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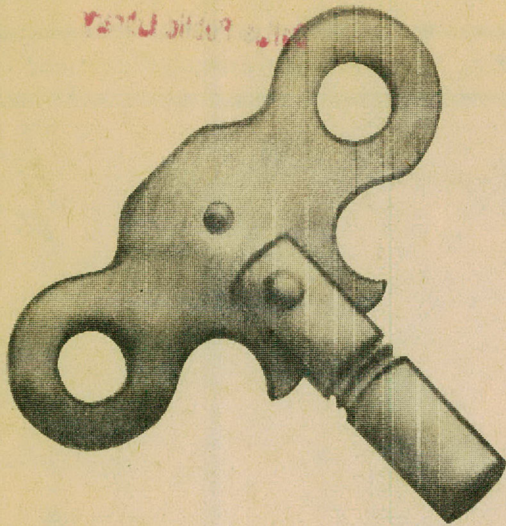
Photo by Brian Duchin

Roger O'Field makes clocks and money at Beaumont State Center's REWARD workcenter.



In an unlikely but successful pairing of private enterprise and sheltered workshop, adults with mental retardation are assembling valuable wall clocks on contract at Beaumont State Center's REWARD workcenter . . .

A Timely Contract

By Brian Duchin

The ticking of the clock was broken by melodic chimes as the clock's hands reached the hour. Other wall clocks joined in as they struck various quarters of the hour during daily test runs.

These handcrafted wooden clocks are not being tested in a quaint German or Swiss burg, but rather deep in East Texas. And the workers are not artisans trained in the old European tradition of clockmaking. Instead, these skilled craftspeople are adults with mental retardation employed at the Beaumont State Center REWARD workcenter, a sheltered workshop.

Since May 1983, clients at the workcenter have been learning to assemble reproductions of nineteenth century key-wind wall clocks. They also have modified (to battery-operated movement) clocks that were assembled incorrectly in Korea.

This subassembly contract is one of several that provide work projects for clients in the REWARD workcenter. Employing more than 200 clients in five locations, the workcenter handles manufacturing jobs—one of which is a patented doghouse—and service contracts for janitorial and groundskeeping work.

We were awarded the clock assembly contract after I made a sales presentation to Buddy Blake, president and owner of World Wide Clocks. A major advantage of contracting with the workcenter, I told him, is that his company could maintain tighter quality control on the product than when it was assembled in Korea. Also, Blake could respond more readily to shifts in the U.S. market.

I told Blake the Koreans could continue to make the clock cases, and the clients could install the mechanical components. The packaged clock cases could be delivered to the workcenter directly from the Port of Beaumont.

Blake's initial reaction to my proposal was one of skepticism. Many business people cannot envision disabled workers assembling a complex piece of equipment, especially one housed in a handcrafted work of art.

I explained to Blake the type of contracts the clients had handled in the past, such as the assembly of ceiling fan light kits and electrical fan motors.

Blake asked if the clients at the workcenter could modify a clock

that was assembled incorrectly overseas. I told him they could, and the contract began.

This type of skilled work usually is not associated with adults with severe limitations. However, it is tackled daily by 18 eager clients, who are most positive about their task. "To the clients, the clocks are like sunshine on a beautiful day," says Chester Bourgeois, foreman of the REWARD workcenter.

The first task was to modify a series of schoolhouse and teardrop clock models. The clients removed the old parts and replaced the key-wind movement with a battery-operated quartz piece.

Blake told me the modification of these clocks actually was more complex than the clients' current project. "The modification work gave them the skills to handle the more expensive model clock," he says. The clients currently are assembling limited-issue models that retail for more than $400 each.

"The clients have responded to the challenge of clockmaking with enthusiasm and desire," Blake says. "They proved that they have the capabilities to assemble a quality product."

Ten to 12 clocks are turned out a day. Special precautions have been taken so that the valuable products are flawless when they leave the workcenter. Foam rubber pads the tables, and carpet squares cover any other surface the clock might touch. With trained eyes, the clients notice any scratches or nicks, and they retouch and rub the wood with lemon oil and polish the windows.

Two work areas are supervised by Jeanette Fregia and Jessie Guillory. "The clock contract encourages our clients to think," says Guillory, "and it also gives them variety in their job tasks. This type of contract strengthens their visual and fine motor abilities. The clients feel a sense of accomplishment in seeing a beautiful finished product that works."

Besides being paid a per-piece rate based on a clock manufacturing employee's wage, the clients receive immediate gratification from their work. All the clocks are hung on the wall and test-run for four days. The craftspeople can see and hear the product of their work.

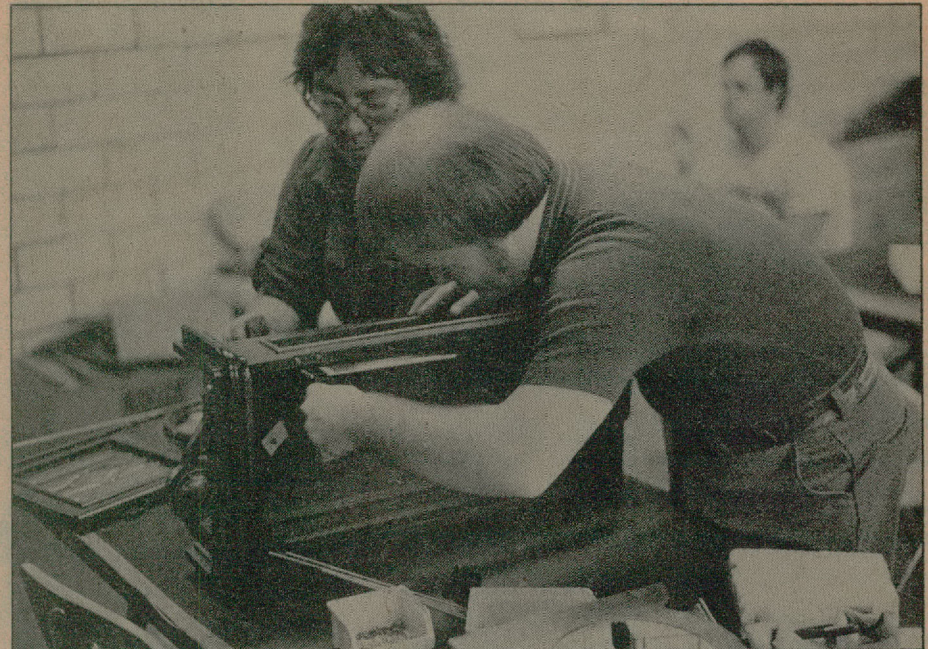
Perhaps the greatest benefit to the clients has been the day-to-day challenge they face with this new type of work. "Challenge is the stimulation of all adults," says Martin T. Woodard, director of the state center. "The modern work environment should present challenges to the people we serve at Beaumont State Center. The clocks are a challenge. And they are pleasing aesthetically, true works of art."

The clock assembly project has given clients an opportunity to demonstrate their abilities. "We don't think of our workers as handicapped," says Dan Nolte, workcenter administrator.

"A handicap is only a handicap when it keeps you from working." ■

Brian Duchin is the marketing sales representative for Beaumont State Center's REWARD workcenter.

Photos by Brian Duchin



Roger O'Field (top) positions a clock face in its case while Michelle Handly and Terry Smith (below) work together to prepare another case to hold the mechanical components.

Photos by Jeanette Green

REMINISCENCE

"When I was a girl, I remember, my grandparents came to visit in a buggy pulled by a white horse, and I ran to the gate to let them in. When my sister and I went to visit them, we didn't want to go home. But we did since we knew our parents would worry. Before I sleep, I daydream of that white horse and buggy and my grandparents."

Describing moments caught in memory from her youth is Lydia, a 74-year-old grandmother of Czech descent whose long, gray hair cascades down her back from a clip at her neck. She has a chance to share this special part of herself with Austin State Hospital (ASH) patients from Central Texas Unit geriatric ward in a life review group that provides soothing therapy for those advancing in age.

This Czech grandmother, like many older people, often finds memories rooted in the past to be quite vivid while those from moments ago quickly fade. The past may seem more tangible and meaningful than the present since time-honored events, when repeatedly evoked, gain a certain completeness. Old memories might be understood in a way the confusing present cannot.

Life review is a natural process that comes with growing old. This summing-up of life hopes, dreams, disappointments and experiences helps one settle affairs and be at peace with life. Life review also occurs spontaneously at many life junctures—adolescence, middle age and when facing death. It is most intense in early old age when people begin confronting the inevitability of death, medical experts find.

The ASH life review group was begun two years ago by Sara Silber, Ph.D., who was then a psychology intern. She and direct care worker Joshua Martin assisted clinical psychologist Marta Pugh, Ph.D., who led the group. Daesene Willmann, former evening head nurse of the geriatric ward, was the group leader for nearly a year until October 1983, when she left the hospital to accept employment in the private sector.

Leaders try to include all patients who could benefit from the life review group. Those with good verbal and listening skills, intact memories and the ability to give appropriate feedback are invited. The group size varies from 4 to 11 participants. Six to 8 is the ideal size; it ensures a variety of views yet gives everyone a chance to talk.

Patients gather in the geriatric ward visitors' room twice a week. While finding their seats around a coffee table, they're likely to chat about the fish darting back and forth in the aquarium. A "hostess" pours coffee, and others pass a plate of cookies. Patients enjoy the break from routine activities on the ward.

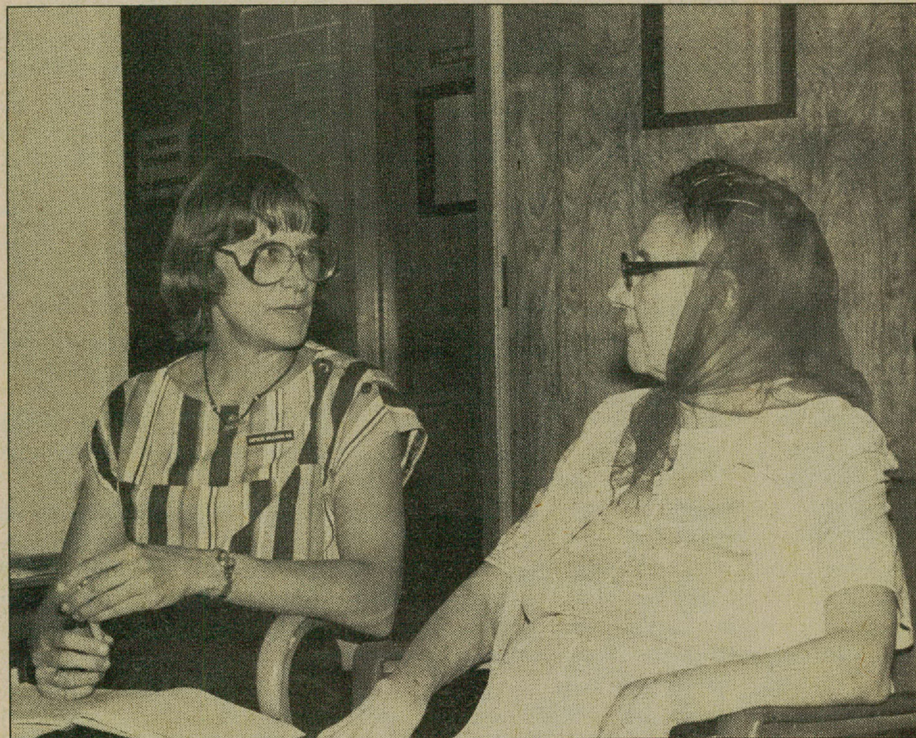
The elderly don't like feeling they are treated like an old potted geranium. Through memory, patients borrow the fresh bloom of youth in the flowering of age.

Group topics might include hobbies, pets, special holidays, taking trips, going to school, working on a farm, favorite people, parents and children, storms, the Depression, World War years, canning and preserving or languages spoken. In the group, patients find glimpses of themselves—as a child with a pocketful of frogs, as an adolescent in a graduation gown and as a parent trying to explain why a son's baseball cracked the neighbor's window.

While exchanging stories, anecdotes and quips, they reach into nostalgia for earlier days. The elderly, like everyone else, don't like feeling they are treated like an old potted geranium. Through memory, they borrow the fresh bloom of youth in the flowering of age. And through memory, they might resolve, reorganize and reintegrate their lives.

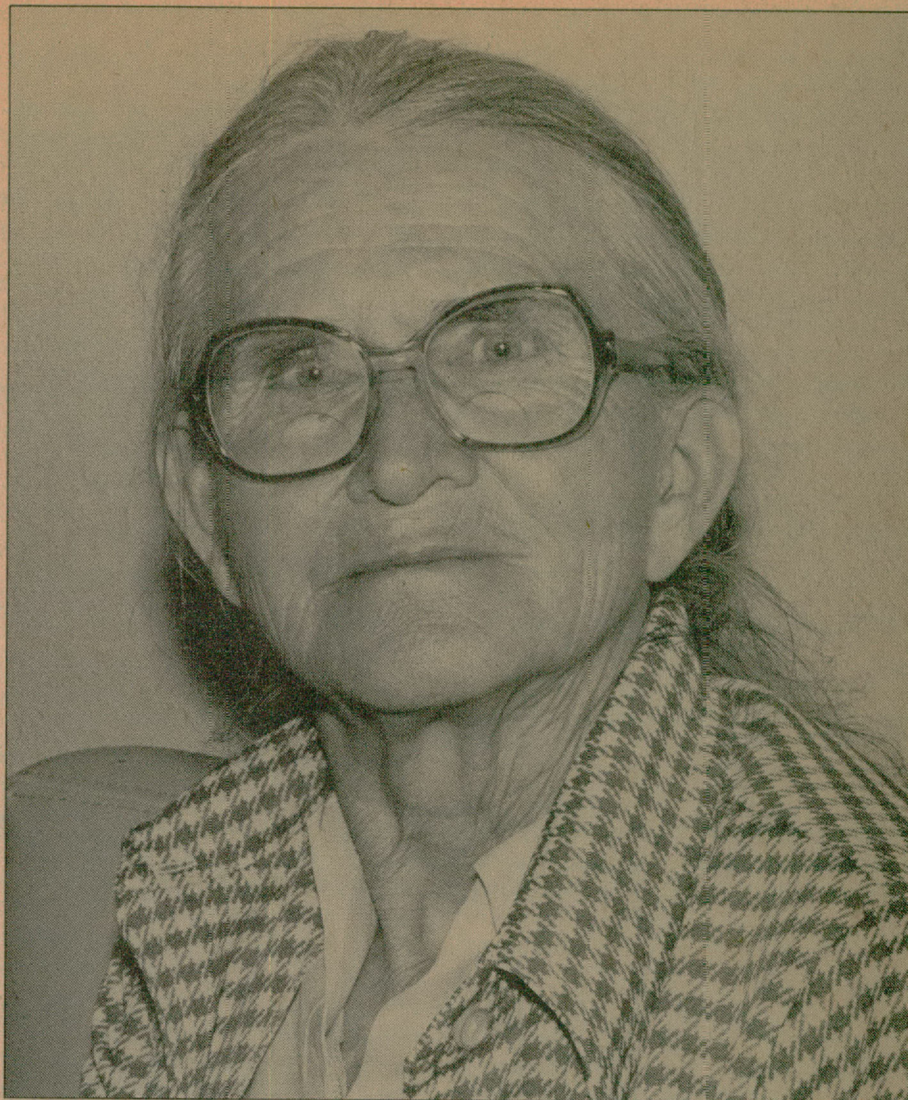
Myrna Lewis and Robert Butler, M.D., who first described life review therapy in 1961, say some therapists have been hesitant to use it, fearing that old people are psychologically fragile. They forget, however, that old people are master survivors and hardly inexperienced at defending themselves from painful life forces. Memories may hurt—opportunities have been missed and the bulk of life spent—but it is these old masters who have contributed to our lessons about life.

Lewis and Dr. Butler suggest methods for evoking memories: reviewing scrapbooks, photo albums and memorabilia; visiting places of youth and young adulthood; writing or taping autobiographies; summarizing careers; preserving ethnic identities; and



As Austin State Hospital's life review group leader for nearly a year, Daesene Willmann, R.N. (left) welcomed new members to the group and said goodbye to those who recovered and left the hospital.

Life review occurs spontaneously at many life junctures. It is most intense in early old age when people begin confronting the inevitability of death, medical experts find.



reviewing family trees. They have found, too, that life review groups which include members of all ages recapitulate the family. Members, instead of warring against each other, unite against the vicissitudes of the life cycle.

Patients describe the life review group as the highlight of their week. "It means a whole lot to tell about old times," an erudite-looking man said. "I think about old things at night," another revealed. "Before this group, I had no one to talk to about them." An animated woman exclaimed, "I like to have fun and get acquainted with other people."

The tone of the group is usually upbeat. Any wrinkles in conversation are handled diplomatically by the group leader who invites the patient to talk later on the ward.

The youngest member, 58, whose face was lined deeply with worry and responsibility, had been depressed, talking with no one on the ward. Joining the group for the first time, she blossomed with anecdotes. And her memory was crackerjack; with textbook accuracy, she cited dates and rationales for founding Labor Day. About the Depression, she remarked, "Five-cent cotton, 40-cent meat, how in the world could a poor man eat."

A wiry woman with short, black hair boasted that she played the organ while turning a cue sheet for the first silent movies in 1928. Another from a small German town described coming home from school when she was a girl. "Our special treat was bread, molasses, bacon and grease. We thought it was as good as ice cream," she remembered.

A fragile-looking, large-boned woman with tardive dyskinesia, a central nervous system disorder, eagerly joined conversation despite her difficulty talking. "I had a friend who said, 'I like you so much I'll leave you my house,'" she revealed when the topic was special friends.

Another described the comic incident of a son bringing home an alligator for a pet. It got loose, of course, terrifying the neighbors. While participants chuckled, a member observed, "Laughter is good for us; it relieves tension."

Through various sessions, talk continued as men and women, ages 58 to 81, remembered picking blackberries while avoiding snakes, fishing with a cane pole, lining up cars for a parade after World War I, canning beets in vinegar, piecing quilts with neighbors, picking cotton with brothers and sisters, teasing a favorite collie with a game of hide-and-seek, passing medical boards and dancing, dancing, dancing. They verbally chronicle events recorded in history books and not often recollected.

Wistfully and peacefully, they settle life affairs, for the moment anyway, in an evening of reverie—congratulating each other for well-earned wisdom and many badges that only experience merits. ■

J.G.

Learning to Grow

by Glenda Miller

Everyone knows growing up is painful, especially for the teenager who is coming of age in the adult world.

Adolescents, those between 13 and 19 years of age, need adult and parental support that comes from a position of strength and confidence.

Operating on the notion that strength and confidence are fostered by education, the homemaking department of Clark High School, Plano Independent School District, offers seminars specifically for parents of students.

Glenda Miller, information director at North Central Texas MHMR Center, McKinney, was asked to teach the peer pressure and self-esteem seminar. She has participated in the program for two of its three years.

"Both years I have had full sessions and have presented this program to approximately 200 parents," Miller says. Following is Miller's presentation.

I hate my hair! I hate my clothes! I'm too fat! I'm too skinny! My parents don't understand me! My whole life is a mess!

Sound familiar? The typical teenager spins out phrases like these on a daily basis. Adolescence is stressful on the person experiencing it, but it also can be trying for those who offer support and guidance.

How do adolescents feel about this time they looked forward to as pre-teens? Then, it was a faraway world of magic and arrival. Now, they actually are involved in the dating and driving, the independent and adventurous teenage days.

Is there enough magic and fun to make this time a wonderful experience and overshadow the frustrations of growing up?

Because of the enormous physical and emotional changes, teens often feel that everything and everyone is against them.

In many ways the teenager may be justified in these beliefs. Because of the mystery surrounding the period of adolescence, adults tend to adhere to the idea that teenagers are not yet normal. Adolescence may be considered merely a transitional stage of life and less significant than the "real periods." Adults may treat adolescents as if they are incapable of responsibility, serious thought and decision making.

Yet during this time, an adolescent may spend hours planning and wondering, "What will I be when I grow up?"

Developmentally, adults are at once the adolescent's downfall and salvation. Because the teenager fears and is often led to believe failure is inevitable, the young person needs adults who can calm and help explain the normality of all the changes.

This same catch-22 is present when the teenager is pulled between wanting parents to take an interest and resenting their discipline and control. "Everybody does . . ." becomes the adolescent's prime defense in the conflict, yet the teenager still seeks adult and parental approval.

The adult must realize that friends are usually the most important people in the teenager's life and their approval is paramount. Teenagers want to be part of the crowd they have chosen. In matters of choice, the teenager often is pulled toward group behavior because of peer pressure. The idea of instant popularity by going along with the crowd is often too appealing to resist. This is where many adolescent-parent conflicts originate.

The conflicts correspond to mood changes, which in turn correspond to the adolescent's rapid physical changes. Embarrassment comes quickly because of constant growth or lack of growth. Moods can change almost by the hour from extreme happiness to depression complete with crying and door-slamming.

In coordination with mood changes, the teenager shows sharp contrast in outlooks and actions. For example, a best friend one minute could be Public Enemy #1 the next. The seven years of adolescence are prime time for conflicts with adults, especially parents.

No time is "safe time." Conflicts can arise over anything: choice of friends, curfew, grades, dinnertime, dating, money and so forth. Even a misinterpreted "Hi" is enough to set battle lines. In general, it is like a merry-go-round that never stops and has no brass ring to catch.

You say it sounds like a long seven years? Remember that these years don't last forever and that, during them, a lot of personal growth and mutual concern can be developed.

Adults must recognize the strength of peer pressure and know that its pull can be positive or negative. Depending upon the direction, peer pressure encourages the adolescent to test new behaviors, rebel against established practices and identify with accepted actions of a group. Through group cover, the concept "united we stand, divided we fall" becomes the defense against criticism.

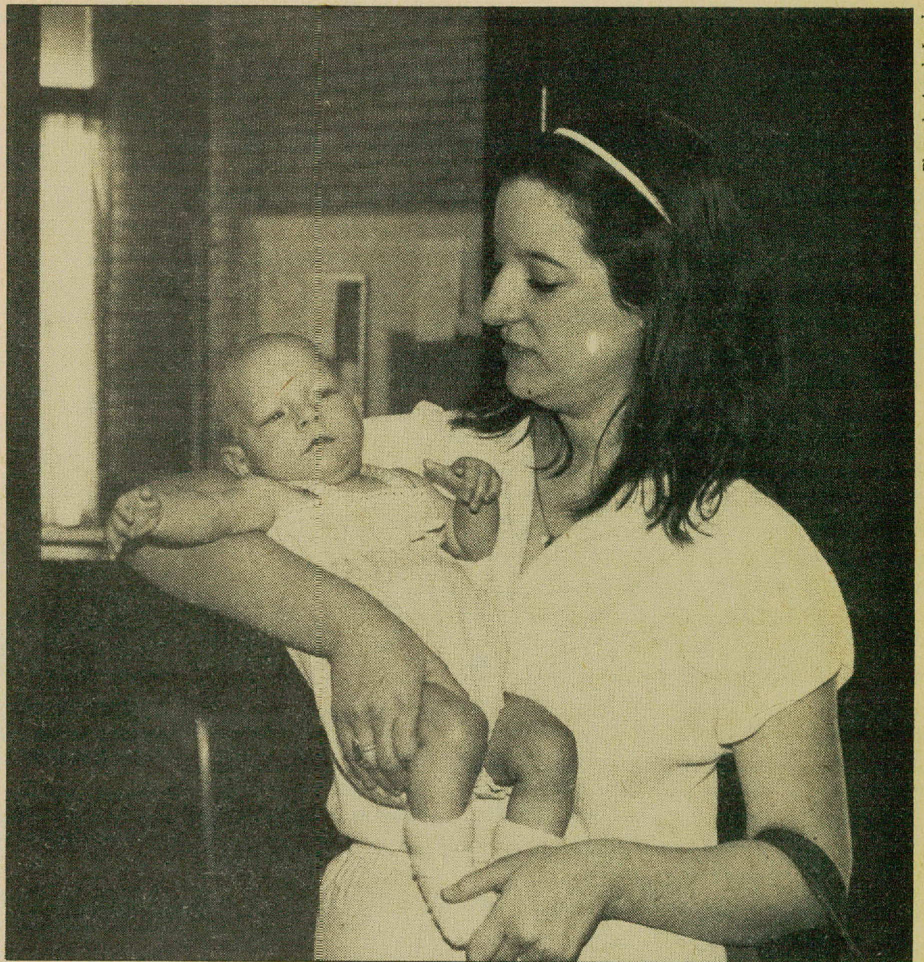
But that same concept can hold true in the adolescent-parent relationship. Adults must understand that threats, orders and commands usually are lost on the typical teenager. The most effective approach is through communication with heavy emphasis on listening, suggesting and adopting a line of indirect guidance.

One sure advantage an adult has when dealing with teenagers is experience. By jogging the memory, the adult can recall the problems and frustrations experienced during the turbulent growing period of adolescence. Adolescents are people who, with love, understanding and guidance, will make it. ■

Glenda Miller is the information director at North Central Texas MHMR Center, McKinney.

Tender loving critical care

Sometimes it takes more than TLC to keep a family together.


Photos by Angela Lamb

Rhonda Phillips cradles her daughter Elizabeth, a client of Amarillo State Center's critical care unit. "We feel we are not alone with our problem and that someone else cares," she said.

Like any other one-year-old, Elizabeth Phillips must be fed, bathed, cuddled, cajoled and tucked into bed at sleep time. But unlike the majority of her peers, Elizabeth has a life-threatening medical problem that intensifies each child-rearing duty.

At Amarillo State Center, an ongoing review of the infant stimulation program (ISP) services revealed a priority need for care of a few high-risk babies like Elizabeth. To target this need and maintain the philosophy of the center, the critical care unit (CCU) was established in July 1983.

The philosophy of Amarillo State Center and its staff is to provide, secure or recommend appropriate services to persons in the Texas Panhandle who have mental retardation or are otherwise developmentally delayed.

With state-appropriated facility and early childhood intervention dollars the infant stimulation program at the center has concentrated its services for infants up to age 3 in Potter and Randall Counties. Combining center-based and homebound programs, along with support activities, the ISP unit is providing these intervention services to more than 80 children. The new critical care unit's program capacity is four children.

"This alternative to residential placement provides me the opportunity to raise my child and have assistance when I need it," explained Rhonda Phillips, Elizabeth's mother. The center also provides overnight respite care so that Mrs. Phillips and her husband can rest and spend needed time together.

The Amarillo State Center—

- **Offers a therapeutic program as prescribed by an interdisciplinary team;**
- **Provides containment within the community, enabling families to maintain ties and regular responsibilities;**
- **As an alternative to residential treatment, reduces state school placements;**
- **Uses fiscal resources to their maximum efficiency.**

Because of her gastrostomy, a surgically created access to the stomach, Elizabeth must be tube-fed every three hours. This is a 30-minute task each time. She also must be suctioned every 20 minutes because of her inability to swallow.

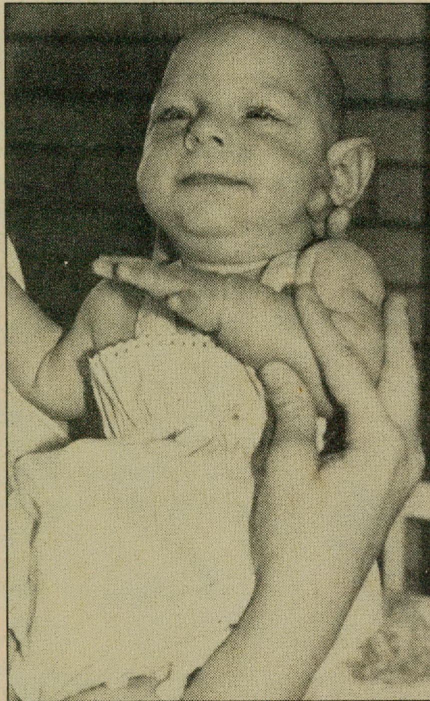
Amarillo's critical care unit was developed for the care of children as well as for relief and support of their families. In an interview with center director Harry Heyman, Phillips said that the services have helped her be a better mother because she now does not have to deal with the constant stress of Elizabeth's all-day crying. "We feel we are not alone with our problem and that someone else cares," she said.

Yet, the family must maintain a strong position of responsibility when signing a contract for services from the CCU. The contract reflects a time frame, program requirements and a parental agreement to remove the child's name from the active state school waiting list and place it on deferred status. (This adheres to Amarillo State Center's philosophy of reducing state school placements. It also ensures commitment by the parents and cooperation between the two contracting parties.)

The purpose of the program is not to weaken family ties, but rather to enhance them. Therefore, just as important as the signing of the papers is the parents' agreement to attend to the child's personal needs outside the center. These include transportation to physician's appointments, administering medication, attention to correct diet and feeding, and the use of specialized devices such as tubes and aids.

From 7:30 a.m. to 5:30 p.m. five days a week, however, Elizabeth is cared for by two full-time critical care staff members supervised by a registered nurse. The major responsibility of the unit is to carry out assigned objectives relating to the therapeutic needs of each child. The cost to the center per child is $23.50 a day. Parents pay according to a sliding scale.

Mrs. Phillips explained to Heyman the program's visible effects on Elizabeth. "It has helped her to become better acquainted and interact with others. She would cry and fuss when anybody would touch or hold her. She now goes to other people and enjoys their contact and new situations," Phillips said.



Elizabeth is cared for between 7:30 a.m. and 5:30 p.m. five days a week at the critical care unit. The program capacity is four children.

The stress on the family itself also has decreased. In response to Heyman's question as to how she would spend her free time, Phillips said she would be relaxing and catching up on her sleep. "I am also thinking of taking a part-time job or going to school," she added.

Without the critical care unit at Amarillo State Center, parents like the Phillipses would have no viable alternatives.

"This program means so much to us in our day-to-day lives," Mrs. Phillips said. Having a new baby, in itself, strains a family, and when the child is handicapped, matters are compounded.

If the program should cease, she added, it would seem as if she and her husband were all alone and starting over again. Elizabeth would suffer, too. Few babysitters are willing to suction a baby every 20 minutes or feed them through a tube. Yet, parents need relief.

The critical care unit allows a child to remain in the community, live at home, maintain a place in the family structure and develop under the guidance of a loving family. ■

This article was adapted from material submitted by Angela Lamb, information director at Amarillo State Center.

Employee Assistance Programs: Human Service Brokers

In Lubbock, one dedicated young employee working for a manufacturing company developed a drinking problem. He wasn't fully aware of the source of his new unsteadiness. Instead of being fired, he was sent for help. And that made all the difference.

Across Texas, forest rangers, telephone operators, factory workers, police, teachers and employees, like the man from Lubbock, are gaining help to scale life and job hurdles. In the last few years, several Texas community MHMR centers have added their own programs to the national network of about 5,000 employee assistance programs (EAPs).

Community MHMR centers have gone into the business of marketing mental health to employers who recognize the value of EAPs in improving employee well-being and job performance. Meanwhile, TDMHMR facilities are beginning to develop EAPs for their own staffs. Some of these facilities use community MHMR center services like a good right arm.

The nation's earliest EAPs began in the 1940s as alcoholism programs. Today, many EAPs, sponsored by employers and employee unions, provide "broad brush" counseling and referral services for a variety of problems—marital, emotional, financial and legal—and for alcohol and drug abuse. For both employer and employee, EAPs have meant a profit turned, wisdom gained and spirit renewed.

Since distressed employees cost business and industry an estimated $40 billion each year in lost time, ineffective job performance, sick leave, tardiness, health claims, accidents and wasted materials, employers have a vested interest in employee health care.

MHMR Regional Center of East Texas, Tyler, has developed model EAPs admired among community MHMR centers and offers moderately priced materials for others interested in establishing EAPs. At the 1983 annual convention of the National Council of Community Mental Health Centers held in Detroit, the Tyler center presented a seminar on developing EAPs and marketing them to rural areas. EAP project director Jim Hartung receives inquiries about these programs from Florida to Alaska.

In addition to usual counseling services, the center's EAPs have provided child care and referrals to attorneys, physicians and dentists. When one employee's father-in-law had open-heart surgery, funds were provided to send his wife out of state to her father's bedside.

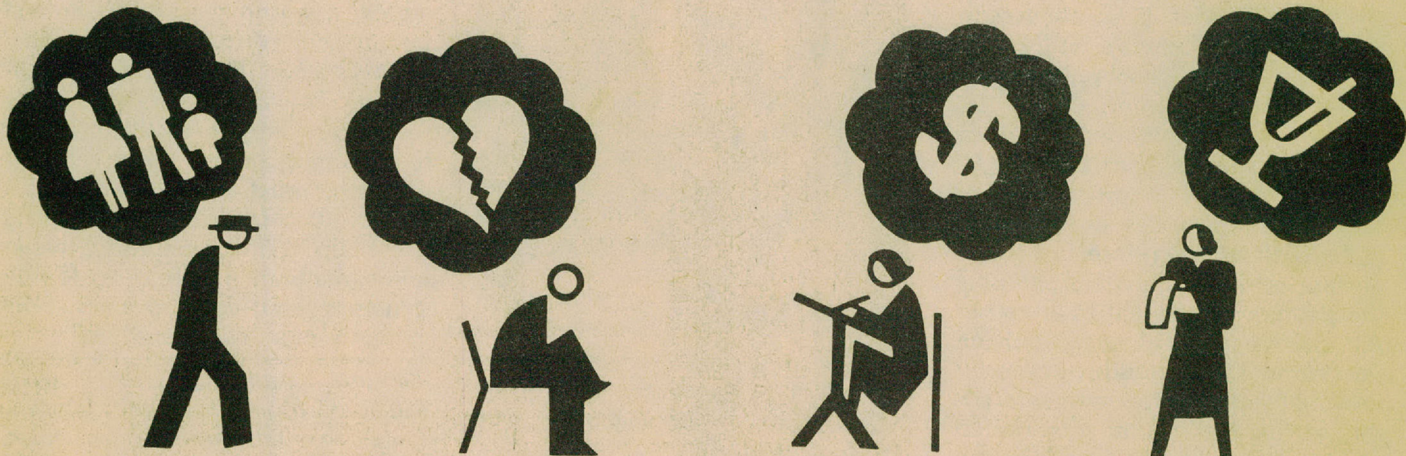
The center's two-year-old EAP has an annual budget of $115,000. Staff members hope that the program, by its third year, will be self-sufficient. The offices are being moved downtown to improve visibility and accessibility to the employees it serves. Contracts include the City of Tyler, United Telephone Company of Texas, Southern Pacific Railroad and the local chapter of the Texas Pharmaceutical Association. Tyler's program is also part of a national network of EAP service providers under Education and Training Programs, based in Connecticut.

The Tyler center would like to see the development of a strong network of community MHMR center EAPs, Hartung says. That would make it feasible to share large, statewide contracts. With such a network, he says, program supervisors could be trained centrally with employees being assessed and referred to nearby resources.

To tailor an EAP to a company's needs, the Tyler center sets up a guidance committee governed by union and management representatives. As in other EAPs, supervisors are trained to confront employees about job performance rather than guessing the source of their problem. All referrals and counseling remain confidential and do not become part of the employee's job record.

Hartung stresses the importance of internal marketing for an EAP. Once the contract is signed and supervisors are trained, the center begins its campaign with letters to families, brochures, posters, paycheck stuffers, newsletter articles and brown bag seminars on topics like stress management.

Tropical Texas Center for MHMR, Edinburg, currently is negotiating contracts with indepen-



dent school districts scheduled to begin in September. Competition for EAP contracts is growing, says information director Luis Rivera, and beginning a new contract means a lot of work.

Tropical Texas conducts surveys, does pilot tests, meets with administrators and contacts employees. It then collates the information and begins tailoring a program to the particular company's needs. Since consulting and planning are free, if the company doesn't sign a contract, the payoff for Tropical Texas is questionable, Rivera says.

Lubbock Regional MHMR Center established Lubbock Employee Assistance Network to aid local police department, agricultural company, beer distributor, Social Security and oil industry employees. Contract terms vary from an at-cost basis or a monthly fee for each employee to a general full-service fee.

Wichita Falls Community MHMR Center began planning EAPs in 1978. Its contracts include the City of Wichita Falls and manufacturers of jet engine parts and plastic bags.

Wichita Falls' EAP is an extension of its MHMR services. Instead of companies paying a flat fee for services, the employees pay fees on a sliding scale like anyone coming to the center who is not covered by insurance.

Companies do, however, pay for their supervisors' training, which often includes role-playing between "supervisor" and "employee." Supervisors also are invited to special sessions on topics such as how stress affects families. These sessions have enhanced greatly the program, says Moises Garcia, program manager of outpatient services.

North Central Texas MHMR Services, McKinney, offers screening services and referral to programs appropriate for the employee's problem and budget. It provides telephone-based referrals for General Telephone of the Southwest employees, who can call a toll-free number to talk with a counselor for referral to a nearby service.

El Paso Center for MHMR Services began COPE (Comprehensive Organizational Programs for Employees) in September 1983, to reach two primary target groups: banks and hospitals. The services COPE provides are planning, program implementation, maintenance, screening and referral, and program evaluation.

Bexar County MHMR Center, San Antonio, provides EAP services for local Social Security and Bexar County employees.

"Many businesses want to have an EAP, but don't want to pay for it," says Ed Villarreal, supervisor of consultation and education.

Assessing an EAP's usefulness to an organization may be relegated to someone without sufficient authority to start a program, he says, hence the reluctance. Villarreal advises companies that they need to try the program to find out how much money they'll save.

Deep East Texas Regional MHMR Services, Lufkin, near the Big Thicket National Preserve and four national forests, operates a satellite clinic offering EAP services to U.S. Forest Service employees. The program, begun almost four years ago, is renegotiated every spring.

MHMR Authority of Brazos Valley, College Station, subcontracts EAP services for United Telephone employees through MHMR Regional Center of East Texas. The Brazos Valley center hopes to be generating contracts of its own soon.

Vernon State Hospital, aided by Texas Commission on Alcoholism, began an EAP almost four years ago centering on alcohol abuse. This program has expanded to include counseling on a broad range of problems, even household budgeting and loan consolidation. The EAP operates through the hospital's outreach office in Vernon.

Brenham State School's informal aid to employees rounds out its personnel services. The program offers counseling on insurance and payroll deductions and also refers staff to community resources like MHMR Authority of Brazos Valley.

San Angelo State School began an EAP in the fall of 1983. The school's staff development office and Hendricks Memorial Hospital in San Angelo have cooperated to produce a series of workshops on stress for supervisors and employees. EAP services are also available to employees' families. Personnel director Bob Ehrhardt says the EAP is paying off in reduced absenteeism.

Lubbock State School's EAP handles employee needs ranging from family counseling to financial assistance to substance abuse. A chaplain, psychologist and two social workers provide counseling or refer staff to community services such as Lubbock Regional MHMR Center. A guidance committee of 26 employees meets monthly at potluck lunches to discuss ways of improving staff morale and providing new programs and services.

This committee has spawned "fun days," Christmas parties, a talent show and a softball league to supplement more traditional EAP concerns. The guidance committee invites guest speakers from Weight Watchers and Overeaters Anonymous and sponsors seminars on relaxation and biofeedback.

Since the establishment of the EAP, employee morale and working conditions have improved, says Tommy Tidwell, psychologist. The EAP also indirectly benefits clients by helping keep employees happier, he adds.

At **Rusk State Hospital** (RSH), community program director B.J. Giles, Ph.D., is eager to start an EAP. She now provides counseling for employees abused by patients at the state hospital.

One woman with 20 years experience at RSH recently was abused by a patient. She was upset despite her longevity and sought Dr. Giles's counsel. "Abuse may trigger old problems," Dr. Giles says. "Crisis is an aspect of abuse. . . . Not everyone has the language to talk out anxieties."

Other TDMHMR facilities and community MHMR centers are planning to begin EAPs in the future. Among them are Waco Center for Youth; Austin and Wichita Falls State Hospitals; Abilene, Austin, Corpus Christi, Richmond and San Antonio State Schools; Texas Research Institute of Mental Sciences, Houston; Austin-Travis County MHMR Center; Dallas County MHMR Center; MHMR Authority of Harris County, Houston; Nueces County MHMR Community Center, Corpus Christi; and Tri-County MHMR Services, Conroe.

Employee assistance programs, still in their infancy in the Texas MHMR system, already are making the workplace a little more human and employees' lives a little richer—to the undeniable benefit of those in their care. ■ *J.G.*

New assistant deputy commissioners join staff

Photos by Sherry L. Grona

Melodie Clemons is the new assistant deputy commissioner* for MR services, Region I, after having served as unit director at Trinity Treatment Center, Austin State Hospital.

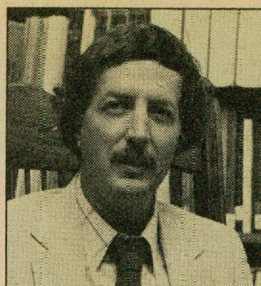
She was assistant unit director at the Terrell State Hospital multiple disabilities unit, and worked in staff development at Central Office and in the community service division at Austin State School.

Clemons holds a bachelor of science degree in education and a master of education degree in adult and extension education. Currently, she is a doctoral candidate in special education at East Texas State University.

She lists her special interests as music, travel and horticulture.

Facilities served by Clemons include Abilene Regional MHMR Center, Amarillo MHMR Regional Center, Central Plains MHMR Center, Concho Valley Center for Human Advancement, El Paso Center for MHMR Services, Lubbock Regional MHMR Center, Permian Basin Community Centers for MHMR, the state centers in Amarillo and El Paso, and the state schools in Abilene, Lubbock and San Angelo.

** The working title for program specialists and management and support specialists was changed to assistant deputy commissioner, effective Nov. 1, 1983, according to Commissioner Gary E. Miller, M.D.*



Dan McElroy, the new assistant deputy commissioner for MR services, Region IV, comes to Central Office after ten years as director of mental retardation and developmental disabilities programs at Pathways, an MHMR center which serves a ten-county area in Ashland, Ky.

McElroy received graduate and undergraduate degrees in education from the University of Bridgeport, Conn.

His previous MHMR experience includes designing and implementing a treatment program for emotionally disturbed children, serving as a special education teacher and instructing adolescent patients at a private psychiatric hospital.

McElroy jogs, travels and incorporates theater into his work with the mentally impaired. He also has a copyright and trademark on a theater board game that he designed, developed and produced for national marketing.

Facilities McElroy serves include Texas Research Institute of Mental Sciences, Lufkin State School, Richmond State School, Beaumont State Center, Deep East Texas Regional MHMR Services, MHMR Authority of Harris County, MHMR Regional Center of East Texas, Gulf Coast Regional MHMR Center, Sabine Valley Regional MHMR Center, MHMR of Southeast Texas and Tri-County MHMR Services. ■

BOOK BEAT

By Becky Renfro

The TDMHMR Central Office (CO) library is available to everyone as a resource for books, periodicals, research documents and other materials which support the research and activities of the mental health system.

To maintain access to current publications and thus stay abreast of MHMR trends, the library belongs to the TDMHMR interlibrary network. It also works closely with the Texas State Library, the University of Texas and other state agencies to obtain requested materials.

Three new volumes, among others, have been added to the CO library. These books variously deal with aspects of the mentally and physically impaired child and adolescent.

Affective Disorders in Childhood and Adolescence—An Update is a comprehensive clinical picture of depression and mania drawn from current, complete and applicable data. Edited by Dennis P. Cantwell, M.D., and Gabrielle A. Carlson, M.D., the book offers chapters on phenomenology, alternative forms of depression, assessment, etiologic factors, natural history and management.

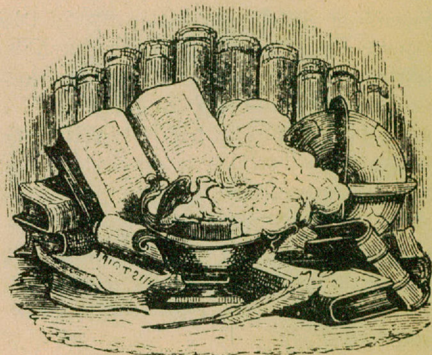
Treatment of the Severely Disturbed Adolescent, by Donald B. Rinsley, M.D., is designed to broaden conceptual knowledge and therapeutic skill in this area of treatment. Dr. Rinsley contends that early peer and familial relationships make a vital contribution to the patient's normal ego development, and he provides the theoretical understanding necessary for successful residential treatment of the disturbed adolescent.

The Unexpected Minority, co-authored by John Gliedman and William Roth of the Carnegie Council on Children, studies the social rather than biological aspects of disability which doom the lives of so many handicapped children and adults.

In a departure from the traditional client-professional relationship theory, the authors urge parents to take an active role in controlling the services provided to their handicapped children. Gliedman and Roth also closely analyze the new laws affecting special education and employment.

For more information about these books or the library services and materials, call 512-465-4621 or visit the library. ■

Becky Renfro is the Central Office librarian.



Fifty, yes fifty! years of employment at Austin State Hospital

Loy Callahan stands at the hospital gates then and now.

"I once said to my mother, 'Mama, you never taught us not to want,' and she said, 'Well, if you hadn't wanted, you wouldn't have worked.' "

Loy Callahan's mother taught her well. For 50 years, Loy has worked at Austin State Hospital (ASH), where on Oct. 16, 1933, she began setting tables in the dining room. In three years she became a pay clerk in accounting.

In 1938, Callahan was promoted to trust fund clerk, the position she has held continuously for 45 of the 50 years. She accurately keeps records of patients' money even if she has to "hunt night and day for a dollar."

Callahan has taken only 20 sick days during her entire tenure at ASH. "I never looked forward to sick days," she explains. "Work is a challenge; we always have something going."

Fifty years ago, 25-year-old Callahan moved from Bastrop to Austin in search of employment. She had attended the College of Industrial Arts in Denton for two years and aspired to teach school. "That's all mama wanted me to do. That's what you were supposed to do," she says. But after her father died suddenly, she was forced to find immediate work and was hired by C.H. Standifer, M.D., then superintendent of ASH.

When she first started working at ASH, "it was way out in the country, might as well say." Everything was contained on the hospital grounds: Callahan's $30-a-month salary included room, board and a built-in social life.

Off grounds were a drugstore and a cafe, but the superintendent forbade ASH employees to go there. For entertainment, Callahan and her friends took a nickel ride to town on the streetcar.

In 1970, most employees had to move from the hospital grounds, and Callahan went to live with her sister.

Over the years, the Austin community's acceptance of the state hospital has evolved with the improvement in patient care and the growing knowledge about mental health.

Although she hasn't much interaction with patients, Callahan has seen them receive better treatment and more privileges. There are now many more recreational activities, and patients receive more visitors than before.

Callahan continues to work at ASH because she likes the security of her job, the state benefits and her longevity bonus. She always has had good supervisors and friends in the workplace.

Her officemate Dorothy Calhoun said of Loy Callahan, "You ask her any question and Loy will know the answer. She's extraordinary." ■ *D.S.*

Cause for celebration

Loy Callahan's golden tenure at ASH makes her something of a rare bird. At present, she is the only TDMHMR employee working in a facility more than 50 years.

To honor her for this achievement, Callahan's coworkers threw a party complete with a white frosted cake in the form of Austin State Hospital's historic administration building.

Closing in on Callahan's 50-year stint is Mary K. McVicker. She is admissions supervisor at Rusk State Hospital, where she has been employed for 41 years.

Longevity reports, generated by Management Information Services to cover records from 1970 through 1983, show that 13 other TDMHMR employees worked for 40 years or longer at one time.

"My coworkers and supervisors don't want me to leave," says Callahan, who plans retirement soon to coincide with her sister's. "I can't imagine what we'll do when we're not working."

LEGAL Q&A

TDMHMR always has taken a strong stand against abuse of its patients and clients and other examples of serious wrongdoing within its service delivery system. The department is prepared to take all steps legally available to it to obtain information concerning such wrongdoing. One element in this process is the use of polygraph examinations.

Other issues in the public eye are the progress of the revised Texas Mental Health Code and TDMHMR's continued emphasis on affirmative action employment practices within the system.

Impact *talked with Kent Johnson, director of legal services, to gain perspective on the legal aspects of these three issues.*

Photo by Sherry L. Grona

Kent Johnson, director of TDMHMR legal services

Q. The department recently has authorized its facilities to require a polygraph examination in investigations involving client abuse, client neglect and other serious problems. Why?

A. I'd like to answer that question in some detail, but there is litigation pending on the polygraph issue in district court in Travis County, so I'll only be able to speak about the polygraph examination in general terms.

The department serves approximately 16,000 persons on an inpatient basis at any one time. Many of these persons cannot speak for themselves. They rely on the state, acting through this agency, to care for them, provide them with MHMR services and, if necessary, defend their rights and safety.

We have thousands of dedicated employees, many of whom have devoted their careers to the service of persons with mental illness and mental retardation. However, it would be unrealistic for us to assume that each of our approximately 25,000 employees is so dedicated.

Unfortunately, a small number of problem employees create difficulty for the department and its other staff. This is no different in any other public agency or private business. The existence of such employees in our mental hospitals and residential facilities for persons with mental retardation is a reality which we are unwilling to ignore.

In light of this reality, we have decided to make use of mandatory polygraph examinations in cases of serious wrongdoing directly related to an employee's work performance, such as client abuse or neglect. If we have reasonable cause to believe that an employee has committed client abuse, neglected a client or has knowledge of such abuse or neglect, and we've exhausted our other investigative efforts without developing conclusive evidence, we may want to require the employee to submit to a polygraph examination.

The department has, however, agreed not to make use of mandatory polygraph examinations until the Travis County District Court has had an opportunity to look into the issue further.

Q. Is TDMHMR setting a precedent in its mandatory use of the polygraph?

A. No. We believe that both state and federal case law recognize the use of mandatory polygraph tests for public employees under the circumstances in which we have chosen to use them. The Texas Department of Corrections is making similar use of mandatory polygraph examinations for its employees pursuant to the settlement of the *Ruiz v. Estelle* class action litigation in Judge William Justice's Federal District Court in Tyler. The case law clearly protects the employee's rights under the Fifth Amendment to the U.S. Constitution.

One of the values of the American system of justice, of course, is that any person who feels that he has been injured in some way by the actions of another can seek a remedy in the courts. That is what the plaintiffs in our case have done. We believe, however, that the court will support our need to protect the mentally ill and mentally retarded persons entrusted to our care.

Q. What is the Texas Mental Health Code?

A. The Mental Health Code is the Texas statute originally passed in 1957, and amended extensively in 1983, which outlines procedures for both voluntary and involuntary admissions of persons with mental illness to mental hospitals.

Q. What effect will the new revisions have on the institutional system and the judicial system?

A. The judicial system will be more affected since the revisions deal primarily with what happens before a person arrives at a mental health facility and how the person is admitted.

In general, the code revisions are an attempt to better protect the person's rights during the commitment process.

Certain guidelines have been established to benefit the patient in terms of civil rights. The most visible and far-reaching of these guidelines provides that a mentally ill person detained under an Order of Protective Custody (OPC) must have a probable cause hearing within 72 hours. Under the OPC provisions of the old code, that person could be held for up to 14, or even 30, days without a hearing.

Another revision is an example of the judiciary's power to act when a problem is identified rather than having to react to the results of such a problem. The revision allows involuntary commitment of a person who is mentally ill and whose condition has deteriorated to such an extent that the person cannot function independently or make decisions about treatment for mental illness.

Procedures in the institutions will not be affected as much, although the revised code does emphasize outpatient treatment. Under the revised code, a court can order a patient to submit to outpatient treatment and assign another individual to monitor the treatment and the patient's condition. If committed for a period longer than 90 days, a patient now has the opportunity for a hearing at the end of 12 months to determine if the patient should be discharged. The indefinite commitment provisions of the old code have been deleted.

Q. What steps have been made to increase the public's awareness of the Mental Health Code and its revisions?

A. We have participated in a number of workshops for mental health professionals, judges, lawyers and our facilities' staff to help introduce and clarify the revisions. We usually do this jointly with representatives from Advocacy Inc. and Sen. Ray Farabee's office.

A Mental Health Code committee under the leadership of Helen Farabee, Wichita Falls, has been established to work with the Mental Health Association in Texas to act as a clearinghouse for code information. The committee also publishes a newsletter and other materials, participates in seminars and develops legislative proposals for future revisions.

The department's legal services also has established a hot line to provide code information to judges, lawyers and mental health professionals. The hot line is currently available during working hours and soon will be available on a 24-hour basis.

Q. What is the TDMHMR affirmative action plan?

A. The department's affirmative action plan sets out our intent to provide equal employment opportunity for all people and our method of reaching that goal. The plan also is used to remedy any problems which might exist in relation to the hiring of the protected classes.

Q. What protected classes does the affirmative action plan embrace?

A. The protected classes included in the plan are minorities and women. It is our intent that each job title and organizational unit reflect the general availability of women and minorities found in the recruitment area.

Q. What about handicapped individuals?

A. Handicapped persons are protected by the Rehabilitation Act of 1973. Section 503 of that act requires government contractors to take affirmative action to employ and advance in employment qualified handicapped people.

Members of these protected classes have additional recourse against employment discrimination since the promulgation of a law creating the state Human Rights Commission in the 68th session of the Texas Legislature. The law bans discrimination by employers, employment agencies and labor unions on the grounds of handicap, race, color, religion, sex, national origin or age.

Q. Who designed the affirmative action plan and who is responsible for enforcing it throughout the system?

A. The department is mandated by the federal government to provide for affirmative action hiring practices. The Central Office and facility Equal Employment Opportunity coordinators developed the affirmative action plan.

Superintendents and directors are responsible for implementing the plan. The commissioner recently reviewed the affirmative action plan and, in addition to tightening hiring and promotional practices, established a task force to oversee our continued emphasis in this area of employment. ■ *D.S.*

Designs on Independence

The life of a physically handicapped person is fraught with obstacles that an able-bodied person easily maneuvers. Like getting dressed. The handicapped person battles daily with such seemingly benign objects as shirts, socks and dresses.

It is a needless struggle that wears on the nerves and wastes time. Two University of Texas at Austin professors are researching clothing designs especially for physically disabled people. The results could help make dressing a more pleasant and independent experience for the handicapped.

The vicious cycle goes something like this. A physically impaired person prepares to dress with the help of a direct care worker. Progress is slow, maybe even painful. The caregiver so ably assists in pulling on the shirt, zipping the dress and buttoning the blouse that the client never gains the skills.

Independent attempts the client makes at dressing are so belabored that the caregiver helps out of duty and concern. Plus, the caregiver knows that time consumed by the client's slow progress could be spent on more important tasks such as therapy, recreation and work.

The result: personal choice of clothing and independent dressing, taken for granted by the majority of the population, is not a way of life for the physically impaired.

Carolyn Callis, Ph.D., and Maureen Grasso, Ph.D., of the University of Texas at Austin (UT) are conducting a mini research study based on this vicious cycle. They want to straighten a path toward independence and choice in dressing for the handicapped.

The study will clarify the time frame, potential problems and institutional staff support needed for the larger, multiclient research.

"Most research in this area has been case studies that reported if the client was happy," explains Dr. Grasso, assistant professor in home economics. "But was the clothing effective?"

"Our objective is to quantify the variables," continues Dr. Callis, who is associate professor in home economics. The variables they are studying are independence, ease of dressing, neatness of appearance and time-on-task. The second research objective is to determine the client's satisfaction with the adaptive clothing.

Adaptive clothing is defined by the researchers as that which is designed to complement and compensate for the individual's disabilities.

Drs. Callis and Grasso claim that a considerable amount of literature describes the ways clothing can be adapted, but never the effectiveness the clothing has in "promoting dressing skills and improving appearance."

They feel that immediate positive results for clients will follow the domino principle. Disabled people will gain satisfaction from their clothing, a greater sense of independence and, hence, the potential for more positive self-images.

Aside from client-oriented results, another outcome of the study will be "the development of a research methodology that can be used by other researchers and staff in institutions with ongoing therapeutic programs," according to the research proposal.

The researchers would like to develop a training manual on adaptive clothing designs for the physically disabled. The manual would be used as a supplement to existing therapeutic programs in institutional settings.

Additionally, the researchers hope to develop an ongoing research program for undergraduate and graduate students at UT.

Much of the recent progress in clothing for the disabled has come about as a result of dissatisfaction with off-the-rack clothing. More than 11 million permanently disabled people in the United States are stymied by inappropriate wear. The solution is to modify the clothing or seek alternative dress.

A few designers have taken the initiative with the latter solution, since modifying clothing often cannot compensate for various handicaps. Just as a tall person, or even a pregnant one, must find individually tailored

Standing among the adaptive clothing they designed for the handicapped are University of Texas at Austin professors Carolyn Callis, Ph.D., (center back) and Maureen Grasso, Ph.D. (center front). Undergraduates Carrie Little (left) and Gloria Loudermilk assisted the professors in their study to increase independence in dressing for the disabled.

clothes rather than merely letting out hems and seams, the person with a deformity or in a wheelchair needs specialized clothing.

Some adaptations, though, do work. PRIDE (Promote Real Independence for the Disabled and Elderly) is a nonprofit Connecticut company that offers books on adapting clothing. Evelyn S. Kennedy, executive director of the organization, suggests the use of Velcro instead of buttons, zippers and shoe straps. Enlarging neck openings in T-shirts and undershirts and attaching finger tabs inside clothing will help with pulling on or off the garment. Adding patches and reinforcing seams can take the strain off clothing worn by someone on crutches or in a wheelchair. Layering comfortable, wash-and-wear garments keeps an immobile person warm and clean.

Hollyn Boies, confined to a wheelchair, runs a mail-order company called Pirca Fashions, which focuses on clothing for the working handicapped adult. Her designs, however, are not just modifications. For the sitting figure, she has shortened the front of clothing to eliminate bulk. Sleeves are more generous since the arms of individuals in wheelchairs and on crutches tend to be more muscular. An action pleat in the back gives further freedom of movement.

Coupled with the functionalism of adaptive clothing is the emotional aspect, the sense of identity clothing can express. Dallas psychotherapist Joyce Tepley's clothes disguise her leg braces and help her feel more powerful and alive. Blousony shirts fill out her small frame, and she treats herself to vibrant colors that she feels look better on her.

Aspects of dress that able-bodied people take for granted—comfort, utility and expressiveness—are the handicapped person's focus in finding clothes.

Studies show that wearing attractive clothing improves a person's self-esteem and even gives one the feeling of being admired by others. The disabled person whose esteem already may be low can get the same boost from clothing that an able-bodied person does.

Drs. Callis and Grasso selected for the study a young woman who has some dressing skills yet is not a totally independent dresser. They had hoped to do clothing adaptations, but soon realized that the woman's multiple handicaps and asymmetrical body shape made a completely new design necessary.

The client hasn't much strength in her hands, so the usual switch from traditional fasteners to Velcro wouldn't work. Her faulty eye-hand coordination also ruled out any type of fastener.

The researchers conducted a needs assessment to help decide on an appropriate design. They based their decision on the client's apparel style and color preferences, dressing skills, body type and disabilities.

From results of the assessment, Drs. Grasso and Callis developed and refined one pattern that could be produced in a few variations. The garment is a one-piece dress with no fasteners. There is an elasticized casing for the waistline and large, roomy sleeves in three styles: kimono, kimono with a reinforcing underarm inset and raglan. A square neck or V-neck further helps in easy dressing and undressing.

While the garments were being constructed, Carrie Little, a senior undergraduate in textiles and clothing, worked with the client to maximize her use of the nonadaptive clothing. Then an evaluation of the client's progress was made.

Next, the client participated in a dressing skills program using the new adaptive clothing. During this program, Little used prototypes of various conventional fasteners to help the client hone her skills.

"We noticed a dramatic change in the client," says Dr. Grasso. "She giggled when we gave her the adaptive clothing to wear." After this program, the client's dressing skills were evaluated again.

Finally, both the client's conventional clothing and adaptive clothing were made available for her personally to choose from, and her satisfaction was assessed.

Meanwhile, physical performance tests were being done on the fabric in swatch form and as an adaptive garment. Dr. Grasso and Gloria Loudermilk, a UT junior in textiles and clothing, laundered the garments and swatches and analyzed them for

Resources for adaptive clothing

Pirca Fashions
901 Third Ave.
Sacramento, CA 95818

Sitting Pretty, Sitting Proud
5035 A Nautilus
Oxnard Shores, CA 93030

Sears
Home Health Care Specialog
Available free at all area outlets

Laurel Designs
5 Laurel Ave., No. 2
Belvedere, CA 94920

Caradine of California
P.O. Box 22754
San Diego, CA 92122

For more information, write:

PRIDE Foundation
1159 Poquonnock Rd.
Groton, CT 06340

Arthritis Foundation
3400 Peachtree Rd., N.E.
Atlanta, GA 30326

Care-Sew-Much Designs
1920 Shelly Dr.
Fort Collins, CO 80526

Geri-Wear
P.O. Box 6596
South Bend, IN 46635

National Arts and Handicapped Information Service
Box 2040, Grand Central Station
New York, NY 10017

National Access Center
1419 27th St., N.W.
Washington, DC 20007

National Easter Seal Society
2023 W. Ogden Ave.
Chicago, IL 60612

Texas Tech University
Box 5217
Lubbock, TX 79417

Vocational Guidance and Rehabilitative Services
2239 E. 55th St.
Cleveland, OH 44103

strength, color fastness, shrinkage and pilling properties. This analysis will provide a correlation between garment wear and stress on the fabric. The results will help in providing guidelines for the strongest, most functional adaptive clothing design.

"Every client for whom we make clothes will have different needs," Dr. Callis says. Ten separate versions of one garment were made for the young woman from Austin State School; an entirely different design will be necessary for each subsequent subject.

"The research is a tremendous undertaking," continues Dr. Callis. "This study has given us a chance to test our methodology, work with the clients and create effective clothing designs."

Drs. Callis and Grasso are seeking funding for the larger research study.

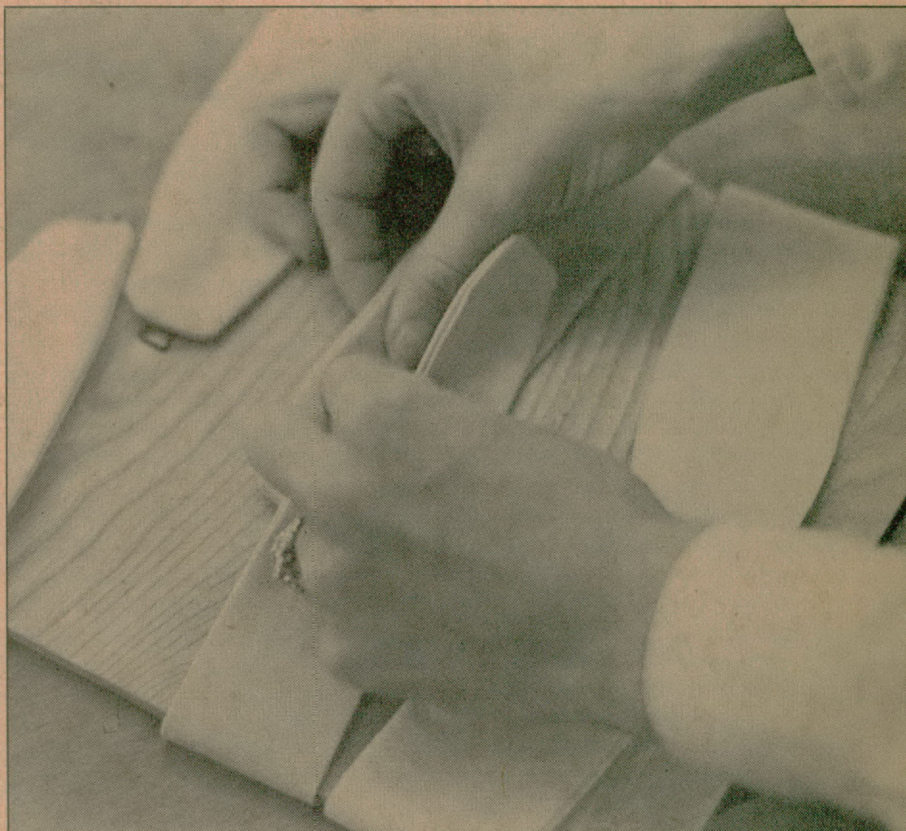
Final results of this study and subsequent research won't be available for a year. The researchers have seen trends in the evaluations, though. Dr. Callis says there is an improvement in the client's ability to use fasteners, such as buttons and hooks and eyes. The evaluation of the adaptive garments dressing skills program shows that the client is totally independent using the dresses made especially for her.

The researchers also report a distinct trend in her preference for the adaptive clothing. Except on cold days when she selects pants to wear, she always chooses one of her adaptive dresses.

"She loves her new clothes and doesn't take as long to put them on," says Betty Ussery, supervisor of Austin State School's Mockingbird unit where the client lives. "She always has been very slow at any task, but she makes more progress getting these clothes over her head."

Ussery worked with the client for almost 16 years as a direct care worker before becoming supervisor. "She is always interested in her appearance and loves to be dressed up. My staff and I feel that she is very satisfied with the dresses that were made for her."

Drs. Callis and Grasso believe that the development of independence starts on the most personal level and eventually spills over into other areas of the disabled person's life. In this day of advocacy toward a barrier-free society, clothing should be accessible too.■ *D.S.*



The researchers use teaching boards, prototypes of conventional fasteners, during the dressing skills program as aids to dexterity and eye-hand coordination.

Workshop reveals flexibility as a key to treatment of multihandicapped

Photo by Sherry L. Grona

Karen Green-McGowan, R.N., workshop leader, explains to participants the importance of wheelchairs tailored to individual needs.

Until the last decade, few medical experts knew how best to care for people with severe or profound mental retardation complicated by serious physical disabilities. Those with cerebral palsy, hydrocephalus or brain seizures, for example, often were confined to bed and received little human contact.

Karen Green-McGowan, R.N., a nationally recognized expert from Iowa on developmental programming and prosthetics for multihandicapped clients, in November 1983 presented a workshop entitled "Interdisciplinary Service Needs of Multihandicapped Individuals," sponsored in Austin by TDMHMR.

In a preworkshop session especially for department superintendents, directors, executive directors and business managers, Green-McGowan introduced physical therapy that has radically altered the lives of many multihandicapped individuals.

She pointed out that skeletal deformities such as scoliosis (curvature of the spine), rib cages enveloping hips, flattened chests, flexed joints and thumbs trapped in fingers result from inactivity during prolonged supine positioning.

Green-McGowan showed slides which revealed remarkable physical improvements in people with severe skeletal deformities. The physical therapy involved body movement and readjustment, more vertical postures and adaptive equipment such as standing boxes, side lie-ers and wheelchairs made of pliable plastics and rubber tailored specifically to individual needs.

Placing the disabled person's body in a vertical position enhances the possibilities of independent movement and activity and improves muscular and skeletal structure.

Vertical positioning helps with breathing and eating also. Many people who have spent lifetimes on their backs breathe shallowly from the top of their lungs. Consequently, their chests are flat and never achieve the normal barrel shape. Green-McGowan said that when such a person is moved into a position that permits easier breathing, the eyelids may flutter as though the person were newly awakened.

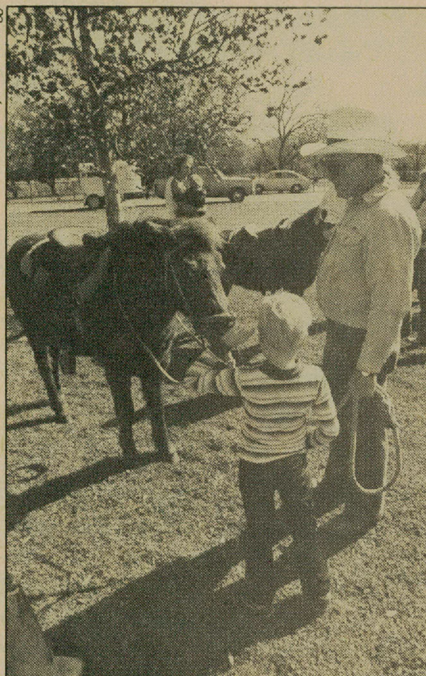
Each case is different though, and positioning that is detrimental to one person may be more comfortable for another. For example, a more horizontal position may make breathing easier for a person who has been seated vertically, depending on the disability. The key is flexibility; there are more exceptions than rules.

"The severely or profoundly retarded label merely indicates how little we know about these people," said Green-McGowan. She estimates that two-thirds of those thought to be severely or profoundly retarded could be taught to feed themselves instead of becoming passive recipients of services.

The multihandicapped population ideally requires 24-hour care by a limited number of caretakers. The fewer hands and more personal attention the better, said Green-McGowan, since physical handling usually is painful for these people.

For more information about Green-McGowan's work and the multihandicapped population, see *Impact*, Sept./Oct. 1983, "State-of-the-Art Workshops Aid Physicians, Therapists in Treating Medically Fragile Clients," by Bill Rago, Ph.D.■

Photo by Dana Scragg



MHMR clients earn money at Holiday Marketplace

Rides on ponies from Leander Rehabilitation Center (LRC) were one money-making attraction at the December 1983 Holiday Marketplace at Central Office, Austin. LRC director Calvin Evans (right), said the ponies' earnings went toward Christmas gifts for area MHMR clients. Holiday Marketplace is an annual opportunity for Central Texas MHMR clients personally to present their crafts and earn profits from the sale of these items, including ceramics, furniture, woodcrafts, ornaments, stuffed toys and nursery items.

Photos by Sherry L. Grona

Commissioner's Update

Gary E. Miller, M.D.

At his quarterly meeting with TDMHMR Central Office employees Nov. 22, 1983, Commissioner Gary E. Miller, M.D., spoke about current administrative news, key events and major issues relating to the department.

Dr. Miller said that at a recent meeting, Texas Board of MHMR members expressed confidence that the department is on a steady course and "is navigated by a staff of knowledgeable, articulate and effective individuals."

He stressed the need for goals, saying, "As long as you know where you are going, then your budget requests and administrative and organizational decisions will be consistent with that goal."

Dr. Miller outlined a set of concrete, specific goals by which the department strives to operate. The goals, he said, are written in a "language that we can key off of in developing our budget requests and legislative programs." The dollars requested must reflect where the department ideally should go.

The goals are: to serve high-risk populations, offer appropriate and quality services, emphasize prevention and containment (ensuring sufficient services in local areas), continue relevant research and provide effective administration.

A performance evaluation unit within standards and quality assurance is being developed to determine if the department is indeed achieving its goals. The three-person unit, headed by Bill Rago, Ph.D., will be responsible for converting the department goals into indicators. The indicators then will be applied to the tools which allow TDMHMR to control and regulate the system.

"The indicators can go into performance contracts, for example," Dr. Miller said. "They can be used to modify and make more specific the workload and performance measures that are part of the budget. They can go into performance funding formulas, the criteria by which dollars will be allocated. They can be used to refine and sharpen the approach our quality assurance teams take when they go into the field. This is another attempt to assure we stay on course."

Jaylon Fincannon, deputy commissioner for management and support (M&S), appointed a definitions task force, chaired by Sally Anderson, assistant deputy commissioner for M&S. Standard definitions for day programs, for example, are being sought so that comparable services are titled consistently and relative cost and budgeting can be determined accurately.

The budget process has been launched for legislative presentation for fiscal years 1986-1987. Proposed budget guidelines and instructions will be reviewed by a committee of representatives of facilities, community MHMR centers, and programs and advocacy groups outside the department. The child and adoles-

Dr. Miller named APA fellow

Commissioner Gary E. Miller, M.D., recently was elected to fellowship in the American Psychiatric Association (APA) by that group's board of trustees.

George Tarjan, M.D., president of APA, informed Dr. Miller of his election in a letter dated Dec. 16, 1983, saying, "This election reflects recognition by your peers of your special abilities, talents and contributions to our profession."

cent MH task force and the case management task force also will review the drafts and make recommendations regarding the budget requests.

Bill Rago, Ph.D., leads the new performance evaluation unit.

A budgetary process chart is being developed for presentation to the board. Included in the chart is a review of cross-approval which allows programs serving the same population, such as a hospital and a community center, to review each other's budgets.

James Adkins, executive deputy commissioner, mapped out for the board the procedures for bills to be presented to the legislature. Dr. Miller intends the development of bills to be a "participative process" involving Central Office, state facilities and community MHMR centers. Advocacy groups will be included also in "an attempt to get a common coalition on as many of these bills as possible."

The 1976 federally approved affirmative action plan was reviewed and a number of steps were taken by Dr. Miller and members of the staff to reemphasize the affirmative action hiring practices of the entire state MHMR system.

The steps include encouraging deputy commissioners to build entry level positions into their respective departments, offer continuing education opportunities, approve personally all new hires and promotions within their areas of responsibility and report monthly to Dr. Miller about job vacancies and relevant hiring and promotional practices. A summary report will be given quarterly to the board.

Finally, a task force has been developed to review and make recommendations regarding affirmative action throughout the system of state centers, hospitals and schools.

Standards and quality assurance personnel, headed by Sue Dillard, recently began to perform program reviews of the community MHMR centers. Dr. Miller called this a "major breakthrough," since the department never before has conducted programmatic, clinical service-type reviews of the centers. Those reviewed so far are Central Counties Center for MHMR Services, Temple; Wichita Falls Community MHMR Center; Lubbock Regional MHMR Center; and Northeast Texas MHMR Center, Texarkana.

Amarillo MHMR Regional Center and MHMR of Southeast Texas, Beaumont, were reported by Dr. Miller to be next in line for the standards and quality assurance review.

Gov. Mark White periodically makes unannounced visits to the state facilities and "was impressed by what he's seen," said Dr. Miller. Gov. White, his Texas Board of MHMR appointees and Dr. Miller had the opportunity to discuss agency programs as part of the Governor's review of state agencies.

Sally Anderson, assistant deputy commissioner for management and support, chairs the definitions task force.

In an attempt to eliminate outmoded reports and relate each function to its original purpose, management and information services (MIS) is conducting sunset hearings. Dr. Miller said that of the approximately 900 reports MIS generates, many may no longer be needed and, as of a certain date, will be cancelled. If the demand recurs, however, the reports can be reinstated.

In addressing TDMHMR's policy regarding polygraph examinations for employees, Dr. Miller emphasized that the primary concern is for the safety of clients and patients. (For more information on this subject, see "Legal Q&A," page 14.)

On Nov. 21, Dr. Miller, members of the board and Volunteer Services State Council officials went to the Texas House of Representatives for the Speaker's Day proceeds presentations to the community MHMR centers. In a ceremony, the Honorable Gib Lewis, Speaker of the House, divided the $27,287 contributed in his honor among the 31 community MHMR centers for volunteer service programs. ■

Dietert Center lauded for services

The Dietert Senior Citizens' Center, Kerrville, recently was awarded a Certificate of Significant Achievement from the American Psychiatric Association during its 35th Institute on Hospital and Community Psychiatry in Houston.

The Dietert Center, which operates under the auspices of Kerrville State Hospital, is among seven MH programs selected from 142 applicants cited for excellence in providing preventive, cost-effective services to the mentally impaired.

Since its opening in 1969, the program has helped elderly persons whose retirement and relocation require difficult physical or psychological adjustments that otherwise could result in premature institutionalization.

The center's 1,180 participants are involved directly in the program's growth and often assist the small staff and 400 community volunteers. The Dietert Senior Citizens' Center provides outreach services including information and referral, a telephone reassurance program, home visitation, a thrift shop and a clearinghouse desk for indigents. Recreational activities include golf, swimming, softball and bowling.

A nutritional program delivers meals to 50 homebound persons and serves hot meals to 110 people at the center five days a week. Occasional health screening is also part of the award-winning center's program. ■

the Image of TDMHMR

Newsmakers

●**R. Coke Mills**, Waco, was named chair of the Texas Board of MHMR by Gov. Mark White, effective Sept. 26, 1983. Mills, who joined the board in July 1983, succeeds L. Gray Beck, San Angelo, who served as chair since March 22, 1979.

●The appointment of **Jimmie R. Clemons, M.D.**, as deputy commissioner for MH services, was approved by the Texas Board of MHMR Sept. 30, 1983.

A psychiatrist, Dr. Clemons was superintendent of Terrell State Hospital (TSH) for two years before returning to the position of deputy commissioner, which he held from 1978 to 1981. Before that, he was unit chief and later clinical director of TSH. Dr. Clemons was acting director of Austin-Travis County MHMR Center in 1968 and was in private practice in Richardson and Austin.

He received his medical degree from the University of Texas Medical Branch at Galveston and completed his undergraduate work at Arlington State Junior College and the University of Texas at Austin.

Commissioner Gary E. Miller, M.D., expressed the department's gratitude to Harold K. Dudley Jr. for his service as acting deputy commissioner for MH services.

Don Gilbert, assistant superintendent, was designated acting superintendent of TSH.

●The Texas Board of MHMR approved the appointment of **Bill Waddill** as superintendent of **Abilene State School** Dec. 1, 1983.

For the previous seven years, Waddill was assistant superintendent of Denton State School. Before that, he served as director of special programs for nine years at Abilene State School.

He is co-chair of a task force to resolve problems shared by TDMHMR and the Texas Education Agency in providing educational services.

●**John Vernon White, M.D.**, was appointed superintendent of **Rusk State Hospital** Jan. 19, 1984, effective immediately.

Dr. White was most recently staff psychiatrist at the hospital. He served as clinical director and assistant superintendent from 1975 to 1977.

As the new superintendent, Dr. White succeeds Robert S. Glen, M.D., who resigned in Dec. 1983.

●**Tom Deliganis, Ph.D.**, officially was appointed superintendent of **San Antonio State School** Sept. 1, 1983, when that facility became an independent entity. As assistant superintendent of the combined San Antonio State Hospital and San Antonio State School, he has led the school since it opened in 1978. Robert M. Inglis, M.D., continues as superintendent of San Antonio State Hospital.

●**Charles Locklin** was reappointed director of **Waco Center for Youth** by the Texas Board of MHMR at its Sept. 30, 1983 meeting.

●The Texas Board of MHMR approved the appointment of **Delores Rodriguez** as director of **Laredo State Center** (LSC) in its January meeting.

Rodriguez has worked with LSC and its forerunner, Laredo Community MHMR Center, since 1972, serving first as nursing supervisor, then as staff development coordinator and most recently as director of nursing.

Eduardo Hinojosa, director of the Foster Grandparents Program at Corpus Christi State School, served as interim director of LSC after Manuel Ramos resigned in August 1983.

●**Ronald C. Cookston, Ed.D.**, is the new executive director of **Sabine Valley Regional MHMR Center**, Longview. Dr. Cookston, who has approximately 15 years of management experience in the MHMR field, succeeds Frances Willis, founding executive director, who served for 13 years as the center administrator.

●**Richard Smith, Ed.D.**, assistant deputy commissioner for MR services, was appointed by Commissioner Gary E. Miller, M.D., to the Early Childhood Intervention (ECI) Council in September 1983. The policy-making interagency group approves grant applications for ECI funding and manages and administers the $7 million program.

●**Callie Meyer** became the new director of systemwide staff development Dec. 1, 1983.

Before joining training and staff resources at Central Office, Meyer was training manager in the data services division of the State Comptroller of Public Accounts. She received her bachelor's degree in education from the University of Texas at Austin.

●**William R. Montalvo** was appointed director of TDMHMR's internal audits unit, effective Jan. 1, 1984.

Montalvo comes to TDMHMR from the Texas Department of Human Resources, where he was auditor general for more than three years. From 1975 to

1977, he worked with TDMHMR on assignment from Public Health Services of what was then the U.S. Department of Health, Education, and Welfare.

James Adkins, executive deputy commissioner, commended Daryl Dorcy for serving as acting director of internal audits in the interim.

●**Helen Austin**, chief of social services at **San Antonio State Hospital** (SASH) and in 1965 the first black professional hired at SASH, was selected as 1983 State Social Worker of the Year by the Texas chapter of the National Association of Social Workers (NASW). Earlier in 1983, she was honored as San Antonio's Social Worker of the Year by the San Antonio chapter of NASW.

Austin is a board member of Bexar County MHMR Center, Greater San Antonio Mental Health Association and Wesley Community Center. She also is a member of a Hogg Foundation advisory committee and the Academy of Certified Social Workers.

●**Felicia Chuang**, librarian of the **Texas Research Institute of Mental Sciences**, was elected 1984 president of the Association of Mental Health Librarians, an affiliate of the American Psychiatric Association. The national interdisciplinary association welcomes social workers and psychiatrists as well as mental health librarians.

●**Gunnar Dybwad, LL.D.**, internationally renowned specialist in mental retardation, spoke informally before the MR services staff at Central Office in October 1983. He discussed his experience with institutions both in the United States and abroad.

Dr. Dybwad is professor emeritus of human development at Florence Heller Graduate School for Advanced Studies in Special Welfare, Brandeis University; adjunct professor of special education and senior staff member of the Center of Human Policy, Syracuse University; and past president of the International League of Societies for Mentally Handicapped.

●**Jim Moore**, TDMHMR director of food and nutrition, Central Office, was appointed by Gov. Mark White to the State Board of Examiners of Dietitians.

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Conference Calendar

Feb. 15-17
Current Issues in the Treatment of Alcoholism
8th annual alcoholism conference
Held in El Paso
Contact: Vicki Hollander
Office of Continuing Medical Education
or
Rudy Arredondo, Ed.D.
Department of Psychiatry
Texas Tech University Health Sciences Center
Lubbock, TX 79430
(806) 743-2929 or 743-2804

Feb. 25-29
Public Health in the 1990s: Chance or Choice
59th annual Texas Public Health Association convention
Held in Austin
Contact: Kathleen McQuerry-George
4000 Medical Pkwy., Suite 206
Austin, TX 78756
(512) 451-1846

March 16-17
Attention Deficit and Learning Disorders: New Research and its Clinical Applications
Held in Houston
Contact: Lila K. Lerner
Office of CME, Baylor College of Medicine
Texas Medical Center
Houston, TX 77030
(713) 799-6020

Around the state

- Two more community MHMR centers recently were accredited by the Joint Commission on Accreditation of Hospitals (JCAH). They are **Nueces County MHMR Community Center,** Corpus Christi, and **Bexar County MHMR Center,** San Antonio. The distinction signifies that the centers meet comprehensive community MH standards designed to enhance quality of care and show evidence of a center's accountability.

  Other Texas community MHMR centers which earlier earned JCAH accreditation are MHMR of Southeast Texas, Beaumont, and Deep East Texas Regional MHMR Services, Lufkin.

- **Leon Evans,** executive director of **Tri-County MHMR Services,** Conroe, the newest Texas community MHMR center, reports that construction is under way on a MH residential unit for 12 scheduled to open in March. The center now offers MH outpatient services and screening and referral, and it works with courts on civil commitments.

  A certified diagnostic and evaluation team is now on duty as part of the MR services staff, which cooperates with Brenham State School and Beaumont State Center to serve persons with mental retardation.

  Chair of the board is **Jim Putman.** Center personnel can be contacted by writing P.O. Box 3067, Conroe, TX 77305, or by calling 409-539-7868.

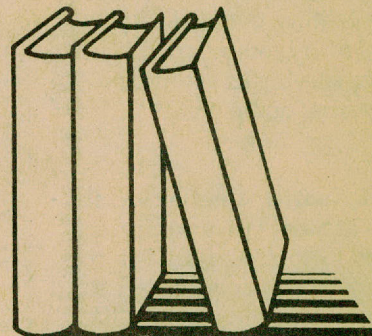
- The **Genetics Screening and Counseling Service** (GSCS), Denton, joined the **Texas Research Institute of Mental Sciences** (TRIMS), Houston, as of Sept. 1, 1983, after the legislature directed the service's $2.3 million budget transferred to TRIMS.

  GSCS began at Denton State School in the early 1970s as a pilot project to determine the need for genetic diagnosis and counseling in Texas. It now has 16 outreach clinics and plans for yet another. **James E. Snowden** is the GSCS executive director.

Resources

- The National Committee for Prevention of Child Abuse completed a 3½ year evaluation of 11 prevention of child abuse strategies around the United States. For information on ordering the final report, contact The National Committee for Prevention of Child Abuse, 332 S. Michigan Ave., Suite 1250, Chicago, IL 60604.

- The Sibling Information Network shares information about research, programs and resources relevant to siblings of handicapped people. The $5 annual membership fee includes a newsletter delivered five times a year. For membership information, contact T. Hennessey Powell, Sibling Information Network Newsletter, Dept. of Educational Psychology, Box U-64, University of Connecticut, Storrs, CT 06268.



- *Friendship Throughout Life,* a Public Affairs pamphlet by Janet Lee Barkas, examines the changing role of friendship throughout life and its effect on longevity, mental and physical health, self-esteem and intellectual development. The 28-page booklet is available from the nonprofit Public Affairs Committee, 381 Park Avenue S., New York, NY 10016.

IMPACT

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