

M1000.6
IM7
16:4

impact

A publication of the
Texas Department of Mental Health
and Mental Retardation
March/April 1987

Government Publications
Texas State Documents

MAY 14 1987

Dallas Public Library



Carolyn Marr

**Eagle Scout brings letters and love
to Terrell State Hospital.**

Flight Of An Eagle

by Sarah Kegeris
and Carolyn Marr

It all started last spring (1986) when a thirteen-year-old Boy Scout, Corey Marr of Garland, Texas, sought a service project—the final requirement in his quest to become an Eagle Scout.

Having a mother who had been employed at Terrell State Hospital for the past ten years, Corey sometimes accompanied her to the hospital for various special events. Since age four, he enjoyed periodic contact with long-term clients, for whom he developed a special feeling.

It seemed fitting, therefore, that he provide a service to those special people for his project. Corey's project idea was to have clients "adopted" by someone in the community who would regularly correspond with them. Through a "pen pal" program, these clients could receive mail and have someone of their own with whom to correspond.

Most of the long-term clients had been ill for many years. They had lived at Terrell State Hospital for five to forty years, with an average stay of fifteen years. They ranged in age from thirty to sixty years. Involvement with family was limited, and some had no family.

In fact, most clients had little outside contact at all; they neither received mail, nor wrote to anyone. They communicated with staff and peers, but infrequently with community contacts. Thus, Corey saw them as "forgotten people"—cared for by the hospital, nurtured by the staff, but forgotten by society.

So, Corey set about establishing a pen pal program at Terrell. Clients on the Extended Unit were polled to see who would be interested in having a pen pal. Nineteen responded. Corey then talked with

his pastor, Reverend G. Duane Johnson of Gloria Dei Lutheran Church in Garland, to ask if church members would be interested in serving as community contacts. Church members responded positively, and Corey held several meetings at the church to explain his project idea.

In June, nineteen pen pals from Gloria Dei were matched with nineteen pen pals from Terrell. Gloria Dei pen pals received basic information sheets about their corresponding clients, while Terrell pen pals received special packets of

writing supplies. The church pen pals committed to writing at least once a month.

Corey told his church volunteers that he hoped the clients would write back, but not to be disappointed if they did not respond since few of them had written a letter in years. He anticipated that the writers would exchange between seventy-five and ninety-five letters during the first four months of the project.

What transpired in the next months was almost like a miracle. Terrell pen pals, encouraged by the program staff, began writing notes and letters. They received letters with smiles and laughter. They read their letters to others and proudly showed them off for days. They colored pictures to mail and even asked to have photographs taken to send to pen pals. One even asked that her admission photograph be removed from her chart so she could send it to her pen pal.

While some clients experienced great difficulty communicating thoughts in writing, they did respond to the individual, caring contact of their church pen pal. They



Pen pals meet each other for the first time and enjoy getting acquainted at the long-awaited picnic.

persevered and they improved! They began to look forward to writing.

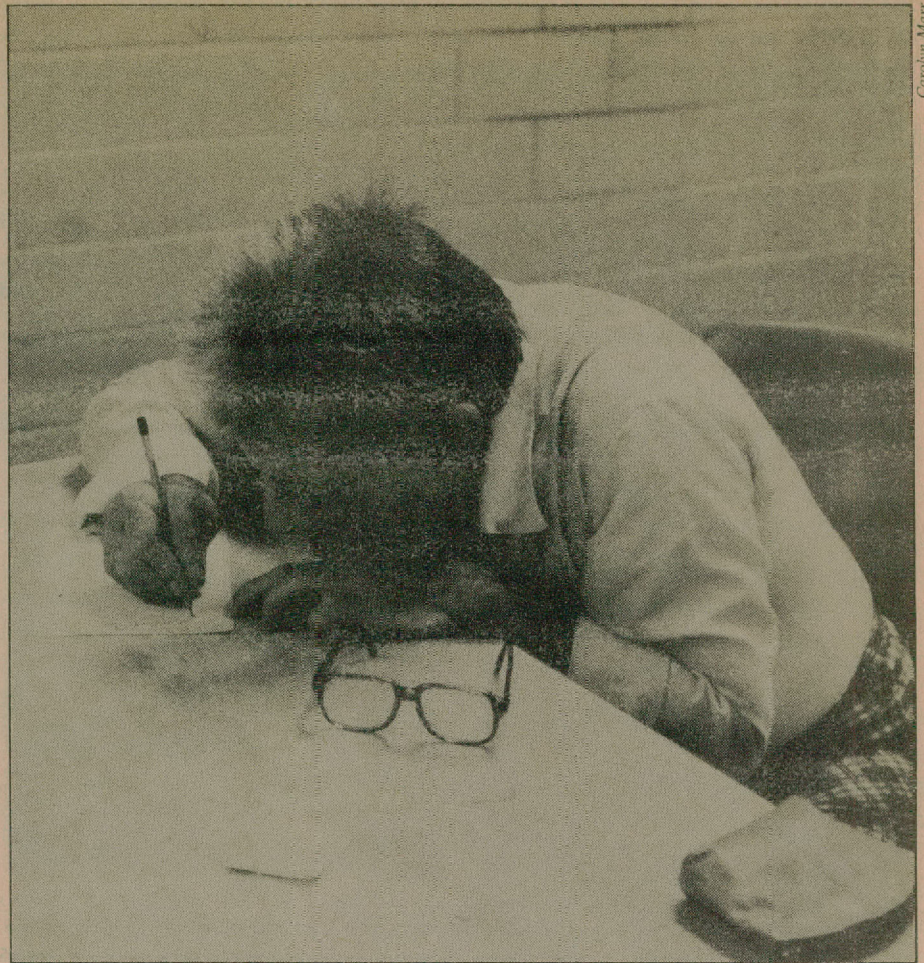
Corey's pen pal, a woman of Greek origin hospitalized for over thirty years, had not attempted to write a letter in many years. However, in response to Corey's letter, she wrote *KWRH*: Greek *K*, Greek *W* (*omega-o*), English *R*, and Greek *H* (*eta-ey*), spelling *KOREY*. She drew her picture at the bottom of the letter in response to Corey's sending his photograph to her. In each letter, she diligently worked at forming letters and words, always beginning her letter with *KWRH* and ending it with *LOB, PHT* (Love, Pete).

For four months, Corey tracked and monitored the program, visiting the Terrell pen pals and writing to Pete. He tallied each correspondence with the assistance of Volunteer Services and the use of a post office box in Garland. During those months an amazing total of 300 letters were exchanged. Over 175 of them were written by those 19 Terrell pen pals—people who for many years had not reached out to the world beyond the hospital!

As time passed, pen pals began to feel a genuine closeness to one another. Both clients and Gloria Dei members began to talk of wanting to meet one another. Several Gloria Dei pen pals asked if they might visit at the hospital; others asked about the possibility taking a pen pal out to lunch or to the park.

In September, the Terrell pen pals sent handmade invitations to their Gloria Dei pen pal families and then traveled to Garland to meet for a picnic.

The clients disembarked from the bus dressed up and smiling. For weeks they had talked about the picnic. They had announced it in ward government meetings. They had repeatedly asked staff how long until the picnic. One client who had waited and waited for the picnic exclaimed, "Oh boy! Oh boy!" when the day finally arrived. Another announced, "I feel like I already know my pen pal; I'll be so glad when I can finally see her!" Still another Terrell pen pal, looking across the decorated picnic area as she stepped from the bus, said, "Oh, look! They really do like us!" Gloria Dei pen pal families



Carolyn Marr

walked among the clients, each anxiously looking for that familiar face they had grown to know during the recent months. Pen pals embraced each other; they talked and laughed. They ate, exchanged little gifts, and took walks together. Some clients visited with the children and held the babies. The Terrell pen pals responded to the same outpouring of love and caring they had received in letters—and again, they gave it back.

Corey's period of monitoring the program is complete now, but the commitment to the pen pal program remains strong on both sides. Watching the pen pals together and hearing their positive comments, it looks as though this pen pal project has only just begun, and that the "flight of an Eagle" will long be remembered and enjoyed at Terrell State Hospital. □

Sarah Kegerris is Public Information Director and Coordinator of Volunteer Services at Terrell State Hospital. Carolyn Marr serves as Program Specialist in the Extended Unit at Terrell.

One of the 19 Terrell pen pals puts full effort into writing his new Gloria Dei Friend.

What is Early Childhood Intervention?

What is Early Childhood Intervention?

The Early Childhood Intervention (ECI) Program in Texas was created in 1981 by the state legislature to identify children from birth to age six who have or are at risk of having delayed development of motor skills, learning processes, social skills, or language and to provide a statewide system of services for them.

Before 1981, several Texas state agencies provided services to children with developmental delays, but programs for infants and toddlers were absent in some areas of the state and inadequate in others.

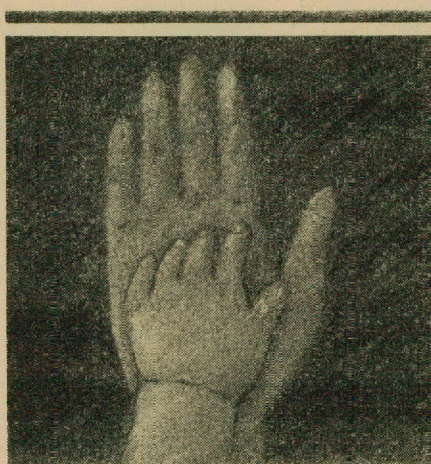
Now, through ECI, more children and their families are served by comprehensive services provided by a network of local programs.

How does ECI work?

Children are most frequently referred to ECI programs by physicians, hospitals, and parents. Before they receive services at a program, they are evaluated by an interdisciplinary team. Then parents and ECI staff work together to develop goals for the child and plans for appropriate training and therapy.

Intervention services for the child can include case management therapy to develop motor and speech skills, educational training, and training in social and self-help skills. Services are provided by special education instructors; speech, language, occupational and physical therapists; psychologists; social workers; nurses; and nutritionists. Teachers aides and other paraprofessionals with special training also provide services.

ECI offers home-based and center-based programs and com-



Pratt Bishop

binations of the two. Home-based programs are generally for babies, children who are too fragile to travel from home, and children in rural areas.

Center-based programs offer a wide range of routines. A child may meet weekly with a therapist for individual training, or meet with a small group of children of the same age or similar disability for group work. Some centers offer full-day programs. For working parents, staff may schedule meetings and parent training sessions at lunch hours or in the evening to accommodate parents' schedules.

Both home- and center-based programs offer services for parents. Generally, these include individual training, group educational meetings, and parent support groups where parents can learn from each other's experiences.

In its 1985 report to the state legislature, the Texas Interagency Council on Early Childhood Intervention points out that these types of services to children and their families are needed to prevent, lessen, or overcome developmental delays so that the children can reach their full poten-

tial. "Without early intervention, their problems may be compounded, resulting in a need for more intensive, and costly, services later."

What is the family's role in ECI?

ECI recognizes that young children generally spend most of their time with their families; thus, the family has a powerful impact on the child's progress. By encouraging family participation in the child's treatment, ECI provides continuity of training; training doesn't end when the child goes home. By teaching family members about the child's development, ECI provides families with the skills and confidence they need. And by communicating with family members, ECI can provide relevant programs, contacts with other community resources the family may need, and the support and caring of other ECI parents.

Each family has its own individualized family service plan that specifies the needs of the child, sets forth a course of treatment and goals, and specifies the services required by the child and the family.

Parent's involvement in ECI programs takes a number of forms. Many parents attend support groups and educational meetings. At the parent's request, some programs have begun special support groups for mothers, fathers, or siblings. A few programs have parent advisors or advisory groups who provide valuable feedback to staff on new curriculums and programs, produce newsletters or brochures, and assist parents new to the program.

What is special about Texas ECI?

Texas is one of only twenty states that provide funding for early childhood intervention. And it's the

only state with an ECI program directed by an interagency council. The Council consists of a parent of a child with developmental delay and one representative each from Texas Department of Mental Health and Mental Retardation, Texas Department of Health, Texas Department of Human Resources, and Texas Education Agency.

As a result, Texas ECI has an interdisciplinary approach at both the administrative and local program level, thereby serving the *whole* child and providing a broad network of support for the entire family.

That support for the family is another exceptional aspect of ECI

in Texas. Parents of children enrolled in an ECI program work with staff to develop and maintain a plan of service tailored to the needs of their family. Each family has its own documented family service plan.

Texas' unique interagency approach and emphasis on assisting the family were used as guidelines by the federal government in developing new legislation for states that wish to apply for federal funding of programs for young children who are developmentally delayed.

The federal government requires that states which request ECI fund-

ing set up a system to track infants and toddlers who are at high risk of developmental disability. Texas ECI has already established two pilot programs for tracking high-risk children: one in the Rio Grande Valley and another in upper East Texas. The specific mission of these programs is to form an interagency group to track high-risk infants and toddlers, and to set up a system of referrals to local ECI programs and health professionals with cooperation of the child's parents. Texas plans to expand to six tracking programs by 1988, staying at the forefront of early childhood intervention. □

Parents Make a Difference

As its name implies, the Infant-Parent Training Program (IPTP) of Austin-Travis County MHMR reaches out to parents as well as to their developmentally delayed children from birth to age three. Established in 1972, IPTP combines parent involvement with specialized infant training to help each child achieve his or her full potential. From September 1985 through August 1986, it served 285 children and their families, and the number of clients is growing.

Rosemary Alexander enrolled her two-year-old child in the Infant-Parent Training Program in 1984. Last year her child entered the public school system. Now, the IPTP employs her as a consultant.

Elaine Ferguson is the IPTP's other consultant. Her child was in the program at the same time that Rosemary's child was enrolled. Together, they started a parent support group, and today they team up to plan, advise, and counsel.

These two mothers agree that they have much in common, including the need to "do something positive" for their children. Rosemary says she chose an active role in the program while her child was enrolled and afterwards because she learned that "anything a parent can do for their child and other parents is therapeutic."

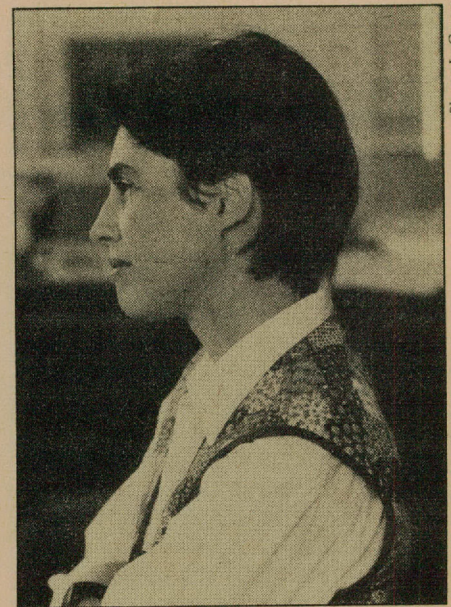
Part of that therapy for both women has been learning to accept their child's level of ability and the limits on what they can do for that child. No one expects their baby to be disabled, and the search for reasons and solutions can be maddening.

"Instead of asking myself 'Why?' every day like I used to, now I only do that about once a week," says

Rosemary, smiling at herself.

With realistic acceptance has come a degree of serenity that Rosemary and Elaine want to share with other parents in the IPTP. Speaking from personal experience, Elaine points out that parents of developmentally delayed infants have so much to cope with—sometimes including their child's serious health problems—that their

"Anything a parent can do for their child and other parents is therapeutic."



Rosemary Alexander

Sherry L. Grona



Elaine Ferguson

“The program gave me a sense of security and stability, a secure ‘center’ from which I had a chance to evaluate where I was.”

involvement in the IPTP can be only minimal. At the least, they can see that Elaine and Rosemary survived and know that they will survive, too.

At the IPTP, parents can participate in their child's training and build their own coping and teaching skills to the degree they choose. Many opportunities are available; some of them vary according to the needs and interests of those enrolled at a given time.

Madeline Sutherland, Unit Manager of the IPTP, explains that before an infant enters the program he or she is evaluated in order to create a customized training program. Parents play a vital role in supplying the information needed to develop a program tailored to the child's needs and the parent's capabilities. This level of participation is a must for the parent as well as the child.

Parents, especially those with new babies or physically fragile children, can request at-home training. At present, 15 families have chosen home-based training. The number used to be higher, and Madeline would like to see it increase. But, “our programs change as families change,” says Madeline. She cites the increased number of working mothers and single-parent families as reasons for the change.

Another way in which parents can

help their child and themselves is by attending and presenting workshops and seminars. This spring, for example, the IPTP is offering a workshop on motor development and a series of talks by professionals on topics such as legal rights for disabled children, first aid, nutrition, infant hygiene, and developmental activities.

Encouraged by Rosemary and Elaine, a group of the IPTP parents found another way to participate. They recently decided to publish a newsletter to inform parents and staff about workshops and resources and to introduce staff members to parents. In the first issue, editor Nancy Miner expressed the philosophy behind the newsletter: “A great source of help is available to us—other parents of special children and the staff of IPTP. By the sharing of experiences and information, we can help each other meet the special needs of each child.”

That sharing encourages parents' personal growth and self-confidence. “The program gave me a sense of security and stability, a secure ‘center’ from which I had a chance to evaluate where I was. From there, I could look for outside options like babysitting and recreation,” says Elaine.

Rosemary also found the IPTP to be a safe place to build confidence and communication skills. For her, it was “a good place to learn how to speak up for my child.” In Madeline's view, parents who work assertively with staff to get the best training for their child get a “dress rehearsal” for times when they may be their child's only advocate in dealing with, for example, a doctor or school board.

In fact, parents concerned about inadequacies in the IPTP's current, borrowed facility have publicly spoken up for their children. At their urging, plans for a safe, practical building have been drawn up, and they are raising funds to help pay for its construction.

Not surprisingly, plans for the new facility include a Parent Room. Rosemary and Elaine visualize the room as a place where parents can relax, exchange information, and share feelings with one another. Perhaps it can even be used for counseling at times.

In addition to the Parent Room, other changes affecting parents are sure to take place within this rapidly expanding program. Administrators and consultants all agree that they'd like to see parents more actively involved. Assistant Director Nils Pearson stresses that part of the IPTP's overall goal is to ensure that parents understand what is taking place in the program and that they can freely express themselves. "We want parents to feel that they are in control [of their child's training] and that they can have something to say."

Cultivating parental involvement is a challenging task. As many as 400 children per week are referred to the IPTP and between 150 and 180 children are enrolled at a given time. Parents of these children vary widely in what they need from the program and what they are able to put into it.

Staff members and consultants work together to generate fresh ideas for meeting that challenge. Rosemary and Elaine say they would like to see more ways in which parents can reach out to one another—perhaps more peer counseling, maybe a buddy system. Elaine hopes that the IPTP can develop a procedure whereby parents whose children are old enough to leave the program train new groups of parents before "graduation." Plans are already underway for a panel discussion in which parents of children who have gone into the public schools from the IPTP will address parents of children who are about to leave the program.

They also feel strongly that parents need to be more active in their children's training. One approach being considered is teaching parents to work as volunteer aides in classes (not those their child attends). That way, they could get a fresh perspective on ways to improve and accept their own child's abilities.

That plan touches another issue: the degree to which parents and teachers should work cooperatively. Madeline explains that it is sometimes difficult for teachers to involve parents because of the need to serve a large number of children at the same time and as efficiently as possible.

Also, teachers aren't always trained to deal with parents. "Teachers are trained in college to focus solely on teaching the child. For instance, teachers know how to control children, not how to train parents in controlling their children," Madeline says.

Rosemary believes parents should be able to offer insight to the teaching staff, while teachers "shift their efforts toward serving the family as a whole." In her capacity as parent consultant, she would like to spend more time working with the staff to show them ways to help parents.

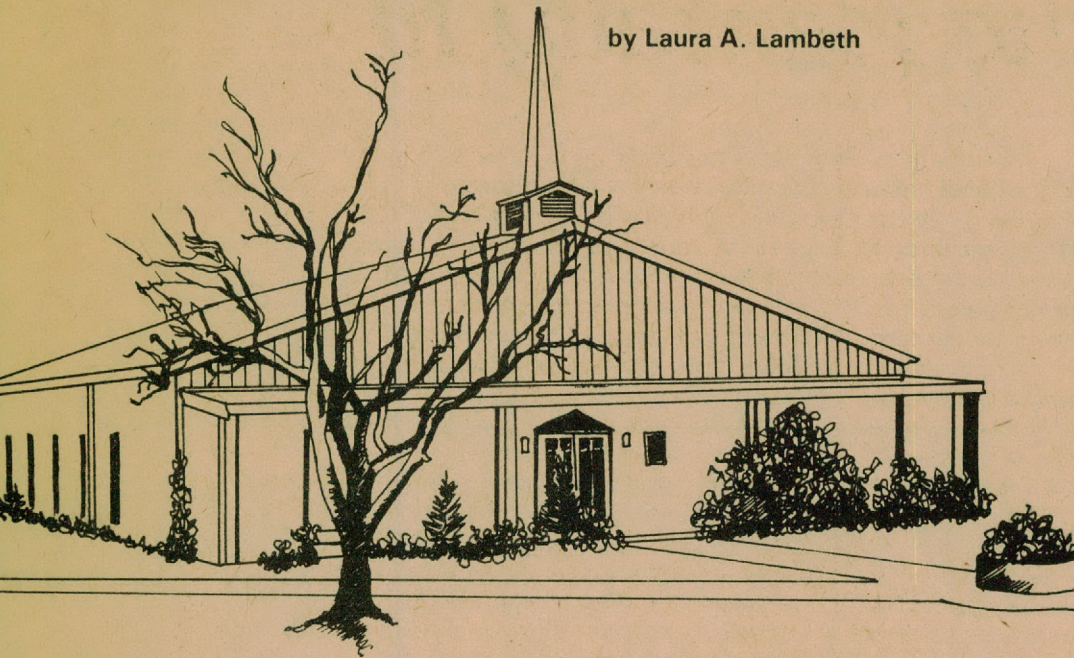
To involve parents in developing goals and strategy for the program as a whole, Elaine recommends a parent advisory board, a concept in use at some other early childhood intervention facilities in the state.

For similar reasons, Nils would like to survey parents who were in the program, perhaps five or more years after they leave, to find out how well the program served them and their children from a long-term perspective. He believes this is a way to stay in touch with the clients' needs and obtain realistic recommendations for changes to the program.

Most children who are enrolled in the IPTP will be there for approximately two years. In a real sense, their parents are enrolled for that time, too. But for Elaine and Rosemary, involvement has gone beyond the average two years. These parent consultants want to keep on sharing with other parents at the IPTP the knowledge, skills and inner strength that they gained through the program. □

All Faiths Cared for at State Hospital

by Laura A. Lambeth



Years ago, the expansive, rolling green hills on the South Side at the end of Pecan Valley Drive were speckled with truck farms where workers from the San Antonio State Hospital harvested crops to help support the institution.

The vast area of land and the hospital's facilities have changed since its start in 1892, but much of the property's wide, country-like spaciousness dotted by sprawling pecan trees and tall evergreens remains, helping one to forget the hustle and bustle of crowded city living.

In the heart of the acreage shines a tall, slender steeple atop a modern, beige brick building. Four sidewalks leading from alternate directions cross in front, subtly inviting one to enter the nearby wooden brown doors.

The foundation of the sturdy building once held a sheep barn. Now it supports the All Faiths Chapel.

And inside are the "under-shepherds," the chaplains of different faiths tending to the special

needs of their ever-changing flock.

"Part of a patient's right is the right to worship and the right not to," head Chaplain Robert Cullum said.

"People have the full freedom to come here," he said.

The concept of having chaplains who honor all denominations at the state hospital for the mentally ill is relatively new compared to the institution's long standing in the community.

Although ministers from local churches started visiting the hospital in the 1930s, it was not until the late 1950s and early 1960s that certified chaplains were brought to the hospital, with the first chapel located inside the hospital gymnasium.

After years of local community donations, Cullum said, the formal chapel was built in 1973 without any state funding.

The state then accepted the property and now provides maintenance.

Inside, the well-kept chapel is lined with red carpet and cush-

ioned red pews that can seat more than 300.

A restored grand piano more than 80 years old stands with other musical instruments near the choir's seating at the side of the altar. Tall, brightly colored windows made from bottled glass softly spray glows of blue, red and yellow throughout.

Although salaries for the round-the-clock chaplains and staff are paid for by the state, the majority of the chapel's operations depend on outside donations, Cullum said.

"No offerings are taken inside the church because many of the patients don't have anything to give," said Cullum, who has been with the hospital since 1966.

The chapel and its three chaplains serve both the state hospital, with more than 600 patients, and the nearly 350 residents of the San Antonio State School for the mentally retarded. If a patient cannot come to the chapel, a service, or counseling, is conducted in a ward, sometimes on an emergency basis.

Unlike community ministers and priests, hospital chaplains must be certified for clinical pastoral training to work with the institutionalized. They are also part of the hospital's team to help patients in their healing process.

"Religion counseling for many of our patients is a significant part of our treatment program," state hospital Assistant Superintendent Sam Plemmons said.

"The chaplains are a part of the treatment team," he said.

Years ago, a 100-year-old bell rang at the hospital to warn guards that a patient had escaped. It now rings in the chapel's steeple on Sundays to invite patients and visitors to worship freely.

Cullum said that often a new patient will enter the chapel for the first time and perhaps spend only a few minutes hearing a service before leaving. A second time the person may stay a little longer.

"Eventually a person may stay for all of the service," he said. "There is a special beauty watching this kind of transformation happening to them." □

Reprinted by permission of the San Antonio Light, December 29, 1986.

Reflections

on the Mentally Ill

About the Author

Dan Nance, a client at Wichita Falls State Hospital (WFSH) when he composed "Reflections on the Mentally Ill," left there February 16 to begin a new era in his life. After a brief stay at Carrollton Manor, Dan will rent an apartment, work to support himself and seek opportunities for volunteer service.

Giving of himself is important to Dan, and he views service to others as a vital part of his recovery. He wrote "Reflections" for the patients at WFSH, to express their hurt, frustration and despair for them. He also used the poem to share his own experience with others: a battle with manic depression that he has fought since his first breakdown in college at age 20. That battle cost him everything—loved ones, friends, a career—and it almost took his life through suicide. Yet, the poem also shares his hope, a belief that help is always available from caring individuals at places like WFSH.

A psychologist for eight years, Dan served as Unit Director at Richmond State School and as a management consultant for the U.S. Air Force until his illness forced him to quit.

Change in medication and his stay at WFSH have made it possible for Dan to feel cautiously optimistic about his future. He sees writing as part of his therapy, "a way of expressing and releasing my basic feelings."

He also plans to work. Dan is willing to work hard, and he doesn't mind physical labor. In the past he's had a variety of tough jobs, including working on pipelines.

A major part of his time will be spent helping others. While at WFSH, Dan assisted the chaplain and served in music therapy, in the medical/surgical ward, and in geriatrics. He's the first client at the hospital to earn the Volunteer Service Award for 100 hours of service. □

*Feelings and thoughts in disarray,
lives and hopes in utter dismay.
Secluded from society and on display,
locked on a ward with no say.*

*Then know for sure that your plight is real,
for you are one of the mentally ill.*

*When there are no friends who care,
leaving you desperate and in despair,
thinking that God is somehow unaware,*

*Then know for sure that your plight is real,
for you are one of the mentally ill.*

*Does your family react to you with love and hate,
as you return the prodigal son trying to relate,
but perfection coming just a little bit late?*

*Then know for sure that your plight is real,
for you are one of the mentally ill.*

*Is your work record shot with holes from trips to the
hospital, which have rendered your soul?
And do you have to start over again, from the depths of
suicide must you begin?*

*Then know for sure that your plight is real,
for you are one of the mentally ill.*

*Mothers almost torn apart losing their children—ripped from
their hearts. No court to soothe nor heal their wounds,
only knowing that their children are lost and that
they are grief-consumed.*

*Then know for sure that your plight is real,
for you are one of the mentally ill.*

*Women battered and bruised to the bone,
huddled in silence, afraid to be alone.
Abused and forgotten by their man,
a lack of understanding of God's plan.*

*Then know for sure that your plight is real,
for you are one of the mentally ill.*

*Are you comparing yourself with the norm and
normals all around you with resounding confidence and cool
that makes you look like a fool?*

*Then know for sure that your plight is real,
for you are one of the mentally ill.*

*Is the canteen your only place to go?
Is life on the outside a big zero?
Are you broke and needing a cigarette?*

*Then know for sure that your plight is real,
for you are one of the mentally ill.*

*But there is hope in every day,
and lots of people here to say,
"We will help you in every possible way."*

Dan Nance

Pineywoods Achieves Distinction

by Sheryl Taylor

Pineywoods Regional Treatment Center, a psychiatric hospital operated in Lufkin by Deep East Texas Regional MHMR Services, has drawn the attention of MHMR agencies throughout the state.

Pineywoods has several qualities that distinguish it from the other three private, licensed psychiatric hospitals operated by MHMR community centers in Texas, said Diane Faucher, consultant in the TDMHMR Office of Standards and Quality Assurance.

The 20-bed, locked facility is the only psychiatric hospital run by an MHMR community center that has been accredited by the Joint Commission on Accreditation of Hospitals, and it is the first such facility to be operated by a rural MHMR agency.

Also, Faucher said, Pineywoods is the only MHMR facility of this type located within a general hospital, and it is one of only two that is Medicare-approved.

The hospital's primary goal is to reduce regional dependency on state-run psychiatric hospitals by providing inpatient treatment for residents who would otherwise require treatment at Rusk State Hospital.

When Pineywoods opened in May 1985, there were approximately 120 patients from the region in treatment at Rusk State Hospital on any given day. Today, that number has been reduced by approximately two-thirds, said Mark Severns, hospital service director and 10-year employee of the agency.

Pineywoods' success has not gone unnoticed, and MHMR administrators from throughout the state have been making house calls to Lufkin to see what makes the hospital tick.

Severns has been involved with the Pineywoods project since the agency developed the concept for such a program in January 1985.

"We wanted to incorporate the best aspects of three kinds of mental health care: big institutions, private psychiatric hospitals and community mental health centers," Severns explained.

MHMR staff visualized a program that would combine the big institution's ability to meet a patient's full range of physical health needs with the private hospital's ability to provide extensive one-to-one contact.

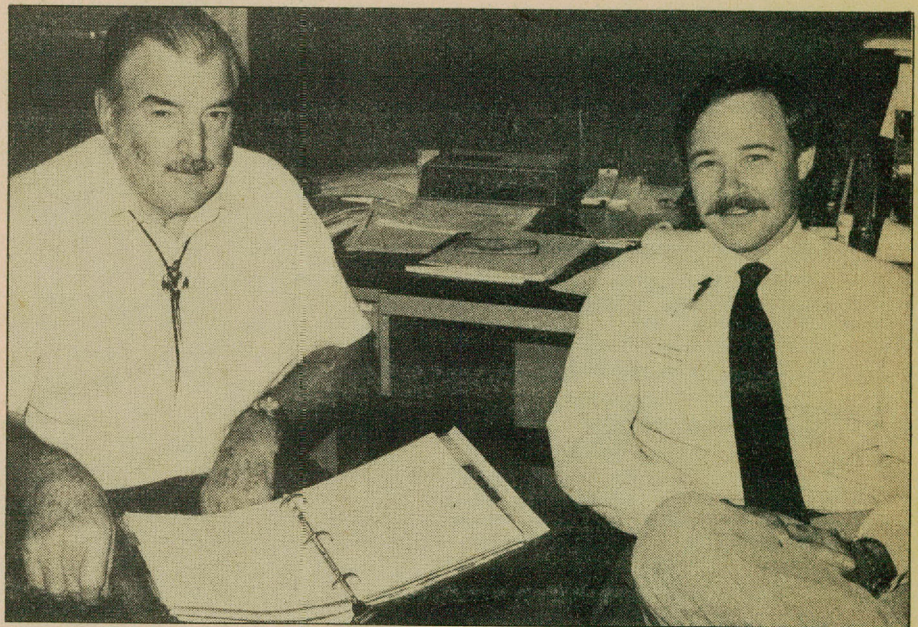
Also, staff members believed that providing treatment close to home—as community health centers do—could reduce the social stigma traditionally associated with treatment at a state institution.

In addition, as a unit within the regional MHMR agency, Pineywoods would be better able to provide patients with a direct line to community services.

A \$150,000 grant from the T.L.L. Temple Foundation gave Deep East Texas MHMR the money necessary to put its plan in motion.

The program's location inside a general hospital, Memorial Medical Center of East Texas, allows it to efficiently meet the physical health needs of patients. Through a contract with the hospital, Pineywoods has access to a number of ancillary services including x-rays, laboratory studies, surgery, dietary facilities and emergency medical care.

Its small size gives Pineywoods an edge over larger psychiatric institutions. It permits more direct



Clinical Director Michael F. Cleary, M.D. (left), and Service Director Mark Severns (right) conduct daily chart review meetings at Pineywoods. One representative from each of the center's seven disciplines participates in these daily meetings in which each patient's case is reviewed.

contact with clients and is beneficial to the 35-member staff as well.

"We're a small, self-contained unit with a designated number of patients," said Michael F. Cleary, M.D., clinical director at Pineywoods. "The treatment team is set up to deal with a specific number of patients, and, because that number is predictable, we know our maximum load."

As head of the treatment team, Dr. Cleary is responsible for the overall care and treatment of the center's patients.

The limited number of patients also ensures that all members of the treatment team are able to maintain almost daily contact with each patient, Dr. Cleary said.

Sue Jasper, director of nurses at the center, agrees that the Pineywoods staff provides patients with "a lot of individual attention."

"Members of the nursing staff view themselves as true care givers," Jasper said. "They're not here just to provide for the patient's physical needs, but also to reaffirm each patient's worth as a person, the fact that he is somebody and that he is capable of returning to his community."

Severns believes this intense, individualized care is responsible for the rapid stabilizing of patients at Pineywoods. The average hospital stay for a patient at Pineywoods is two weeks, compared to a 35-day stay at Rusk, Severns said.

Even with this rapid turnover, Pineywoods keeps its beds full. The center has operated close to its 20-bed capacity since the doors opened.

Jasper believes patients prefer hospitalization at Pineywoods because of the social stigma associated with state hospitals and because they sometimes feel lost in larger institutions. "It's embarrassing to some of them to go to a state institution," Jasper said. "It's a lot easier for them to be able to say they've been at the hospital in Lufkin."

"Also, we're able to interact with patients more closely. We bake cakes, pop corn, celebrate birthdays. Patients say to us, 'I can tell you care about me because you know my name. I'm somebody here.'"

The hospital and community

centers are all units of the same regional agency, enhancing communication between the programs, explained Gale Culpepper, Pineywoods caseworker. Culpepper works as the liaison between Pineywoods and the community. She assists with patient admissions and makes arrangements for those patients when they are discharged. Culpepper, like most key members of the Pineywoods staff, is a longtime employee of Deep East Texas MHMR.

"The main benefit is knowing the staff you're working with," Culpepper said. "In this situation, you know who you're sending the patients out to," she said. "It's not just a voice on the phone. It's also helpful because we know exactly what services are offered by our agency (Deep East Texas MHMR).

That Pineywoods has proven so successful in patient care does not



Occupational Therapist Carol Northcutt (right) administers an occupational therapy intake assessment with the use of mosaic tiles. How accurately patients are able to copy the tile design indicates how well they are able to follow instructions and the extent of their organizational skills, attention span and problem-solving abilities.

come as a surprise. Time and again, staff members mentioned the expertise and caring attitude of their peers, and Dr. Cleary praised the high standards maintained in nursing, occupational therapy, social work and psychiatric and medical care.

What did come as a surprise was Pineywoods' financial success.

Pineywoods opened its doors with \$150,000 in its pocket and a projected yearly budget of \$1 million.

"We thought we could do it, but the agency took a big risk," Severns said. "We had enough money to operate for almost three months. We didn't know what would happen after that."

What happened is that after less than two years of operation, Pineywoods generates enough funds to sustain its annual operating budget of more than \$1 million.

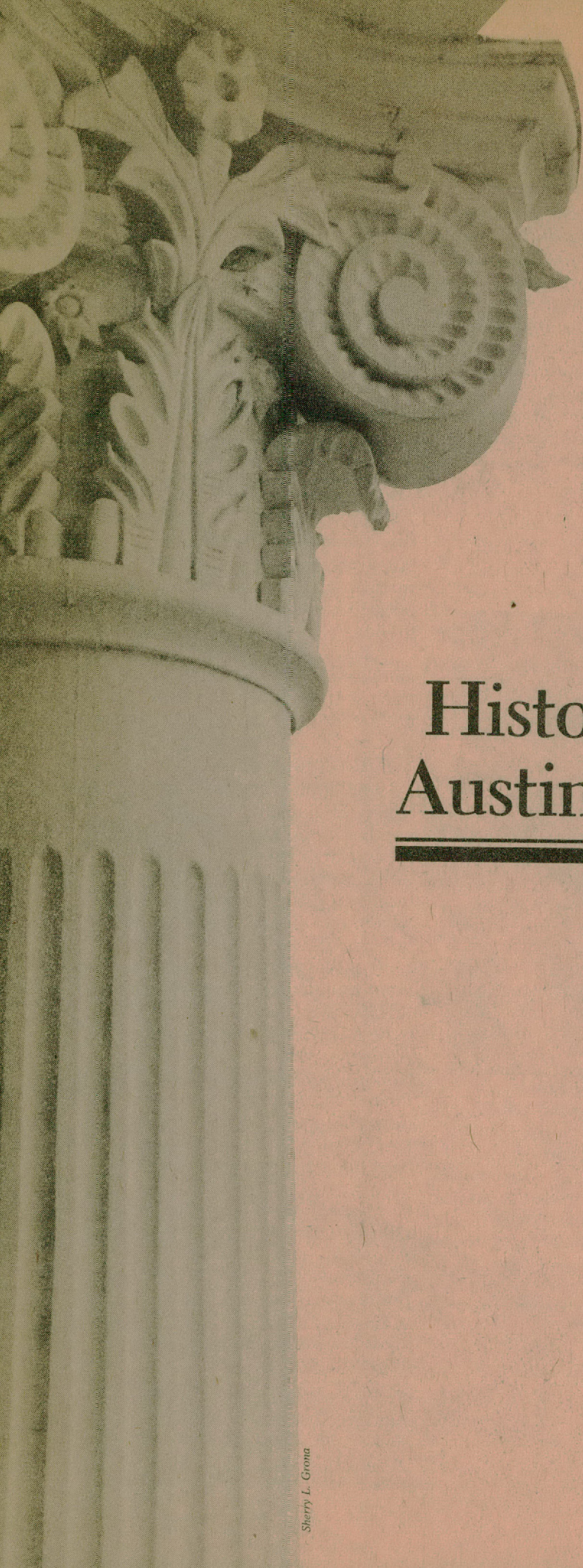
The money that keeps Pineywoods operating comes from three basic sources: insurance payments, patient fees and funds from the RAJ incentive program developed by TDMHMR in 1984.

The RAJ program established regional figures based on the number of state hospital bed-days used by area residents during a three-month period. Agencies receive \$35.50 for each bed-day by which they are able to undercut this baseline figure.

Before the establishment of Pineywoods, Deep East Texas MHMR was unable to significantly reduce regional bed-days, and, therefore, was unable to benefit from the RAJ program. Since Pineywoods opened, the agency has been averaging \$65,000 a month in RAJ payments, much of which is used in operating Pineywoods, Severns said.

"Pineywoods' success is more than we could have ever anticipated," said Jim McDermott, Ph.D., executive director of Deep East Texas MHMR Services. "It marks the fulfillment of a longtime dream of the MHMR staff and Board of Trustees." □

Sheryl Taylor is employed in Special Services, Deep East Texas Mental Health and Mental Retardation Services.



Keeping
History Alive at the
Austin State Hospital



Texas' third oldest existing landmark, the Administration Building of Austin State Hospital, embodies in stone, mortar and timbers the history of mental health care in the state. Having withstood decades of heavy use, the massive stone building now stands in gloomy disrepair—an increasingly hazardous, inefficient victim of neglect. The Volunteer Services Council at the hospital is working toward restoring this historical building to beauty and usefulness with donated funds.

The Council recently commissioned an historic structure report by The Williams Company, a local architectural firm. Titled *The Austin State Hospital Building of 1857*, the report describes the colorful history of the building, details its current condition and offers plans to preserve the structure.

Built in 1857 (30 years before the State Capitol) as the result of state legislation, the structure was called

the State Lunatic Asylum. It served as a comfortable refuge for people deemed incapable of coping with life in their community. Pragmatic legislators viewed the asylum as a convenient, humane way to relieve overcrowding in jails and almshouses. No efforts were made to actually treat the patients, a common approach to mental illness at that time.

The asylum was designed as a single rectangular building to which wards could be added as needed. Tina Hanna of the Volunteer Services Council explains that the interior of the building was intended to evoke a home-like atmosphere. Windows in every room—none with bars—permitted abundant light and fresh air. Rugs, comfortable chairs, drapes, paintings and houseplants gave the interior a non-institutional look.

During the tenures of superintendents Dr. F.S. White and Dr. B.M. Worsham near the turn of the century, a major goal for the asylum was self-sufficiency. As a

First-floor corridor mixes old with new. The vaulted plaster ceiling and rounded corners at doorways are part of the original architecture, contrasting with relatively modern vinyl flooring and fluorescent light fixtures.



Sherry L. Grana



result, patients and staff made improvements to the facility. They built a portico and landscaped the grounds, creating lakes, sculptured lawns and a circular drive. By the time they finished, the asylum had the look of a gracious home set on the grounds of a park.

The asylum became the Austin State Hospital in 1925. That year marked the beginning of a bleak period of overcrowding, staff shortages and physical deterioration of the hospital.

Matters began improving for the hospital overall in the 1950s, when Governor Shivers pressed for better mental health care. In 1958, the Benjamin Rush unit was completed on the campus. Patients were moved there from the old building, which became the Administration Building.

Since 1958, little has been done to maintain the building and keep it in

good repair. Thus, out of the building's 57,000 square feet of space, less than half is occupied. Occasional, low-budget repairs have actually damaged the building further. At present, it violates an array of city, state, federal and historic building codes, most notably those regarding fire safety, access for the handicapped and energy conservation.

Remarkably little damage is actually structural, making it financially feasible to renovate. Tina points out that the limestone exterior walls remain largely intact, hinting of the stately grandeur and sturdy practicality to which this 130-year-old landmark could return. Through the dedicated efforts of volunteers and donors, the Administration Building will someday reach its potential to serve the clients and staff of Austin State Hospital. □

Broken windows, cracked and falling plaster, and an obsolete wall radiator in a third-floor room typify deterioration and energy waste found throughout the unoccupied floor.

Catching the Spirit of Good Health

What do your lunch preferences, crime prevention, and biofeedback have in common? They were just a few of many health issues brought to the attention of MHMR and other agency staff at Health Fair '86. In October, the TDMHMR Central Office Wellness Committee conducted the fair at the Austin office. The theme of the fair was "Catch the Spirit"—the spirit of wellness of mind and body.

The Wellness Committee had several goals in mind for the fair. First, they hoped to increase participants' awareness of the scope of health issues with 27 exhibits. For example, visitors could have their blood pressure checked at a booth manned by Seton Good Health School or be screened for sickle cell anemia by Holy Cross Hospital staff. Then they could move to the Agricultural Extension Service exhibit for computer analysis of the nutrition of their lunch choices, or to the YWCA booth for a skinfold test for body fat. Hearing and sight testing were offered. Southwest Texas State University Physical Therapy Training Program presented back safety information. Central Texas Regional Blood Center offered visitors the opportunity to give health to others by donating blood. Austin Police Department advised attendees about protecting themselves from rape and other crimes.

Participants found out that wellness can be fun as well as interesting. Lively Jazzercise demonstrations every half-hour entertained onlookers and may have inspired some to do a few heart rate-raising moves, too! Many visitors remarked that the fair gave a welcome boost to their morale.

The Committee also hoped to stir enthusiasm for current wellness programs and to encourage suggestions for future programs. They surveyed Health Fair participants to find out how well they liked the fair and what they would like to

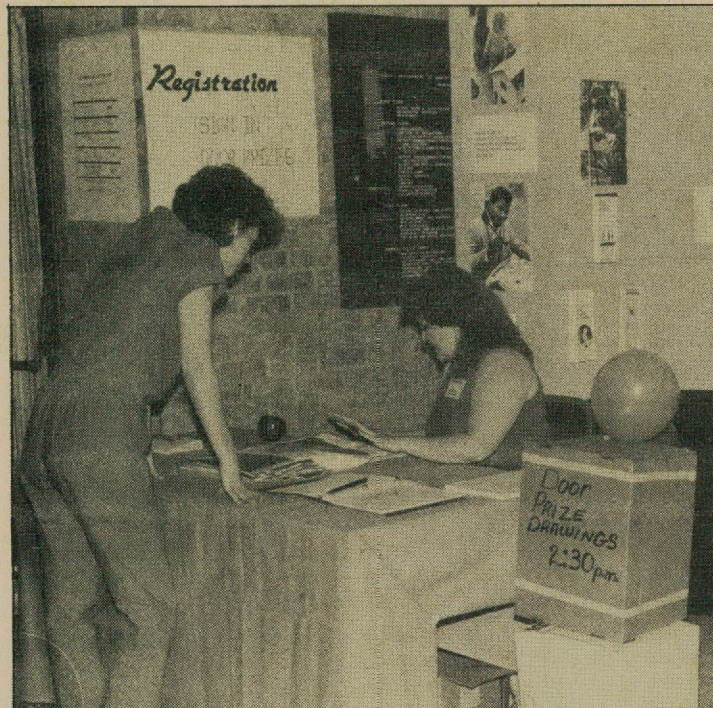
know more about. The survey showed that the fair was an unmistakable hit. As a result of participant response, the Central Office is currently offering these programs:

- *Fit for Life*, a 12-week course in nutrition and physical fitness presented by two of the October fair exhibitors, Opal Irving of the Agricultural Extension Service and Ann Berghammer-Miller of the YWCA.
- *Tai Chi*, a 6-week course in exercise and meditation.
- *Indoor swimming* daily at Austin State School.
- *Volleyball* once a week at Austin State Hospital.

— *Aerobics* three days a week at the Central Office.

Later in the spring, the Committee will present a 3-week course in relaxation and a 2-day financial planning seminar.

Health Fair '86 was so successful in broadening health awareness, lifting morale, and giving direction to the Wellness Committee that Health Fair '87 is already on the calendar for October. Wellness programs conducted by MHMR facilities around the state have been equally successful. For tips on starting a wellness program, contact Susan Askey, Training and Staff Resources, TDMHMR, P.O. Box 12668, Austin, Texas 78711-2668. □



Sherry L. Grana

Becci Ramirez registers Susan Askey at entrance to the fair.

Preston E. Harrison Award

Nominations for the Second Annual Preston E. Harrison Award are now being solicited from all TDMHMR employees, according to Gary E. Miller, M.D., Commissioner.

"Last year's initial presentation produced a diverse field of nominees representative of the best employees in our agency. I want to encourage all TDMHMR staff members statewide to nominate another group of individuals this year that will be equally impressive," the Commissioner said.

May 15, 1987, is the deadline for submitting nominees for the second annual award created to honor outstanding TDMHMR employees who—like Dr. Harrison—have made significant contributions to the Department in terms of creativity, efficiency and innovation.

The recipient of the second annual award and nine finalists will be chosen by a committee of employees. The selection committee will make its decisions based on the information and documentation provided by the nominators. Only individual TDMHMR employees may nominate qualified candidates for the award.

To be eligible for the award, a nominee must be a full time or part time TDMHMR employee, not a consultant, and must have been employed by the Department for at least two years. An employee may be nominated for a specific accomplishment, or series of accomplishments, within the previous three calendar years.

The winner will receive a \$500 cash award and a personal plaque and will have his or her name in-

scribed on a larger plaque on permanent display in the TDMHMR Central Office in Austin. The nine finalists will be recognized with certificates of commendation, and all nominees will receive letters of commendation from the Commissioner recognizing their achievement.

The award presentation ceremony will be held at the TDMHMR facility where the winner is employed. The Commissioner will present the award. All finalists will be invited and will be recognized by name.

For additional information, contact Ms. Nancy Barker, Director, Volunteer Services, TDMHMR, Chair of the Harrison Award Committee. Ms. Barker's STS number is 824-4660. □

State Debate Raises Critical Health Issues

The Texas Foundation for Human Services will sponsor a State Debate on Health Care, April 26 through 28, titled "Who lives, Who Dies, and Who Pays?" in Austin.

Lan Bentsen, chairman of the Foundation's Executive Committee on Health Care, explained that community and professional leaders from throughout the state have been invited to debate mental and physical health issues of critical importance to the people of Texas. The State Debate is intended to involve these delegates in efforts to shape health policy in Texas and to heighten public awareness and participation in policymaking, Bentsen said. Delegates will return to their communities to develop a network to focus on regional and state health care issues.

The first debate, "Who Lives?"

focuses on the quality of our lives. For example, participants will debate whether mentally or physically ill persons can make informed decisions about the kinds of care they need. This debate will also raise the question of whether our greatest health care efforts and dollars should continue to go to traditional acute care programs rather than to preventive and alternate health care programs.

In the second debate, "Who Dies?" debators will consider who has the right to decide when life should be prolonged and when it should end. They will also discuss guidelines for determining how access to health care should be rationed.

TDMHMR Commissioner Gary Miller, M.D., has been invited to participate in the third debate, "Who Pays?" This debate focuses

on the level of government responsibility in financing health care, particularly for mentally and physically disabled and elderly individuals. Participants will debate whether all employers should be required to provide basic health coverage for their employees and dependents. They will also consider if high cost health care should be provided by state and federal governments without regard to an individual's ability to pay.

The final segment of the "Who Pays?" debate will center on this statement: "Government should not be responsible for long-term care for the elderly, the physically disabled, or those with mental health or mental retardation disabilities."

Debators will present and justify their viewpoints and offer possible solutions to the debate propositions. Following each debate, a six-member Reaction Panel will present local and personal perspectives.

For more information, contact Diane Black, Coordinator, P.O. Box 49287, Austin, Texas 78765. □



Preston E. Harrison Award

Nomination Form

1. Name of Employee Nominated _____
2. Facility _____
3. Classification Title _____
4. Working Title _____
5. Telephone Number of Employee _____
6. Name of Employee's Supervisor _____

7. Describe the service, idea, approach or other factor which you believe qualifies this employee to receive the Preston E. Harrison Award. Attach a typewritten narrative of no more than three pages (may be single-spaced.)* The narrative must address creativity, innovation and efficiency. This can be at any level of employment.

Creativity - Conceptualization or first representation of new ideas, systems or original approaches leading to improved services to clients, methods of management such as staff morale, wellness and attendance.

Innovation - The introduction or actual implementation of ideas, systems or approaches or approaches new to our service system.

Efficacy - Efficiency and effectiveness as measured by an improvement in quality, quantity, time and cost saving.

8. Attach documentation, such as letters, newspaper articles, publications, testimonials, etc., which support this nomination. Do not exceed five pages.*
9. Name of Nominator _____
10. Address of Nominator _____
11. Telephone Number of Nominator _____

*Note: Additional materials and information may be requested for finalists.

Deadline: May 15, 1987

Send to: Volunteer Services
TDMHMR
P.O. Box 12668
Austin, TX 78711-2668

Joe Walter Workshop Jaycees Lend Helping Hands

Twenty-two clients of the Joe Walter Workshop in Gainesville, a program of MHMR Services of Texoma, form a Jaycee chapter that is the only one of its kind in the state. Putting into practice the Jaycee principle that "service to humanity is the best work of life," this group of adults with mental retardation has tackled two major fundraising projects—with profitable results. Last July, they raised \$1200 for the March of Dimes by canvassing motorists at a busy intersection. In November, the group collected \$950 for food baskets for the needy.

Jaycees are the world's largest civic group for young adults. Workshop clients conceived the idea of starting their own chapter in December 1985, in response to years of service provided to them by the Gainesville Jaycees. They wanted to show the same kind of caring to others that they had received.

Assisted by Kevin Callaghan, a Cooke MR Services employee and coordinator of the group, and the Gainesville Jaycees, 25 workshop clients established their chapter. They elected six officers, drew up bylaws and a constitution, and made plans for the group.

This year, 22 clients renewed their membership. At present, they are putting together a public awareness program on railroad crossing safety. These members hope to develop additional projects this year to fulfill the Jaycee goals of individual leadership and community involvement.

David Hamilton presides over the group. Soon, vice presidents Bobbie Ralston, Barbara Koesler and James Wilson will select the specific committee that they will chair. Administrative support for the group comes from secretary Lynda Vislosky and treasurer Henry Mecca.

The Joe Walter Workshop has offered vocational and academic training to clients with mental retardation since its founding in 1973. The clients handle a wide variety of contracts with manufacturers and businesses, such as industrial salvage and reconditioning, electronics assembly, hand assembly, hand and machine packaging, and general machine work. □

Gloria Rosenberg



Parents Give Community Placement High Marks

By William V. Rago, Ph.D.

Did you ever complete a questionnaire from the maker of your new car that asked if you were satisfied with the car, did all the parts work correctly, and most importantly, would you buy the car again? The purpose of such a survey is to identify your satisfaction with a product. In January 1987, the Office of MR Services sent just such a questionnaire to the parents and guardians of clients who, through their participation in the Department's prospective payment program (PPP), were placed in community residences between June 1985 and May 1986. The survey was designed to determine how satisfied parents (consumers) are with the placement of their children in the community.

The consumer satisfaction survey was the idea of the TDMHMR Board who, at their August meeting, requested that such a survey be conducted. The survey began in September 1986 when Dr. Lee Willerman, Seays Regents Professor of Psychology at the University of Texas at Austin, was obtained as a consultant to develop the questionnaire and conduct the survey. In February 1987, Dr. Willerman presented a preliminary report of his survey findings to the Board. The purpose of this article is to describe the results of the survey as well as to provide a status report on consumer acceptance of the PPP.

Description of the Consumer Satisfaction Survey

In January, a 22-item, yes-no questionnaire was mailed to the parents/guardians of every client who moved from a state school into a community residential setting between June 1985 and May 1986. A total of 671 questionnaires were

mailed. All questionnaires were identical and inquired about the quality of staff, characteristics of the residence, client progress, happiness of the parents/guardians with placement, and whether they would place their children in the same residence again. While the questionnaire focused on the parent's/guardian's satisfaction with their children's current placement, questions were also asked about the previous state school placement. Thus, the survey compared satisfaction with the current community residence to satisfaction with the previous state school placement.

When the results of the survey were tabulated, 48 percent of the 671 questionnaires were returned. This 48 percent return rate is reasonably good for a mail survey and reflects the considerable interest parents/guardians have in the services provided by TDMHMR. The overall results reveal that as consumers, parents/guardians were happy with the placement, and, in the words of the consultant, "the relocation of mentally retarded clients from state schools into community placements was perceived as overwhelmingly positive." The reasons why the consultant drew this conclusion are apparent from

"... if they had to do things over they would place their children in the same residence."

reading the responses to the questionnaire. Ninety one percent of all parents/guardians not only said that they were satisfied with their children's placement but also that if they had to do things over they would place their children in the same residence.

Consumer Perceptions of Staff Quality

While it is clear that as a group parents/guardians perceive the PPP to be successful, it would be very interesting to understand why they feel this way. An analysis of consumer responses furnishes some answers. When asked if they believe that community staff really care about the well-being of their children, 98 percent of the parents/guardians said *yes*, and 93 percent said *yes* for state school staff.

In many ways the question on staff care is the most revealing of all the questions. Issues regarding mental retardation are typically emotional issues. If parents/guardians feel that the staff who work with their children care about their children they must also trust these staff. In an atmosphere of trust, parents/guardians feel that staff will do what is best for their children and knowing this, trusting in this, likely brings some sense of emotional relief. In fact the only way parents/guardians could feel secure about their children's future is to trust that the people who care for their children sincerely care about their children.

Parental responses show that they not only trust the staff who work with their children (a nice compliment), but that they also believe the staff to be well qualified to provide care, with 95 percent replying *yes* for the current place-

“. . . they not only trust the staff who work with their children, . . . they also believe the staff to be well qualified to provide care.”

ment and 89 percent for the state school placement. When specifically asked about the quality of medical treatment—an obviously important question since 36 percent (117) of the 324 returned questionnaires were for severely or profoundly disabled individuals—91 percent believed such care to be appropriate in both the community and state schools settings.

Consumer Perception of Client Progress

When consumers were asked whether they believe their children have made progress in the current placement, 90 percent replied yes, while 82 percent also believed that progress was achieved when their children were in a state school. Related to their perception of progress is the finding that 97 percent of the consumers said their children are participating in skill development activities that also provide opportunities for social activities.

Overall, parents/guardians must feel very positive about the impact of the community placement since 96 percent perceive their children as happy in the new residence. Along with the believing their children to be happier and having made progress while in the new placement, parents/guardians also believe that there is potential for more growth, with 84 percent responding positively to the question about future development, whereas only 57 percent said yes when this question was asked about state school placements.

According to the research on mental retardation, the frequency of family visits to children living in residential settings is not affected by distance as much as by the developmental progress made by the child. That is, regardless of how

far away a child lives from his family, he/she will receive more visits if the family believes that their child is making progress during the placement. Since parents/guardians who completed questionnaires believe that their children have not only made progress (90 percent) but that additional progress is yet to come (84 percent), there is a likelihood that families will visit their children more frequently. If the placement provides quality services, then clients are more likely to make progress, which will be seen by visiting parents, making it more likely that they will visit again. The result of this process is that parents/guardians come to trust those individuals who care for their children and as a result, grow more comfortable with their initial decision to seek residential placement.

Description of Clients Placed in Community Residences

Table 1 contains a breakdown by adaptive behavior levels for those clients whose parents/guardians responded to the survey. These percentages are compared to the current census for all 13 state schools, thereby providing an overview of the degree of disability characteristic of those clients placed in the community under the auspices of the PPP.

While Table 1 only presents data for clients whose parents/guardians returned a questionnaire, it is apparent that more moderately disabled clients (49.1 percent) were placed than any other type—which comes as no surprise. However, the second highest rate is for individuals with adaptive behavior scores in the severe range (26.7 percent) and, when these clients are grouped with those who are profoundly disabled (9.3 percent), a total of 117 clients with adaptive behavior scores below the moderate range were placed in the community.

The relatively large number of placements for severely disabled clients is significant in that it tends to validate the previously discussed results that show that parents/

Table 1. Adaptive Behavior Levels for Clients in Community Facilities and in State Schools

Adaptive Behavior Level	Community (n = 324)	State School (n = 7976)
Borderline	0.3%	0.0%
Mild	14.9%	1.7%
Moderate	49.1%	11.7%
Severe	26.7%	28.0%
Profound	9.3%	58.7%

guardians are very satisfied with the placement regardless of the severity of their child's disability. If only parents/guardians with mildly or moderately disabled children were satisfied with the placements, then the PPP would not be nearly as successful as it is.

What is most interesting is that the parents of the severely and profoundly disabled clients are not only satisfied with the residential placement of their children, they are actually more satisfied than the parents/guardians of the mildly or moderately disabled clients. While the reasons for this finding remain obscure, it is possible that the mere fact that the child is judged to be capable of residing in the community is encouraging to the parents, resulting in a somewhat more positive impression of the residence. Although only 9.3 percent of the placements were for clients with profound mental retardation, the success of these placements as viewed by their parents/guardians indicates that these individuals are capable of living in the community.

Summary

While parent's/guardian's satisfaction with their children's community placement is consistently higher than their satisfaction with the state school placement, the differences are not really that great. Thus, the fact that parents/guardians of clients like their children's current placements does not say that they disliked the former placements. While the community placements are successful in the eyes of parents/guardians, with over 92 percent reporting overall satisfaction with the program, the basis for this satisfaction is not found in dissatisfaction with state school placement. Rather, the reasons for parent's/guardian's satisfaction appear to emanate from their belief that the staff caring for their children really care about the well-being of their children. □

William V. Rago, Ph.D., is Director of Performance Evaluation at TDMHMR Central Office.



Calvin Evans *July 25, 1927 - February 2, 1987*

For the last 14 years, Calvin Evans served as Director for the Leander Rehabilitation Center.

Calvin Evans was one of a kind. Everyone who knew him has their own special memories of his zest for living, unceasing good humor and deep caring and concern for others. Like sunshine in human form, he brightened our lives with his smile, his funny stories and his rare ability to make us feel better about ourselves. His departure leaves a void in many lives, but his memory warms and reaffirms, reminding us always of how important it is to laugh, take ourselves a bit less seriously and to step back now and then to focus more clearly on our real purpose in this world. Thanks, Calvin.

*Sam H. Baker, Volunteer Services,
Central Office, TDMHMR*

Images

Newsmakers

► **Billy Ray Stokes, Ed.D., M.B.A.**, was named superintendent of the **Austin State School** by the Texas Board of Mental Health and Mental Retardation at its February 27, 1987 meeting.

Dr. Stokes, 41, has served since March 1984 as superintendent of the Hammond State School, a 710-bed residential facility in Hammond, Louisiana. Prior service includes assistant secretary, Office of MR/DD for Louisiana and executive director of special education programs with the Louisiana State Department of Education. He has been named Board Mentor by the Kennedy Foundation for the Special Olympics.

► **John A. Barclay, III** was elected Chairman of the Board of Trustees of the **Austin/Travis County MHRM Center** in December. Mr. Barclay will serve as Chairman through September 1988.

► **A.K. Smith**, Superintendent of **Big Spring State Hospital**, retired January 2, 1987. Currently, **Robert Von Rosenberg**, Assistant Superintendent, is serving as Acting Superintendent.

► The **Austin/Travis County MHRM Center** has been awarded a \$2.5 million dollar grant by the Robert Wood Johnson Foundation's Program for the Chronically Mentally Ill. The Center was one of nine chosen from among the nation's sixty largest cities.

► The **Mental Health Association in Texas** reported that its **Open the Door** project has been selected to receive a United Nations International Year of Shelter for the Homeless Special Recognition Award. The project was recognized for its efforts to meet the housing needs of persons with mental illness.

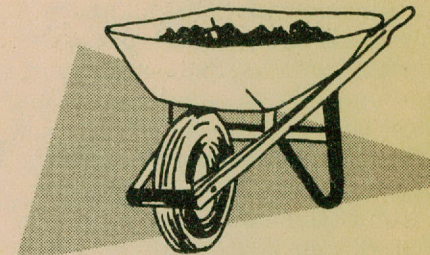
Resources

The National Institute of Mental Health (NIMH) is launching a nationwide educational campaign on depression titled **Depression Awareness, Recognition, and Treatment (D/ART)**. Aimed at the general public as well as care providers and mental health specialists, D/ART seeks to provide information that will improve identification, assessment, and clinical management of depressive disorders. A wide range of educational materials—including television, radio and print resources—will be available. Write or call Joyce Lazar, D/ART Director, National Institute of Mental Health, 5600 Fishers Lane, Room 14C-02, Rockville, Maryland 20857 (301/443-4140).

Texas Respite Resource Network (TRRN) has published a directory of respite and support service programs in the state, listed by city. Individuals may

order a copy of the 1986 directory by sending a written request to Texas Respite Resource Network, Children's Ambulatory Care Center, P.O. Box 7330, Station A, San Antonio, Texas 78285. One copy of the directory will be mailed at no charge.

The National Committee for Prevention of Child Abuse (NCPA) publishes a variety of materials relating to parenting, child abuse, and child abuse prevention. Recent releases include two pamphlets: "Emotional Abuse: Words *Can* Hurt" and "Parent-Child Bonding: The Development of Intimacy." For more information, contact NCPA, Publishing Department, 332 South Michigan Avenue, Suite 950, Chicago, Illinois 60604-4357 (312/663-3520).



Union Carbide offers a booklet, *A Guide to Gardening for People with Special Needs*, that contains helpful tips for adapting tools, gardening sites and choices of plants to the needs of physically impaired gardeners. It also discusses the benefits of gardening for mental health. The *Guide* describes other resources to contact for details about gardening therapy. To order a free copy of the booklet, write to Union Carbide Agricultural Products Company, Inc., P.O. Box 12014, T.W. Alexander Drive, Research Triangle Park, North Carolina 27709.

Around the State

► You can call 1-800-252-9693 toll-free to learn the **status or history of bills or resolutions** in either the House or Senate. Committee schedules, House and Senate agendas, and other information are also available by calling that number.

► One hundred fifty **Mexia State School** residents participated in the 1987 edition of the school's "Superstars" competition, patterned after the television network professional Superstars competition. Activities included weight lifting, trampoline skills, basketball shooting, swimming and an obstacle course. The local Whataburger restaurant supplied ribbons for all participants and trophies for the winners.

► **Texas A&M** researchers reported test results indicating that regular cocaine use may contribute to rapid and permanent brain damage by destroying cells related to motor skills.

► Plans are underway for the **Texas Research Society on Alcoholism (TRSA)** fall 1987 continuing education seminar series entitled "Solving the Puzzle of Alcoholism." The purpose of the seminar series is to bring the latest research findings to professional and lay audiences. For more information about TRSA or the seminar series, write or call TRSA, P.O. Box 402028, Austin, Texas 78704-2028 (512/445-2600).



Conference Calendar

March 31-May 14, Education Service Centers (11 cities)

Public Forums

Texas Planning Project
Contact: R.A. Wade
Texas Planning Project
Association for Retarded
Citizens/US
P.O. Box 6109
Arlington, Texas 76006
817/640-0204

April 1-4, San Antonio Texas Council on

Family Relations

Annual Meeting
Contact: Dr. Linda Beard
12818 Queen Forest
San Antonio, TX 78230
512/492-1581

April 2-3, Austin Refugees and Mental Health

TDMHMR and Mental Health
Association in Texas
Contact: Cora Le-Doux or
Nancy Dittmar
TDMHMR
P.O. Box 12668
Austin, TX 78711-2668
512/465-4547 STS 824-4547

April 2-3, Austin Texas Women Scholars:

Contemporary Perspectives
Second Annual Symposium
Contact: School of Social Work
University of Texas at Austin
Austin, TX 78712

April 6 and 8, Austin Self Evaluation and Planning in Human Service Organizations

United Way Volunteer
Leadership Training Center
Contact: United Way/
Capital Area
P.O. Box 1925
Austin, TX 78767
Attn: VLTC
512/472-6267

April 8-11, South Padre Island

Migrant Health Film Festival

National Migrant Referral
Project and National
Association of Community
Health Centers
Contact: National Migrant
Referral Project
2512 South IH-35, Suite 220
Austin, TX 78704
512/447-0770

April 21-23, Austin Inhalant Abuse Conference

Fourth Annual Statewide
Conference
Texas Commission on Alcohol
and Drug Abuse and Target
Stores
Contact: Arturo Hernandez
Texas Commission on Alcohol
and Drug Abuse
512/463-5510

April 24, Austin Counseling Parents of Handicapped Children

University of Texas
Department of
Communication Disorders
Contact: Jayne Larson
Speech Communication
Department
Speech and Hearing Center
University of Texas at Austin
Austin, TX 78712

State School Music Festival Awarded for Excellence

The Tenth Annual State School Music Festival, held September 17 through 18, 1986, in San Angelo's convention center, recently received an Award of Excellence from the San Angelo Chamber of Commerce. The award was one of three presented by the Chamber in January to the outstanding conventions held at the center in 1986. Chaplain Richard Mahler received the award for San Angelo State School.

"There were 250 in attendance at the State School Music Festival," reported former Mayor Tom Parrott. Presenting the award, he explained why the music festival was selected: "This festival required innovative planning and execution of competitions and programs. Special consideration was given in utilizing our convention center facilities for the convenience of the participants. The program of local entertainment used local group participation."

He added that the festival's "ambitious publicity program had ex-



Norma Perry

Chaplain Richard Mahler and Keith Buttler, Religion Department, San Angelo State School, display award in the chapel.

cellent results" and that participation was "enthusiastic and special." He cited exceptional efforts, such as the unique aisle markers, a cake large enough to feed everyone at the festival and the program, artistically designed as a souvenir of the event.

The Award of Excellence was presented at the Annual Chamber

of Commerce Banquet held January 22, 1987, in San Angelo. Proud representatives of the San Angelo State School and the Volunteer Services Council attended the ceremony to show their support of the outstanding efforts of the Religion Department of the school in presenting the Music Festival. □

impact

Vol. XVI, No. 4

Published by the Texas Department of
Mental Health and Mental Retardation
an equal opportunity employer
P.O. Box 12668, Austin, TX 78711-2668
(512) 465-4540 or STS 824-4540
Gary E. Miller, M.D., Commissioner

Public Information Office:
Sherry L. Grona, Art Director
Laurie Lentz, Editor
Mickie Pyburn Gage, Typesetter
Donna Moore, Circulation
Bettilynn Rust, Circulation

Impact will be sent on request.
Enclose full address label when
submitting change of address.