Brooks, a Fellow in the American College of Surgeons and Diplomate of the American Board of Surgery, is a medical staff member at Quanah Clinic and Hardeman County Memorial Hospital. He has served as a Quanah City Council member and as chamber of commerce president. 404 Mercer St., Quanah, TX 79252.



**A. L. MANGHAM JR.** of Nacogdoches was appointed to the board by Gov. Dolph Briscoe in January 1979 to fill the remaining four years of the unexpired term of the late Olin B. Gober, M.D. Mangham is president of the Fredonia State Bank and the mayor of Nacogdoches. He is a retired U.S. Naval Officer, having served as a hospital administrator during his military service. P.O. Box 887, Nacogdoches, TX 75961.

Illustrations by Helen Koinm.  
Photos by Jo Ann Hammer & Judy Osborn.



# One Old Man

By Gail Beil

**MARSHALL**---The telephone rang one morning in the offices of Sabine Valley Regional MHMR Center. The caller, Brig. Gen. Virgil Potter of the Salvation Army in Longview, had a sad and unusual story to relate.

An elderly man, he said, has been in and out of the Salvation Army Lodge for about a month. He would stay as long as Salvation Army resources would allow, then break into an abandoned building to sleep. The police would pick him up and return him to the Salvation Army where the cycle began again.

Potter's concern was that the old man didn't know his name or age, where he came from or if he had ever worked. He had a Social Security number with him, but Potter was pretty sure it wasn't his.

Potter felt there must be something more someone could do, and he believed the Sabine Valley Center would be the agency that could do it.

He was right. The Geriatrics Unit took over the case, and before that day was over, Danny Mulcahy, community relations specialist, had visited with the man at the Salvation Army Lodge.

Returning to Marshall, Mulcahy contacted Sonny Cox, director of Marshall Manor Nursing Home. Cox said he would take the man, even though there may be no way to find funds to cover his expenses. Nevertheless, Cox would take the risk.

George Bennett, M.D., of Marshall, examined the man the next day and recommended his admission to the nursing home.

The Marshall Manor staff immediately began treatment for his severely infected legs and generally deteriorated physical condition. Mulcahy was able to find clothes

for him in a supply kept for center clients. The search was on for some identification for the man. The Social Security number proved incorrect, and the Social Security Administration had no record of the name he was using. Fingerprint checks with local law enforcement officials indicated the man never had been in trouble with Texas law enforcement agencies. Before the FBI ran a check, Cox decided to ask if the Department of Human Resources (DHR) had any record of him.

DHR records provided a correct Social Security number plus information that he had been a patient at San Antonio State Hospital (SASH). His Supplemental Security Income (SSI) checks were going to a third party in San Antonio.

Mulcahy contacted those persons receiving the checks, hoping they were members of his family. They apparently were not, but had accepted the SSI checks for the man, even after he left San Antonio, assuring the local Social Security office that the man was "in good health in San Antonio" long after he made his odyssey to the Longview Salvation Army.

They told Mulcahy that they were coming to Marshall the next day to pick up the man.

Fearing for his safety, Mulcahy put in a quick call to Dr. Bennett, who refused to release the man to persons who were, in fact, not his legal guardians.

The man is still at Marshall Manor, and his SSI checks now are sent there to provide for his care. His disorientation is decreasing. He was able

to understand and to sign a release for the SASH records. Cox, Mulcahy and Dr. Bennett hope the records will unlock doors to the man's past and help him recover his memory.

Mulcahy visits him weekly and observes he's developing a sense of humor. He consumes three plates of food every meal. "If he doesn't have three plates, he eats off all the other plates, but we're working on that," Mulcahy laughs.

Some people seem to fall through the social service cracks. But because Marshall agency personnel were determined to serve the whole person, one old man has the help he needs. ■



*Gail Beil is public information officer for Sabine Valley Regional MHMR Center.*

*Illustration by Helen Koinm.*

*Typography by Phyllis Haydon.*



# On Their Own

## Gulf Bend: "A way to help a proud person stay proud."

**VICTORIA**—After 21 years of marriage, Sylvia Talley's husband left her for another woman.

"Yeah, it was an old story," says Talley, "but it left me with an empty space anyway. It was a blow to me, to the children, the whole nine yards."

Sylvia Talley had never worked before. She had no training. She was 41 years old. She was too young for Social Security and her children were too old for child support. Her financial burdens were as distressing as her employment prospects were bleak. For two years Talley worked at a drugstore for below minimum wage, taking home less than \$64 a week.

She sold the family home. Even that drastic measure was not enough. She began turning to pills for relief from the emotional and financial pressures crushing down on her. She knew she needed another kind of help. She found it at New Options.

While New Options, an innovative

program which provides displaced homemakers with counseling, training and job placement services, is unique in being the first rural center of its kind in the country, it shares a vital characteristic with all its companion programs at the Gulf Bend Community MHMR Center—an emphasis on self-sufficiency.

"New Options is a way to help a proud person stay proud," says Shari Limpert, program director. Her description could easily serve as a motto for all of Gulf Bend's programs.

Located in oil-rich Victoria, Gulf Bend is a comprehensive mental health and mental retardation center serving the citizens of Calhoun, DeWitt, Goliad, Jackson, Lavaca, Refugio and Victoria counties. Called "just about the best deal the taxpayers are getting anywhere" by the city's newspaper, *Victoria Advocate*, Gulf Bend Center is imbued with the same spirit of self-sufficiency which it tries to

impart to clients receiving services here.

"We have the highest patient load proportional to our budget and the lowest per patient cost of any center in the state," says executive director Tom Kelliher. Understaffing and overutilization partially account for these thrifty statistics. The rest of the explanation lies with the center's determination not to seek federal staffing grants.

"We don't want to start a program, then have to take it back when the federal money runs out," says Kelliher, who came to the Gulf Bend Center after many years as the area petroleum geologist for Gulf Oil. "It ruins your credibility," he believes. Gulf Bend's attention to credibility clearly has paid off: 98 percent of the doctors in the seven counties refer patients to the center.

The close ties with the local medical community also can be accounted for by the fact that Gulf Bend boasts two



Executive director Tom Kelliher (left) and Shari Limpert, director of New Options for displaced homemakers, share a common characteristic—putting the emphasis on self-sufficiency in their Gulf Bend mental health and mental retardation programs.



full-time and six part-time psychiatrists. One of the two full-timers, medical director Forrest M. Seger, M.D., was in private practice in Victoria for 23 years.

Both Seger and the other full-time psychiatrist, Will Calhoun, M.D., applaud Gulf Bend's independence of federal funds. "We don't really have any restrictions on clinical care," says Dr. Calhoun of the outpatient clinic, "because we don't have to follow federal guidelines. All our counselors are available to see any kind of client. One counselor, for example, doesn't have to spend 20 percent of his time with old folks simply to comply with federal requirements."

Since the center's caseload of 3,000 must, at some point, pass through the outpatient clinic, this staff flexibility is fortunate indeed. "We're a small organization doing a big town business in terms of volume," says Dr. Calhoun.

Another mark of the clinic's autonomy is the private pharmacy the center maintains to dispense medications to indigent clients. On any one of the two mornings a week that the pharmacy is opened, one of the two pharmacists, George Smith or Ed Gregurek, will fill more than 100 prescriptions.

The inpatient clinic is the hub for

Gulf Bend's other facilities: outreach services, work activity centers, New Options, Victoria Group Home, Talbot House, Human Growth Center and the MH Halfway House. The strand of self-sufficiency is woven into all of these units.

"We want to make taxpayers out of our clients, instead of tax burdens," says Joe Newman, coordinator of the Cuero Work Activity Center. His clients are mentally retarded persons 18 and older. The Cuero center is one of four sheltered work training centers sponsored by Gulf Bend. All four have a two-fold social and vocational training mission. The work projects, like building picnic tables, baking bread or assembling party packs, teach more than simple job skills. They afford trainees a whole spectrum of responsibilities ranging from being on time in the morning to completing a job.

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**"We want to make taxpayers out of our clients, instead of tax burdens."**

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Responsibilities continue at the Victoria Group Home, a stately, century-old house which eight former residents

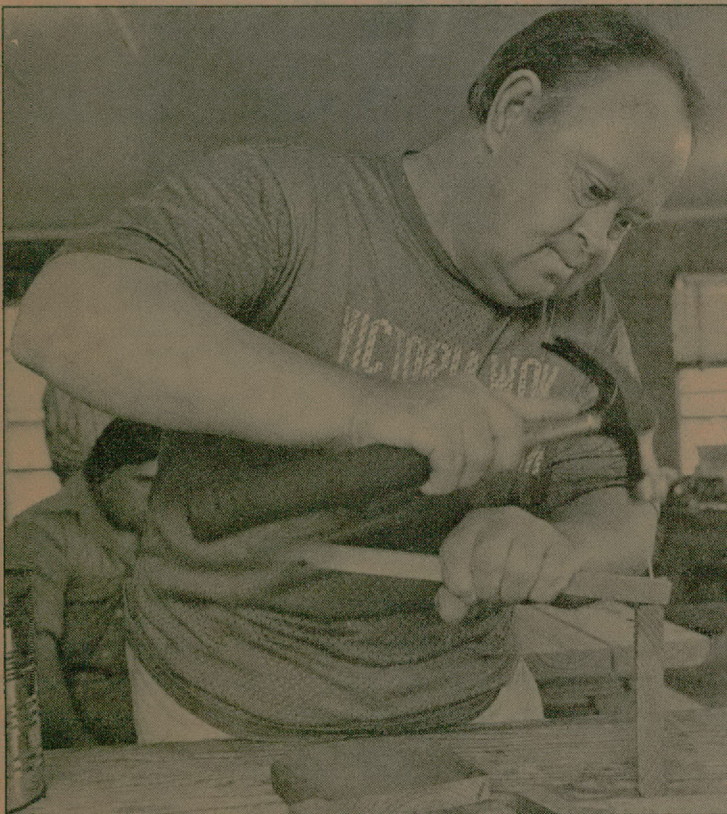
of the Corpus Christi State School call home. "I don't wait on them," says houseparent Betty Angerstein. "I'll help them, but I won't wait on them."

Another Gulf Bend program which fosters personal autonomy is Talbot House. Named for Irishman Matt Talbot, the patron saint of alcoholics, Talbot House provides residential treatment for 15 men and women with alcohol-related problems. The average stay at Talbot House is 45 days, though residents may stay for up to 90 days. "Coping" is what coordinator M. B. Barnes stresses.

"The Talbot House resident needs to adjust to society, to the demands of holding a steady job. We try to teach them to cope with emotional, social, financial, all the problems of living—to cope without using alcohol."

Perhaps none of Gulf Bend's programs, however, stresses self-sufficiency as strongly as the Human Growth Center and MH Halfway House.

"Our clients are here to try and become independent," says Lane Johnson, coordinator. The halfway house provides 24-hour residential care for up to eight chronic mental health clients. The Human Growth Center, located in the same house, makes halfway house programs



Alton Casper (left) and Kriston Carlson fill orders for plant hangers and bread at the Victoria Work Activity Center.



available in vocational training, personal social adjustment and group, individual and family therapy to 12-15 Human Growth Center clients on a day basis.

In the five years the house has been open, nearly 500 persons have come through the door. Not all have liked what they found.

"We refuse to do anything for our clients," says Johnson. "We teach. We help clients become aware. We map out strategies. But they must do it on their own. We let them stumble, get hurt, learn from their mistakes. It might appear to outsiders we're cold. But we are dealing with a clientele struggling to learn to take care of themselves.

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**"We let them stumble,  
get hurt, learn from  
their mistakes."**

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"For years mental health services have been geared to taking care of clients. Our goal is to show our clients that they can take care of themselves. Our thrust is to teach them how to cope with their disabilities. It is extremely difficult to make it here as a client. We get resistance because we burst a lot of bubbles. We are realistic and confrontive. We don't allow clients to 'act sick.'

"Many potential clients are not comfortable here because they don't want to stop 'acting sick.' They don't want to be self-sufficient. We recognize their choice and also that it does not fit here. We tell them that, given their choice, they won't like it here."

Someone who does like it at the Human Growth Center is Sylvia Talley, who is a staff member rather than a client and who most definitely has opted for self-sufficiency. After her married life crumbled, she found a new one at the Human Growth Center, thanks to New Options.

"I'm called a secretary," says Talley, "but we laugh about that. I don't do a lot of typing." What the ex-displaced homemaker does do a lot of is caring--caring about the clients, their lives, their problems and their progress. It is Talley's way of returning the caring she found at New Options.

"Many times I wanted to come home and cry and just give up. I could have ended up here as a client instead of a secretary," says Talley, speaking

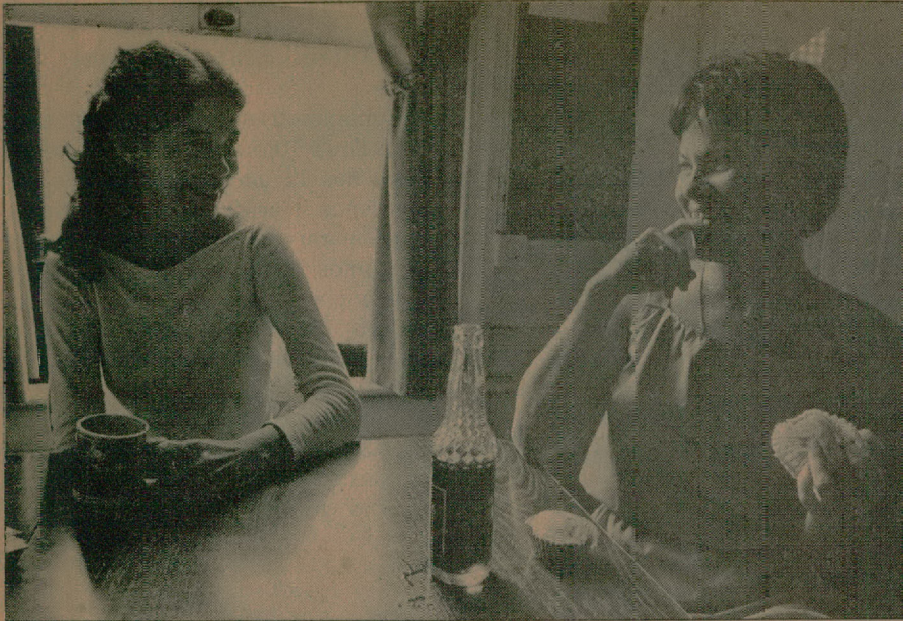


*Larry Emmons (left) and Willie De La Garza pose proudly by the century-old home where they live with six other former residents of Corpus Christi State School.*



*"We all got to pick our own bedspreads and stuff to put on the wall," says Willie De La Garza (right). His visitor is Larry Emmons.*





*Sarah Yarborough (left) and Bee Ann Henneke share a laugh and some treats at the Human Growth Center.*



*Bee Ann Henneke (left) learns a fancy variation of the Bump from center secretary Sylvia Talley. Photos by Sarah Bird.*

of the Human Growth Center. "But Shari and Charm wouldn't give up on me. They had faith and just kept building me up. I think the world of them."

Talley's admiration for New Options' staffers, Shari Limpert and Charm Miller, is mutual. "What I've been most impressed by in this job," says Limpert, "is the courage I've seen walk in the door and the even greater courage I've seen walk out."

It has been the kind of courage a person has to have to rebuild a life shattered by death, desertion or divorce. Since New Options is the first rural center for displaced homemakers in the country, no one could anticipate the need. It was surprising. In their first year of operation, 302 persons have sought help at New Options. Even more surprising, though, is the success the program has had in placing clients whose median age is 49.5 and whose years of schooling averages nine. A hefty 70 percent of all eligible clients have been employed.

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**"I've been impressed  
by the courage I've seen  
walk in the door, and  
the even greater courage  
I've seen walk out."**

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A statistic as impressive as that one does not come easily; it is backed up by much work on the part of clients and staff members. Many newly divorced or widowed women arrive at New Options unable to pump gas. They are offered the opportunity to learn auto maintenance and much more in workshops, seminars and lectures. In the program's 16 months of operation, however, staff members have found that the most crucial service they offer is one-to-one counseling to help the displaced homemaker work through the stages of grief.

"People come in here all the time who have had all the pins pulled out of their lives," says Limpert. "Basically they need support and reinforcement and a chance to learn, to build a new life."

Gulf Bend allows New Options, and all the other programs it sponsors, to offer that chance to more than 3,000 citizens of the seven counties surrounding Victoria. That most certainly is helping a lot of proud people to stay proud. ■

S.B.



# Tops in Their Class

Each year the Mental Health Association in Texas invites psychiatric hospitals throughout the state to honor their outstanding direct care workers during May, Mental Health Month. Featured here are those employed by participating TDMHMR hospitals. Illustrations by Nancy Collins are accompanied by excerpts from the nominating statements that were submitted with each entry.



◀ **Thelma Richie**  
Terrell State Hospital

A unanimous selection from among the facility's 10 outstanding nominees, Richie has 15 years of mental health experience. Her kindness and warmth have endeared her to all with whom she comes in contact. Her thorough knowledge of each client assigned to her care gives her keen insight and sound judgment. She conducts remotivation groups weekly, which are but one example of her ability to organize and participate in client activities. Above all, she has an innate ability to work well with people.

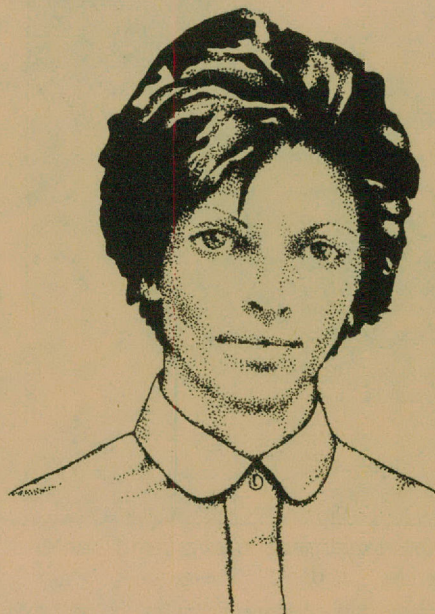
**Evelyn Burchett ▶**  
Big Spring State Hospital

Since her employment in 1973 on the West Psychiatric Unit South, Burchett has continued to prove herself capable. She works closely with the personnel on the unit and always is willing to help the patients. Her duties include reality orientation instructor, etiquette class instructor and chauffeur for the patients. Often she is found mending clothes and sewing for them. She communicates well with the patients and always is eager to attend any workshops or training that will keep her up to date on patient care.



**Pauline Surber ▲**  
Vernon Center

Her coworkers and supervisors will tell you she is an organizer and a peacemaker whose influence is one reason the team approach works so well on the Oaks Unit. Above all, she works well with clients. She plans activities away from the facility to help them develop skills in all areas of living. On the unit, a cooking school and a charm class are both projects resulting from her efforts. When funds are lacking for unit parties, she gathers up soft drink bottles and cashes them in. If money is still needed, she contributes from her own pocket. Thanks in great part to her work, clients enjoy a book nook, a reading area and an attractive sitting room. Without question, she is a dedicated, talented employee.



◀ **Laquita Dees**  
Rusk State Hospital

Her dependability from day to day and during difficult work situations makes Dees an outstanding employee. Her consistency and efficiency are respected by her coworkers and are an asset in the performance of her duties. Her thorough knowledge of hospital policies and procedures allows her to deliver top quality patient care. Her caring attitude and honesty make her an outstanding team worker and a compassionate aid to patients.





◀ **Junius Washington**  
**Texas Research Institute**  
**of Mental Sciences**

Upon retirement from the military with 12 years of social work experience, Washington completed his undergraduate degree at Texas Southern University. He joined the institute in Houston four years ago. Having had experience with geriatric outpatients on an internship and volunteer basis, he especially enjoys working with the older clients on the inpatient unit. A warm, trusting and sincere person, Washington is sensitive to the needs of the patients and their families.



**Margaret McRoberts ▲**  
**Wichita Falls State Hospital**

As an employee on the Medical & Surgical Unit, McRoberts encounters patients from throughout the hospital, including psychiatric, geriatric, mentally retarded and alcoholic patients. Tireless and devoted, she works especially well with the difficult patients. Those who will communicate with no one else respond to her. Others who refuse meals and medication are won over by her coaxing, for she radiates warmth and concern. These special needs she meets while continuing to care for her other assigned patients in her usual highly efficient manner.

**Esther Acosta ▶**  
**San Antonio State Hospital**

An employee of the hospital since 1958, Acosta has maintained superior performance through the years. Her truthfulness, tact and perception in dealing with both staff and patients have impressed those who know and work with her. She is responsible, reliable and shows an extra concern for the quality of care given. Because of her diligence in performing her duties, many regressed patients have developed improved behavior patterns. She is highly respected by her coworkers.



## The Bottom Line

When *IMPACT* asked the members of the Texas Board of MHMR to share their ideas of goals, needs and trends of the department, Iris B. Thomas responded with these remarks about the importance of direct care workers.

I am committed to the goal of upgrading the performance of direct care personnel. Good direct care is the *raison d'être*, the bottom line for the existence of all facilities.

We must find ways to stem the rapid

turnover rate of personnel. Without good, stable and dependable aides to put the rules and tenets concerning client care into practice, of what use are the tenets? Sins of omission as well as those of commission against the helpless can be eradicated by the hiring and retention of empathetic personnel.

The way to attract and retain responsible personnel is to work to dignify the direct care profession. An empathetic group can be actively

cultivated via educational orientation. A wage commensurate with the depth of responsibility and dedication would attract personnel whom one would expect to be empathetic and from whom one could exact the highest accountability.

The avenues mentioned above, coupled with the legislative means to ferret out abuse, could mark the beginning of the lessening of abuse and higher morale for all in Texas facilities. ■



# Disaster!

Preparing for the unexpected is not a meaningless exercise. Because sometimes your worst fears come true.

## Plan Ahead By Katharine Johanns

**TEMPLE**---It was a gloomy March afternoon. The sky was gray and heavy. Rain had fallen for three days.

Suddenly, the civil defense siren wailed loudly, warning of a disaster. A tornado had just struck Temple High School. Early reports indicated that at least 40 persons were injured.

Upon arrival at the school, rescuers found youngsters strewn about the school yard. One was dead, many were injured critically, others had less serious injuries and several were screaming for help. It was a shocking and dramatic scene.

Did this really happen? No. But it could have.

What was taking place on this particular day was a Disaster Preparedness Exercise involving the Central Counties Center for MHMR Services, three units of the Texas State

Guard, the American Red Cross, the Temple Amateur Radio Club, the CB Club and the Temple Police and Fire Departments. It was an effort to coordinate disaster rescue resources and practice preparedness should an actual disaster occur. The nearby National Guard Armory was the command post and hospital for the exercise.

The Red Cross personnel provided on-site first aid and volunteers in the armory to process victims and their families for food, clothing and temporary housing needs. They also set up a refreshment and food van at the disaster site for the workers.

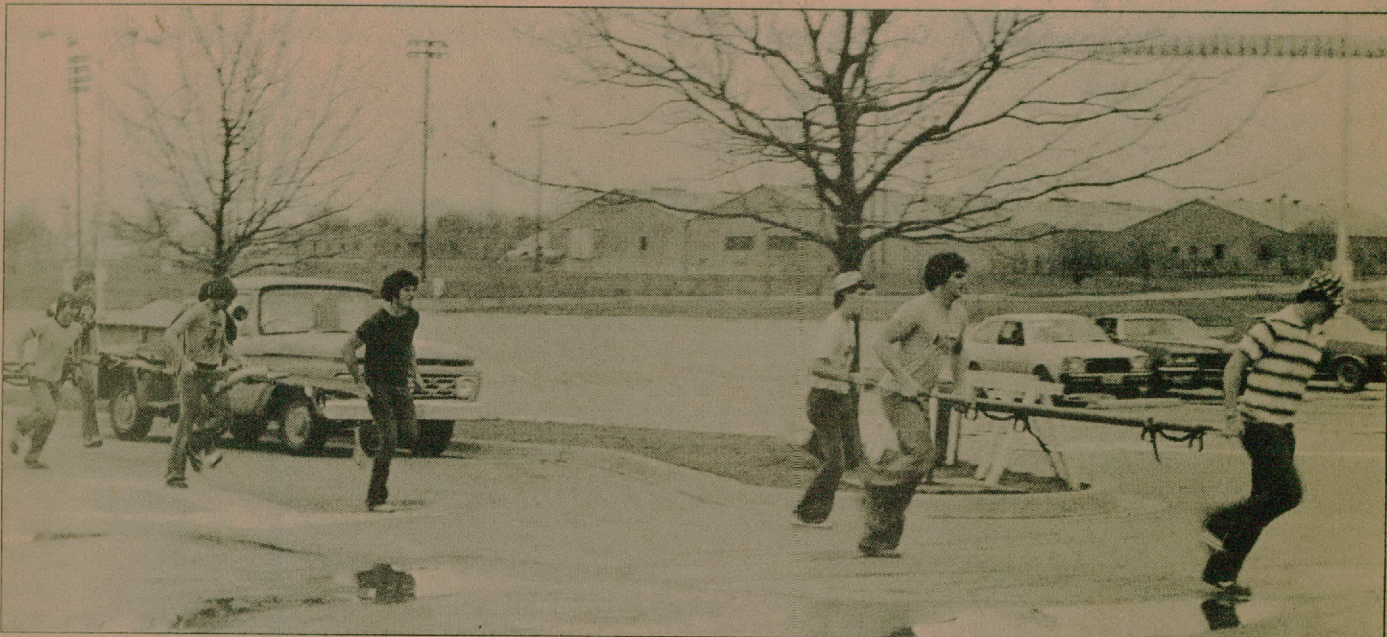
The State Guardsmen carried victims by stretcher to the waiting ambulances. They also assisted law enforcement personnel with crowd and traffic control.

Citizen band (CB) and amateur radio operators maintained constant contact between disaster-site personnel and the armory. One amateur radio operator relayed messages to MHMR personnel at the armory when emotional trauma victims were being transported to the "hospital." MHMR clinicians were then prepared to meet them.

During the exercise, the fire department battled an imaginary fire to simulate actual disaster conditions.

The "victims" were junior high students and members of the Temple High School Key Club. The Red Cross volunteers had prepared them to appear as though they had critical wounds.

But why were mental health and mental retardation specialists participating in this exercise?



Students race to bring more stretchers during the disaster preparedness drill in Temple. Photos by Katharine Johanns.

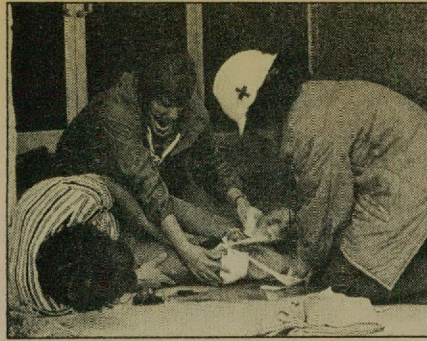


Some months ago, Steven Schnee, Ph.D., the executive director of Central Counties Center, contacted Temple's Civil Defense director, Gary Hart. Dr. Schnee explained to Hart that a community MHMR center could provide assistance during a disaster by offering emergency crisis counseling for victims, their families and rescue personnel; a facility for housing victims and their families should the need arise; additional transportation by utilizing center vans; and follow-up/aftercare services for emotionally shaken victims, families and rescue personnel. Dr. Schnee also said that center personnel would be the agency best suited to identify and relocate its mentally retarded clients.

Hart was interested, and so began the efforts which led Central Counties Center to participate in the tornado drill and disaster exercise.

Leigh Ruff, special assistant to the center's executive director, began meeting with agency representatives to learn about their responsibilities and/or limitations during an actual disaster. Following her inquiries, Hart met with the center's executive committee to discuss the kinds of disasters that could strike any city, such as a tornado, a major fire, a flood or an explosion.

On the day of the mock tornado, on-site MHMR observers included Dr.



*Red Cross volunteers bandage a "victim" of the tornado.*

Schnee; Eugene Waters, Ph.D., assistant executive director; Larry Roberts, director of Rural Mental Health programs; and Tom Atwood, MR Services director. Ruff coordinated MHMR staff from the armory. The center's public information director worked at the disaster site to assist the news media, take photographs and help relay information regarding victims to the armory via amateur radio. MHMR vans carried the "walking wounded" to the armory.

Since there had been several meetings among the agencies involved, the exercise went smoothly—almost too smoothly. The injured were transported to the "hospital" so quickly that a thorough drill required many of the victims to return to the school to be rescued again.

Fire chief Wallace Bearor announced that another disaster exercise is scheduled for July at the municipal airport and hoped all Temple hospitals would participate.

"Much was learned at this exercise," says Dr. Schnee. "Our staff was introduced to the realities of disasters and how mental health and mental retardation professionals can be of assistance. We now can begin planning specialized training so that our staff can function as an effective crisis intervention unit during times of a real disaster."

Dr. Schnee says that such training might emphasize desensitization to the kinds of injuries and emotional trauma one might see, health and safety precautions, follow-up/aftercare procedures and the implementation of a system to notify staff and assign responsibilities during a disaster. Staff at all center locations would receive training.

Schnee continued, "It was good for the community to know that its mental health and mental retardation center will be prepared to help should any kind of disaster strike the city. And it was good for us to recognize the resources we have to offer." ■

*Katharine Johannis is public information director for Central Counties Center for MHMR Services.*

## A Near Miss By Ronnie Griffin

**WICHITA FALLS**—April 10, 1979, was developing into a typical spring day. But after a tornado that afternoon touched down in Vernon, 50 miles to the west, the citizens of Wichita Falls and the residents of Wichita Falls State Hospital (WFSH) became more than usually concerned about weather conditions.

At 5:08 p.m. the National Weather Service office at Wichita Falls issued a tornado warning for the area, and the city's warning sirens were sounded at that time. At WFSH the disaster preparedness officer (DPO), Paul Yeager, contacted Supt. Mark E. Huff, Sr., M.D., and Betty Jessup, R.N., nursing services supervisor, and advised them of the weather conditions and the possible actions that might need to be taken. At approxi-

mately 6 p.m. the city DPO notified the hospital DPO that the city sirens were being sounded again because of radar indications of a possible tornado and a report from a storm spotter located southwest of the city.

Ironically, personnel of the City of Wichita Falls and WFSH had prepared for just such a disaster only six days earlier by participating in a mock disaster. When the tornado signal was sounded at WFSH at 6:04 p.m., the staff on each unit carried out planned disaster activities. Patients were quickly moved downstairs where they sat on floors of interior halls, away from windows and doors, with their hands and arms covering their heads and faces. Unit staff members reported everyone remained amazingly calm and cooperative.

As the funnel approached, staff and patients prepared for a direct hit. The twister came within one mile of the hospital. WFSH received strong winds; the rumble of the tornado was heard on the grounds; and the huge funnel, debris flying in the air, was clearly visible. The hospital lost all electricity, water and outside telephone communications at 6:07 p.m. The DPO inspected the hospital grounds and found no damages to structures or injuries to patients.

The tornado, which had formed west of Wichita Falls, was a combination of three funnels. When these joined, the huge twisting cloud cleared a path one and one-half miles wide and nearly 10 miles long through the most populated residential areas, leaving 45 dead, hundreds injured,



20,000 homeless and property destruction estimated by Gov. William P. Clements Jr. to be between \$200 and \$300 million.

One patient was amazed at the dedication of the staff. She said, "They continued to take care of us even though they didn't know if their families or homes were all right." One aide, Tip Garrison, was on the floor singing with the patients when a night watchman came by and told her that her son had reported to the gate. He was all right but their house had been destroyed. Garrison thanked him and returned to sing with the patients.

Now, staff at WFSH not only had their regular daily responsibilities to perform but also additional work brought about by the disaster. Electricity was provided to a section of the Medical and Surgical (M&S) Unit by an emergency generator. Emergency batteries provided light on the units. This gave only limited visibility. With the aid of a flashlight medications were set up and passed out.

Because of the loss of city water, hospital staff substituted juices and rationed any other available water for patients. Later that evening drinking water was made available by an employee, Bill Parker, who used a water tank from his ranch to haul water to the facility. Many of the 3-11 p.m. staff stayed and worked throughout the next morning to provide adequate coverage on the wards.

At the M&S Unit, nurses began

preparing for the possible arrival of casualties. However, as earlier planned, WFSH was fourth in line among city facilities to receive casualties and the necessity never occurred. At 8:25 p.m. the WFSH ambulance and two nurses were dispatched to assist in transporting the dead and injured to other city hospitals.

The next day, April 11, two families of WFSH employees were given emergency housing in the Maintenance Building apartment. Assistant superintendent Dick Bruner and E. C. Lawrence, laundry supervisor, contacted Fort Worth State School to determine if they could process WFSH laundry. The state school agreed, and Lawrence departed with approximately 5,000 pounds of laundry. More laundry service was provided the following day.

On April 12 the hospital received limited telephone communication with the rest of the city, restricted to emergency-only calls. Any employees needing assistance were asked to contact the hospital switchboard. A vacant ward building was made available to store employees' furniture and personal items. Two other vacant buildings were readied for emergency housing. Space was allocated to employees and others who had suffered losses.

Hospital staff who were in town when the tornado hit were able to utilize the training in first aid and CPR

(cardiopulmonary resuscitation) received at the hospital. Social workers and psychologists assisted Red Cross and Federal Disaster Centers, interviewing and counseling victims requesting aid. WFSH nurses and doctors volunteered their skills to the community.

A total of 311 WFSH staff were affected by the tornado. Some lost family members or were injured themselves, or had homes and autos destroyed or severely damaged. People began to rebuild their lives with the help of family, friends and fellow workers. A disaster relief fund, through the local Volunteer Services Council, was established for those employees who earn less than \$700 monthly. Contributions were received from the hospital and from around the state. Clothing, household items and other necessities were donated to those suffering losses. Patients at the hospital also wanted to help. On Tarrant Unit the ladies' sewing class decided to make quilt tops, cuptowels, aprons, pincushions and other items for use by the tornado victims.

Normal routine has returned, but it will not be possible to completely forget Tuesday, April 10, 1979, the day the city was blackened but people's spirits shined brighter than ever. ■

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*Ronnie Griffin is assistant coordinator of Volunteer Services at Wichita Falls State Hospital.*

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## Quick Response By Hanaba Noack

**VERNON**---The tornado that struck Vernon Tuesday afternoon, April 10, took 11 lives. About 140 homes and some 20 businesses either were destroyed or heavily damaged. Vernon Center was spared but 21 employees incurred major property damage or injuries to themselves or members of their immediate families.

The twister cut a path roughly halfway between the center's two facilities---Center North, a general psychiatric complex located in north-west Vernon, and Center South, an adolescent drug abuse unit located five miles south of the city.

The storm did not strike without

warning. Vernon Center Supt. Frankie E. Williams, M.D., was notified by Vernon Police Department at 2:30 p.m. that the area was under a tornado watch. Clients at Center North were asked to return to their units. Weather watch personnel were stationed around both North and South campuses.

At Center South, storm warning sirens were sounded at 3:10 p.m. Clients were sent to their dormitories where they took cover in stairwells. Staff sought cover primarily in hallways and interior offices. Electrical power and telephone service failed at 3:16 p.m. Security personnel main-

tained communications by radio.

At Center North, clients and staff were asked to take cover at 3:30 p.m. At 3:40 p.m. city warning sirens sounded. Ten minutes later the tornado struck a residential area on the southwestern edge of Vernon. The funnel moved east and then north, almost skirting the city, leaving death and destruction along a circuitous course.

In minutes the storm was over. Quickly, almost automatically, Vernon Center responded to the emergency situation. Physicians, nurses and a pharmacist were sent immediately to Wilbarger General Hospital.



At the request of the police department, vehicles and drivers from the center were dispatched to supplement the city's regular ambulance service. Security personnel assisted police with traffic control.

The center furnished personnel, two flat-bed trucks and two front-end loaders to help in the removal of debris and the search for bodies and persons trapped in the rubble.

Meanwhile, at Center South, maintenance staff worked utilizing generators to restore electricity to some areas of the South campus.

Many employees remained at their stations long past 5 p.m. Tuesday, standing by to dispatch supplies and equipment. Others worked extra hours into the night at off-station assignments.

The cleanup operation and search for bodies continued Wednesday, with the center providing motor graders, pickups and drivers to assist in the

task. Outreach personnel and volunteers helped gather and sort donated food and clothing.

The center's laundry service began handling laundry from Wichita General Hospital, a facility crippled by a lack of water and electrical power following Tuesday evening's tornado in Wichita Falls. Food service prepared sack lunches for employees and other workers.

At the request of Wilbarger County Sheriff's Department, Willows general psychiatric unit at Center North was evacuated to provide housing for 36 out-of-town law enforcement personnel. Laundry, janitorial and unit employees, as well as patient-volunteers from the Alcoholism Unit, helped prepare the quarters for occupancy.

Full electrical power was restored to South campus about 10:30 p.m.

Thursday and Friday saw a continuation of the process of clearing

away debris. Five volunteers from Alcoholism Unit were allowed to man a cleanup truck. Outreach employees also assisted with cleanup work. The Volunteer Services coordinator was assigned to assist Red Cross with the disaster relief effort. Other employees drove Red Cross vans.

Many employees continued to help through the weekend, with food service feeding both center staff and other volunteers. And the story really has no ending, no obvious stopping place.

Officially, Vernon Center's involvement can be measured in terms of man-hours provided, supplies donated, facilities and services volunteered. Reports will be compiled. But the non-official summary of the whole effort is that it reflected the sentiments of countless individuals, both employees and clients, who wanted to help. ■

*Hanaba Noack is information officer at Vernon Center.*



*Vernon Center was spared by the tornado that struck the town April 10, but this brick home was swept almost entirely off its foundation. A section of a baby bed lies on the living room carpet. Photo by Hanaba Noack.*



# Least re·stric·tive al·ter·na·tive n A program, treatment or environment most appropriate to the client's needs and least confining or structured for the client's condition.

**This phrase is a mouthful to say and not easily defined. But it is the key to all client services offered by Fort Worth State School (FWSS). The stories below, which Marsha Siegler wrote for the FWSS newsletter, *Signal*, illustrate how the "least restrictive alternative" works for the school's clients.**

## **GARY RAGLAND**

With a flash of his shiny green eyes Gary will tell you how important his recent dormitory transfer was to him. Gary left Panhandle, the school's nonambulatory dorm, to live in Coastal Plains, which is geared for vocational training. There were some tears among his friends in Panhandle when Gary rolled his wheelchair out of the door for the last time. Needless to say, Gary had some mixed emotions about the move. He was eager to make new friends and learn to do more things for himself, yet he was hesitant about leaving the company of his old friends and the loving care that Panhandle staff had given him.

He has lived in Coastal Plains for several months now and is quite happy with the change. The 15-year-old is sharing a bedroom with one roommate instead of three. He and his new roommate have had to tackle a communication problem that would be a challenge for anyone. Gary is non-verbal and communicates with his eyes and a communication board which is attached to his wheelchair and contains words, phrases, numbers and names. His roommate is deaf. Sometimes it may take a while, but the two can make their needs or desires known to each other after some hand movements and eye contact.

Another drastic change that faces Gary is that his new home is not designed primarily for wheelchairs. A majority of the other clients living in Coastal Plains have full ambulation. Gary is learning how to function in an environment where other clients are quite a bit taller than he is and can get where they are going quicker. Independence is becoming his middle name. If staff members offer to push him in his wheelchair, they may be

reprimanded with a dirty look from his expressive eyes. Gary would much rather do it himself and he makes no bones about it.

The move also meant that Gary had to learn to use his head, literally. Severe spasticity limits the use of his hands, but he is tackling this problem. A headset attaches a pencil to his forehead and enables him to use a typewriter and paint and, in the future, will help him to write. This adaptive equipment also will aid Gary in his vocational training. Gary indicated that his new environment is helping him reach his ultimate goal—working at a job.

## **CHARLA STREET**

Some FWSS clients never may have to set foot on the campus to receive their training, since the school serves almost 2,000 individuals with community-based programs. Charla is one of those clients.

Her affiliation with the school came during her enrollment in an infant stimulation program offered by the Developmental Center, which specializes in day programming for school-aged children.

The three-year-old was unable to walk and her speech skills were severely limited upon her arrival.

"Charla was crawling and using small words to make her needs known," explained Linda Massie, developmental specialist. "She also has a visual impairment that had to be compensated for.

"Her early programming concentrated on helping her learn to walk," said Massie. Employees would encourage Charla to try walking whenever she crawled. A transfer was requested to move the energetic girl from the Developmental Center to the Northwest Satellite, making the location of Charla's program more convenient for her parents. In August of 1976 Charla began attending her pro-



*Spasticity doesn't slow down Gary Ragland, who asserts his independence in many ways, including painting with a headset.*





*Charla Street is pleased by her graduation to public school.*

grams on a full-day basis at the Northwest Satellite.

According to Massie, Charla's progress was outstanding and her goals had to be updated more often than others'. "We worked on self-help skills with Charla, such as dressing, eating, drinking and toileting," said Massie. "It also was important to teach her things such as taking turns and sharing."

To help her develop finer eye and hand coordination, her teachers would draw triangles or other shapes and then draw the same object with dots. Charla then would be expected to connect the dots after watching the demonstration. "Charla now can draw the shapes on request," bragged Massie. "She no longer needs a demonstration."

A large emphasis was placed on developing communication skills. "Tapes and slides were used to help stimulate Charla," said Jean Schwind, coordinator of the Developmental Center. "When working with children visually handicapped, it is important to help them develop all of their other senses too."

Six months ago Charla graduated from Fort Worth State School along with 18 other clients involved in the Developmental Center and its satellites. Massie recently visited her classroom at Bess Race School, a part of the Crowley Independent School District. "Charla is having a big time in public school," reported the developmental specialist. "She's had no difficulties adjusting and is progressing like crazy."

## **ROBERT NORWOOD**

After sporting the bristlings of a burr haircut most of his life, Norwood was encouraged by FWSS employees to let his hair grow to a more fashionable length. It's amazing what a new hair style can do for one's self-image.

His placement on the campus two and one-half years ago was temporary from the beginning. Norwood had lived at home for all but one of his 39 years and had little contact with anyone but his mother and immediate family. His mother had taught him how to read and to write cursively, but had not afforded him the opportunity to make contact with his peers.

Shyness and lack of self-esteem were Norwood's biggest problems. Getting out and meeting people was the most important aspect of his stay on campus. He became a "favorite" of several employees. They took him off-campus on shopping trips, to see movies and to visit their homes.

One of his pastimes was writing letters. He would write to movie stars and other celebrities. This was his own way of making friends. Staff encouraged him to write only to individuals that he knew personally, explaining that these were "real friends" and not just familiar faces.

Role-playing a character that was assertive and sometimes aggressive would be assigned to him. This

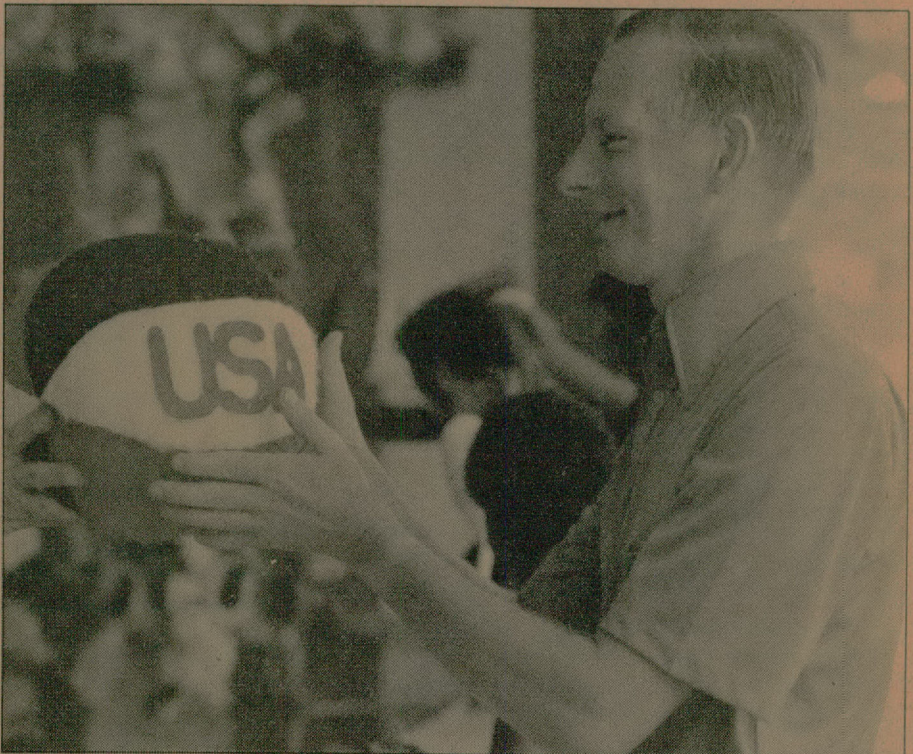
allowed him an outlet to exert himself without embarrassment.

Life in a small group home in Garland has agreed with him. Utilizing the vocational skills he was taught on campus while working in Housekeeping and Motor Pool, he has made the transition to employment in a sheltered workshop. In a letter to an employee, Norwood expressed his satisfaction with his new life-style: "I am working very hard here at the small group home at 902 Dairy Road. It is a very nice place. Tell all my friends helo (sic) and also Bill Luchsinger too. I hope you are having a good time too."

To help him maintain a feeling of independence, Norwood has his own bicycle. Riding helps him relax and gives him an opportunity to meet more people and acquaint himself with his community.

No one can say how much longer his placement in the small group home will continue to serve as Norwood's "least restrictive alternative." Some day, he may be ready for an apartment of his own and ready to meet new challenges. Fort Worth State School will be ready and willing when that day comes. ■

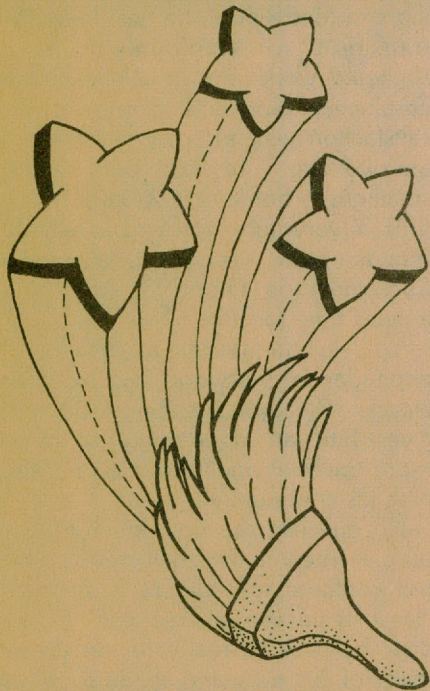
*Marsha Siegler is assistant to the director of Communication Services at Fort Worth State School.*



*Placement in a small group home has brought out the best in former Fort Worth State School resident Robert Norwood. Photos by Marsha Siegler.*



# ★ PEOPLE & PLACES ★



## Paint the Halls

**Brenham State School** (BSS) belies the old notion that schools' hallways and walls must be drab. Color is everywhere. Because of imaginative staff members, the halls of the unit buildings are a kaleidoscope of colors, patterns and images.

When the need arose to repaint hallways in three units, the simplest solution would have been to use the same beige color which had greeted the residents every day since the school opened. But BSS decided to take new directions.

Each unit has different colors and patterns, reflecting the character of the residents living within. Driscoll Unit, for children, has bright and intense colors. Alternating purple, yellow, lime green and orange diagonal stripes almost take your breath away. Each dormitory entryway is marked with its own vivid color.

Austin Unit, for adolescents, is airy and bright with pastel orange, yellow and green. On this unit large areas of color are broken by a wide diagonal stripe of a contrasting color.

The decor changes somewhat on the Bowie Unit for mature adults.

Thanks to the creativity of Ruben Warren, plant engineer, a sedate yellow, pastel blue, green and salmon mark the classroom doorways. Diverging from the geometric patterns of the Austin and Driscoll Units, Terry Boeker and Henry Drews combined their artistic talents to make Bowie's halls a gallery of wall murals. Interspersed along the hallways are murals of birds flying against the backdrop of a setting sun, musical horns, shooting stars, windmills, plants and flowing waterfalls. Each dormitory entryway has its own mural.

Staff artist Boeker drew the murals on transparencies and then projected the images on the wall so that paper cutouts could be made to guide the talented hands of Drews. He traced the detail and then painted the murals with vivid colors.

Most important about the repainting job, however, is not the finished project or the paint, but the cooperation and interaction of staff from Maintenance, Education, Administration and Staff Development sections along with the residents themselves (who helped pick the colors and images). This interaction in developing a project is the secret of Brenham State School in this project and many others.

Childress Unit, the last of the four residential units to be constructed, soon will need a new paint job. One can only wildly imagine what images await.

*Glen Givens, author of "Paint the Halls," is unit director for Bowie Unit at Brenham State School.*

## Cheap Thrills

You're reading a really cheap publication--in terms of printing costs, that is. Because we award the contract to the lowest bidder and because we continue to use newsprint, each copy of IMPACT only costs a nickel.

We also cut costs in shipping and mailing. TDMHMR trucks leave

Central Office each Monday to carry food and supplies to most of the schools and hospitals in the state. Once every two months, boxes of IMPACT destined for the facilities join the frozen vegetables for a cold--but free--journey around the state. A dozen other cost-cutting procedures keep mailing expenses low.

Who receives IMPACT? Most of the 32,000 copies are for employees; approximately 18,000 go to state facilities and nearly 4,000 are allotted to community MHMR centers. Here's part of the breakdown for the rest:

Texas government agencies: 1,500

Psychiatrists and psychologists: 600

Schools and libraries: 1,000

Judges and county attorneys: 1,000

Legislators: 200

Newspapers and journals: 600

Individual requests: 1,500

All in all, it's a cheap method of imparting a lot of information and education to the people of Texas, especially those whose jobs and interests affect the mentally impaired clients of the department.

## Newsmakers

★ **Mary K. Dyer, R.N.**, a registered technologist at **San Antonio State Hospital-State School**, recently won a plaque for her long employment with the facility in the Commerce and Industry Appreciation Award contest sponsored by the San Antonio Chamber of Commerce. Her 38 years of employment made her the senior non-executive employee in the category for workers in the services business.

★ **First Lady Rita Clements**, wife of Gov. William P. Clements Jr., presented the Volunteer Action Awards in May on behalf of the Texas Center for Voluntary Action. Two of the four recipients are



associated with TDMHMR facilities.

Winner in category one (for broad and exceptional leadership to a cause, program or project) was **Alan Henry**, mayor pro tem of Lubbock, who raised \$314,000 in five months for an activity building at **Lubbock State School**. He also was instrumental in having a law passed requiring all newborn babies to have a test for hypothyroidism.

**Mary A. Lackey**, a volunteer for 63 years, won category two (for the volunteer who excels in length, quality and spirit of service). In addition to 18,000 hours of service at **Denton State School** and 2,000 hours at **Lubbock State School**, she has 62 years of volunteer service with American Red Cross.

## Gobbledygook

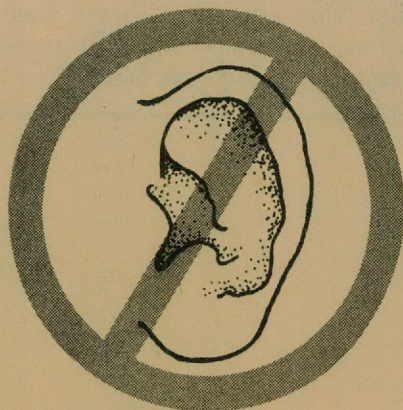
What language do you speak? It used to be enough to ask people if they spoke Spanish, English, German, Russian, etc. Nowadays it's not enough. I was reminded of this the other day when I received my copy of *The TDMHMR Glossary*. It contains some 500 terms used in the TDMHMR system. The need for the glossary points out to me that somewhere along the way we have lost, or are losing, the ability to communicate. Frankly, it scares me to think that both you and I could be speaking English, using the same words, and mean totally different things.

I reflected on this sad state of affairs and realized how chaplains in my own profession added to the problem. Rather than sitting down with a person and asking how he is, what he needs, wrestling with him, with his problems, and generally getting involved with him, it's far easier to yell, "Are you saved, brother?" It's easy to pervert the system that was invented to save time to put distance between people. To risk clarity and precision of speech is to risk our involvement with people. Perhaps too many ministers feel insecure in their relationship with God, their parishioners and their profession as a whole to risk clarity and simplicity. Snowjobs come easier.

I believe that my profession is not the only one guilty of this act. I hope that all of you will examine your professional jargon. I come in contact with you and your jargon at staffings. How many times do we speak of SPOs, ABLs, medications, furloughs, JCAH, Voc. Ed., targets, strands, PORS, WAIS and other technical jargon without explanation? Are we insecure with ourselves, with our professional identities or with other people? It seems to me that although our clients' sponsors are concerned with their programming and our credentials, their main concern is: do we care? My concern is that we reflect our caring attitude by speaking so as to be understood.

What language do you speak? On reflection, what *The TDMHMR Glossary* is doing may be a good thing. It may point out that the system has identified a problem and is working toward a solution.

*Harry Werner, author of "Gobbledygook," is chaplain at Brenham State School. His comments appeared first in the school's newsletter, Huisache Dispatch. Copies of The TDMHMR Glossary are available from Harley Pershing, director, Arts, Graphics and Educational Services, TDMHMR, P.O. Box 12668, Austin, TX 78711.*



## Camp for the Deaf

Camp Trail, an educational and recreational camping experience for deaf and hearing impaired children, has set July 29 - Aug. 11 as the dates for the eighth annual program. Camp Trail is a highly supervised camping program designed to

promote language development and strengthen self-confidence in the hearing impaired child through exposure to many outdoor experiences such as horseback riding, swimming, scuba diving, archery, riflery and canoeing. For more detailed information or applications for Trail VIII, write to: Camp Trail, P.O. Box 136, Hunt, TX 78024 or call (512) 238-4621.

## Therapeutic Park

Junior students of the Texas A&M School of Landscape Architecture received awards recently from the **San Antonio State Hospital-State School** for designing a therapeutic park for the schools' clients. Ed D. Plunkett, chairman of the schools' Volunteer Services Council, presented \$150 each to the leaders of the winning team, Karen Hascock and Ted Adcock.

Designed to develop the clients' tactile, visual and auditory senses, the park will increase their awareness of the world outside, as well as make it easier for clients to have private visits with their families.

## Conference Calendar

**June 14-15**

### Stress of Aging

Held in Temple

Contact: Louise Moon Sipe  
Coordinator of Aging Services  
Central Counties Center for  
MHMR Services

P.O. Box 1025

Temple, TX 76501

817-778-4841

**June 21**

### Community Resources for the MR Client

Held in Austin

Cosponsored by TDMHMR  
and Texas Dept. of Health

Contact: Jim Fennell or  
Carter Clopton

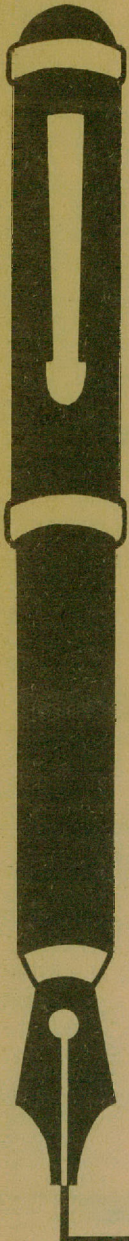
TDMHMR

P.O. Box 12668

Austin, TX 78711

512-454-3761





# Write to Know

**I have been with TDMHMR for two years and am enrolled in the basic insurance plan. I am planning to become pregnant. Can I convert to the high plan which offers maternity coverage?**

In the past the answer to this question would have been the same for any employee who wanted to change his coverage: You may do so during the annual open enrollment period, usually Aug. 1-15, with coverage becoming effective Sept. 1.

However, the Equal Employment Opportunity Commission has issued a ruling, based on the Pregnancy Discrimination Act, stating that medical coverage for pregnancy must be contained in every health insurance plan. This means that, effective April 29, pregnancy is provided for like any other illness or disability.

All three levels of the state medical plan now cover pregnancy-related medical costs for each employee or the employee's spouse if she is insured. Pregnancy coverage is available immediately upon employment even if the employee or spouse became pregnant prior to employment. Maternity benefits are extended for an insured person following termination of employment if the person was insured on the high plan when the pregnancy commenced and kept that plan until employment terminated.

**Are illegal aliens eligible for services?**

The TDMHMR Legal and Claims section has been working on this issue for the past few months. It is difficult to answer this question because the Appropriations Act provides that funds appropriated to TDMHMR only may be used to provide services to "citizens" and "residents." Since

the meaning of "resident" is not clear (by some definitions, "resident" would include illegal aliens), it also is not clear what the obligations of the department are with regard to providing services to illegal aliens. This question has been complicated further by the recent U.S. District Court decision in *Doe v. Plyler* which held that the Tyler Independent School District may not deny a free public education to undocumented aliens. This decision currently is being appealed. While an attorney general opinion has been requested, the issue will not be resolved until the outcome of the appeal in the Plyler case. Until that time, services will be provided to illegal aliens on an emergency basis.

**I am interested in job openings at other state MHMR facilities. Where will I find information regarding these openings?**

The personnel office in each facility receives job listings weekly from most TDMHMR facilities.

**When terminating my employment, how do I get my retirement back?**

Employees terminating employment do not receive automatically a refund from the Employees Retirement System (ERS). Retirement withdrawal forms, available from the facility personnel office, must be completed and returned to the personnel office for processing. The refund will be mailed from the ERS Austin office approximately 90 days following termination.

*Do you have a question about TDMHMR? Ask **Write to Know**, c/o IMPACT, P.O. Box 12668, Austin, TX 78711.*

## IMPACT

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