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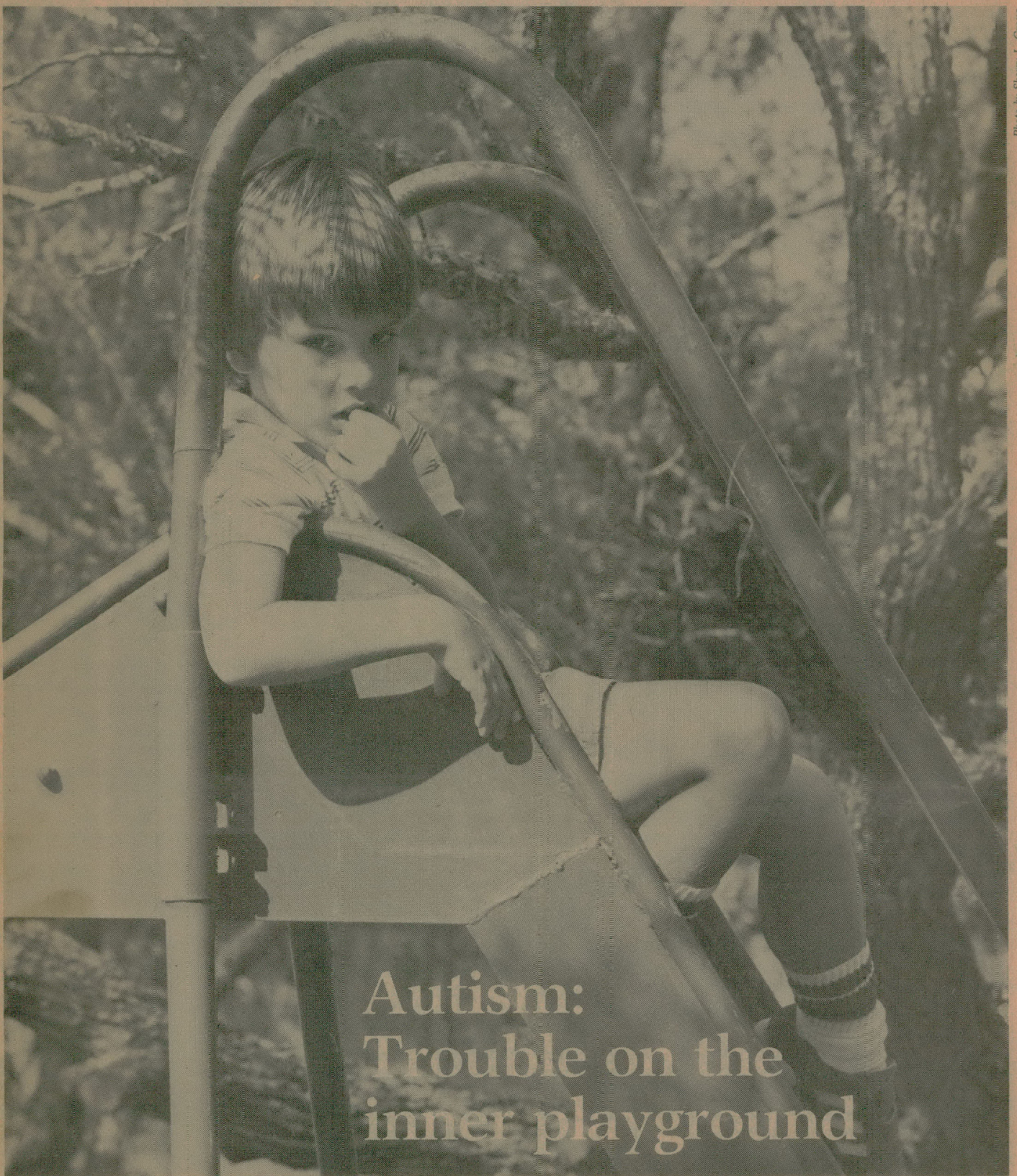


Photo by Sherry L. Grona

Autism:
Trouble on the
inner playground

Austin-Travis County MHMR Center

First they listened to the problems of parents with autistic children. Then they designed a treatment program to strengthen the all-important family bond.

By Bill Rago, Ph.D.

A handsome young child sits alone in the corner of his room seeming to ignore his parents while spinning the wheels of a wagon around and around.

When his parents approach him, the child acts as if they are not there. He says nothing to them and doesn't even look their way. He continues to spin the wheels, oblivious to the presence of his parents.

Once he is picked up, the child doesn't relax but remains rigid as if being hugged is uncomfortable, even unnatural, to him.

Not understanding the reason for such bizarre behavior, the parents may at first think their child is deaf. An examination, however, may show that the reason for such odd behavior is not deafness but autism, a severe, potentially lifelong disability that begins at birth and is capable of greatly disrupting the normal course of mental development.

Autism has mystified parents and professionals since it first was diagnosed by Leo Kanner, M.D., in 1943. According to experts, the essential features of autism are a lack of responsiveness to other people, termed "autistic aloneness," and major impairments in communication skills, such as the absence of language or the presence of echolalic speech, the inappropriate repetition of a word or phrase most recently heard.

Adding to the bizarreness of autism is the tendency for these children to avoid eye contact while appearing to stare through a person. This phenomenon has led some to refer to autistic individuals as "those children with faraway eyes."

Part of the mystique of autism comes from the inability to find its cause. While autism is relatively rare, with two to four cases per 10,000 births, the fact that it occurs three out of four times in males has focused the search for its cause into biological areas.

This new direction in the search for the etiology of autism marks a distinct break with past efforts. For example, Dr. Kanner observed that the parents of autistic children were intellectual, aloof and cold in interactions with their children. It was believed, then, that the dispassionate actions of these "refrigerator parents" caused



Photo by Sherry L. Grona

Paul Nguyen, left, and Chris Cannon, on the cover, spend weekday afternoons outdoors as part of the Austin-Travis County MHMR Center autism program.

children to avoid human contact, producing the symptoms of autism.

As research into autism grows more sophisticated, the "refrigerator parent" theory has given way to a number of more appropriate theories.

Regardless of the cause, the practical reality of autism is the need for these individuals to live within society. And because parents are the primary care givers, the emphasis has been shifted from blaming them to helping them cope with their autistic child.

The problem that autism presents to society calls for a twofold solution. First, cooperative agreements in the best interest of the client must be developed between state agencies. Second, the purpose of these agreements must be to provide strategies and services that allow people with autism to participate in society as fully as possible.

The problem that autism presents to the family is the thesis upon which these solutions should hinge.

An autism program at Austin-Travis County MHMR Center (ATCMHMRC) tailors its services to meet family need as well as client need. The program is a cooperative effort between state agencies and is an attempt to integrate the autistic person into society.

Project director Mildred Vuris initiated the program with a series of parent meetings aimed at identifying the needs of families with members who have autism. Only after these meetings was a program of services developed.

In 1981, TDMHMR and the Texas Education Agency funded five autism programs, which since have grown to seven. As one of the originals, the ATCMHMRC program is exemplary in its focus on services for the individual within the context of family life.

The ATCMHMRC autism program is a creative blend of services designed to foster client growth and family integrity. The summer program provides parents a much-needed respite from the stresses of keeping their autistic child at home for the entire summer. In many families, parents and children are able to enjoy a normal summer for the first time.

The three-month summer program was initiated in

June 1981. From 8:30 a.m. until noon, 12 clients work on a series of activities ranging from behavioral control to communication skills.

The afternoon segment of the summer program is directed by the City of Austin Parks and Recreation Department, which contracts with ATCMHMRC to provide outdoor activities.

A seven-hour Saturday program designed for clients' individual needs offers additional relief to families of autistic people.

At the onset of the school year, working parents become concerned about the availability of after-school services for their children. As a solution, the center runs a program from 2:30 until 5 p.m. The same people staff all program components, including the after-school sessions, thus providing the continuity so important in working with autistic people.

In addition to the summer, Saturday and after-school programs, the ATCMHMRC autism program offers in-home respite services, which allow parents an occasional evening out.

It is well-documented that the presence of a handicapped child creates stress within the family. The stress may be so great as to disrupt normal family activities and jeopardize the relationship between parents.

The provision of respite services sometimes is not sufficient to maintain family integrity. Recognizing this, the ATCMHMRC autism program staff, under the direction of unit manager Paige Fuller, devised a number of support services to help parents cope with the everyday difficulties of raising an autistic child.

Classes for parents conducted in their own home teach them skills that work in the classroom with autistic children. Through this training, parents can create a structured environment at home consistent with their child's daytime program at the center.

Counseling sessions for parents assist in solving problems and developing strategies to deal with crises as they arise. Potluck suppers bring families and staff together, thus providing a natural support group for families to share problems and see how others in similar situations cope.

ATCMHMRC autism program respite services, paired with the support services, help families with autistic children realize that they are not alone and that there are people who can help. ■

Bill Rago, Ph.D., director of TDMHMR performance evaluation, is a member of the department's autism task force and has evaluated the five original demonstration autism projects.

Gentle Teaching

People with autism who have serious behavior problems such as self-abuse present a challenge to care givers and teachers. Reward-and-punishment teaching that works in the general population often fails with those who have autism. Sometimes their maladaptive behavior, rather than decreasing, actually grows worse.

That's where gentle teaching comes in. It is a way to eliminate undesirable behavior and encourage positive growth in people with autism. It is also applicable to people with mental retardation.

Through gentleness, rather than aversiveness, the care giver can create a relationship between himself and the client. To develop this bond, the care giver redirects maladaptive behavior to useful tasks and demonstrates affection for and solidarity with the mentally disabled person. This teaching method completely avoids punishment.

The care giver practicing gentle teaching focuses first on bonding and second on teaching the value of reward. Frequently-occurring maladaptive behavior gradually is eliminated and replaced by more desirable behavior.

People with autism tend to be very protective of their inner world and do not like others to intrude. Behavior problems, such as hitting or biting, allow them to distance themselves from care givers and discourage close human contact. Problem behavior is reinforced when autistic people are punished or left alone because of their negative behavior. Aggression and self-abuse become ways of controlling the outside world.

Many care givers do not recognize this motivation and assume that a bond between themselves and the autistic person will never form. However, bonding must be taught to this special population along with the idea that reward is good.

After the bond is established, the care giver can begin systematically teaching the positive value of reward. The teacher can use an adaptive or cognitive task, such as assembling a puzzle, as a vehicle to teach the consequence of successful learning—verbal praise and touching.

To teach the value of reward, a comfortable environment that provides opportunities to learn new skills and maintain current skills is desirable. Tasks should be concrete and structured and learning skills sequenced to reduce the likelihood of the student making mistakes.

In gentle teaching, the teacher at first closely assists the student, then gradually decreases assistance and reward so that the student receives sufficient reward by staying with the task.

Nonverbal communication, such as gestures and signs, largely replaces verbal instruction to increase the power of verbal reward.

The care giver gently intervenes only when necessary to protect himself, the person with autism or others. Finally, the care giver "fades" his presence and supervision to enable the student to develop independent self-control. ■

This article was adapted from a paper by John J. McGee, Ph.D., associate professor of medical psychology, University of Nebraska Medical Center, Omaha. Dr. McGee recently addressed the 1984 International Conference of the Americas, sponsored by the National Society for Children and Adults with Autism, held in San Antonio.

Guardianship

"What will happen to my child when I'm gone?"

Many parents, deeply concerned, ask themselves this question about the future welfare of their child with mental retardation.

There are no easy answers. Much depends on the parents' resources and the severity of the mentally retarded person's disability. One possible solution is guardianship, a choice among what might appear to be many complicated legal alternatives.

Guardianship is a legal device for protecting the rights and interests of someone who alone cannot manage personal or financial affairs. The concept of guardianship is rooted in both Roman civil law and English common law. Through the centuries, people have been aware that some persons, due to their mental disability, cannot attend to their own self-interest or exercise their legal rights.

Most disabled minors do not need guardianship because parents are natural guardians over their children's personal affairs. Once a disabled person turns age 18, however, parents no longer are natural guardians. Unless they are appointed by a judge, parents do not have the legal authority to make decisions for disabled adults. Not until the person with mental retardation turns age 18, then, does the issue of guardianship usually arise.

Families and concerned professionals are advised to consider guardianship thoughtfully, says Edward R. Skarnulis, Ph.D., TDMHMR deputy commissioner for mental retardation services. While guardianship may protect a mentally retarded person's rights and belongings, it also can abridge the rights of that person.

"It is a mistake to refer to people with mental retardation as a homogeneous, easily definable class," Dr. Skarnulis says. Something necessary for one person's welfare may not be appropriate for another's, he says. Laws require that guardianship be considered on an individual basis and recommend tailoring it to individual needs.

However, the judicial system is subject to the same generalizations about people with mental retardation as are the rest of us, says Dr. Skarnulis. Many people fail to discriminate between levels of ability, family involvement, related disabilities and a host of other variables impinging on guardianship, he says.

The ambivalence about guardianship is illustrated by advocacy groups for people with mental retardation. "Advocacy Inc. takes the position that guardianship is the last resort, and careful weight should be given to it," says Advocacy Inc. staff attorney Deborah Hiser.

Parent Association for the Retarded of Texas (PART), in contrast, urges members to obtain full guardianship of children with mental retardation when they reach age 18. Meanwhile, the Association for Retarded Citizens of Texas (ARC-Texas) is attempting to create a guardianship program of its own.

Advocacy Inc., affiliated with the State Bar of Texas, advocates for legal rights of developmentally disabled Texans. Its pamphlet, "Guardianship for Disabled Texans," describes full, limited and temporary guardianship and their legal implications.

Full, or plenary, guardianship may cover all of an in-

dividual's personal affairs (guardianship of the person) or all financial affairs (guardianship of the estate). Full guardianship also can cover all personal and financial affairs (guardianship of the person and the estate).

Limited guardianship may cover some of the individual's personal affairs or financial affairs, or some of both.

A temporary guardian may be appointed by a judge when the person needs an immediate personal representative with only the limited powers that circumstances require, such as approving surgery for a nonverbal mentally retarded woman who cannot understand the consequences of the procedures.

Legal alternatives to guardianship for a person with mental retardation also are discussed in the pamphlet.

A retail merchant who is reluctant to sign a contract with a disabled adult may be willing to sign a multi-party contract, for example. A third person then would act as insurer or guarantor of payment.

A mentally retarded person unable to manage earnings from her artworks, for example, could give this authority to someone else through power of attorney. However, to grant power of attorney, which is limited to designated concerns, a disabled adult must be deemed competent.

For guidance in spending money, a mentally retarded adult could have a checking account that has a ceiling or requires a cosigner to validate checks. A representative payee could receive and spend Supplemental Security Income (SSI) benefits for support of a disabled person who cannot manage the funds independently.

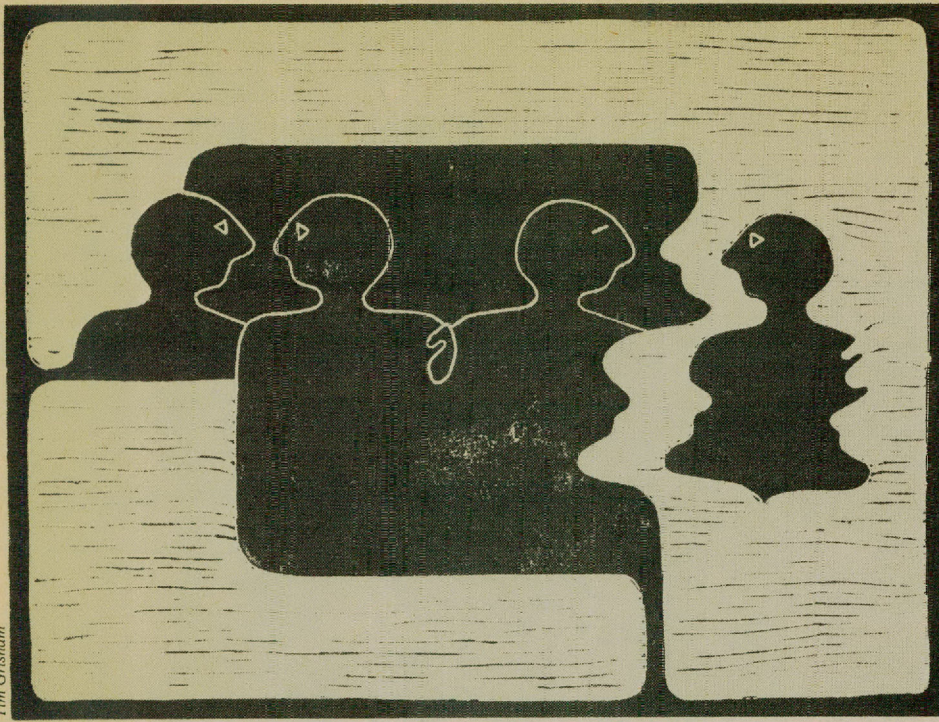
Other legal alternatives to guardianship are available. Because state law determines who gets a person's money and property upon death if there is no will, parents of mentally retarded children should make a will, according to the Advocacy Inc. pamphlet. When planning an estate, parents are advised to make provisions in such a way that the child's entitlement to government benefits, such as SSI, is not denied.

One way to do this is to create a trust for the mentally retarded child's benefit. Trusts are less costly and easier to administer than guardianships. Under the Mentally Retarded Persons Act, the first \$50,000 in such a trust cannot be taken by the state for support of the mentally retarded person at a state school.

The success of a trust depends upon the trustee. In most situations, it is desirable to have the trust managed by both a corporate trustee such as a bank and someone who knows and cares about the mentally retarded person. The trustee, however, has no legal power to make decisions for the mentally retarded person.

"Many people who are mentally retarded make their own decisions, and others can make decisions with help," says Hiser of Advocacy Inc. "Guardianship can divest people of civil rights, such as the right to vote and to contract services. Once full guardianship of a person has been granted, it is difficult for the disabled person to regain those rights," she says.

According to the United Nations' Declaration on the Rights of Mentally Retarded Persons of 1971, "The mentally retarded person has, to the maximum degree of feasibility,



Tim Criskam

the same rights as other human beings." It also states, "The mentally retarded person has a right to a qualified guardian when this is required to protect his personal well-being and interests."

While advocacy groups are concerned about the rights of mentally retarded persons, they also recognize that a person over age 18 with profound mental retardation and severe related physical or behavioral disabilities probably will require some sort of guardianship. If so, many recommend review processes and safeguards to ensure that the guardian acts in the ward's best interests.

An appropriate guardian is a trusting and caring person who has the charge's best interests in mind. Possible candidates, should the parents die, are siblings, friends, legal advisers and bankers. A guardian may be a volunteer, corporate, public, professional or court-appointed advocate for the person with mental retardation. The guardian, of course, may be the parent.

Ideally, guardianship should be tailored to the needs of the individual, contend ARC-Texas and Advocacy Inc. In deciding powers of a guardian, aspects of the mentally retarded person's life should be evaluated, say Tony Apolloni, Ph.D., and Thomas Cooke, Ph.D., in their book *A New Look at Guardianship*. These aspects include living arrangements, social activities, work, training, legal action, health care and personal routines.

PART insists that "the government or the system recognize the presumption that parents are the best judge of the manner of care for their child, and acknowledge parents' right to protect their child," says PART president Rix Rutland, an attorney.

PART was organized in 1974 to provide parents of retarded children in state schools a strong voice in decisions affecting their children. Their nearly 3,000 members are parents, guardians and relatives of current, former or potential residents of TDMHMR state schools and state centers.

PART members are devoted to their children and believe that guardianship law hinders their assumption of the natural role of guardians of their mentally retarded

children, Rutland says. However, the parents do yield to the requirement for a court certificate to exercise properly their rights over their child, he says.

Of the 435,000 Texans with mental retardation, only 2 percent live in institutions. Many others live successfully in communities and are capable of making independent choices, ARC-Texas and Advocacy Inc. note. These groups view limited guardianship as an option that provides security and support, yet doesn't curtail personal rights that could be denied with full guardianship.

ARC-Texas is planning a guardianship program of its own scheduled to begin Jan. 1, 1985. The group has wanted to develop its own limited guardianship program since limited guardianship proceedings were added to the Texas Probate Code in 1977, says ARC-Texas assistant executive director Mike Bright. The acts calls for limited guardianship "designed to encourage development of maximum self-reliance and independence in the individual."

The program will provide planning services to families, including assistance with wills and insurance and instruction in estate planning. ARC-Texas also will sponsor planning seminars across the state and one-to-one counseling for parents with experts to explain sample legal documents.

A corporate guardianship will be available for some mentally retarded people who are in critical need of guardianship services and have no alternatives. The corporate guardianship will include a small number of wards since ARC-Texas intends to stay within organization resources.

"Even with the best laws and programs, few people have the technical expertise to deal with guardianship," Bright says. ARC-Texas members believe that guardianship should be tailored to individual needs. "Before passage of the limited guardianship bill, guardianship was pretty much all or nothing," he says.

More considerations about guardianship and rights of mentally retarded people are being built into Texas law. A recent amendment to the Texas Probate Code, effective Sept. 1, 1983, states that a limited guardian may not be appointed for the purpose of admitting a person with mental retardation to a TDMHMR facility.

Parents concerned about who will protect and support their mentally retarded child when they themselves no longer are able have personal, legal, financial and practical issues to consider.

Are parents' interests and the interests of their sons and daughters, mentally retarded or not, always synonymous? asks Dr. Skarnulis. As our understanding of mental retardation increases and our ability to provide services gains sophistication, can guardianship arrangements originally established be adapted to meet the changing needs of children and adults with mental retardation?

These are open-ended questions whose answers can be made clearer with legal counsel and assistance from appropriate advocacy groups. ■
J.G.

THREE SPECIAL OLYMPIANS

People with mental retardation often face frustration and less than a sporting chance in endeavors at home, school and work. Texas Special Olympics (TSO) is a chance for honor in doing something well. It also recognizes the athletes' ability to succeed if they keep trying.

In the Texas Special Olympics, people with mental retardation strengthen body and spirit. Year-round training helps them gain self-confidence and learn to try a little harder.

Through local training sessions, area meets and state competitions, Special Olympians make friends and develop close relationships with their coaches. They also grow to feel good about themselves and what they can do. Physical fitness brings an added bonus: a sense of well-being that permeates their lives.

At the State Games track and field events held every May in Austin, winners are awarded medals, and others receive participation ribbons. Everyone receives hugs and warm praises.

Four thousand Special Olympians came from all over Texas to the 17th annual State Games held in Austin at the University of Texas Memorial Stadium May 23-25. Participants were selected from more than 22,000 Texas Special Olympians by coordinators, committees and local coaches in 22 areas. State Games participants must be at least ten years old, must have a medical report on file at TSO state headquarters and must have attended an area meet.

Those selected have a chance to trade months of athletic discipline for medal-winning triumphs. In workouts with coaches, Special Olympians' muscles develop, as their round bodies become sleek and their limbs swift and graceful.

In the stadium, some runners sweep by with long, rhythmic, almost effortless strides. Others are less sure, their faces marked by

Photo by Jeanette Green



Ruben Barajas (second from left), along with his teammates, won the 200-meter shuttle relay. The other gold medalists are (left to right) Robert Alexander, Kevin Koehn, Pedro Zambrano and Jaime Casco.

determination. But all of them are resilient. Their grins are ready whether they win or not, because they know they tried their best.

Often, Special Olympians save money from their earnings at sheltered workshops and other jobs to pay their own way to State Games. They come to compete from state schools, state centers, community MHMR centers, independent school districts and other sponsoring agencies.

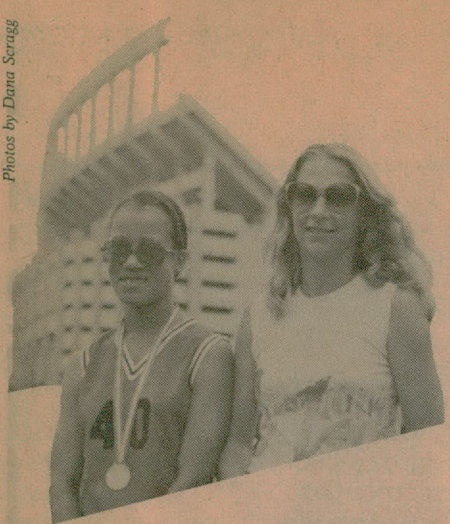
Following are sketches of three Special Olympians, selected not necessarily for their merit, but for the effort that is characteristic of all competitors. The athletes' steps on the game field will lead inevitably to strides in their daily lives.

Ruben Barajas, 25, was born legally blind with mild mental retardation. Although he participated in TSO in high school, his enthusiasm for athletics wasn't fired until he began training in a sheltered workshop two years ago. He once was shy and diffident. Now he's outgoing and

assertive and has many friends among the Special Olympic ranks. He has also firmed up and lost ten pounds from his husky, five-foot frame.

Barajas practices running and other skills with coworkers during work breaks at Sheltered Workshop Industries in Brownsville, which is under the auspices of Tropical Texas Center for MHMR, Edinburg. TSO coach Connie Cisneros and assistant coach Benita Sanchez, both counselors at the sheltered workshop, train eligible clients for Special Olympics competition. The fact that Cisneros grew up in the same neighborhood with Barajas has strengthened their athlete-coach relationship.

His coaches helped Barajas guide his running into a single lane. Because he has only peripheral vision, he had difficulty following lines on the pavement and running straight. In the shuttle relay, coaches assigned Barajas the role of anchor, the last runner to receive the team baton and race for the finish line. As anchor, he doesn't lose time in trying



Cheryl Bates (left) won three medals in the competitions at University of Texas Memorial Stadium in Austin. Sonja Pruett, her friend and coach, cheered her on.

wraps plants for delivery. He spends his money on special treats like strawberry malts for himself and his brother Raul, an occasional jogging partner.

During leisure hours, Barajas enjoys dancing and listening to country and western music on his radio. He's a pretty good singer, friends report. Fellow campers at Leander Rehabilitation Center can attest to this. They heard him singing in the shower.

Special Olympian Cheryl Bates runs an eight-minute mile. This 26-year-old woman with mild mental retardation and epilepsy has enjoyed sports for years. She didn't gain the opportunity to develop her athletic

The temperature was as high as hopes at this year's State Games. After sprinting 100 meters, Michael Henderson cools off with water and waits for the awards.



abilities, however, until she came to Mexia State School (MSS) in 1981.

Sonja Pruett, TSO coach and MSS physical education teacher, began working with Bates two years ago when she still needed help in coordinating her movements. Bates has always liked basketball but was so excitable that she often fell when crossing the court. "Now she's a pretty good player," Pruett says.

Bates likes fast-action sports such as volleyball and kickball and has found a natural ally in Pruett. Pruett encourages Bates to stay with a task until she excels. "Cheryl is always ready for new challenges," she says.

At 8:30 a.m., Bates runs her first mile. After classes in arts and crafts, she runs an additional mile with Pruett. She coaxed Bates's athletic abilities into bloom and, in turn, Bates has inspired her. Pruett upped her more comfortable nine-minute mile to match this Special Olympian's eight minutes.

In a bright red uniform, Bates participated in TSO State Games, entering the softball throw, soccer skills, 440-relay and mile-run competitions. She won two second-place medals, one for the 440 relay and another for the mile run. She also won a third-place medal in soccer skills. As she does with all her prizes, Bates sent these hard-won medals to her mother for safekeeping.

Bates works weekday afternoons cleaning tables in the MSS canteen. Because she's so competent and amiable, she is often mistaken for a staff person. In the evening she takes

Key ID

Identification wristbands worn by 4,000 Special Olympians at the State Games speak for themselves, which is crucial when the athlete cannot.

A computer printout encased in plastic, the wristband is a composite of information about the athlete and serves as a pass for the victory dance and prepaid housing and meals, says Pam Shelton, TSO administrative assistant.

The first line of the printout is the athlete's identification number and name. The second line includes the athlete's head coach's identification number and the athlete's sex, age group and need for medication. It also notes whether room and board are paid. The third line lists events the athlete has entered.

In a month-long process, TSO staff enter data on terminals connected to Management Information Systems (MIS) in TDMHMR Central Office. TSO contracts with TDMHMR for computer time. The edited data appears on cards that are cut into strips and inserted in the plastic wristbands by TSO staff, says Susan Madden, MIS computer programmer and liaison to TSO.

Wristbands are also produced for the 1,500 coaches and chaperones who attend the State Games. ■



THREE SPECIAL OLYMPIANS

cooking classes.

Her hobbies include covering coat hangers with colorful yarns, which she sells for 50 cents each. She also enjoys making necklaces, pin-cushions and pillows.

The youngest of four children, Bates also inspired her sister Linda Price, who now teaches special education in Arlington.

Sports are a special passion for Michael Henderson, 28, who has Down syndrome. He likes watching all kinds of ball games on television, but football is his favorite. He's a staunch fan of the Dallas Cowboys and cheerleaders.

Just mention them and you'll see a smile that seems to multiply itself in wrinkly grins across his face. He has a collection of Cowboys memorabilia and often wears a cap, T-shirt or pin bearing the blue-star insignia. A

few years ago, El Paso State Center (EPSC) staff arranged for him to attend a Dallas game. He still treasures the memory.

At EPSC, he lives in a residential cottage with 13 others his age who have mental retardation. Since the state center practices the philosophy of normalization, Henderson enjoys many community outings with cottage mates. They have picnics in the park, go to movies and enjoy jaunts for burgers. They also cheer high school football and basketball teams at Friday games all season.

Henderson works weekday mornings in the state center laundry, acquiring vocational skills and earning a percentage of minimum wage that reflects his efforts. With money in his pocket, he likes shopping downtown.

Staff say Henderson is a good dancer. He favors disco, pop music and breakdancing, he says, and en-

joys going to a local disco that reserves one night a month for state center residents.

The oldest of four children, Henderson may have gained athletic zeal from his mother, who teaches physical education at an El Paso elementary school.

Henderson has been active in TSO since he came to the state center. His contribution to EPSC's softball team, Kool Aids Kids, helped them win the TSO state championship in 1983. At State Games in May, he participated in the 100-meter run, Frisbee throw and standing long jump. He won participation ribbons and lots of hugs.

TSO coach Jesse Herrera and assistant coach Ana Camacho enjoy working with Henderson at the state center. Camacho says he's easy to coach. "He looks forward to practice," she says. "All we have to say is 'try harder' and he'll do it." ■ J.G.

wellness \ 'wel-nəs \ n

Wellness is an approach to living. It involves taking control of your life, being in charge of your body. To accomplish this, one becomes aware of nutrition, physical fitness, environmental factors and mental health. A person living a wellness life-style rises far above the level of not being sick.

Increasing interest in wellness in the human resources field prompted Joan Harman, director of TDMHMR training and staff resources, to schedule the subject on the annual training program for personnel directors and staff development coordinators May 21-23 in Austin.

Donald Ardell, Ph.D., expert and author on wellness and director of the health promotion department of Mount Diablo Medical Center, Concord, Calif., was invited to describe the role of personnel and staff development in presenting to employees wellness options that can raise morale, reduce absenteeism and turnover and generally improve job performance.

"Wellness is a slow starter as employee programs go," explains Jim Harris, director of TDMHMR personnel. "Many in the personnel field have ignored it in favor of employee assistance programs." (Employee assistance programs are discussed in *Impact*, Jan./Feb. 1984.)

Recent Texas wellness programs, such as the one in the

Dallas Independent School District, have changed employers' minds because the programs take more than a Band-Aid approach to high insurance costs, absenteeism and safety.

"Today's prevalent diseases, such as heart disease, emphysema, obesity and arterial sclerosis, actually are chosen by Americans along with their life-styles," says Gail Crawford, TDMHMR medical services nursing consultant.

"These diseases are the result of smoking, poor nutrition and lack of exercise, in contrast to such diseases as polio, smallpox and tuberculosis of which people were passive victims," she continues.

Harman and Harris agree that TDMHMR employees may like the philosophy of wellness because it gives them more control over their lives.

"We are trying to show a more personal interest in employees' well-being while not intruding into their lives," says Harman. "An employee who selects wellness gains a high level of achievement in all activities, including those in the workplace."

Employees interested in wellness should contact the staff development or personnel officer at their facility, center or community MHMR center. ■

Rallying forces

"I want to focus on progress for individual clients," says Linda R. O'Neill, Ph.D., of her role as expert consultant in the *Lelsz v. Kavanagh* class-action lawsuit settlement.

"I want to find what the plaintiffs and defendant agree upon, build consensus and then act," Dr. O'Neill says.

This class action, often referred to as the *Lelsz* suit, was brought against TDMHMR (the defendant) in 1974. Advocates for persons with mental retardation (the plaintiffs) asked for better services statewide for clients in state schools.

TDMHMR officials believe that many requirements of the resolution and settlement already are being met throughout the service system. As Dr. O'Neill says, "The department is headed in the right direction, but we have to be sure we make the steps in a timely way. The settlement's purpose is to prod for quicker progress."

The plaintiffs and defendant believe that the settlement will benefit them both by making more visible the recognition and protection of the rights of state school clients.

Dr. O'Neill has worked for ten years in the field of mental retardation, including consulting in lawsuits involving community placement of institutionalized populations in Florida and institutional reform in Massachusetts. O'Neill and Associates Ltd., her consulting and technical assistance firm, is experienced with states operating under court orders or negotiated legal settlements.

"We've helped states to reshape and improve programs and services in institutions," explains Dr. O'Neill's proposal for the consultancy, "and to acquire residential property and construct homes in the community for profoundly retarded, nonambulatory persons."

According to the *Lelsz* resolution and settlement, the consultant's role is fourfold. Dr. O'Neill's firm must review TDMHMR's relevant activities, documents and reports; monitor the department's progress in planning for and effecting provisions of the resolution and settlement; make recommendations that can advance or make more complete the planning and implementation process; and report periodically to the court on the department's progress.

"When a state is in the midst of a lawsuit and negotiations are not managed well," says Dr. O'Neill, "conflicts between plaintiffs and defendants, or simply between plaintiffs, can escalate to such a level that the lawsuit ends up in arguments between attorneys. Then the focus of the lawsuit moves from the client to the litigation. You are trapped in legal hassling for years."

Dr. O'Neill wants to create positive relationships among all parties. "While the plaintiffs and the defendant are working on things we agree on, we are getting to know each other by making strides forward, together," she says. "When we reach a point down the road where we have a conflict over ideology or strategy, we'll have relationships to bank on that will help us deal with the conflict."

"The department's goals are good, and it can show that it is making progress so that people will want to help," she says.

"Let's work on building a sound community system," says Dr. O'Neill. "The Parent Association for the Retarded of Texas has agreed with me that care in the community is not bad. They don't oppose the community; they just don't necessarily want their children to go there. They aren't going to keep us from developing community programs."

O'Neill and Associates Ltd., based in Tallahassee, Fla., is planning to put together data "in a new way" that will

Photo by Dana Scragg



"While the plaintiffs and the defendant are working on things we agree on, we are getting to know each other by making strides forward, together," says Linda R. O'Neill, Ph.D., expert consultant in the *Lelsz* suit.

make the department's goals clearer to the legislature and other groups.

"If the legislators are not clear on the department's mission, how can they know whether to buy into it?" Dr. O'Neill asks. "I'd like some consensus in that area of Texas government. It's an educational process for all of us."

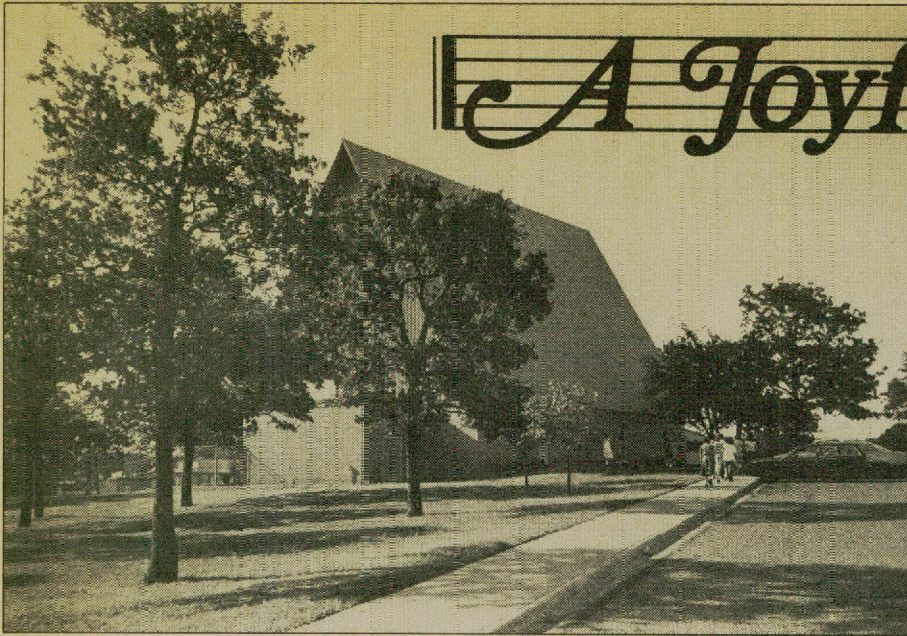
Similarly, if the department can demonstrate an effective community system, parents may want their children with mental retardation cared for there.

"Let's take a client who has been in bed all his life, get him up in a piece of adaptive equipment and watch his health improve," proposes Dr. O'Neill. "If you can illustrate and document improvement in individual clients that reduces their need for services, you are looking at cost effectiveness."

Dr. O'Neill says that case management is a vital initiative of the department. "From the point of view of the *Lelsz* suit, case management is an essential step, and we commend TDMHMR," she says. "It will improve individual client services. It will make the service fit the client." ■

D.S

A Joyful Noise



Ivey Chapel of All Faiths, Denton State School



Chris Myers plays the metallophone in the rhythm band during music therapy sessions at Denton State School.

Anyone who has visited the campus of Denton State School probably will remember the Ivey Chapel of All Faiths, a tall, A-frame building that dominates the skyline. At certain times of the day, familiar songs and hymns can be heard coming from the carillon, an electronic instrument that produces bell-like sounds.

Joe Pinson, music director and registered music therapist, says the carillon is a reminder that the chapel is not only the center of religious life for this special community but also the focal point of music activities.

In many Texas state schools, music therapy is organized under departments such as recreation, education or rehabilitation. Chaplaincy departments have strongly influenced music programs, however. At Denton State School (DSS), music therapy became part of the chaplaincy department in 1979.

Dennis Schurter, who has been chaplain at the school for nine years, always has been supportive of the developing music program, says Pinson.

The DSS music therapy philosophy is based upon the belief that each person has individual needs and abilities. Music activities allow each person to contribute as an individual and to respond in a personal mode of expression. Experiences with music can offer clients the opportunity for creative growth and

fulfillment they might not receive through other therapies. DSS clients actually create music.

Sharon Goings has shown improvement in her ability to answer conversational questions. She is profoundly retarded and her speech generally is echolalic, inappropriately repetitive of the last phrase or word she hears. Goings receives positive reinforcement in her sessions by being allowed to play the piano and rhythm instruments.

Jimmy Mitchell, mildly retarded and blind from birth, learns solos by rote in both English and Spanish. He can remember songs he learned during the past ten years with amazing accuracy and has won the solo vocal competition several times at the annual Texas State School Music Festival.

As part of his music therapy program, Mitchell has a personal tape library. His collection, which includes pop music, old-time radio shows and Bach (his latest interest), provides Mitchell with leisure time activity that has had a good influence on his behavior.

Mildred Fannon is profoundly retarded and blind, yet she can play major, minor, diminished, augmented, seventh and ninth chords in all keys on the piano. She coaccompanies two worship services a week, sitting quietly while not playing. Fannon's speech is echolalic, but in

music therapy sessions, she can give her name, her birthdate and the calendar year in response to questions.

The first rhythm band at Denton State School was organized for the annual Texas State School Music Festival, which is sponsored in turn by the state schools. The use of handbells also was influenced by the festival, since many of the ideas and techniques Pinson observed there have been incorporated into the music program.

Yet from another perspective, one might say that DSS itself has had great influence on the festival. DSS was among the first of the participating schools to use handbells, and now seven schools enter this single category at the festival.

Pinson emphasized the use of handbells outside the classroom setting when he began working at DSS ten years ago. Now, three handbell choirs play for Sunday worship services or perform for community churches and civic events.

A cueing method that involves light boards controlled by the conductor has allowed people with profound retardation to become members of a handbell choir.

Because of his experience, Pinson was asked to write a booklet about the use of handbells with special populations. The booklet, "Let Everyone Ring," recently was published by the Schulmerich Corporation, a handbell manufacturer.

Singing is another facet of musical activities at the school. In most of the choirs, ancient musical practices of the church are used to good advantage. "Repetition of line and phrase, used to teach early congregations before the advent of hymnals, is the very foundation of our singing today," explains Pinson. "Antiphony, singing in an echo fashion, and response, repeating a familiar phrase at regular intervals, are used in all DSS worship services and in music therapy classes too."

Some people in the choir and congregation do not sing, so they play piano, organ, drums, cymbals and tambourines along with the vocal ensembles. Pinson says, "The Psalms provide direction for this in suggesting that all people 'make a joyful

noise unto the Lord.' "

The chancel area recently has been remodeled to accommodate more people because the choirs have grown and more clients play handbells during chapel programs. The new design allows more room for clients in wheelchairs who want to join a choir.

The Chapel Choir and Echo Choir, both directed by Pinson, perform for protestant worship services on Sunday mornings. The Denton State School Singers, directed by Janet Jones, assistant music director, perform for community churches and represent the school at the State School Music Festival. Jones's skill in sign language has added another dimension to the ensemble's performances.

The Catholic Singers and the Jewish Singers, originally organized as support groups for services involving those traditions, now are goal-oriented music therapy classes directed by music therapy interns.

Each of the four interns brings a fresh approach to problems in the music therapy department, says Pinson. Interns have completed at least four years of college that include all the academic requirements for music therapy registration. The interns' tenure at DSS serves as the requisite six-month clinical training period.

The six-month turnover does interrupt therapist-client relationships, often causing a negative effect on pro-

gramming. But there is a positive aspect, according to Pinson. "Residents have the chance to meet yet another group of qualified, caring therapists whose musical abilities quickly break the ice and allow new friendships to form," he says.

The chapel joins with the education and training center for seasonal activities. Their cooperation creates opportunities for sharing and combining forces with other programs on and off campus.

In September is the State School Music Festival, and December brings the annual Christmas pageant at the chapel. More than 100 clients from the campus and community facilities perform as singers, actors and handbell players. The pageant is accompanied by an eight-piece orchestra furnished by the Fort Worth Musicians' Union. The chapel usually is filled for all four performances.

In the spring, music therapy class members participate in end-of-school activities. The annual Religious Education Festival combines the efforts of staff, volunteers and more than 200 residents demonstrating their various projects. Music always is a vital part of this program.

In years past, DSS has participated in the Pinecrest Music Festival in Louisiana, a spring event that brings together people from a five-state area.

Denton State School, like all other state schools, has experienced the departure of many clients to community-based facilities, leaving behind those with less academic ability and fewer job-related skills. They naturally have more time and perhaps more need for leisure activities, explains Pinson.

DSS music therapists are working with other professionals, volunteers and concerned parents to see that still more of these needs are met in a way that enriches the lives of the residents. "These efforts ensure that, for many, each day will be a new experience in relating to others through music," says Pinson. "It's the language that crosses all barriers of race, creed and handicapping conditions." ■

This story with photos was submitted from the music therapy department of Denton State School.



Music therapy intern Tina Walton (left) plays the guitar for Denton State School client Sharon Goings, who is learning to sing and sign words and phrases.

What is it?

Schizophrenia is a word, coined in 1911, used to describe a complex major mental illness. Schizophrenia may be one disorder, or it may be many, with a multitude of different causes.

Two broad descriptive categories often are used to differentiate two forms of schizophrenia: acute and chronic. With the onset of severe symptoms, the individual is said to be experiencing acute schizophrenia. Some people have only one acute episode. Others may have many during a lifetime, yet lead relatively normal lives in between. Remission of the symptoms may occur without treatment.

The person with chronic schizophrenia does not fully recover normal functioning and typically requires medication to control symptoms. Without treatment for chronic schizophrenia, symptoms generally worsen.

The world of the schizophrenic

Just as each well person views the world from a personal perspective, the schizophrenic has his own perceptions of reality. This view of the world often is strikingly different from the usual reality shared by those who are well.

The world of the schizophrenic may be timeless and without dimension or color. Faces may seem to alter, and even though the schizophrenic may know his perceptions are inaccurate, he is unable to alter the illusion. A schizophrenic described this experience:

I went to my teacher and said to her, "I am afraid . . ." She smiled gently at me. But her smile, instead of reassuring me, only increased the anxiety and confusion, for I saw her teeth, white and even in the gleam of the light. Remaining all the while like themselves, soon they monopolized my entire vision as if

the whole room were nothing but teeth under a remorseless light. Ghastly fear gripped me.

The schizophrenic also may sense things that don't exist: a dead mother, fingers on the body or voices. Living in a world that is distorted, changeable and lacking the reliable landmarks we all use to anchor ourselves to reality leaves the schizophrenic feeling confused, unbearably frightened and alone.

The overwhelming fear can be incapacitating or can leave the schizophrenic wide awake, vigilant and alert. These different behaviors may be exhibited by two individuals, or one schizophrenic may experience either behavior at different times.

Schizophrenia affects a person's thinking processes. He may endure hours of being unable to think straight, or thoughts may fire so



rapidly he cannot catch them. One patient explained:

My concentration is very poor. I jump from one thing to another. If I am talking to someone, they only need to cross their legs or scratch their head, and I am distracted and forget what I was saying.

The schizophrenic may dwell on one banal thought for hours, or may be unable to connect fragmented thoughts into logical sequences. He may suffer "inappropriate affect" as one patient described:

I might be talking about something quite serious to you, and other things come into my head at the same time that are funny, and this makes me laugh.

The lack of logical connectedness in thoughts, or "thought disorder," tends to confuse communication and leaves the schizophrenic alone.

Dispelling some myths

Unless he is in an acutely disorganized state, a schizophrenic does have a sense of the common reality. Being "out of touch with reality"—one way to describe schizophrenia—does not mean that a person is living totally in another world. Rather, there are certain aspects of his world that are not shared by anyone else and seem to have no real basis, such as hearing a warning voice. Everything else may be in place, and the schizophrenic may appear "normal" much of the time.

Schizophrenics are not necessarily split-personalities, alcoholics, drug addicts or happy-go-lucky people delighting in their madness. There is no evidence to suggest they are more prone to violence or suicide than any other disturbed person. For the most part, the schizophrenic feels tortured and is made lonely by an inability to order and control thoughts and carry on a normal conversation. He knows his disorder all too well, as one patient described:

I felt all this tumult of madness—all this stark, lonely living which is worse than death—and the pain, futility and hopelessness of it all—and the endlessness, the eternity.

What causes schizophrenia?

There is no known single cause of schizophrenia. Just as a personality

is the result of an interplay of cultural, psychological, biological and genetic factors, a disorganization of personality—such as schizophrenia—may result from an interplay of the same factors.

No "bad" gene has been found, no biochemical defect has been proved responsible and no one stressful event seems sufficient by itself to produce such a shattering disorder as schizophrenia. Scientists agree it is likely that a combination of these factors produces schizophrenia.

Close relatives of schizophrenics are more likely to develop the disorder than persons who are not related to a schizophrenic patient. Children of schizophrenics have a 10 percent chance, whereas the risk of developing the disorder in the general population is 1 to 2 percent. (Environmental factors, such as living with a disturbed relative, however, may skew the percentage of heredity factors.)

Yet, whether parental behavior directly influences the development of a severe disorder like schizophrenia remains to be demonstrated. Adoption studies indicate that being biologically related to a schizophrenic increases the risk for schizophrenia, even when those related have had no personal contact.

In twin studies, concordance (the development of schizophrenia in both members of a twin pair) is 35 to 58 percent for identical twins and 9 to 26 percent for fraternal twins. Twin studies provide convincing evidence of an inherited factor, yet the less-than-perfect concordance for schizophrenia in identical twins suggests that some type of environmental factor or factors must be involved.

Most scientists agree that schizophrenia itself is not inherited. What might be inherited is a predisposition to the disorder—an inherited potential that, given the proper constellation of factors, can lead to schizophrenia.

Neurotransmitters, substances that carry impulses from nerve to nerve in the central nervous system, have long been thought to be involved in the development of schizophrenia. Research has focused on the neurotransmitter dopamine.

Because virtually all drugs that are effective in treating schizophrenic

symptoms interfere with the action of dopamine, an obvious question is: Does too much dopamine cause schizophrenia? Researchers have not been able to pinpoint a dopamine abnormality in schizophrenia, but research continues in this and many other biochemical investigations.

Computed tomography, or CT scans, and positron emission tomography (PET) provide information about the living brain. PET maps brain functions in three dimensions, and the CT scan visualizes brain structures. The CT scan has shown that chronic schizophrenics are more likely to have structural brain abnormalities (enlargements of the cavities in the interior of the brain, for example) than are normal persons of the same age. Some structural brain abnormalities are comparable to those observed in much older mentally healthy people, leading to the speculation that the disorder is associated with premature "aging" of the brain.

How is it treated?

Because schizophrenia is not a single condition and its causes are not yet known, a number of treatments and treatment combinations (drugs and psychotherapy, for example) have proved helpful.

Available since the mid-1950s, antipsychotic drugs have improved the outlook for schizophrenic patients. These drugs, also known as major tranquilizers, psychoactive drugs and neuroleptics, reduce psychotic symptoms and allow the patient to function more effectively and appropriately. This, in turn, fosters positive and hopeful attitudes in the schizophrenic patient, his relatives and friends, and the mental health professionals treating him. The sense of hope in everyone involved is important in helping the schizophrenic recover and resume social, occupational and family roles.

Notably, some patients do not seem to be helped by drugs, and others do not seem to need them.

It appears that drug treatment, when useful, reduces the frequency of relapse. One expert estimates that an average patient who is treated continuously with antipsychotic drugs can be expected to relapse

within six years. This same patient probably would relapse within two years if drug treatment were discontinued.

Drug treatment does have side effects. During early phases of drug treatment, patients may experience drowsiness, restlessness, skin rashes, muscle spasms, tremor, dry mouth, blurring of vision. These problems can be corrected by lowering drug dosages or controlled by other medication.

Long-term, more serious side effects of antipsychotic drugs, such as skin pigmentation, corneal deposits and tardive dyskinesia, must be weighed against the risk of repeated psychotic breakdowns.

By far the worst of these side effects is tardive dyskinesia, a disorder characterized by involuntary movements most often affecting the mouth, lips and tongue, and sometimes the trunk and entire body. It occurs in about 15 percent of institutionalized chronic patients who have been receiving antipsychotic drugs for many years. Potential treatments for tardive dyskinesia are being examined in high-priority research studies.

Because many schizophrenics may suffer social setbacks as a result of their illness, psychosocial therapy is recommended as a supplement to drugs. Psychosocial therapy is found to be most effective when administered in the environment in which it is intended to be useful.

Individual psychotherapy helps a patient understand the disorder and sort out the real from the distorted. Family therapy helps cultivate understanding and lays the groundwork for family support when the schizophrenic's previous life pattern is reestablished.

Group therapy and self-help groups focus on learning from the experience of others. Group members can also form support networks that alleviate the loneliness many schizophrenics feel.

Behavior therapy and skills training are methods of decreasing undesirable behaviors and redeveloping appropriate, useful behaviors. Extremely ill patients earn tangible rewards for such activities as bathing themselves and making their beds and "lose points" for assaultiveness, withdrawal and bizarreness.

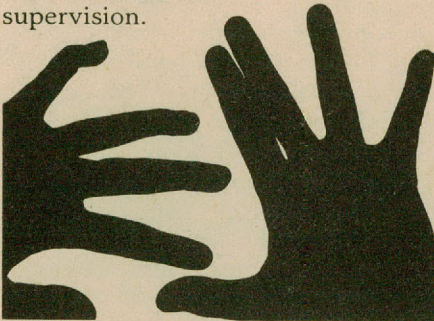
Patients who are farther along in their recovery relearn social skills and can be rewarded with approval, encouragement and the satisfaction of achievement. If schizophrenics are not unique in needing social skills, they are perhaps uniquely "needy" because of their extreme difficulties in acquiring such skills.

Prolonged hospital stays are thought to be antitherapeutic because they can result in loss of social contacts when the patient may need them most. The hospital is viewed as a temporary way station where the patient is helped through an initial period of acute disturbance.

Treatment of schizophrenia is becoming increasingly community-oriented through halfway houses, group apartments and foster homes. A minority of patients, though, still seem to require residential care.

Rehabilitation for the schizophrenic includes a wide array of non-medical interventions: occupational therapy, vocational counseling, social skills and job training and art therapy, for example. Because high hospital readmission rates are a major problem in mental health services, rehabilitation programs must provide schizophrenics the skills necessary to lead productive lives outside the institutional setting.

People with schizophrenia vary widely in their treatment needs. Innumerable alternatives must be developed to fill the gap between nonintensive outpatient treatment and regimented 24-hour care in hospitals. Some patients need constant attention, and others need a place to exercise responsibility, without constant supervision.



Can schizophrenia be cured?

Currently, there is no single cure for the disorder. No simple operation, no single drug, no instant magic has been found.

Although no totally effective therapy has been devised, it is important to note that many schiz-

ophrenic patients improve to such an extent that they can lead independent, satisfying lives. One review of almost 2,000 patients' life histories from first breakdown to old age suggests that 25 percent achieve full recovery, 50 percent recover at least partially and 25 percent require lifelong care.

Perhaps the greatest difficulty a schizophrenic experiences in recovery is a lack of attention from others because they are afraid of him. Given the almost universal fear of "losing one's mind," it is small wonder that society too often neglects and keeps the schizophrenic at a distance. This distance, though, only reinforces the schizophrenic's difficulty with relationships and may even tend to reinforce the illness.

How to help

Don't hesitate to seek help for fear that the person experiencing schizophrenic symptoms will be hospitalized for life. Schizophrenia is treatable, and in most cases the treatment can allow return to a relatively normal life within a fairly short period of time.

Seek advice from a family doctor, local medical society or mental health association. If the problem is serious, these referral sources will recommend a clinic or psychiatrist or another source of help.

The best advice is to not be concerned about schizophrenia itself. Good professional advice should be sought for anyone who seems seriously troubled—whether the symptoms are depression, withdrawal, excessive drinking, prolonged personality change or interpersonal difficulties—not necessarily because he may be schizophrenic, but because he needs help.

Research into the disorder has made strides because of recent scientific discoveries, and we can hope a better understanding of the neurobiological, psychological and social factors in schizophrenia will be achieved in the next decade. If this promise is to be realized, it will be essential to have unwavering public and individual commitment, encouragement and support. ■

This article was adapted from the National Institute of Mental Health brochure, Schizophrenia: Is there an answer?

First Person

By Jan Perry

The journal entry on this date really let me know that I had made it.

May 2, 1984, *Dream*, 5:45 a.m.

I found myself at Capital Day Hospital (at Austin State Hospital). No one else was there. The classroom had changed to include small chairs, a piano, little throw rugs and murals. Everything was rearranged yet comfortable and homey. I felt like dancing and floating but was a little anxious. I noticed, as I walked to the front door, a beautiful, new Oriental rug.

In the doctor's office adjacent to the front door were assembled many of my past mental health workers, nurses, therapists and friends from Austin State Hospital. I marveled at how they had aged so. I was very happy to see them all there together. They were quite busy talking among themselves yet recognized my presence.

I was there, but not there. I spoke to my friends and said, "I'm going to leave you now."

Upon awakening, I cried, feeling relief by such a "closure" to my past. I then promised myself that I would soon realize the truth of saying, "I'm going to leave you now."



**"I made it,
and others can
too."**

I am known to the Texas Department of Mental Health and Mental Retardation as Janet E. Perry. In 15 years, I was admitted nearly 20 times to Austin State Hospital. As a result, many different doctors, therapists, diagnoses, medications and milieus were used in my treatment plans. Soon I had earned the label "chronically mentally ill, poor prognosis." During those years, I had gone from Austin-Travis County MHMR Center services to the state hospital inpatient rolls and back at least once or twice a year. The revolving door syndrome was my reality.

I am now known in the community as Jan Perry. For the past year and three months, I have remained an outpatient through intensive therapy provided by Capital Day Hospital on the grounds of Austin State Hospital (ASH). This tenure as an outpatient has been my longest since I started going to ASH at age 19.

I feel that much of my success came from participating in the Capital Day Hospital. I'm able to handle the stresses of living better than ever before. I'm anticipating a life without the excessive problems that led me to defeat time and time again. I find my life now more ex-

citing, positive and normal. Life's challenges and rewards prove to me this long, hard struggle has been most worthwhile.

You, as a reader, may ask, How did I arrive at this achievement? I believe the answer is in the mutual, intensive efforts of myself and therapists, along with services Capital Day Hospital provided.

Capital Day Hospital, directed by Virginia Sanchez Tovar, is a partial hospitalization program that provides services to adult mental health clients in the Austin area and surrounding counties. Inpatients of area mental hospitals, as well as community outpatients, have access to Capital Day Hospital.

I believe such a program is an eclectic approach to the treatment of persons with acute or chronic emotional problems. Its effectiveness derives from the best combination of centralized, institutional services and community living arrangements. Clients, as outpatients, may live in individual housing, foster homes, family settings or other similar arrangements.

The problem of institutionalization versus deinstitutionalization is very real to mental health clients. Partial hospitalization can help re-

solve many problems we experience with deinstitutionalization. Participants in such programs relieve institutions, the community and individuals of the psychological, social and economic ill effects of repeated hospitalizations.

To make the program work, Capital Day Hospital provides group activities such as exercise, community meetings, variety hour, leisure skills, open staffing and cooking classes for the clients and staff together.

Training classes in assertiveness, consumer survival, stress management and journal writing teach skills in coping with problems. By using these skills, members learn to make it in the community.

Counseling sessions, individual therapy and supportive group therapy help clients gain insight into their problems and give them the encouragement to improve. The client, after joining the program, works with the counselor and plans a schedule of activities.

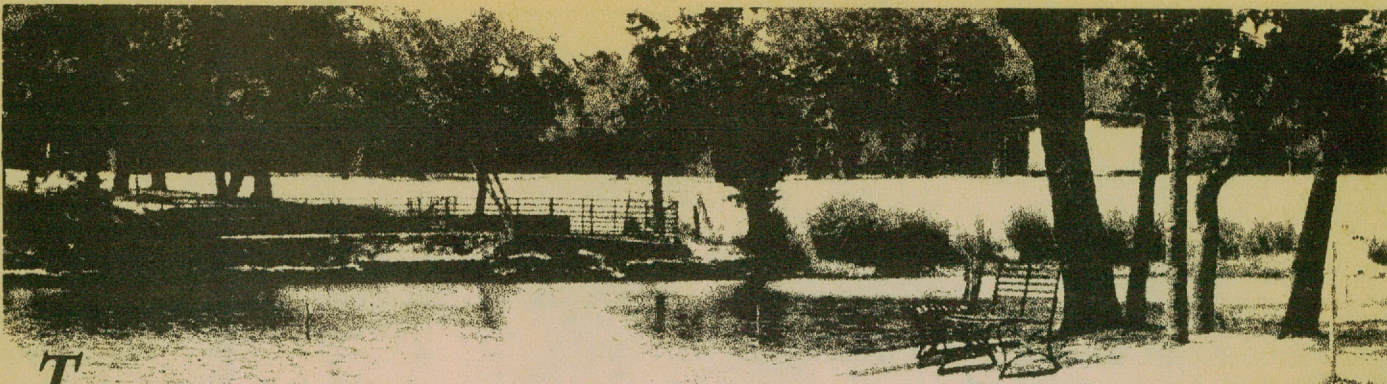
Other services such as adult education, biofeedback training, medical clinics and laboratory assessments also are provided on an individual basis by ASH.

Currently, government, judicial, psychiatric and community leaders of Texas are working together to resolve the problems of the imminent discharge of approximately 1,200 state hospital patients over the next 15 months. Such discharge of patients would allow the state to release monies to community MHMR centers to provide adequate outpatient services for these patients.

I recommend that a careful assessment of these monetary allocations be made so that the alternative of partial hospitalization continues to be available to clients for whom it is effective.

I feel that partial hospitalization, such as that offered at Capital Day Hospital, is an ideal way to get well and stay well for myself and others in the program. For me, it has alleviated problems associated with total deinstitutionalization.

I have experienced success at Capital Day Hospital, and perhaps through this article, I can expand the possibilities of successful rehabilitation through partial hospitalization programs to increased numbers of mental health clients in Texas. ■



The pastoral countryside of Leander Rehabilitation Center was the setting for the June meeting of the Texas Board of MHMR. When business was completed, board members and guests enjoyed a barbecue and tour of the center, where TDMHMR clients and patients ride horses and paddleboats and camp overnight.

Monthly board meetings are scheduled at different locations around the state to offer members an overview of the system. Twice a year, board meetings and Volunteer Services State Council meetings correspond so that the two groups can exchange ideas.

This overview of TDMHMR gives board members the sense of being a cog in a large machine, they say. It accentuates the enormity of the department's mission and board members' importance in accomplishing it.

Impact talked with the three board members who are completing the first year of their six-year tenure.

Each conveyed a certain awe of the magnitude of the department's task, along with a deep appreciation of the thousands of employees who help achieve it.

Board members have positive visions which, like the land at Leander, will be developed to better serve Texans who have mental illness and mental retardation.

Future perfect



Grace Jameson, M.D.

Grace Jameson, M.D., Galveston, served on the board of the Gulf Coast Regional MHMR Center and on the Medical Advisory Committee to the Texas Board of MHMR before her appointment to that board.

"This experience, besides my being a psychiatrist for 31 years, gave me what I thought was a certain amount of expertise," she says. "And certainly it was useful in terms of preparation.

"But what I'm impressed with now is how little any one person, board member or otherwise, can impact such a big system. You must depend on the staff's expertise to help you," she says.

Dr. Jameson says she does not disagree with the RAJ panel findings that show a need for hiring more direct care staff. "But it creates a pressurized situation to be under an outside agency's timetable when you don't have the money to do it," she says.

"This calls for a lot of creativity

from the staff. I think they have risen to the challenge admirably," Dr. Jameson says.

Dr. Jameson has been impressed with two things during her first year on the Texas Board of MHMR. "One is the tremendous dedication and productivity of volunteers in the system," she explains. "The other is the overall quality of competence and concern for people that I've seen in the employees in the system."

Describing recent times dealing with board issues as "turbulent," Dr. Jameson says she realizes there is no way to satisfy everybody. The board communicates continually with different parent groups of opposing viewpoints. "For example, one group is concerned that state schools for the mentally retarded will be phased out in favor of only community systems," she says. "Another group believes TDMHMR is not paying sufficient attention to the development of com-

munity resources. I see a place for the effective use of both."

The Texas Board of MHMR has been in the process of preparing the budget. Dr. Jameson believes that everything in the proposed budget could be justified as necessary. "But I'm certain that some of it will have to be cut," she says, "and that hurts."

"We must make the cuts evenhandedly between mental health and mental retardation and between community centers and state facilities," she says.

Dr. Jameson expressed appreciation for R. Coke Mills' leadership style, which, she says, "gives all board members a chance to say what we have to contribute."

The ten-member group represents different viewpoints and areas of expertise. "We think a lot of each other personally," she says, "and listen carefully to what the other person has to say."



R. Coke Mills

"I'm spending a lot more time on board matters than I thought I would," says R. Coke Mills, Waco, chair of the Texas Board of MHMR. "I probably go to more functions than I need to because I want to be familiar with the system."

He says there is always room for improvement and is impressed with the department's ability "to embrace new ideas and innovative approaches to problems." "We don't react in the same old ways," Mills says.

"The board has tried to be creative, particularly in dealing with the RAJ



Roberto L. Jimenez, M.D.

Roberto L. Jimenez, M.D., San Antonio, calls his year on the Texas Board of MHMR "a process of discovery." "I had no idea of the complexity and size of the operation and the overwhelming seriousness and importance of the task," he says.

Dr. Jimenez believes he was appointed to the board at a time when the department is at a crossroads. "We have to bite the bullet in regard to fiscal accountability, squeeze dollars and pioneer cost-effective, high-quality programming," he says. "We must develop the basis for long-range planning to carry us through the decade and beyond."

TDMHMR's structure makes it possible to change and expand efficiently, he says. The chain of command is

litigation. We thought, 'What can we do in-house to deal with this problem?'" says Mills. "Only after careful consideration from that angle could we go to the legislature for resources."

Mills says the department has had strong support from the legislature, and he credits Commissioner Gary E. Miller, M.D., and his staff for the idea to pay community MHMR centers on a per-day basis to keep state hospital rolls in check.

"This represents a change in direction," Mills says. "The community system was proposed in 1965. Now we are taking the first step. If we don't face the litigation and mandated staffing ratios, we'll have to build more hospitals."

Mills' personal goal for TDMHMR is "to develop a full range of services to best deal with whatever problems our clients have." "We're not locked into

clear, as is the relationship between the department and the legislature.

"I was surprised at the incredible support the department receives from senators and representatives," he says. "There is great mutual respect, admiration and awareness of the seriousness and complexity of the department's duty."

Dr. Jimenez says the main challenge TDMHMR faces is to create a partnership with the community MHMR centers in developing a comprehensive, balanced system. He noted the diversity of Texas, which makes this a particularly tough challenge. "The bottom line," he says, "is the client and patient."

He is especially concerned with the Mexican-American population in Texas and believes that the board is "receptive to minority issues now more than ever." "The department is taking the minority situation seriously in terms of programming," he says.

Also, TDMHMR is successfully recruiting and maintaining minorities in high-level managerial positions. Overall, he says, he is impressed with the high quality of staff.

Dr. Jimenez says that TDMHMR might suffer from an image problem in that it is perceived as being composed mainly of institutions. Yet, he sees the department as a pioneer in community programming. "The board has discussed this with the Volunteer Council in an attempt to update our image to community and business groups," he says.

any particular thinking or methodology to accomplish this," he says.

He believes case management will contribute greatly by allowing "one staff person to obtain for the client a full range of health care services," he says.

As a lawyer, Mills says that over the years he has gained an idea of the legal problems people with mental retardation and mental illness face. But these problems that the department handles go beyond the philosophical and academic, he says. "People are intensely affected. There is a visceral, not casual, reaction to mental retardation and mental illness."

"It is of great importance to me that TDMHMR be recognized for what it is—an agency that cares for its clients and patients on an individual basis," says Mills, "and that we are not seen just as big institutions." ■ D.S.

HELEN AUSTIN: Champion of the mentally ill

By Thelma Ledger

A regular visitor arrives unannounced at Helen Austin's office and walks in the open door. She moves quickly, her eyes plead. A few minutes later, crying and shouts can be heard. The San Antonio State Hospital patient is having a tantrum, but not for long.

This patient finds refuge in the world of Helen Austin, chief of social service at San Antonio State Hospital (SASH). The patient is but one of many residents, staff and friends who look to the energetic, unruffled leader for guidance.

Austin recently was chosen by the 94,000-member National Association of Social Workers (NASW) as 1984 Social Worker of the Year. Her strength is summed up by her secretary, Gloria Medellin. "She finds time for those who need her," Medellin says. The patient who visits so often "goes in like a lion and leaves like a lamb," she says.

Austin's office walls hold plaques and posters with messages she lives by. Their words speak of Austin's philosophy of life, an outlook influenced by her 81-year-old mother, a nurturing friend to young and old in her native Kentucky. "Love, compassion, warmth and time are what reach people," "Beauty is not discovered with the eye but with the soul," and "You are more than you think you are."

During the NASW awards ceremony in Washington, D.C., Austin was presented \$500 and yet another plaque for her collection. U.S. Representative Henry B. Gonzalez,



Helen Austin, chief of social service at San Antonio State Hospital, is 1984 Social Worker of the Year.

who also was present at the ceremony, read a commendation about Austin to the House of Representatives, which now is on the Congressional Record.

Because of her prestigious honor from NASW, Austin has been showered with attention. But she is quick to credit her success to a supportive administration and her 32-member staff. "Our social workers not only are talented, but they are motivated to carry our projects through," Austin says.

Among the most important projects spearheaded by the never-say-impossible Austin are placing 300 patients in community settings, encouraging more than 250 patients and staff to vote in the May 1984 Democratic primary and initiating

the first workshop at SASH to reacquaint judges with the needs of mentally ill persons.

John Mares, coordinator of alternate care facilities, says that since Austin has been in charge, "SASH social workers have taken places on city, county and state boards where they influence how patients will be treated in and out of the hospital."

Mares, who fell under Austin's supercharged spell in the mid-1970s, was among the first staff to receive a master's degree in social work. Since then, 18 others have followed, all at the urging of the indomitable chief.

Social worker Helena Acosta-Lopez of the bicultural unit says Austin encouraged her and a former employee to send a paper to NASW for the 1982 convention. Of 600 papers, 112 were chosen for presentation. The SASH employees' contribution about Hispanic psychiatric patients was one of them.

Paula Strength, volunteer services coordinator, lauds Austin's devotion to the volunteer council. "Here's a woman busy with just about everything imaginable, yet she makes time to volunteer and be involved in some of our fund-raising events," says Strength.

Robert M. Inglis, M.D., superintendent of SASH, says Austin's recognition brings credit to "SASH, TDMHMR, the state and the nation. It shows we're doing a good job in Texas expanding services to the mentally ill." ■

Thelma Ledger is information director at San Antonio State Hospital.

BOOK BEAT

Three books available through the TDMHMR library system cover social work issues in the care of people with mental illness. These recently published volumes are useful for social workers in dealing with aspects of deinstitutionalization, community care options and attitudes toward patient rights.

Psychiatric Patient Rights and Patient Advocacy: Issues and Evidence offers a discussion of whether "intermittent patienthood" is inevitable for people with chronic mental illness. Editors Bernard L. Bloom and Shirley J. Asher also include chapters about the insanity plea, costs and benefits of community care, involuntary treatment and the stigma of mental illness.

Deinstitutionalization and the Welfare State by Paul Lerman is a historical review that ties public welfare policies together with deinstitutionalization in problem areas with varied population groups. It includes mental illness, mental retardation, dependent and neglected youths and juvenile delinquents.

A study of the National Institute of Mental Health's Community Support Program is covered in *The Chronically Mentally Ill: Assessing Community Support Programs*. Richard C. Tessler and Howard H. Goldman present an overview of the problems associated with the deinstitutionalization of the chronically mentally ill but do not provide solutions. An evaluation focuses on the development of criteria by which to evaluate community support programs.

To obtain these books, contact Becky Renfro, Central Office librarian, 512-465-4621 or STS 824-4621. ■

Texoma's Tenth

*Six ten-year employees
discuss a decade of
growth
at
MHMR Services of
Texoma, Denison*

"I didn't know it couldn't be done, so we did it," says Pat Eldridge, child development trainer at Cooke County Development Center, Gainesville.

Eldridge is referring to teaching a child with athetosis, involuntary writhing movements of the feet and hands, to walk.

"One half-time worker and I did what needed to be done for our clients," she says. Since there were no funds to buy the necessary equipment, Eldridge took matters into her own hands. "In our woodwork shop, we designed and built standing tables, floor sitters, slides, equipment you can't buy from catalogs," Eldridge says.

Twelve years ago, the center was an outreach of Denton State School for multihandicapped and mentally retarded clients. Now it is part of MHMR Services of Texoma, Denison, says Janis Cravens, director of MR programs at the development center. "We have a comprehensive program now. We're able to follow a child from infancy into school and finally into an adult sheltered workshop," she explains. Clients also "graduate" entirely from services.

Cravens and Eldridge have been employees of MHMR Services of Texoma, Denison, (MHMRST) since its inception a decade ago. It serves Cooke, Fannin and Grayson counties. Along with four other such employees, they've seen MHMRST grow and attract clients. "People can now walk into MHMR and not worry someone will see them," explains Judy Coder, coordinator of MR residential facilities in Grayson County. "The stigma of MHMR being just for crazies and dummies is fading.

"Most parents are cooperative too,"

she continues. "It's OK now to say, 'My son is in services.'" Coder coordinates two alternate living facilities for adults with mental retardation in Sherman and Denison. She plans to develop an assisted apartment living program such as the one in Cooke County under Cravens' direction.

Coder says developing the first alternate living facility in Denison was a three-month battle involving the city council, zoning board and neighbors. That was seven years ago. "Now the neighbors love the house and help clients cut roses and mow the lawn," she says. "They even have parties." The second facility, located in Sherman, is three years old.

Charles T. Vaughn, director of the Grayson County MH program, Sherman, sees a change in the attitude toward mental illness also. Possibly, this is due to a parallel change in professionals' attitudes.

"Ten years ago, we followed the private practice model of treating people with mental illness," Vaughn says. "Patients released from the hospital were referred to MHMR, and if they didn't keep their appointments, we assumed they were not motivated to get well. Now, we consider resistance a symptom of illness. So, we follow up in an assertive, loving, persistent way."

Vaughn says his staff tries to be flexible in scheduling appointments. The program operates 56 hours a week, including two evenings. "We've become more accessible to clients," he says. "We tell them to come in any time."

Leona York, production supervisor at the Grayson County Vocational Training Center, Denison, has seen her program grow from 5

clients in 1973 to 35 clients now. "The count has gone as high as 52 clients, but many have been placed in jobs in the community," she says.

The vocational training center was originally developed by a group of parents of people with mental retardation. Ten years ago, it became affiliated with MHMRST, and since then, two other such workshops have been opened in Bonham and Gainesville.

"We recently won a janitorial and maintenance contract for a state tourist bureau," says York. "Clients get the chance to see different people than those in the workshop-proper, which I think is great."

Some clients, though, are not yet capable of working and may never be. Viola Walker, the therapist in the adult prevocational education program at the center in Denison, cares for severely retarded adults who are unable to function fully on their own. "It looks easy, but it's not," she says. "They need someone to care. It's very rewarding."

Therapy for the program's six clients includes sorting buttons and puzzle pieces, cleaning the workshop area, counting and practicing the alphabet. "We do exercises, go on picnics and take trips to the zoo in Gainesville," says Walker.

"Some clients are extremely hyper, and three have seizures," Walker explains. "I take care of them."

For more than ten years these six employees have taken care of innumerable MHMR clients in a rural, three-county area. They "did what needed to be done" and still do.

"I'm devoted to my clients," says Walker. "I hope to be there for them as long as I can." ■ D.S.



Travis State School music therapists Bruce Saperston and Jeanne Ply flank the Hill Country Music Makers before their Kennedy Center performance.

HILL COUNTRY MUSIC MAKERS BRING TEXAS TO WASHINGTON, D.C.

Norman Strother was so eager for his trip to Washington, D.C., that he thought he heard President Reagan mention it on television.

On the plane, Charles Allen noticed the rivers below and wondered how the pilot could see through the clouds. He played his harmonica for the pilot and flight attendants.

Fireworks over the Potomac River were presented as part of opening ceremonies for the National Very Special Arts Festival, at which the Music Makers performed. Because it was Jesse DeWees' birthday, he said the fireworks were for him.

When Newton Smith was asked if he is a real cowboy, he answered, "S'pose I am. I'm wearing a hat."

Strother, Allen, DeWees and Smith are Travis State School's Hill Country Music Makers. They were selected to represent Texas at the National Very Special Arts Festival in Washington, D.C., in May.

The festival commemorates the tenth anniversary of the National Committee, Arts with the Handicapped. More than 750 mentally and physically handicapped students from the United States and other nations participated in the non-competitive festival.

Coinciding with this anniversary is Travis State School's fiftieth birthday. Originally called Austin State School Farm Colony, Travis State School (TSS) celebrated its golden anniver-

sary with a musical called "Canto Del Rio," a program that depicted the history of the school and land it occupies. Members of the Hill Country Music Makers joined in that program too, along with other TSS clients. (See *Image* story on page 23.)

The "guys from Texas" brought Texas mystique to Washington, D.C. Everyone wanted to meet and be photographed with the foursome, who were dressed in jeans and western shirts, boots and hats.

TSS music therapists Bruce Saperston and Jeanne Ply accompanied the musicians on their trip. They compiled these notes about the journey and prevailed upon passersby for the photographs.

May 23

During our flight from Austin, the attendants gave us lots of attention. Of the four Music Makers, only Smith had flown before. We were invited to step into the cockpit and meet the pilot.

To celebrate DeWees' birthday, we ate cake and sang "Happy Birthday" in midair.

We were met at Washington National Airport by clowns from the festival. The Music Makers caught a glimpse of Howard Cosell, who happened to be at the airport. He was the first of many celebrities we would meet.

That evening, we were seated in seventh-row seats at John F. Kennedy Center for the Performing Arts concert hall for the opening ceremony concert.

Actress Bonnie Franklin came down the aisle and stopped just long enough to give Strother a kiss.

We were treated to performances by Ronnie Milsap, the singing group Up With People, and Tails, a dancing animal group.

May 24

After breakfast, the four Music Makers performed on the steps of the Capitol for a PBS filming. Before they played for onlookers, Rep. Jake Pickle presented them with an American flag.

Next, we went sightseeing to the Washington Monument and the Jefferson and Lincoln Memorials. That afternoon we attended a concert and reception on the White House lawn. We were served iced tea, lemonade and tea cakes. Actor Tony Randall and First Lady Nancy Reagan, who is honorary chair of the festival, made appearances.

Performances by singer/actor Burl Ives, the Gallaudet Dancers and a magician were compelling, but it was the U.S. Marine Band that set Strother and DeWees to dancing. They must have been warming up for the dance that night in the Gallaudet gymnasium.



Senator Edward Kennedy, actress Marian Ross and Jean Kennedy Smith, national chair of the festival, made appearances also.

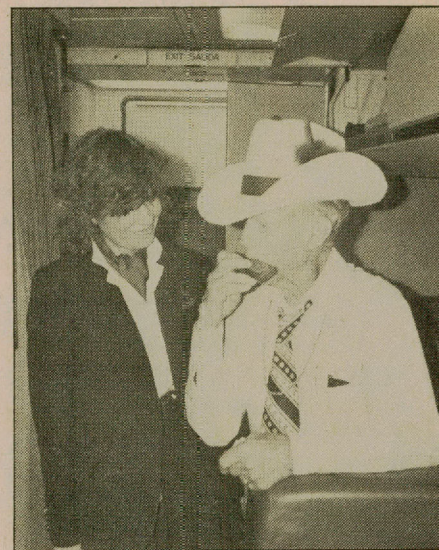
After the opening ceremony, we enjoyed a fireworks display and then settled in for the night at Gallaudet College dormitories. Gallaudet is the only U. S. liberal arts college for the hearing impaired.

Making music for a PBS film are (left to right) Charles Allen, 71, Newton Smith, 71, Jesse DeWees, 51, and Norman Strother, 54.

May 25

Finally it was the Music Makers' turn to perform at Kennedy Center. They were recorded, and later interviewed, for a Voice of America broadcast to communist bloc countries.

The rest of the day was filled with performances by dancers, musicians and artists from the United States and 60 other nations. The Hill Country Music Makers were proud to have represented Texas, and our trip home to the state's capital was a nonstop recap of our adventure in the nation's capital. ■



Charles Allen entertains a flight attendant aboard the plane from Austin to Washington, D.C.

the Image of TDMHMR

Newsmakers

● **David Wade, M.D.**, TDMHMR commissioner from 1970 to 1974, was elected to emeritus membership of the Texas Medical Association (TMA) by that group's House of Delegates May 11.

He was nominated by the TMA Board of Councilors and the Travis County Medical Society.

An Austin psychiatrist, Dr. Wade has been superintendent of Austin State School and Rusk State Hospital. He was president of TMA from 1965 to 1966.

● **Brenda Clark, Ph.D.**, was presented the 1984 Commissioner's Award for Volunteer Service by TDMHMR Commissioner Gary E. Miller, M.D., in a June 21 ceremony at **Richmond State School (RSS)**. She is chair of the RSS Volunteer Services Council, which she has served for 14 years.

Dr. Clark has chaired the TDMHMR Volunteer Services State Council since 1982 and was secretary in 1981. She began her volunteer work with the department by logging 500 hours as a pianist for a RSS traveling choir.

Recently, she arranged a gift of land to the RSS Volunteer Services Council, and its subsequent sale will, over the next ten years, net the council more than \$1 million.

Dr. Clark is president of her own management consulting firm in Houston.

● **Janet Collins** is the new director of special programs in training and staff resources, **Central Office**. Collins had served as director of education and training at Mexia State School since 1977.

In this position, Collins is

responsible for coordinating initial case management implementation and later for administering it statewide.

● **B.R. Walker, Ph.D.**, superintendent of **Austin State School**, was elected president of the American Association on Mental Deficiency (AAMD) for a one-year term beginning May 1984.

Dr. Walker has been a member of AAMD for more than 15 years and was elected president by the membership of 12,000.

● **Margaret M. Sedberry, M.D.**, recently was recognized by the Texas Board of MHMR for "her wisdom, compassion, dedication and unflinching humor" during 30 years of employment at **Austin State Hospital (ASH)**.

Dr. Sedberry retired in June as director of the Capitol Unit at ASH.

● **Wichita Falls Community MHMR Center (WFCMHMRC)** received two awards from the Association for Retarded Citizens-Texas at its annual convention in May in Austin.

The Vocational Enrichment Center, WFCMHMRC's sheltered workshop, was named "employer of the year" for proving to industry and the community the value of workers who have mental retardation. Clients earned \$72,134 last fiscal year by producing wood-reinforced, corrugated boxes.

WFCMHMRC and North Texas Rehabilitation Center (also called the North Texas Easter Seal Society) jointly received the community service award in the organization category for their infant stimulation program. WFCMHMRC contracts with the rehabilitation center to provide the program services.

Cleaning up

The \$20 million Texas taxpayers spend annually on litter brings another benefit besides more beautiful highways. Some of it goes to employ willing and able MHMR workshop clients.

Deep East Texas Regional MHMR Services, Lufkin, is one of many MHMR contractors with the Texas Department of Highways and Public Transportation to provide litter pickup along state highways in its area.

"We think this is a valuable service to the community and one of the few contracts that allows our handicapped clients to make full minimum wage," says Nancy Jones, workshop director in Nacogdoches County.

Clients on work crews consider themselves fortunate among their fellow workers, but they must continually prove their productivity or lose their place on the highway crew.

Full minimum wage is not the norm for the clients, even when they seek employment outside the workshop. Many highway crew members have gained a new sense of confidence in making it on their own. Their paychecks pave the road to independence.

In some cases, wages have financed moves to private living quarters, an important first in the lives of many clients.

MHMR provides safety helmets, bright orange vests, boots and rain gear for the crew members. The highway department furnishes the plastic litter bags.

Clients are supervised by a workshop staff member and transported to and from the work areas in MHMR vehicles.

Assignments to sections of highway are made daily by the

local highway department offices. At the end of the day, workers in charge of the crews report the number of bags filled and the area covered and are scheduled for the following day.

A different birthday song

Imagine the backstage hubbub before the curtain rose on "Canto del Rio," Travis State School's musical production in honor of its fiftieth anniversary June 7-9.

The drama starred more than 60 clients, including those in wheelchairs, who had to be in costume on cue. They sang, danced and acted the history of their home and the land on which it stands, which can be traced back to Stephen F. Austin's colonization of Texas in the early 1830s.

Staff from music therapy and other departments designed the costumes and stage scenery and made up the clients to resemble cowboys, Indians, farmers and pioneers.

"Canto del Rio," which means "song of the river," culminated the three-day anniversary celebration at the school. Clients, parents, past and present employees and honored guests were invited to parties and tours of the campus.

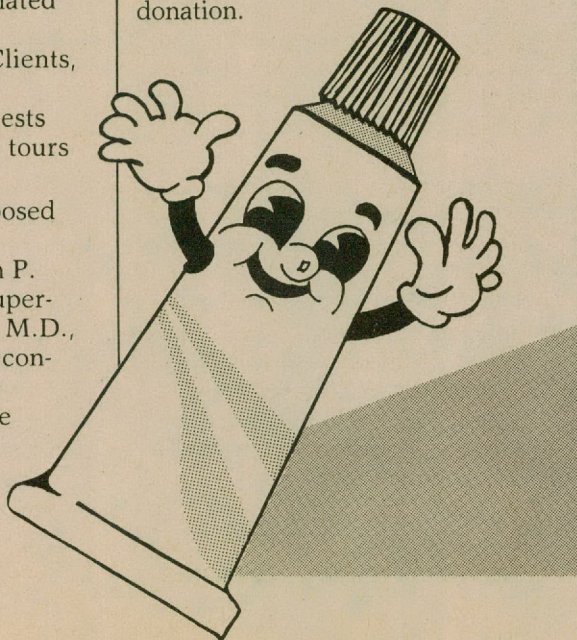
A Senate resolution proposed by Sen. Lloyd Doggett and signed by Lt. Gov. William P. Hobby was presented to superintendent Victor Hinojosa, M.D., for the school. It extended congratulations to Travis State School and commended the staff for the job they've done. The resolution was adopted by the Texas Senate June 6.

Brightening smiles

When George H. Jurek, D.D.S., heard that the Colgate-Palmolive Company was donating more than 650,000 tubes of toothpaste for the benefit of mentally impaired people nationwide, he bit.

Dr. Jurek, director of TDMHMR dental services, contacted the National Foundation of Dentistry for the Handicapped (NFDH), which was acting as middleman, for the department's share. Calculated from the number of clients and patients who live in TDMHMR facilities, 30,360 tubes of toothpaste were delivered to the supply warehouse at Austin State Hospital. The year's worth of toothpaste, retail valued at \$46,000, will be distributed to state schools and hospitals.

Larry Coffee, D.D.S., NFDH executive director, says the Colgate-Palmolive Company understands that the quality of life can be improved for handicapped people through the "comfort and dignity of dental health." TDMHMR is the only Texas beneficiary of the donation.



Conference Calendar

Aug. 26-28 Protecting the Elderly and the Disabled

Adult Protective Services
conference
Held in San Antonio
Contact: Mary Lou Burke
Texas Dept. of
Human Resources
P.O. Box 2960
Austin, TX 78769
512-835-0440, ext. 2625,
STS 881-2526

Sept. 18-21 National Association of Mental Health Information Officers

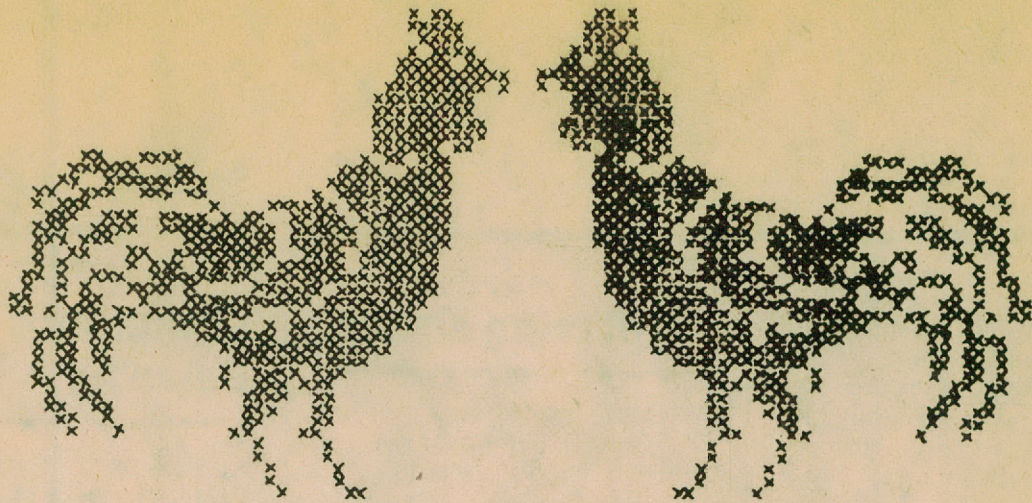
22nd annual institute
Held in Dallas
Contact: Kaye Beneke
Texas Rehabilitation
Commission
118 E. Riverside Dr.
Austin, TX 78704
512-445-8745, STS 887-8745

Sept. 27-29 Volunteer Services State Council

26th annual meeting
Contact: Volunteer Services
TDMHMR
P.O. Box 12668
Austin, TX 78711
512-465-4660, STS 824-4660

Nov. 1-2 Crisis Treatment and Prevention in the Mentally Ill and Retarded

TDMHMR symposium
Held in Houston
Contact: Office of Continuing
Education
Texas Research Institute of
Mental Sciences
1300 Moursund Ave.
Houston, TX 77030-3406
713-791-6603, STS 874-6603



Fund-raising, country-style

Fund-raising can be tricky business. But Corpus Christi State School (CCSS) Volunteer Services Council hit the jackpot with their Country Fair at Angelita Ranch near Corpus Christi in May. They raised in one day more than \$23,000 for the new Volunteer Activity Center currently being built on the state school campus.

Linda Roehl, CCSS volunteer coordinator, master-minded the fund-raising party. "We began planning early and enlisted more people than we thought we'd need on the party date," she says. "It paid off."

John McGregor, a Corpus Christi banker who has a daughter with mental retardation, offered his ranch for the party site. Ten additional host families donated \$500 each toward sundry party expenses, such as furniture and bandstand rental, insurance, decorations, caterers and tableware.

The guest list targeted 2,000 prominent people in the Corpus Christi business and professional community.

More than 400 attended, donating \$60 each for tickets.

The Country Fair featured three country and western bands, a country store and a silent auction, along with mesquite-grilled steaks and an open bar.

Country store goods, such as afghans and homemade jellies, were donated by CCSS staff, clients and volunteers. A bird hunt, helicopter ride and stained glass window went to the highest bidders in the silent auction. The country store made \$3,000 and the silent auction, \$10,000.

Volunteers, including CCSS staff members, did the detail work. They mowed the grass to create a parking lot, mailed the invitations and wrote thank-you notes to all guests. CCSS clients built latticework for displaying auction items.

Country Fair revelers so enjoyed the festivities that one rancher said, "Let's have it at my place next year." ■

J.G.

IMPACT

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Gary E. Miller, M.D., Commissioner

Public Information Office:
Hazel Casler, Director
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