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IMPACT

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Growing Older—Aren't We All? ▶



Photo by Sarah Bird

Interview: Ferne Kyba

Ferne Kyba is an instructor at The University of Texas School of Nursing specializing in gerontological nursing. She is a member of the on-campus Committee for Gerontology and has served as a private consultant in this speciality. She is a dynamic, spirited foe of ageism and the stereotypes it imposes upon older clients.

IMPACT: Ferne, how did you become interested in gerontology?

KYBA: While I was doing my master's work I spent two years as a consultant to a nursing home here in Austin. It

was an extremely frustrating time for me because I saw the potential of what nursing could do for the elderly client. At the same time, it became very apparent to me that elderly people are at the mercy of the caregiver more so than other age groups.

One of the reasons for that is many of them really have never come to expect great things from professional caregivers. Their historical perspective is somewhat different from those of us who have lived through a more assertive time of professional growth. The elderly client may expect things, but,

frequently, they won't verbalize those expectations.

Also, the general lack of educational background—and I don't mean to cast aspersions on the intellectual level of the elderly; that's one of those myths we don't want to perpetuate—helped shape their expectations. When many of our elderly were in school, they weren't taught about their bodies, about health. They have great needs in term of health education, particularly mental health.

Those in their eighties and nineties had to do so much more for

themselves, so much more self-care. There simply weren't physicians, and certainly there weren't psychologists and psychiatrists available. So, many times, they tend to stick with some of their folk remedies and have some problems in following a medical regime.

There's a fair degree of nonunderstanding among medical professionals when older people don't comply with the medical guidelines given to them, prescriptions they should take, that sort of thing.

IMPACT: Does this "non-understanding" extend to mental health professionals as well?

KYBA: The degree of misdiagnosis of mental health problems among the elderly is quite incredible. One of the main things in the past has been that the care providers have not had a broad experience with the elderly client and, if they did, it tended to be with those who are institutionalized.

This then gives one the common stereotype of the old senile patient. If there is any label put on the elderly more unfairly, it is the term *senility*. The term is used far, far and away more than there ever are any real valid cases.

Dr. Gene Cohen of the National Institute of Mental Health says that studies indicate that up to eight percent of the population over 65 may suffer dementia, which is the group of illnesses that causes a decline in intellectual functioning to some degree. So senility or dementia is actually one of the least common diseases of old age and hardly an inevitability.

The stereotypical views of many of the professionals who have been in the field a long time, combined with the American viewpoint on drugs, create some terrible problems for the elderly client. They simply can't handle drugs. They undergo physiological changes—diminished function of the liver, of the kidneys—which make them unable to clear the drugs. They tend to keep the levels much, much higher in the body so they're much more prone to drug reactions than are the average younger clients.

The UCLA physician who coined the term "poly-pharmacy" believes that at no time should an elderly client be given more than three drugs. It's his belief, given the physiological way they handle drugs, that any more is likely to just make the client sicker.

One of the things we don't give enough credit to in diagnoses of men-

tal health problems in the elderly is that a lot of physiological changes can cause what, in a younger person, would be mental aberrations. For example, a problem of an electrolyte balance which can be brought about by dehydration or by malnutrition can often portray itself as a mental problem. Often we have found that just having a good diet for a few weeks will cause some of these problems to simply disappear. We often overlook some of these basic problems in our older clients.

IMPACT: Do you see any way of making our mental health professionals more aware of these and other problems of the older client?

KYBA: As professional schools move more and more into integrating gerontology (the study of the well older adult) and geriatrics (the study of disorders of aging), we see more students getting experience in both areas. I think this will turn around the way we care for our elderly. But, even now, our youngest, brightest people have some real bad stereotypes they're operating under.

IMPACT: What sorts of stereotypes do you mean?

KYBA: There is no set pattern in the way people age, and I'm sure you know this just from family and friends. Some people are physiologically ancient at 50. There are others who are still out jogging at 85. There are even some that are marathon runners at that age. Similarly, there is a whole range of mind variations, personality variations. I have some friends at 35, 40 who fit the stereotype of the rigid, old person. There's as much variability in the old as there is in the young if you just look for it.

One of the things I think is most important is getting students out with well, healthy, exciting older persons. They start to see people in their eighties who are starting their third trip around the world, who are just taking up painting at age 82. Those are the sorts of stories they begin to see are realities.

That is part of what we have absolutely got to do with our professionals. If indeed one has a view that the elderly person cannot achieve much in terms of health, mental health gains, then that is exactly what we're going to get. It's the old self-fulfilling prophecy.

So, if you think an old person can't

get well, that an old dog can't learn new tricks, then there is no option for them to do that. Indeed, we do know that old dogs can learn new tricks; it just takes them a little longer.

IMPACT: How would you answer critics who say, "With funds becoming ever more scarce, how can you justify spending them on clients who might only live another five years?"

KYBA: I have grave concerns about that question, not only for your department, but for all of our agencies. How one argues for that scarce money is very difficult, particularly in the chronic institutional setting because it is possible that those people can only be helped to a limited degree. But, what makes me despair is people taking the viewpoint that nothing can be done because there is no money.

A lot can be done that doesn't cost anything more than somebody taking a look at themselves and dealing with their own stereotypes. That kind of change can be made at no cost except for a few ego coins which may have to be spent somewhere along the way. We've simply got to change our attitudes of delivery.

There are so many things that can be done without money; it just takes a person with the interest and the commitment.

IMPACT: Do you have any thoughts you would like to share with those throughout the department who work with older clients?

KYBA: Probably the first thing I would say to anyone working with the older adult is this: If one does not understand their own perceptions of aging, of their own aging parents and how they feel about their own aging process, I don't think it's possible for them to come to grips with how they feel about that process in another person. Until we have that self-awareness, we don't realize what our behavior means.

We're an American aging population. The fastest growing segment of our population is over 75. So many are now growing to such an old, old age that, in gerontological nursing, we no longer talk about the old client. We're breaking down discussions in that area into the young-old, 60 to 80, and the old-old, 80 and over. So, you can see, all of these questions will become even more important in the future. ■ S.B.

Relatedness: Pearls on a String of Life

By Bert Kruger Smith

To be aware of mental health developments and dilemmas in Texas is to be aware of the name Bert Kruger Smith. Smith, an executive associate with the Hogg Foundation for Mental Health in Austin, has won countless honors for her contributions to the field.

Executive, teacher, radio program moderator, Smith has also found the time to author half a dozen books, along with scores of articles, brochures and pamphlets. The titles of her two latest books, *The Pursuit of Dignity: New Living Alternatives for the Elderly* and *Aging in America*, reflect her special interest in the problems of America's elderly.

One particular concern has occupied Smith lately: How, in this era of austerity budgets and shrinking support of public programs, will we provide for this segment of our society? In the following article she suggests an innovative answer to that question. Smith terms it "relatedness" and expresses the concept as "connecting people, pearls on a string of life."

S.B.



Photo by Sarah Bird

Marie Hingston, 80, her white hair piled high on her head, sits in a sunny corner of her bedroom in the retirement hotel and crochets a tiny pink shawl, baby doll size. She is smiling, and her arthritic fingers seem to grow increasingly nimble as she works the hook into the soft pink thread. The shawl and matching bonnet are gifts for her five-year-old great-granddaughter's forthcoming birthday, and Marie's mind is filled with the party events, her volunteering stint at the nearby hospital, the soup she is making for her ailing neighbor, and dinner at her son's house later in the evening.

Hilda McIntyre, 79, who will be the recipient of the homemade soup, lies on her bed in a darkened bedroom, a cold cloth on her head. Her hands are clenched by her side.

Medical reports on Marie and Hilda would show few differences. Both of them are in good health, except for some chronic ailments. Both are able to function satisfactorily but only Marie does so. Hilda is in her doctor's office one to three times every week. Between visits she calls him frequently.

Hilda in her isolated bedroom is thinking of little but her headache and her loneliness. Her husband dead, her

one child far away, her friends almost non-existent, she is alone, away and apart from life.

The differences in the two women lie not in health status or income, but in attitude. Marie possesses one vital attribute which Hilda lacks—*relatedness*. Clark Tibbitts, in the book *Aging in Today's Society*, has suggested needs which should be met if people are to grow maturely. One of these is the need for relatedness, or association with others. Without such a sense of being related to other human beings, a person is totally alone, detached and unable to use his humanness.

William James, writing to some students in 1896, said, "I now perceive one immense omission in my psychology—the deepest principle of human nature is the craving to be appreciated, and I left it out altogether...because I had never had it gratified until now."

The words of William James speak to every human being's needs to be "in touch," appreciated, connected to other human beings. One suggestion has been made that a CB radio band be provided for older people in order that they can have contact with one another. Such an idea may seem simplistic, but the thought of connec-

ting people, pearls on a string of life, is one which bears thinking by all who want to meet the challenge provided by older people in our society.

Relatedness is a boomerang. It is other-directed, but it is self-returning. No person can be "related" artificially, or without effort. Older persons, even those who are physically frail, bear responsibility for relating to others. They can do so by telephone, by letter-writing or in person. They can move away from their own ailments to feel the hurt of other people. In so doing, they direct their efforts outward.

The spectrum of services which needs to be utilized if older people are to be able to remain community participants must be strengthened in cities, small towns and rural areas. With a declining economy and cutbacks in public programs, the need for personal input becomes imperative.

The concept of extended family may need to be altered to include those persons who are concerned and who feel a sense of responsibility for others, even those whose faces they do not recognize. Many of the programs which have helped to keep frail elderly in the community can be continued by caring neighbors. For example, since transportation is one of the

greatest problems facing older persons, neighborhoods could work out methods of providing volunteer drivers one day a month to help with that problem. Other difficulties, such as meal provision and house care, could be met with joint planning by neighborhood groups.

The largest problem of all, that of loneliness, can, of course, become lessened by close-by persons who make sustained effort on behalf of persons in need.

The sense of relatedness has to do with our whole feeling of humanness and with being a part of and attached to other human beings in the world. Norman Cousins has stated the idea thus in speaking of Karen Ann

Quinlan in an article in the Nov. 29, 1975 *Saturday Review*: "Ultimately the health of the human species depends less on individuals being plugged into life-sustaining contrivances in emergency conditions than on the realization by enough people that they are all connected to one another. There is still a chance our world can become more proficient in serving life than in terminating it."

A newspaper story told of a submarine submerged far beneath the surface of the sea and unable to rise. Nothing but a wall of steel kept the persons inside the submarine from dying.

Rescuers risked their own lives to reach the submarine and to extricate the persons trapped inside. They did

not know the people as individuals; nor did they owe a personal obligation to them. They were simply human beings reaching out to other human beings in a time of need.

All of us, at every age, are related to every other person in some humanitarian way. It is important that we take as a personal challenge the development of a new and enlarged extended family of persons who care about one another.

Marie Hingston and Hilda McIntyre may find themselves engaged in mutual projects on behalf of some needy population. And as Hilda learns to give with love, she may also be able to receive, with love, the gifts from other human beings. ■

By, For and About Older People

A \$3 million appropriation to the U.S. Department of Health and Human Services is funding arrangements for the 1981 White House Conference on Aging. Representatives from both the public and private sectors will develop policies dealing with the steady growth in the number of older citizens in this country.

For more information, contact the White House Conference on Aging, Room 4059, HHS North, 330 Independence Ave. SW, Washington, DC 20201, (202) 245-1914.

The programs listed are affiliated with the Texas Department of Mental Health and Mental Retardation. Although most facilities and community MHMR centers include older persons among those whom they serve, these programs specialize in providing support for that age group.

AUSTIN

Elderly Program

1430 Collier St. (78704)
512-447-4141

Auspices: Austin-Travis County MHMR Center
Serving: Travis County

BEAUMONT

Aging Services

P.O. Box 192 (77704)
2750 S. 8th St.
713-838-0195

Auspices: MHMR of Southeast Texas
Serving: Chambers, Jefferson and Orange Counties

DALLAS

Elder Mental Health Services

351 W. Jefferson
Carter Towers, Suite 202 (75208)
214-948-7973

Auspices: Dallas County MHMR Center
Serving: Dallas County

FORT WORTH

Aging Services

1723 Hemphill (76110)
817-335-7744

Auspices: Tarrant County MHMR Services
Serving: Tarrant County

HOUSTON

Geriatric Services

1300 Moursund (77030)
713-797-1976

Auspices: Texas Research Institute of Mental Sciences
Serving: Harris County

Geriatric Services Unit

2850 Fannin (77002)
713-759-1010

Auspices: MHMR Authority of Harris County
Serving: Harris County

KERRVILLE

Dietert Senior Citizens Claim

617 Jefferson (78028)
512-257-6228

Auspices: Kerrville State Hospital
Serving: Kerr County and surrounding area

MARSHALL

Aging Services

P.O. Box 1224 (75670)
1602 W. Grand Ave.
214-938-7721

Auspices: Sabine Valley Regional MHMR Center
Serving: Gregg, Harrison, Marion, Panola, Rusk and Upshur Counties

PLAINVIEW

R.S.V.P.

705 W. 7th St. (79072)
806-296-2726

Auspices: Central Plains MHMR Center
Serving: Hale County

SAN ANTONIO

Geriatric Services

3421-B S. Presa (78210)
512-532-4288

Auspices: Bexar County MHMR Center
Serving: Bexar County

TEMPLE

Elderly Services

302 S. 22nd (76501)
817-778-4841

Auspices: Central Counties Center for MHMR Services
Serving: Bell, Coryell, Hamilton, Lampasas and Milam Counties


WACO

Community Personal Support

P.O. Box 1277 (76701)
1115 Cleveland
817-752-1223

Auspices: Heart of Texas Region MHMR Center
Serving: Bosque, Falls, Freestone, Hill, Limestone and McLennan Counties

Journalists interested in factual information about aging may find useful a booklet titled "Writing About the Elderly." It's available for \$1 per copy (with a discount of 10 percent on orders for 10 or more copies) from Gerontology Publications, Institute of Gerontology, The University of Michigan, 520 E. Liberty, Ann Arbor, MI 48109.



Older, Better

By Lynn Pearson

Feeling good about ourselves is not as easy as television commercials would lead us to believe. Unfortunately, a change in soap, mouthwash or deodorant, which prompts leaps of joy among paid commercial characters, does not cause immediate real-life changes in attitudes.

However, a group of older persons in Waco have found a way to feel better about themselves and the world around them.

They're involved in an innovative program called Community Personal Support, operating at the Kate Ross Center in Waco. Here, in group or individual sessions, older persons are encouraged to deal realistically and practically with situations caused by unresolved grief, pent-up anger, extreme anxiety or other emotional stresses. In addition, they're learning useful techniques to cope with physical restrictions such as arthritis, high blood pressure and loss of hearing, sight or mobility.

The program, designed to address the older person's emotional, physical, intellectual and spiritual needs, coordinates its services with the Senior Lunch and Activity Program (SLAP). In fact, the entire support program is combined with a number of established agencies already serving the various needs of the older population.

Supported financially by the Cooper Foundation, the Area Agency on Aging and the Heart of Texas Region

MHMR Center, the program is linked with the City of Waco's aging services and with programs and facilities of the Economic Opportunities Advancement Corporation (EOAC) and the Waco Housing Authority. In addition, the Baylor University Department of Gerontology assigns an intern to the support program.

According to Howard Gruetzner, clinical coordinator for the Community Personal Support program at Kate Ross, "The system of needs is complex in the elderly. There is physical and social isolation. People tend to think that senility and feeling lousy is the way it's supposed to be for older persons. They don't know there is something that can be done about it."

Gruetzner and the staff, which includes Anne Prock, R.N.; Tom Stidvent, M.D., staff physician; Sheree Knight, occupational therapist; and Nancy Duarte, secretary and Spanish interpreter, use a variety of methods to help older persons understand how they can control their own lives and the way they feel about themselves and others.

One such method is group sessions. An unusual group, called "Life Review through Music," focuses on lyrics of selected songs and their relationship to life experiences. During the weekly session, Gruetzner plays guitar and sings songs, some of them his own compositions, which spark feelings and old memories among the group.

"The discussions initiated by lyrics which have some emotional and factual things to say about life," Gruetzner said, "help group members to reintegrate what has been, what is and what can be in their own lives."

Prock and Knight lead two groups in physical and health awareness. During these sessions they offer practical suggestions for dealing with arthritis, high blood pressure, fear of falling and how to prevent health problems from worsening. Dr. Stidvent and Prock also help the older persons to monitor medications, note any side effects or unusual reactions and report any suspicious symptoms to their family doctors.

"We do a lot of relaxation therapy with older persons," Gruetzner said. "Sometimes the reason a person is not feeling good may be because he is extremely anxious or tense. Learning how to relax may help his physical well-being.

"However, in most cases, we try to stay as concrete and practical as possible in helping them get the feelings out they don't want and the feelings in they do want."

Because many elderly are isolated and often do not leave their homes, MHMR also operates a homebound program in conjunction with the Department of Human Resources (DHR) and the United Way. Prock and Dr. Stidvent provide at-home assessment, counseling and crisis therapy, working closely with the DHR workers to stabilize the older person in his own home.

A number of medical problems, many of them serious, have been identified through this homebound program. In most cases, these medical problems have hampered the social and emotional functioning of the older person, magnifying his sense of rejection and loneliness.

Since both Prock and Dr. Stidvent work closely with Community Personal Support, a number of the elderly identified through the homebound program eventually enroll in the support program at Kate Ross to continue their personal growth. ■

Lynn Pearson is director of public information for Heart of Texas Region MHMR Center. For more information about the Kate Ross program, call Howard Gruetzner at (817) 754-7531 or write the Kate Ross Center at 1115 Cleveland, Waco, TX 76706. Photo by Lynn Pearson.

Linking Depression and Memory Loss

By Lore Feldman



What were the radio addresses made by Franklin D. Roosevelt called? What sport did the Four Horsemen play? Who was the prime minister of Canada during the 1970s until losing office in the 1979 elections? In what novel did the character Long John Silver appear?*

In their study of memory impairment and depression in the aged at the Texas Research Institute of Mental Sciences in Houston, George Niederehe, Ph.D., a clinical psychologist in gerontology research, and researchers Karen Nielsen-Collins, Darci Volpendesta and Bob Reichlin ask their volunteer subjects many such questions, but that is not all they do.

The research group is asking participants about the techniques they use to jog their memories, how they feel about memory losses, how much reminiscing they do about the past and how they think their own memories operate.

It's likely that memory problems and depression are related, Dr. Niederehe says. But the question is complicated by personal styles and characteristics and by the need to distinguish among various aspects of memory. "We don't just take a string of digits and see how many a person can remember. We're trying to get a real-world knowledge, things people have actually experienced, then see how much of it they can recall."

With a grant from the National Institute of Mental Health, Dr. Niederehe has developed a voluminous memory workout for normal and depressed volunteers, all women between 20 and 45 and an older group over 60.

How well a participant actually remembers is carefully distinguished from how she perceives her memory to be working. Much of the interviewing is done by Collins and Volpendesta, who use standard psychological tests as well as specially designed questionnaires and slides. The facts questions are given in three stages: first the question, then clues to the answers, then multiple choices.

In addition to clarifying the memory loss-depression connection, the researchers hope to learn whether depressed people are more apt to think they've lost their memory when in fact it's no worse than in healthy people.

They're also testing for a self-confidence factor, because depressed people tend to be more self-critical than others and to downgrade their ability to learn new material and process it for recall.

Half joking, Dr. Niederehe says, "Maybe healthy people are not depressed because they overrate themselves."

Dr. Niederehe would like to follow the research participants longer than the present study allows. He suspects that, when depressed persons recover, they complain about their forgetfulness as much as ever, even though it's improved.

The three-stage procedure in asking questions, then giving clues, may uncover ways of helping people make their memory processes more efficient.

"Often, so-called memory problems are like having a nice car but not being able to drive it well," Dr. Niederehe says. "Maybe we can find some memory-training techniques that will help depressed people who are not using their resources well."

Meanwhile, the volunteers in the study—and Dr. Niederehe's group needs more participants—receive complete physical and psychological examinations. The depressed volunteers are offered treatment. All are paid \$20 for taking the tests.

And now: What long-running television series featured a crippled man named Chester? Other characters in the show were Doc and Kitty. Was it "The Waltons"? "Bonanza"? "Ben Casey"? "Gunsmoke"? ■

Lore Feldman is editor of the emissary, the newsletter of the Texas Research Institute of Mental Sciences.

*Fireside Chats. Football. Pierre Trudeau. *Treasure Island*. "Gunsmoke."

update for senior citizens

By Hanaba Noack

Stress, nutrition, drug abuse—three topics as popular as the latest fashions. Publicized by the news media and examined in seminars and workshops, these themes have set the pace for Vernon Center's off-campus programs for the elderly.

"It's what they're reading and hearing about every day," says Rose Eaton, volunteer services coordinator for the center's Outreach Services' programs. Capitalizing on the free publicity, Outreach staff try to reach the elderly with practical, accurate information on these subjects.

Eaton and her colleagues work especially with senior citizens' centers in the small towns which dot the 14-county North Texas area served by Vernon Center Outreach Services' seven community mental health centers.



"Stress is the thing this year," she says. Gearing her presentations for the elderly, she conducts sessions on stress and relaxation techniques. One course she stretched over a six-week period, offering it through the senior citizens' section of the continuing education department of Vernon Regional Junior College. Shorter sessions have been more popular at area senior citizens' centers and with organizations—a study club in one town and a chapter gathering of the American Association of Retired Persons in another.

Drug abuse, or "misuse" as she calls it, is another topic Eaton talks about in

her senior citizens' workshops. She covers the problems most common among elderly drug users—for example, mixing prescription medicines without notifying the physicians involved, overuse of over-the-counter medications, failure to notify the doctor when side effects occur and sharing prescription drugs.



Weekly medicine containers, memory joggers for persons on daily medication, are crafts projects Eaton initiated at two senior citizens' centers. Each box is painted in attractive colors and the seven medicine compartments are labeled according to the days of the week. These boxes make useful gifts for the elderly, she suggests.

Nutrition problems prevalent among older persons are another area of concern for Outreach. Center dietitian JoAn McDonald serves the Outreach centers as a consultant. One of her assignments has been to advise a senior citizens' center on its menus.

"I really think the senior citizens' center has an important function, nutritionally as well as socially," she says. "The people going to a senior citizens' center will tell you that's their meal for the day."

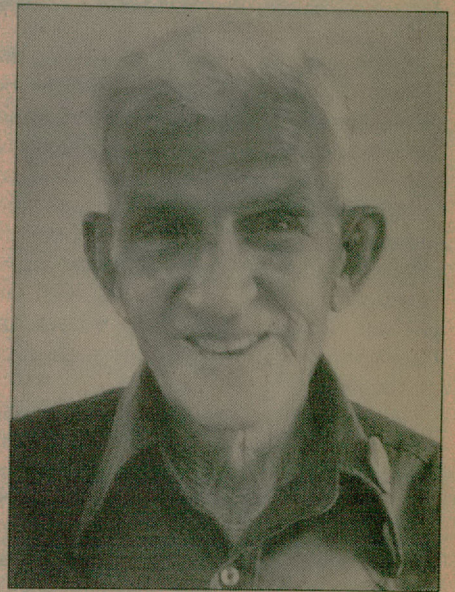
McDonald stresses the importance of the social aspect of eating. She mentions problems she sees among the elderly who live and eat alone.

"Half the people over 70 we interviewed eat dry cereal for supper because it's easy and they're alone, when they probably had it for breakfast too," she says.

Finding creative ways to eat alone and finding other people to eat with would improve most elderly persons' eating habits, according to McDonald.

Outreach director Jim Smith mentions that other services provided through the Outreach centers include telephone reassurance (daily calls to check on those who live alone), transportation, work programs and referrals to other agencies. Most of these duties are handled by each center's information and referral person.

At one area nursing home, Outreach caseworkers meet with a "friendship group" to discuss current events. A type of reality orientation therapy, the sessions keep the elderly participants in touch with goings-on in the outside world. One of the most active members of the group is 92. "She lives to vote," Eaton comments.

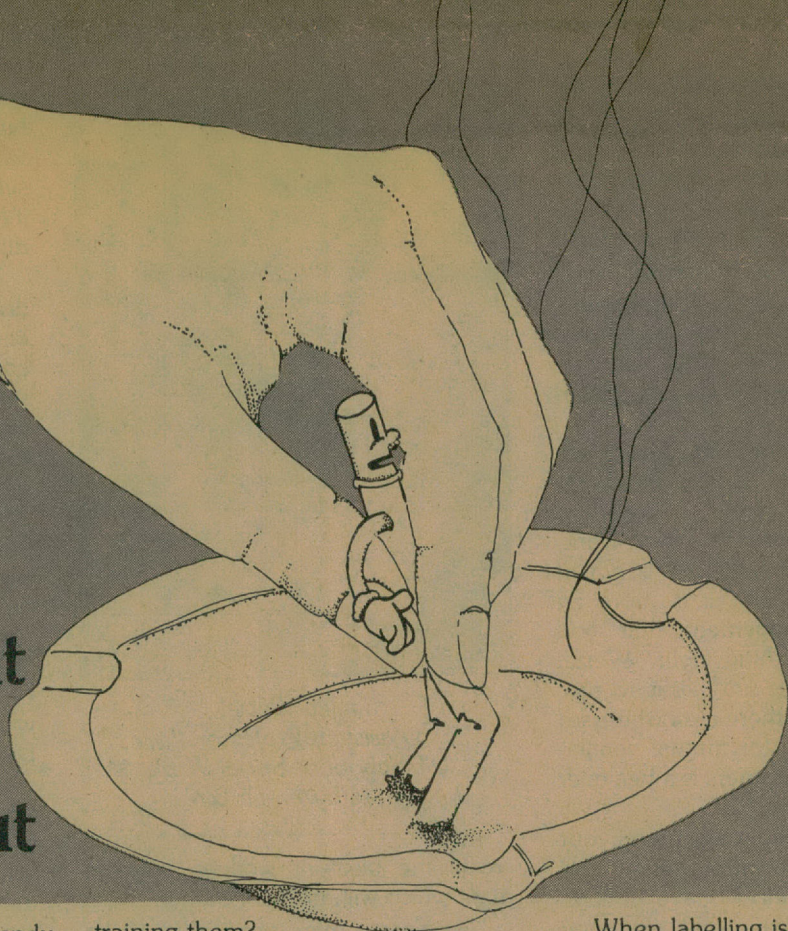


"Whatever our staff does, one of the primary aims is to make the elderly feel better about themselves," Eaton says.

"Sometimes just our concern for them is so well-received. They appreciate that somebody cares to talk to them about something they already know, but just need to be reminded of." ■

Hanaba Noack is information officer at Vernon Center. She photographed these residents of the Westview Manor nursing home in Seymour during a friendship group. They are (left to right) Pauline Ballerstedt, Mary McDaniel and Joe Sullivan.

Burned Out or Snuffed Out



Burnout is one of those trendy maladies like hypoglycemia whose incidence seems to rise in direct relation to the number of column inches devoted to it in the popular press. This article is not designed to trigger another outburst, but to look at some of the manifestations of a genuine attack of this syndrome and a few ways it might be warded off.

The attention given to this syndrome by the media would make it appear to be a new problem. It is not. As early as the sixties it was noticed that the most frequent casualties in LBJ's War on Poverty were social workers. These were the shock troops—idealistic, motivated, caring—who were sent out into the ghettos to solve impossible problems. For an average of two years they endured before they, as we would say, burned out, or, as they would have said, quit.

It took nearly two decades and the emergence of another trend to propel burnout to prominence. That second trend was austerity budgeting. Under this new frugality one sin became mortal—cost inefficiency. Suddenly, the long-standing fact was noticed that people in the helping professions have a high propensity to quit after a couple of years. What could be more cost-inefficient than the regular disappearance of employees after much time and money had been devoted to

training them?

So the burnout process was subjected to a lot of intense scrutiny. What researchers in the area of job satisfaction discovered was that not much had changed since the War on Poverty years. Like the altruistic social worker of the sixties, the employee most likely to ignite in the line of duty is in a high intensity, low echelon position working directly with clients. He is the front-line person most controlled by authority and least able to exert his own autonomy. He is also, quite frequently, the employee who is the most idealistic, motivated and caring.

"The analogy to the military is quite apt," says Janice Wetzel, assistant professor at The University of Texas School of Social Work. Wetzel has done extensive research in the area of job satisfaction. "It is the line soldier at the front who is being shot at, who is paid the least, who is considered the most expendable. This is not a productive line of thinking in mental health work."

The constant psychic demands placed upon these front-liners require certain coping mechanisms which allow the caregiver to put a buffer between himself and the crush of problems he must confront each day.

The problem, says Wetzel, comes when employees start to overuse these mechanisms. One of them is labelling.

When labelling is overused, a client stops being a person with a problem and becomes "that schizophrenic" or "that chronic psychotic." Clients are transformed into "caseloads." Physical distance may start accentuating the emotional distance; clients are avoided. The employee finds himself spending a lot of time bitching and drinking coffee with other staff members.

With a bona fide case of burnout there is a loss of caring, an increase in alcohol and drug use, physical and emotional exhaustion and a lack of self-worth. The overextended employee comes to work reluctantly, late or not at all. Absenteeism skyrockets; morale plummets.

The employee suffers. His clients suffer. His co-workers suffer. His family members suffer. And the department, soon to lose another trained employee, is going to suffer.

The scenario need not be played out this way, says Wetzel. She has a list of precautions that both the employee and the agency he works for can take to prevent burnout.

Wetzel's basic advice to the mental health professional is: Treat yourself right. This prescription includes a whole host of preventive measures, from maintaining good physical health and nutrition to cultivating a sense of humor, a light outlook on life. She tells

employees that they are not being good troopers, they are being *job traitors* when they skip lunches, work late and defer vacations. These are the oily rags that explode in a burnout.

A support system is vital, Wetzel emphasizes. Everyone needs someone in his life to share victories and defeats. The support does not always have to come from the same person or persons. The supporters can be either at work or at home.

To circumvent burnout, Wetzel advises employees to break two traditional rules: Brag about yourself and take home your problems from work. The bragging, incidentally, is not of the egotistical variety; it is more an honest acknowledgement that you have done something *right*. Wetzel has found that it is unrealistic to pretend at home that there are no stresses at work. Allowing for mutual ventilation between life partners is a healthier pattern.

Don't make your work place your only source of accomplishment and approval, says Wetzel. Have hobbies and outside activities that give you satisfaction and a sense of self-worth. Another trap Wetzel warns against is expecting approval from a superior who is unable or unwilling to give it.

Marcia Sobel-Fox, a nurse-therapist who has conducted workshops on burnout, agrees with Wetzel. "Whether a boss gives appreciation or not, a person's reaction will determine if they burn out. To a major degree we control whether we burn out or not. I teach people to get what they need."

One of her instructions is to go directly to the unappreciative boss and to ask specific questions. For example, if you've just gotten a poor evaluation, Sobel-Fox would counsel you to say to your supervisor, "Thank you for the feedback. I'll work on those areas you mentioned. What areas of my performance do you like so I can continue to do those things?"

"Appreciation is very, very important," says Sobel-Fox. "You're ripping yourself off if you limit yourself to getting it just from your boss." Like Wetzel she believes that forming a support group is crucial. To be productive, however, the agenda of the group should be problem-solving, mutual admiration and understanding, not griping.

Still, an employee cannot adjust and accommodate indefinitely. At some point administration must lend a hand to



Janice Wetzel
Assistant Professor,
UT School of Social Work
Photo by Sarah Bird

create the pleasant working environment which will minimize burnout.

"People are more productive, easier to work with and happier when they have more authority and autonomy," says Wetzel, adding that, "All these things have been said for a long time in many different ways. The jargon has been different—it's been called job satisfaction, organizational theory—but the message has been the same in study after study done by both the government and by industry. What we need now is a response, a change in the working environment."

The change Wetzel advocates is a shift from a hierarchical model of management, with its pyramid-like structure where each succeeding lower rung must bear a progressively greater weight of authority imposed upon it, to a horizontal model of management.

Traditionally, says Wetzel, administrators are taught that control equals efficiency, an equation built into most bureaucracies. What the job satisfaction literature reveals, however, is that the exact opposite is true. Employees are *more* efficient, *more* effective and remain at their jobs longer when they feel they have some authority, some hand in making the decisions which affect their jobs.

One bit of good news for budget-conscious administrators emerges from these studies: A feeling of autonomy and a supportive environ-

ment are more critical in preventing burnout than is salary. A front-line worker under stress in a hierarchical system will be just as likely to burn out if he is paid more and his working conditions remain unchanged.

However, cautions Wetzel; this does not mean that salary can be discounted. While there is not a direct correlation between burnout and salary level, it is a strong measure of two factors which do correlate: authority and autonomy. The employee with enough of both of these commodities to have the freedom to design his work environment almost certainly is going to be an employee who is well-paid.

"Ask employees what they want and give it to them." That's Virginia Meehan's philosophy. Some of the wishes the coordinator for Staff Development at Austin State Hospital would like to turn into reality are: giving employees more control over scheduling their free time; making a 10-hour-a-day, four-day work week an option open to employees in high stress positions; initiating a transfer system so that employees close to burning out on one job could move to another position rather than completely out of the department; and allowing a certain portion of sick time to be allotted for an employee's mental health needs.

The department has implemented a number of ideas geared towards enhancing job satisfaction. In the Problem-Oriented Records approach to client care, the case manager does not have to be a professional. Teams, including mental health workers, make many decisions jointly about client care. Career ladders are being instituted for front-line people.

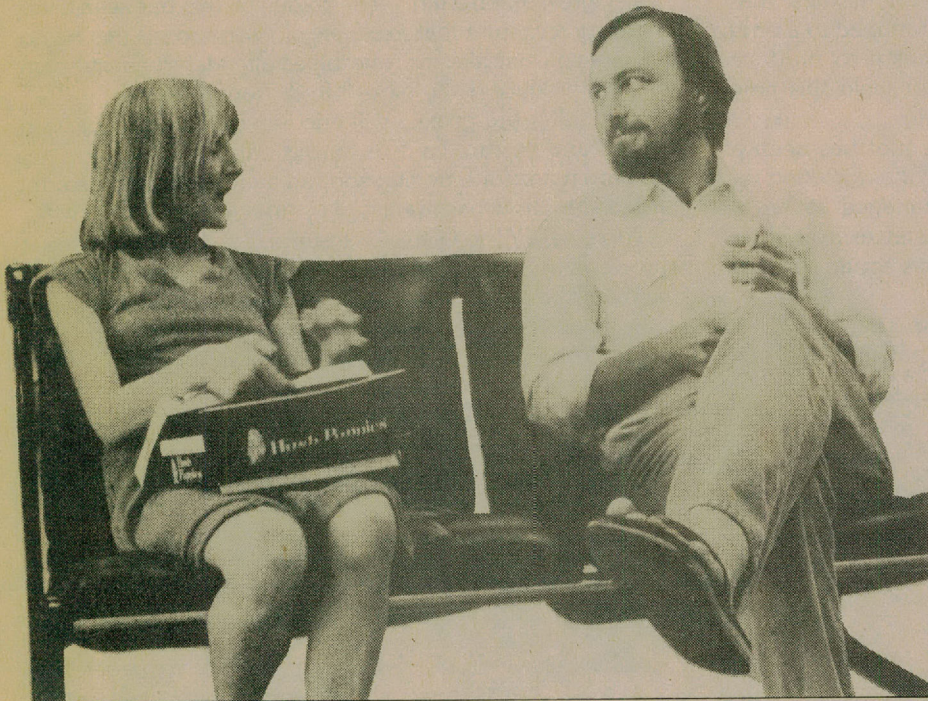
All these innovations point up another fact gleaned from Wetzel's job satisfaction studies. "A change in thinking need not cost any more. Agencies everywhere struggle with their resources being cut. Studies have shown that changing working conditions are cost-effective in the long run, that the more egalitarian agencies tend to have more satisfied personnel who tend to remain at their jobs. But, these things have been said time and time again.

"I can almost imagine," says Wetzel with a large sigh and a small smile, "that in another 10 years someone else will come up with yet another catchword like burnout, and still nothing will have been done." ■ S.B.

❖

Asbestos Man

❖



Program director/therapist Charlie Boone talks things over with Julia Welsh at Austin State Hospital's Bayou Unit. Photo by Sarah Bird.

Charlie Boone, program director at Austin State Hospital (ASH), is the burnout who didn't ignite.

Boone has resigned positions at ASH three times. And returned four times. Burnout. The description keeps flickering up to fit his case, but Boone unequivocally denies it.

"I feel the term burnout is overused. It ought to be restricted to the person for whom it is actually disruptive to their lives. So I don't say 'I burned out.' I say 'I quit.'"

The first time he said it, in 1970, Boone had been employed for three years as a mental health worker. He became a hod carrier, then opened a furniture refinishing business. During

subsequent absences from ASH, Boone worked for a tax service, built furniture, worked in a department store and went to graduate school to study medieval philosophy.

Why did Boone leave and what made him come back?

"The main motivation for coming back has always been financial," Boone said, identifying the force which makes the world of work turn. He does go on to add another reason. "I like to do therapy. It is extremely enjoyable. For me it can be an artistic experience. But I can't actually practice anywhere, so I come back here."

And Boone does a lot of therapy—26 hours a week. That is in

addition to his administrative duties, plus the additional hours he comes in after five o'clock to check on his unit.

A number of burnout's classic symptoms were present during all of Boone's ASH work spurts: a front-line person, working extra hours, having a high rate of absenteeism and feeling frustrated. While the symptoms may have been there, Boone says the syndrome never was.

"I always enjoyed the patients," he explains, "right up to the end." Boone also discounts another typical burnout predictor. "I have rampant absenteeism throughout my stay, not just close to the end." The feeling of frustration, however, is not discounted so easily.

"Generally, frustration is the most prominent factor involved in my deciding to quit. My frustration usually has to do with administration and administrative incompetence. I realize that I cause my own frustration, but they help out by having people who have never met a patient telling me how to treat.

"If I could be strictly a therapist, I would be fine. It's frustrating to do therapy, but not in the same way. With a patient, you're generally working with someone who wants to change. With administrators, you're working with someone who doesn't want to change."

Authority, or rather being subject to an abundance of it, is one of the major culprits Janice Wetzel (see main article) identified as a precipitator of burnout. Boone feels the pressure of the power pyramid and its control over his work environment.

"I report to people who never see patients and they report to other people who never see patients and we end up with a policy we can't use and that doesn't contribute to treatment."

So, add a hierarchical model of management to the burnout tinderbox that is Charlie Boone's work environment.

Still, Boone maintains that he is not even close to burning out and finally reveals why. It has to do with the other part of the antidote to burnout prescribed by Wetzel—autonomy.

"I have consistently contributed to the progress of this unit," says Boone, engaging in some of the constructive bragging Wetzel advises. "That's why I get to do what I want, within some constraints. I can set up therapies as I like and train people as I like. It makes it much easier to stay here." ■ S.B.

GROWING



BETTER



Like everyone else this summer, patients at Rusk State Hospital (RSH) have been bothered by the record-breaking heat and dryness. Seventy-two of them, however, have suffered more than personal discomfort; they are worried about their watermelons, bell peppers, cantaloupes, squash, cucumbers and jalapenos.

Farming, extinct at RSH since the early sixties, has flowered again. In its scaled-down form—confined to a one-acre plot—it's closer to gardening and meant to produce food only as a secondary goal. The major yield this time around is intended to be therapeutic gains.

In operation since March, the one-acre plot has been a success on both fronts. Patients, under the direction of recreation supervisor Jack Ball, have managed to wrest more than 1,400 pounds of fruits and vegetables from their unirrigated acre. Much of this produce has found its way into Rusk's central kitchen.

"The idea," says Robert Glen, M.D., superintendent, "is to have something rehabilitative for the patients. It gives

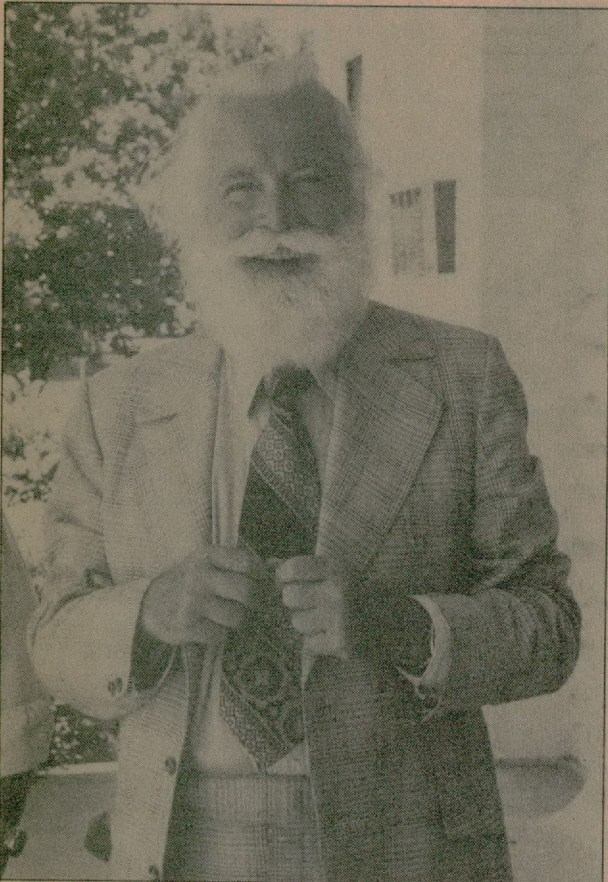
them a means of relating to growing things, as well as a way to train or retrain people in agricultural skills."

Those skills would be a marketable commodity in the rural areas around the hospital. Most of the 70 patients who have volunteered to participate in the program come from exactly those rural backgrounds. One such client is Sammy Allen Jr.

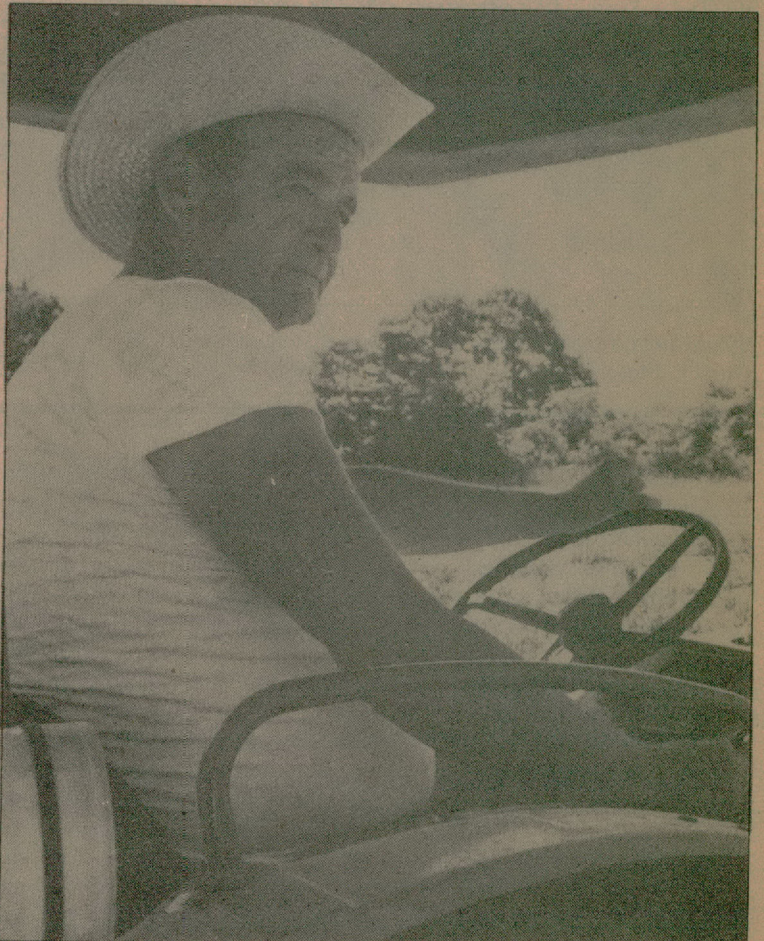
Allen grew up on a farm. The garden project has been a way for him to recapture that experience. Allen reports that he enjoys working outside and one other attendant benefit—sampling the produce as he picks it fresh from the soil.

Eventually, the project will encompass 27 acres of farm, orchard and pasture land. A barn is under construction and there are plans for a petting zoo, an aviary and one item the garden somehow has managed to survive without—a well.

"This is really Dr. Glen's brainstorm," says Ball. "He asked why we didn't have all these things and we couldn't think of one reason why not. It was a matter of being at the right place, at the right time, with the right supervisor, and I want that quoted. The main thought here is patient benefit." ■ S.B.



Robert Glen, M.D., Rusk State Hospital superintendent, has reaped praise for the success of the garden project.



Hiram Wiliford acts as the foreman for the project.



Sammy Allen Jr. tests a watermelon for ripeness while Ed Thomas looks on.

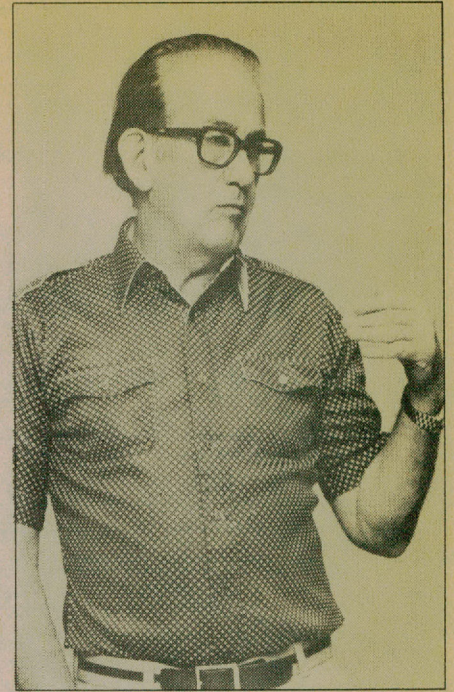
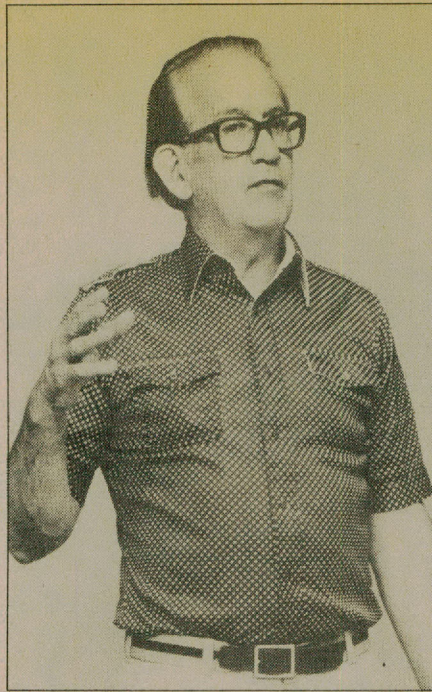


Allen completes the definitive test for melon readiness.



Emory Flowers, Larry Taylor and Hiram Wiliford, (left to right), separate from the culls a load of tomatoes bound for the central kitchen. Photos by Sarah Bird.

Commissioner's Column



By John J. Kavanagh, M.D.

Winners

I have a letter from the Texas Rehabilitation Commission which says the selection committee for the State Employment of the Handicapped Awards program has chosen the 1980 winners. There were 78 nominations received in three categories. The outstanding state agency was the Abilene State School.

A number of outstanding handicapped state employees received merit awards. They include Mary Garcia of Denton State School; Maria Elena Rosa, Ricardo Valverde, Mike Reynolds and Juan Lamb of the Corpus Christi State School; William Pickens of Terrell State Hospital; Dorothy Shooter of Austin State Hospital; Louis T. Villarreal of Abilene State School; and Perry Vinson of Fort Worth State School.

Outstanding state employees receiving merit awards were Thomas Delk of the Austin State School; Frank Lozano and Blanca Garza of Rio Grande State Center; Theodore Ho of Abilene State School; and Paula Womack of Austin State Hospital.

San Angelo Center and Terrell State Hospital were among four outstanding state agencies to receive merit awards. We had a very nice representation.

Confidentiality and Loyalty

There are two things I want to talk to you about. One is confidentiality and

one is loyalty. As you know, in our field we deal with very sensitive issues in the sense that we deal with personal lives. Our clients lay themselves bare in order to qualify for services. It's terribly important that we respect the confidentiality of our clients and their records.

Loyalty is a funny thing. When I was in the Air Force, you didn't kick your commander, and you usually didn't kick the organization to which you were assigned. Regardless of what your feelings were, you showed support. Now I'm not asking you to support me, because I'm a transient. Commissioners by their very definition are transient. But I'm asking your support for the department. You know we have a lot of critics. But we don't have to apologize for what we do, and we're not inefficient. I think we run an extremely good operation with very capable, outstanding employees.

Turnover

When you consider what our direct care workers have to endure day after day, despite the high turnover rate it's amazing to me how many of them stay. I personally feel that asking a direct care worker to spend eight hours in some of the high pressure jobs they have doesn't make a lot of sense. It has to be hard on their emotional state. Maybe it would be better to have them work for four hours, then send them off to do something else. We are asking for three- and four-step pay increases for our

employees, and there may be some other ideas we can get out of the study on turnover being done by Dr. Jack Franklin (chief of Program Analysis). I'm asking Joe Emerson, our new chief of Personnel and Training, to look into this.

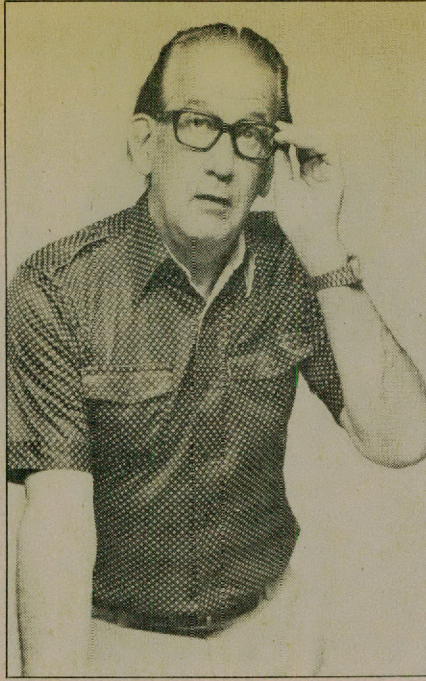
Client and Employee Safety

Dr. John Carley (deputy commissioner for MR Services) has headed up a committee that did an intensive study of client and employee safety. As you know, we have a high percentage of client injuries, but 85-90 percent of them are very minor. However, we also have a significant number of employee injuries, and 40 percent of those require treatment at a clinic or hospital.

So as far as client abuse is concerned, that problem has been fairly well solved with the attention we've given it. The emphasis has to be on the employees as well. This committee's outstanding study came up with some specific recommendations. The board in response passed a resolution committing themselves to a new approach to employee and client safety.

MBO

The Management by Objective program is proceeding on course. We're going to hire consultants and try to get the training accomplished by Oct. 1. This is a program that must be done correctly, or else you end up with a lot of motherhood statements in a nice looseleaf notebook full of objectives



Commissioner John J. Kavanagh M.D., meets with Central Office employees each month to bring them up to date on administrative news. Here are excerpts from recent meetings.

and goals to which no one pays any attention because it has no reality to the job they're doing. So it will take us at least two years to get the program working halfway effectively. Otherwise it's just a paper exercise.

Budget

The board also approved the first submission of the budget. Our budget for fiscal year 1981 was \$401,935,524. For fiscal year 1982, excluding rate adjustment increases, we're proposing \$520,290,000 and for 1983 it's \$525,277,000. Obviously we won't get those amounts.

We want to depopulate our institutions. By that I don't mean close them. It's too much of a generalization to say "Institutions are bad; community-based services are good." But what I'm saying is that there are a number of people in our state hospitals and our state schools that could be treated in the community, but facilities are not available for them. So we have stressed in the budget guidance for significant increases in state grant-in-aid for the community centers and for significant increases for community programs in facility budgets.

Continuity of Care

Continuity of care is a favorite topic, with the inference being there isn't any. This isn't true. About 40-60 percent of patients discharged now from state hospitals get follow-up care, and practically all the residents of state schools do. The problem to me is

critics tend to ignore the wishes of the individual client and the question arises: Are we obligated to follow these people until they die? Our biggest drawback is that we don't have the community placement facilities.

Audits

There have been seven governor's operational audits completed. We've taken exception to some of the recommendations related to Food Service and to Design and Construction, including decentralizing the construction program so the facilities handle all the details. We think this is retrogression, not progression, so these two are in the process of negotiation.

Until the mid-sixties facilities were essentially autonomous state agencies. I don't think we can afford that luxury; we have to get some standardization. It doesn't make a lot of sense for somebody in East Texas doing the same job as somebody in West Texas to be paid less just because his job title is different. That's difficult to justify from a management point of view and from an efficiency point of view.

Organizational Changes

The reorganization plan did not go through. This means our present structure will remain for the time being. We do, however, now have a position for an assistant commissioner for information services (automated data processing and computer services) and we are taking applications. We had to get approval from the Governor because it was not in

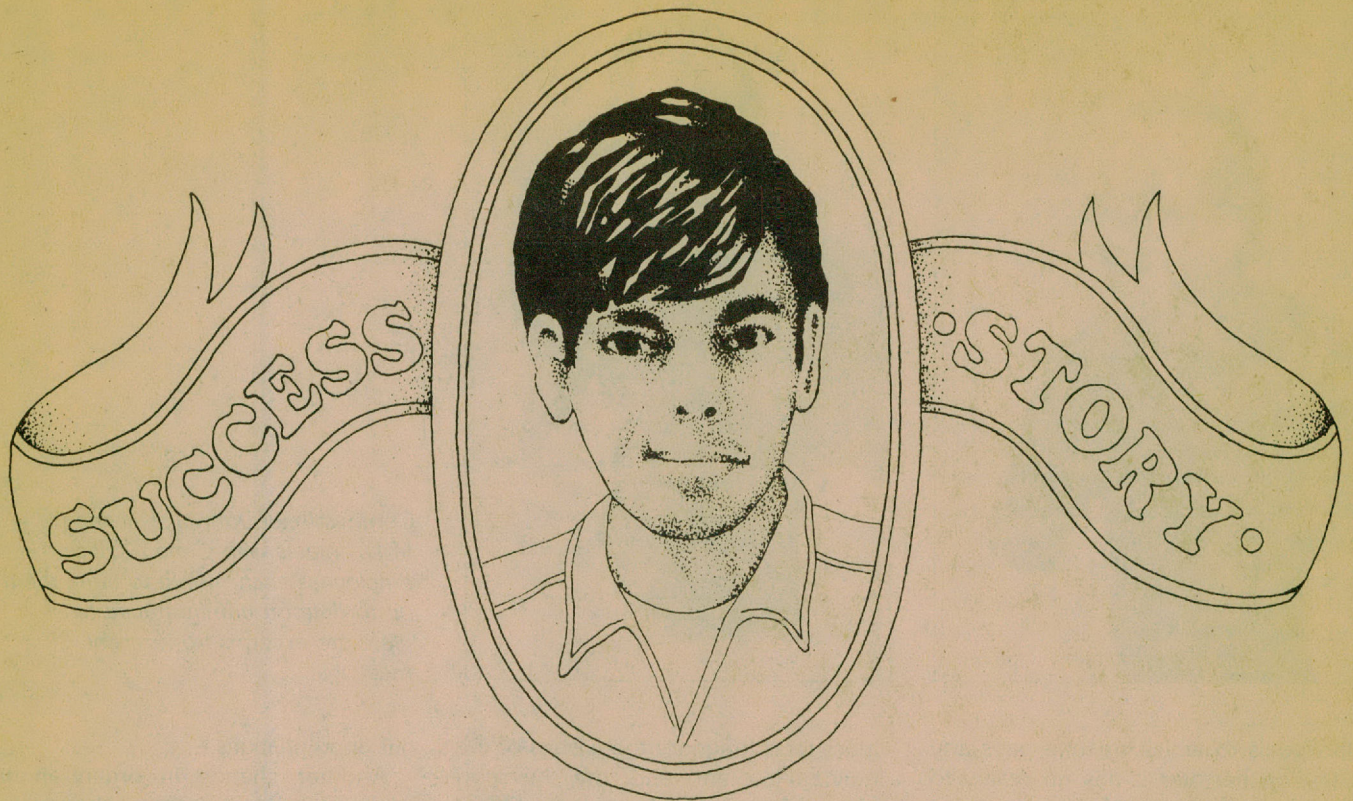
our appropriations.

Another change in organizational structure came from board approval of a transportation section, with Jim Palmer as acting director. The reason for this is that we have a tremendous fleet of about 1,300 vehicles, and there's been little policy set for them.

Central Office has a community placement and community support program function spearheaded by Linda Donelson and Spencer McClure. We're trying to establish that as a special section, because one of our objectives is to depopulate (which I think is a better term than "deinstitutionalization") our hospitals and schools. I think a smaller institution makes for better management and fewer problems.

Also, our litigation is going to affect this. In cases brought against mental health systems in other states, the decisions have called for more discharge of patients into the community. I think we should anticipate this and do it in a proper and evolutionary fashion. The staff in this section will devote their time to Fairweather Lodge programs, ICF-MR programs, personal care homes and other forms of community support.

The board has established a four-year term of office—if you can call it that—for superintendents, not just those newly-arrived, but incumbents also. They will be evaluated after four year of service, and either their contract will be renewed or they will become free agents. ■



By Rich Hudson and Cath Polito

"Welcome to Chestnut!"

This is how Steven Lees used to greet each visitor to his dormitory at Austin State School. When Lees, now 23, moved to a halfway house in downtown Waco not long ago, he left behind many friends, many vacant positions of leadership and many memories.

During his seven-year training period at the school, Lees was a student in basic education courses and active in extracurricular activities. Initially immature, uncooperative and unmanageable, he gradually learned more constructive behavior. He stopped running to the superintendent's house to "get everyone fired" and learned to deal with unexpected situations in a more acceptable manner. In fact, he became a leader in almost every activity in which he participated.

From Chestnut Lees moved to a 15-bed cottage where he shared a room with another client and worked on independent living skills. After this move, Lees was elected patrol leader in Boy Scouts; he helped plan camp-outs and assisted other clients in learning new outdoor skills. His workshop class elected him foreman, and he consistently rated among the most productive workers. His hand-crafted belt and billfold are examples of his

fine leather working abilities.

Through a money management class, he learned to handle his personal money. He enjoyed participating in special activities, such as accepting a lead role in the Christmas play.

Lees also was the secretary-treasurer of the Austin State School chapter of Jaycees. After completing a traffic safety class he helped the Recreation Department teach other clients safe procedures when walking off campus. He also attended and graduated from a community-based night college. One of his final achievements at the school was to represent the clients at the State Capitol for the signing of the proclamation to open the Special Olympics.

Lees often assisted lower level clients with self-help skills. At dances he offered comforting advice to girls who had problems with their boyfriends. Lees could communicate equally well with staff and clients in an outspoken, yet knowledgeable manner. He is well-versed in the Bible and current events. When new employees arrived, Lees introduced them to the other residents and described the cottage routines and daily schedules. In his spare time he visited unit team members to explain such intricacies as how to use the new copying machine.

His personal belongings gave employees insight to his personality:

he was the proud owner of a digital watch and calculator and enjoyed showing how they worked. These practical possessions were gifts Lees brought back from his frequent visits home. His parents live in Round Rock and have been supportive of him throughout this learning process; they continue to encourage him.

His progress from a restrictive dormitory to a homelike cottage led Lees to a halfway house in Waco where he now lives with nine other men and works in a sheltered workshop. Both the house and workshop are sponsored by Heart of Texas Region MHMR Center. At his new residence Lees continues to receive training in homemaking skills, such as washing, cooking and sewing. The Southern mansion-type house has large porches where residents enjoy relaxing during their recreation time.

Lees, according to the school staff members who knew him, is an outstanding, hard-working man who follows educational opportunities to their limit. He wasn't a typical state school resident, but his success is an exciting illustration of the progress that can be made. ■

Rich Hudson is a wing coordinator and Cath Polito is a recreation coordinator, both at Austin State School.

In Their Own Back Yard

By Suzanne Stafford

A state facility actually planning to save money through thoughtful use of internal resources? Yes, that's right.

The plant maintenance staff and supply and safety officers of the Beaumont State Center for Human Development recently completed an 88-hour course of study in electricity and electronics taught by Jess Wilkinson, a maintenance man and bus driver at Cleveland State Center for Human Development, an outreach program of Beaumont State Center. As a result, work previously done by local electrical firms now can be performed by the center's own staff at a significant cost savings. The business manager estimates that the center's investment in this training will save at least \$2,000 in the current fiscal year alone.

The need for such training was identified by the maintenance staff when they completed their annual "Self-Assessment of Training Needs" for Staff Development. Additional impetus came from the TDMHMR Commissioner's Rules which require appropriate, relevant training for maintenance personnel. Discussions with the business manager revealed that electrical work frequently is required, especially in leased buildings being modified for program use.

Keenly aware of the costs involved in hiring training consultants or paying tuition fees, Staff Development looked first for center personnel who might have expertise in this rather specialized field. They were not disappointed. Approached with the proposal to teach a course, Wilkinson responded typically: "When do we start?"

A 56-year-old former career serviceman and veteran of World War II, Wilkinson had held positions of increasing responsibility at a variety of Air Force installations both in the United States and overseas. Training new maintenance personnel was a significant part of these duties. He set-

tled in Cleveland, Texas in 1978 and sought employment at the Cleveland State Center as a means to "get to

know and serve" his neighbors in this small, close-knit community. When asked how working in a facility serving mentally retarded and mentally ill people compares to the "glamour" of far-flung overseas assignments, Wilkinson said that people are "pretty much the same everywhere," with emotional problems not confined to MHR facilities.

Using the text *Electrical Units*, a programmed instruction course purchased from Technical Publishing Company Training Systems, Wilkinson and Staff Development personnel chose eight chapters which he supplemented with his own experiences and materials from previous jobs. The course, consisting of 56 hours of classroom instruction and 32 hours of demonstration practicum, covered such topics as motor starters, voltage current and resistance, pushbutton control stations, electrical components and conductors.

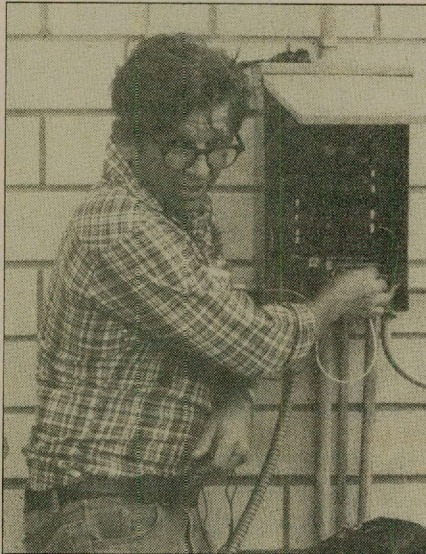
As an additional benefit, the programmed instruction course also includes a section on refrigeration which will be used in future training sessions.

The 10 participants took written tests after each section to assure that concepts and methods were learned before proceeding.

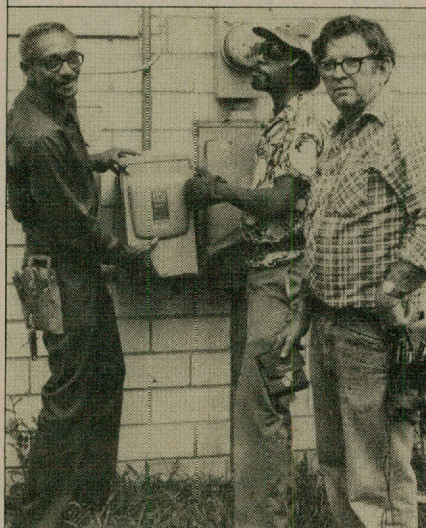
Recently a former public school building was donated to the Beaumont State Center for use as a sheltered workshop. It provided a timely opportunity for staff to put their newly-acquired skills to work, since modifications to the wiring system were required to accommodate power equipment and tools.

In this day of diminishing resources, the Beaumont State Center is proud that its staff, through planning and cost-saving innovations, is the most valuable resource available. ■

Suzanne Stafford is Quality Assurance administrator for Beaumont State Center for Human Development.



Jess Wilkinson (top) is the homegrown expert who pitched in to provide training in electrical work for Beaumont State Center's maintenance staff. Wales McCarter and Henry Smith (below, left and center) participate at an on-site demonstration. Photos by John Stafford.





RAISING CHILDREN



“Based upon your personal experiences with your own children, what is the best advice you could give new parents about raising children?”

This question was asked of 50 parents who had raised “successfully” their own children. Their children, all over 21, were considered successful in the sense that they were all productive adults who apparently were adjusting well to our society. Experienced parents are the practitioners who are most likely to know what really works in the home environment.

The results of the survey reveal that there seems to be a common “parent sense” about effective parenting. Although the parents surveyed were mainly from traditional, two-parent

families, parents in other circumstances can apply these guidelines to their own situations. For example, single parents or parents in families in which both spouses work may not have a lot of time to spend with their children, but the quality of the time spent—playing and talking with their children and doing things together as a family—is equally important. Similarly, while the parents who were surveyed emphasized the importance of a good marital relationship and the need to spend some time away from their children with their spouses, single

parents can foster a healthy personal adjustment by arranging time to be alone or to participate in activities with other adults.

The most frequent responses of the parents are classified under 10 basic principles about which there seems to be general agreement. Although not new, these principles of childrearing can offer a genuinely helpful guide to parents, teachers, day care workers and others who care for children.

Love abundantly

The most important task is to love and really care about children. This not only gives children a sense of security, belonging and support, but it also smooths out the rough edges of childhood. Parental love should be special in two respects:

First, it should be constant and unconditional—which means it is *always* present, even when the child is acting in an unlovable manner. Second, parents should be open in expressing and showing love so that children are never uncertain about its presence. This means parents should hug and praise their children at every available opportunity.

Discipline constructively

Discipline means setting and adhering to standards of behavior. After love, the parents stressed the importance of giving clear direction and enforcing limits on a child’s behavior. Discipline is an essential preparation for adjusting to the outside world; it makes a child better behaved and happier. It is best to use a positive approach by saying, “Do this” more often than “Don’t do that.” Be certain that you punish when you say you will. Be firm by “saying what you mean and meaning what you say.” And punish as soon after the misdeed as possible; don’t put an extra burden on Dad by saying, “Just wait until your father comes home.”

Apart from firmness and immediacy, the parents described the following qualities of constructive discipline:

- *Be consistent*—Don’t undermine the rules set by your spouse. Disagreements regarding childrearing must be resolved in privacy—never in front of the children.

- *Be clear*—Establish a few simple rules and spell them out clearly in ad-

vance. Children should never be confused about what rules they are expected to follow.

•*Administer in private*—If possible, never punish a child in front of anyone. This tends to antagonize the child and he or she may continue to misbehave to save face.

•*Be reasonable and understanding*—Explain the reason why a child is being given direction: "The stove is hot. Please keep away so you will not be burned." However, don't be afraid to say on occasion, "Do it because I say so." In addition, try to understand a child's point of view and meet him or her halfway. This will give you a closer relationship.

•*Be flexible*—With adolescents, bargaining is an effective tool. On occasion, it is good for both the parents and the child to be able to bend the rules a little. Also, what works with one child will not necessarily work with another. The child's individual personality enters into it.

•*Discourage continued dependency*—Try to give a child an ever-expanding role in making decisions affecting his or her life. As children reach adolescence, encourage independence, knowing that you have done all you could to form good behavior patterns.

•*Be authoritative*—If you are hesitant or indecisive, or if you feel guilty about disciplining children, you may not do a good job. Remember that you have years of experience, so stick to your decisions. Never let a child talk you out of a punishment you believe necessary. Have the courage to call on and trust your own common sense.

The parents also discussed the type of punishment they found most effective. They said that when a child hurts another person or destroys property, the child should apologize and, when necessary, make restitution from his or her own money. Sending children to their rooms or depriving them of something they enjoy doing was also considered to be a good punishment. Moreover, the parents generally agreed that spanking a young child (i.e., quick lick on the backside) was OK when necessary. They cautioned that a child should never be beaten, hit on the head, or hit as a means of satisfying parental anger. This finding agrees with most surveys which disclose that most parents (about 85 percent) report that they occasionally spank their children.

Spend time together

"Spend lots of time with your children" was a frequent recommendation. The parents felt that this time should be spent in:

•*Playing*—Spend some time each day playing with the children. The sole purpose of this play should be enjoyment—not to influence them.

•*Talking together*—Have real conversations with the kids—times when you both listen and sincerely react to one another.

•*Teaching*—Actively teach your children such workaday skills as cooking and car repair.

•*Encouraging family activities*—Family spirit and a sense of belonging are developed by doing things together as a family. Have regular family outings and special family dinners and spend holidays together. Go to social, sporting and religious events together. Conduct family council meetings and make decisions together. One parent recommended that families "reduce TV watching by playing family games or by playing musical instruments together." Another said, "You can't fool children by giving them things (toys, TV) rather than your time and attention."

Tend to personal and marital needs

A number of parents specified that personal adjustment was an important first step to effective childrearing. One noted that to relate well to children adults must be comfortable with

themselves. Another parent said that one should not completely sacrifice oneself for the family but rather, "Keep part of yourself for yourself and do something you enjoy." By treating yourself well, this parent felt, you will avoid the feeling of being mistreated, used unfairly or overburdened when something goes wrong. A sense of humor about one's faults and the misfortunes of life was also thought to be an important aspect of personal adjustment.

Parents also commented that love, respect and faithfulness between spouses provide needed security to the family. Two comments by parents are particularly helpful:

"A household in which love is openly expressed is a household in which children flourish. Verbalizing love to one's children is not enough. Parents should make every effort to let their youngsters see warmth and tenderness in their marital relationship. Parents should not underestimate the importance of letting their children know how delighted they are when their spouses enter the house. The morning greeting and the goodnight kiss set an atmosphere which encourages the same kind of affection in the hearts and minds of the children."

"A husband and wife are apt to be successful parents when they give their marriage the first priority. It may seem that the children are getting 'second best' from this approach but they rarely are. A happy mother and father are most apt to have happy children when the children's roles are clearly and lovingly defined. Child-centered households produce neither happy marriages nor happy children."

These remarks highlight what many parents are reluctant to admit but what child experts are finding to be true: that children tend to detract from rather than enhance the closeness between husband and wife. Recent studies have shown that a couple's satisfaction with marriage and with each other tends to drop sharply just after their first child is born. With minor variations, it stays at a lower level during the childrearing years and only increases after the youngest child leaves home. Thus, the parents pointed out the need to work at maintaining closeness with a spouse by such means as weekly nights out together, occasional weekends alone together, tender greetings and thoughtful surprises.



Teach right from wrong

A number of the responses highlighted the need for parents actively to teach children basic values and manners in order for them to get along well in society. Parents found the following ways helpful in socializing their children: the assignment of chores and other responsibilities at home; religious affiliation; insistence that the children treat others with kindness, respect and honesty; emphasis on table manners and other social graces in the home; part-time jobs outside the home when the children were old enough; and the setting of personal examples of moral courage and integrity. The successful parents also stressed that they thought parents should state clearly their own moral values and discuss them with their children.

Specific comments of parents include:

"Children should be made aware of proper values—behavioral, financial and so forth. When they stray, parents should communicate in a manner which encourages the child to listen—do not be permissive or rigid but firm, so the children know exactly where you stand."

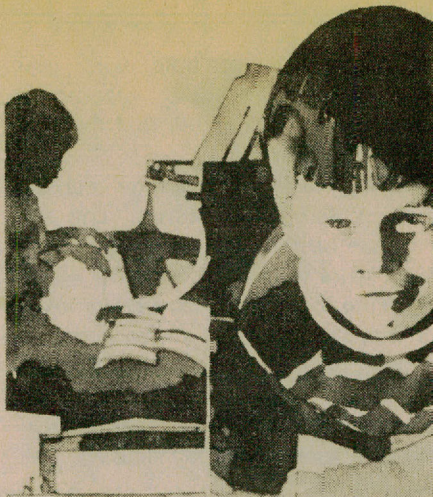
"Teach children to respect people, to be honest and to treat others as they themselves would like to be treated."

"All children have to be taught right from wrong, respect for others and their property, and for older people."

"Teach them the value of *truthfulness*. Time and again I recall telling the children that if they told us the truth about a situation we would do all in our power to help them, for in knowing the real facts we could deal with any misstatements by others. If, however, they lied, we would be unable to be of much help because we couldn't depend on them."

Develop mutual respect

The parents emphasized the need to insist that all family members treat each other with respect. This means parents should act in respectful ways to the children. Parents should say "thank you" and "excuse me" when appropriate, apologize to a child when they are wrong, show an active interest in the children's activities and TV shows, be honest and sincere with children at all times, don't favor one child in the family, follow through on



promises made and show basic trust in a child's character and judgment.

In addition, parents should insist on being treated in a respectful way by the children. If parents treat each other with respect and love, and teach the children to respect their parents, a solid foundation will be laid.

Really listen

Parents should really listen to their child from his or her earliest years. This means giving undivided attention, putting aside one's own thoughts and beliefs and trying to understand the child's point of view. As one parent stated: "No matter how busy or involved you are, listen to your child as a person. Listening means understanding and communicating, not the physical act of hearing." It also means talking your child's language, encouraging the expression of feelings—both good and bad—and allowing the child to show hostility or anger without fear of losing your love.

Offer guidance

In offering guidance to children when they have problems, the parents recommended that you be brief—state your thoughts in a few sentences rather than make a speech. They also felt it is helpful to make children understand that, although your door is always open to discuss difficulties, before you will offer solutions you expect them to have thought about the problem and to have tried to come up with possible solutions themselves.

Other thoughts by parents on counseling children were:

"Don't force your opinions, likes or

dislikes. Offer them strictly as your opinion, not as law."

"Forbidden fruit is always tempting, so play it low-key with undesirable activities, TV shows, etc. Kids usually will respect your opinion if you're honest, and they will tend to follow your guidance unless they just have to 'find out for themselves.'"

Foster independence

Recognizing that it is difficult to let children go, the parents advocated gradually allowing them more and more freedom or control over their own lives. By fostering independence you will gain their affection and their respect. Children should be given freedom to make decisions regarding minor matters first; then the areas of decisionmaking should be expanded gradually.

The parents also observed that children have a continuing need for parental support and encouragement throughout adolescence and young adulthood. As one parent expressed it: "Once your children are old enough, kind of phase yourself out of the picture. But always be near when they need you."

Be realistic

Developing realistic expectations about childrearing was also mentioned. Parents advised that one should expect to make mistakes and to realize that outside influences—such as peer group pressure—will increase as children mature. Parents reaffirmed the saying that childrearing is a series of "tough times and tender moments."

Parenting indeed is not a simple task, and it is easy to become confused and uncertain at times. The plain old-fashioned "parent sense" seems sensible and stable compared to the passing fads and theories. ■

This article is adapted from a National Institute of Mental Health publication that was based on "Raising Children by Old-Fashioned Parent Sense" by Dr. Charles E. Schaefer, a child psychologist. Reprinting permission is unnecessary. The article also is available as a brochure from Harley Pershing, Arts, Graphics and Educational Services, TDMHMR, P.O. Box 12668, Austin, TX 78711.

Credit Union Invests in Workshop

By Marilyn Haisten

Goodfellow Federal Credit Union in San Angelo could have followed the standard procedure and continued to use machines to stuff their monthly share draft and quarterly share account statements to members.

Instead, they found a way to open new horizons for 150 mentally handicapped adults in the San Angelo Center (SAC) sheltered workshops.

By arranging to have these workers prepare the envelopes, the credit union provides a new learning situation for them and gives them a monthly paycheck to look forward to.

And Sam San Miguel, the workshop director, is thrilled by the challenge.

"This contract opened up 150 new jobs and offers a new developmental dimension in hand-eye coordination and in reading," he explains.

The workers fold the statements and stuff them, along with any accompanying flyers, in a window envelope. They must make sure the addresses show through the windows. Then they sort and bundle the envelopes in zip code order.

The first time the center took on the credit union's order—the fourth quarter 1979 statements—there was one error in 20,000 statements; a flyer had been inserted to hide the address. Len Savory, Goodfellow manager, was so pleased he called Citizens Federal Credit Union in nearby Big Spring and convinced them to contract with the workshop.

When Goodfellow was using a machine stuffer, the cost was 10 cents per statement with envelopes provided by the mailer. The credit union pays SAC workshop three cents per statement and supplies the envelopes.

But cost isn't the real factor, Savory insists.

"Let's go back to the credit union philosophy of people helping people," he says. "I don't deny the need for computerization—but not everything has to be done by machines."

In return for their work, the workshop employees are paid up to \$3.10 an hour, depending on the number of statements they turn out.

With the money they earn in the workshop, says San Miguel, they have pocket change for hamburgers and cold drinks at a nearby store, and some have bought TV sets, three-wheel cycles and new clothes.

The pay system works on a scale set up by the workshop staff. For any new contract the workshop receives, the staff members themselves assemble the job in a 50-minute period. The amount they produce is the norm. Then workers are tested on the project. If they produce the norm or above, they are paid \$3.10 per hour when the job is underway. Any portion of the norm is figured accordingly.

For example, the norm for folding the credit union statements is 857; that's how many San Miguel's staff did on the test. The norm for stuffing is 968 and for zip code sorting and bundling is 1,000. If a worker sorts 500 envelopes in the test hour, the

rate of pay for the duration of the job is half of \$3.10.

San Miguel reports that the average pay per worker on all contracts is \$38 a month. This figure takes into account the lower-level workers whose tasks are among the simplest on the assembly line and who work usually no more than three hours a day, 20 days a month. The highest pay is \$300 a month.

But that's a millionaire's income compared to what SAC was allowed to do before 1974, when the workshop began and was authorized by the state to take in contracts. Before, the people earned either \$3 or \$6 a month, depending on whether they worked part time or full time at jobs within SAC.

Since the first year or two, work has been steady. Among other projects, the workers assemble gun racks for pick-up trucks; the workshop is the only labor force for the company that distributes the racks. For a local hospital, the workers package the food tray utensils, napkins and condiments.

To find a way these people—otherwise shut off from society—can have dignity and self-respect is San Miguel's goal. That pride of accomplishment, signified tangibly in part by the pay they receive each month, is about all they will ever get, he admits.

Savory is moved by the dilemma; he wants to do more. He has a theory that "everyone can't do everything, but everyone can learn to do something well, and when they do their best, they should be rewarded."

"Tell them," he says to San Miguel, "that when they send out an error-free mailing I'll take them to a nice restaurant downtown. Tell them I'll give them a big plaque they can hang in the workshop."

San Miguel beams. "Make the reservations. We'll be ready for your lunch next month." ■

Marilyn Haisten is manager of communications for the Texas Credit Union League, the trade association for Texas credit unions.



When Goodfellow Federal Credit Union decided to follow the credit union philosophy of people helping people, they asked the San Angelo Center workshop to help them mail their statements to members. Here trainer Patricia Waehl (left) works alongside client-worker Carole Hopson. Photo by Bruce Foreman.

★ PEOPLE & PLACES ★

Building a Better Toothbrush Holder

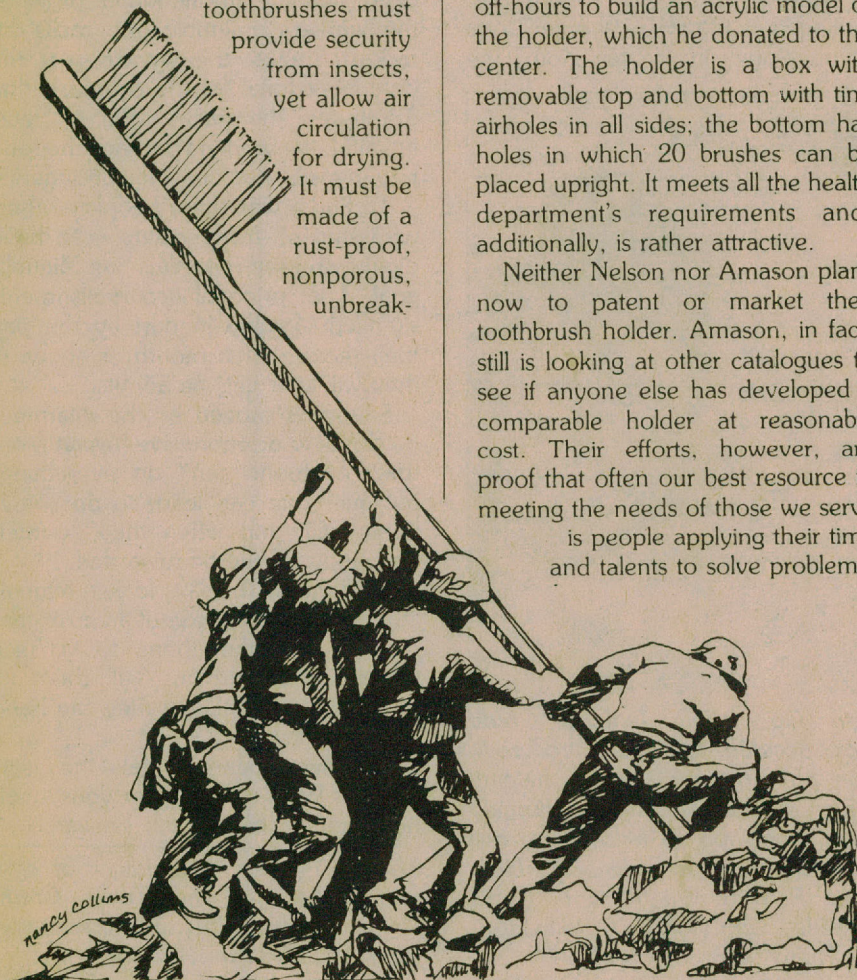
The challenges of working with mentally retarded clients are many and varied but who would have thought they'd include designing a better toothbrush holder? Certainly not Ann Amason, registered nurse employed at the **Beaumont State Center for Human Development**. However, following a voluntary health department inspection of the facility in 1979, that indeed was Amason's charge, and, impressively, she did design a remarkably better toothbrush holder. In a facility that serves more than 300 individuals in day programs, with oral hygiene as part of training, this is significant.

The health department inspector had explained that storage for toothbrushes must provide security from insects, yet allow air circulation for drying. It must be made of a rust-proof, nonporous, unbreak-

able material which can be readily cleaned. It must allow toothbrushes to drain, yet not collect water. Conventional wall-hung holders, carousel-type holders and closed containers did not meet all qualifications. Specialty catalogues were researched to no avail.

After several months, during which the staff often kidded her about her concern for toothbrushes, Amason doodled a preliminary design. She showed her sketch to John Nelson, husband of the center's Personnel and Training administrator, and vice president in charge of sales for an industrial plastics firm. Based on her idea and the health department specifications, Nelson worked in his off-hours to build an acrylic model of the holder, which he donated to the center. The holder is a box with removable top and bottom with tiny airholes in all sides; the bottom has holes in which 20 brushes can be placed upright. It meets all the health department's requirements and, additionally, is rather attractive.

Neither Nelson nor Amason plans now to patent or market their toothbrush holder. Amason, in fact, still is looking at other catalogues to see if anyone else has developed a comparable holder at reasonable cost. Their efforts, however, are proof that often our best resource in meeting the needs of those we serve is people applying their time and talents to solve problems.



Resources

★ Copies of the 1980 edition of the "Directory of Community Resources and Services" are available from United Way's Information and Referral Service. Directories are \$20 each. The volume contains 291 pages of indexed listings for local nonprofit community services.

To order, call or write Information and Referral Service, United Way of the Texas Gulf Coast, P.O. Box 13668, Houston, TX 77019, (713) 527-0222. Order forms will be mailed to interested persons.

★ What is mental retardation? How is it recognized? Whom does it affect? Can anything be done to prevent it? What services are available for mentally retarded people and their families? What rights should retarded people have?

These and other important questions are discussed in "Mental Retardation—A Changing World," a new Public Affairs pamphlet by Leopold Lippman. Included is a list of resources for further information and help. The 28-page booklet is available for 50 cents from the nonprofit Public Affairs Committee, 381 Park Ave. S., New York, NY 10016.

Stipends for MH Nursing Students

One-year stipends of \$5,040 for working in mental health in rural areas are available to graduate nursing students who enroll at the University of Texas at Arlington (UTA).

The stipends are part of a \$102,720 grant from the National Institute of Mental Health. The UTA School of Nursing will use the grant to study the needs of mental pa-

tients in rural areas. Also the grant will be used to work with communities in setting up support services for these patients.

Interested students must meet admission requirements for the master's program at the School of Nursing. For more information contact Hazel Jay, associate dean, at P.O. Box 19407, UTA School of Nursing, Arlington, TX 76019 or at Metro (817) 273-2776.

Looking Ahead

The fourth annual TDMHMR preretirement seminar was held in July for employees of Central Office and Austin-based facilities. Participants were persons 50 years and older with 10 years of service, plus those nearing retirement.

The seminar centers on financial planning and retirement living situations. Social Security, retirement benefits and legal matters have remained popular topics, and information on recreation programs, retirement organizations and opportunities for voluntary service and part-time employment has been added on request.

Participants have continued to find the seminar highly informative, and TDMHMR expects to continue

sponsoring it. For more information, contact Carter Clopton, TDMHMR, P.O. Box 12668, Austin, TX 78711.

Congratulations

★**Pearl Wilkes** may well be the oldest person to retire from employment with the State of Texas, and she's almost certainly the only one to retire after starting as late as she did.

Wilkes began as an employee with the Lamesa Circuit Riders, a **Big Spring State Hospital** program, when she was 79. After a decade of work and 6,000 hours of volunteer service too, she retired May 30 at age 89.

★The first annual Johnny Jones Spirit of Special Olympics Award was presented to **Grady Ramey**, director of physical education at **Abilene State School**, at the sports award reception in Austin during the Texas Special Olympics (TSO) in May.

The award honors **Johnny Jones**, who donated the gold medal he won in the Montreal Winter Olympics to TSO. A worker in TSO, Jones said, "Right now I don't have a lot of money, but I have the medal. By giving this I can give a part of myself."

Ramey has been involved with Special Olympics since 1968 when the games started in Texas, and he has held a variety of positions with TSO.

★**Abilene State School** has been chosen to receive the 1980 Governor's Citation as the outstanding state agency in employment of the handicapped.

This award, sponsored by the Texas Rehabilitation Commission and the Governor's Office annually since 1970, is a tribute to the dedication and service rendered by its recipients to handicapped state employees. The winners are selected by an impartial committee from nominations received from throughout the state.

Conference Calendar

Aug. 20-22

Behavior Therapy: Techniques, Results and Issues

Held in Corpus Christi
Registration deadline: Aug. 13
Contact: Office of Continuing Education
Texas Research Institute of Mental Sciences
1300 Moursund
Houston, TX 77030
713-797-1976, ext. 204 or STS 859-9204

Oct. 1-3

Texas Assn. for Children with Learning Disabilities

16th annual conference
Held in San Antonio
Contact: TACLD
1011 W. 31st St.
Austin, TX 78705
512-458-8234

Nov. 5-7

The Biology of Anxiety

14th annual symposium
Held in Houston
Contact: Dr. Roy J. Mathew
Chief, Psychosomatic Research
Texas Research Institute of Mental Sciences
1300 Moursund
Houston, TX 77030
713-797-1976 or STS 859-9343

Send to:

IMPACT, P. O. Box 12668, Austin, TX 78711.

Add my name to the IMPACT mailing list.

Send me Texas Laws Relating to MHMR (3rd edition). Enclosed is a check for \$5.25 (\$5.00 for nonprofit organizations) payable to "Cashier, TDMHMR."

Send me a directory of infant stimulation programs in Texas.

Send me these brochures:

The Angry Child

Raising Children

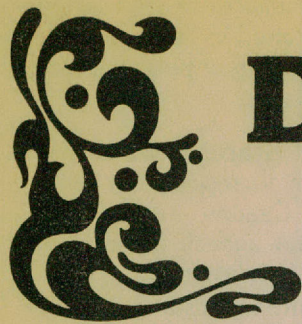
Facts About Learning Disabilities

Mental Health of Children

Name: _____

Address: _____

City: _____ State: _____ Zip: _____



Diagnoses With Axes to Find



The client is a 16-year-old boy who moved from a small rural school to a large urban one for his junior year. He became increasingly less communicative over the course of that school year. His grades fell from a B average to D's. Through the following summer his family noticed that he had changed. He withdrew and tended to give laconic responses.

When the boy was two weeks into his senior year, school authorities notified his parents that he was having a nervous breakdown. He was taken to a hospital speaking a "word salad" of incoherent ideas.

He appears rather stunned and perplexed. His tone of voice is flat and mechanical. Occasionally he contorts his face into a grimace and twirls the hair of his right temple. He seems to listen to questions, but his response is an incoherent stream. Sometimes his eyes dart to the side and he adopts a listening attitude as if hearing voices or other sounds.

If you diagnosed this unfortunate young man as schizophrenic and prepared to go on to the next case, it is obvious you haven't been introduced to the latest edition of "The Diagnostic and Statistical Manual" (DSM III). The third edition is out and, as of Sept. 1, it will serve as the department's official diagnostic nomenclature.

DSM III, prepared by the American Psychiatric Association's Task Force on Nomenclature and Statistics, differs from its predecessor in a number of ways. The most controversial change is the new manual's treatment of homosexuality. Now

listed as "ego-dystonic homosexuality," it is considered a psychosexual disorder only when there is a sustained pattern of homosexual arousal that the client explicitly states is an unwanted and persistent source of distress.

A less notorious and more diagnostically far-reaching change is DSM III's adoption of a multiaxial classification scheme. That is a double-barreled way of saying that clinicians will now be recording information about a client in five categories, or, as DSM III would have it, "axes." In addition to a primary diagnosis these axes encourage a look at other factors like a client's physical condition and the amount of stress he had undergone prior to the onset of his problems.

The unwieldy classification "Disorders Usually First Evident in Infancy, Childhood or Adolescence" has tripled in size from its DSM II stature. Included in this expansion is autism, which is listed for the first time as a specific diagnostic entity.

The boundaries of another disorder, schizophrenia, shrank markedly with its DSM III redefinition. Specific criteria must now be met before this diagnosis can be made. The proper diagnosis of the laconic high school student at the beginning of this story meets the new manual's criteria and illustrates how the definition of schizophrenia has been refined and limited to meet standards which include the specific type and duration of the disorder. The student's official DSM III diagnosis: Schizophrenia, Disorganized, Subchronic with acute exacerbation. ■ S.B.

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