impact

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Texas Department of Mental Health
and Mental Retardation
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Sherry L. Grona

November 19, 1987, well-wishers gathered to honor Marjorie Avera, winner of the second annual Preston E. Harrison Award, and nine finalists. Commissioner Gary E. Miller and Elizabeth Badgett Harrison, wife of the late Dr. Harrison, presented the award.

Preston E. Harrison Award Honors Outstanding Staff

Award Finalists

Bettye Abbott

Director of the Bastrop Outreach Center, Bettye Abbott consistently seeks new and better methods of serving the clients in her area. Abbott expanded the Outreach Center concept of the "Home Visit" from solely a medication delivery service to an opportunity to identify and meet many of the clients' needs as they adjust to living in the community. For example, she uses home visits to instruct clients in house cleaning, cooking and baby care because she believes that improved quality of life supports successful adjustment.

Abbott vigorously seeks to meet clients' needs by soliciting support from the local community. In doing so, she not only provides clients with the "basics" they need to operate well in the community such as food, furniture and clothing, but also she gives community members the chance to make a positive difference in the lives of others. While obtaining support from local businesses, Abbott takes the opportunity to educate them about mental illness—thereby promoting understanding and acceptance of the Center's clients.

Under Abbott's direction, the Center's three staff members contribute to the well-being of over 100 clients.

Barbara Bellomo-Edusei *(not pictured)*

The nomination for Barbara Bellomo-Edusei, Director of the Deaf/Blind Programs at Denton State School, states that she "is firmly convinced that each client has inherent potential for learning and that the challenge lies within the staff to develop methods to facilitate the learning process. Bellomo-Edusei's creative leadership, deep affection for clients and genuine interest in her staff have provided the catalyst for them to meet this challenge."

An example of her philosophy put into action is the mobility training she developed (fully implemented 1985) for visually impaired clients. Bellomo-Edusei devised training methodologies for clients and comprehensive training for staff. She and her staff spent off-duty time securing appropriate canes for clients and establishing landmarks on campus to assist clients with their training. She received the 1984 Superintendent's Award for Excellence for this program.

The mobility program is just one example of Bellomo-Edusei's innovativeness, dedication to clients, and ability to inspire her staff.

Award Winner: Marjorie Avera

Marjorie Avera is a TDMHMR program consultant and former director of special programs. She played a major role in creating the present system of Texas state mental hospitals—all accredited by the Joint Commission on Accreditation of Hospitals. Avera helped make the goal of certification a reality by traveling throughout the state to consult with staff, by leading the Department in refining its record-keeping systems, and by advocating for the rights of clients.

Commenting on Avera's selection as the Preston E. Harrison Award recipient, Commissioner Gary E. Miller said, "In every area of her career, Marjorie Avera's efforts have directly and substantially improved the quality of care provided clients. There can be no higher accomplishment in mental health and mental retardation services."

She began her career with TDMHMR in 1963 as a caseworker at Rusk State Hospital. In 1974, she was appointed Director of Special Programs at Rusk, and in 1979, she was asked to relocate to Central Office to accept the position she now holds.

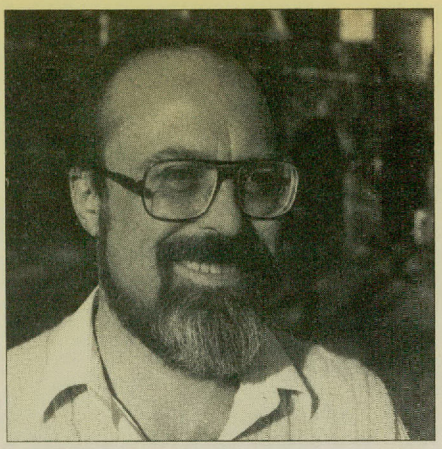
Avera was selected as recipient for her creativity, efficiency and effectiveness after a four-month selection process by a seven-member committee composed of representatives from TDMHMR facilities across the state and Central Office. She received an engraved plaque and a check for $500 at the award ceremony, and her name is engraved on the Harrison Award Plaque on permanent display at Central Office.

Calvin Evans *(not pictured)*

With almost legendary, contagious good humor and depth of caring, Calvin Evans directed the Leander Rehabilitation Center from October 1973 until his death in February 1987.

Evans instituted innovative activities and programs for the clients he served—always keeping their needs his highest priority. Under his skilled management the Center gained a Petting Animal Center, lake development, new campsites and areas accessible to all clients, to name just a few of his contributions.

Citing Evans' positive energy, personal involvement with clients, and warm sense of humor that set others at ease, Mark Lett, Director



of the Recreation Department of Travis State School, stated, "Perhaps Calvin's greatest gift to the clients of TDMHMR was Calvin himself."

Barbara Groene

Hopkins County Outreach Center now has a van for transporting clients to medical appointments and recreational outings, thanks largely to the efforts of the Center's director since 1984, Barbara Groene. She was instrumental in obtaining funds for the van from the Red River Council for the Aid of Persons with Mental Problems, Inc., and an anonymous donor. The van was on the road by February 1987. Results: only one staff member is needed for transportation rather than two staff members plus their cars; more clients can participate in outside activities; clients meet their medical appointments; and state money is saved—the state pays for gas only.

A psychologist with an active caseload, Groene knows the TDMHMR treatment philosophy, administrative procedures and clinical practices. She combines that know-how with managerial skill, making the HCOC so efficient that it is a model for some other clinics.

She also makes presentations to groups, clubs and the media. HCOC staff who recommended her for this award stated that Groene is "extremely effective in developing community resources and providing information regarding services of the center to the public."

Dorothy Humphries

Devoted to caring for persons with mental illness for over 20 years, Dorothy Humphries exemplified her dedication in a recent dietary study conducted jointly by San Antonio State Hospital and Central Office. Humphries is a Diet Cook responsible for training newly assigned personnel and monitoring the diet side of the food tray service for accuracy. For the study, her duties were expanded to include responsibility for preparing and controlling bran bars served to the hospital's clients.

She was present at all stages of preparation of the bars to ensure validity of the study—measurement, mixing and cooking. She carefully monitored the specified amounts to be given each designated client. Because of her careful supervision, the study at SASH was very successful.

Behind her work to make the bran bar study a success is Humphries' interest in the clients' welfare. Her recommendation for this award states that her "total effort is for the clients."

Harlan J. Hill

Clients at the Waco Center for Youth benefit daily from the ideas and leadership of Harlan J. Hill, Patient Rights Officer. Hill conceived, developed and implemented the Kids Against Restraint (KAR) support group at the WCY. The KAR group, active since November 1986, assists clients in learning skills to control their inappropriate behavior, negotiate and solve problems so that they don't have to be restrained. KAR has improved client behavior so much that the need for client restraint has declined significantly, thereby improving service to clients and raising client and staff morale.

Hill shows clients by his own example how to negotiate, communicate and solve problems. He works with the Public Responsibility Committee and is a member of the Phase System Committee, which develops new behavior modification systems at WCY.

He received awards for Employee of the Year in 1982 and Employee of the Month in 1981 and 1985. He was named Psychiatric Aide of the Year in 1983. Co-workers say that "Harlan is an effective team player; but, he is also a leader who works diligently on ensuring quality care and treatment to the children and adolescents served at the Waco Center for Youth."

Colleen Reynolds

Director of Management and Program Evaluation (MPE) of Fort Worth State School, Colleen Reynolds began her career at the school in 1974. Having served in a variety of increasingly responsible capacities, she combines expertise in the field of mental retardation with thorough administrative and program knowledge. FWSS Superintendent Mel Hughes describes Reynolds as "the epitome of the dedicated, hard worker, who wants to get the job done thoroughly, efficiently and correctly."

Recently, she served on a committee appointed by the Commissioner to develop documents related to the *Lelsz* litigation. Reynolds was instrumental in writing the Implementation Plan for the *Lelsz* Resolution and Settlement. At the Department's request, Reynolds has served on other committees and task forces as well.

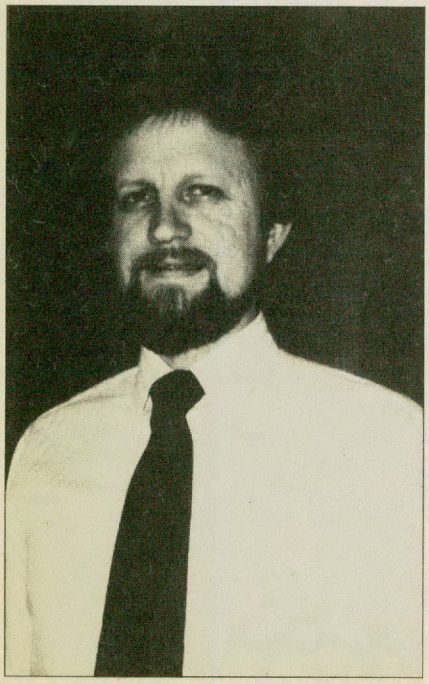
While MPE Director she has developed a client training system (Block Program), resolved administrative problems as chair of the Program Committee, and coordinated development of standardized document formats as part of a centralized system of monitoring client documentation. Reynolds' hard work and skill have contributed to favorable state and federal surveys of the school in the past year.

Jack Stovall *(not pictured)*

Jack Stovall was instrumental in planning and implementing the Big Spring Day Activity Center, a new recreation center for clients discharged from Big Spring State Hospital. The center has been an asset to clients and the community.

The Day Activity Center is just one of Stovall's many contributions since he began his career at BSSH in 1973. He opened two outreach centers, one in Brownfield and another in Andrews; and he established advisory boards for those centers. Stovall implemented case management at the hospital. And he developed community placement contracts that serve as models for the state.

Stovall is the BSSH liaison with the community regarding commitment and discharge planning and state laws and regulations. In addition to being an effective public relations person, Stovall is a capable administrator, respected by co-workers and supervisors alike. His work has been recognized in past years by TDMHMR, Big Spring State Hospital and the Texas Rehabilitation Commission.



Don E. Williams, Ph.D.

Dr. Don E. Williams, Director of Psychology at Richmond State School for seven years, is nationally recognized for his professional expertise and his commitment to individuals with mental retardation. During his 12-year tenure at the school, Williams has contributed to exemplary client services.

He directs and was involved in conceiving and implementing the Psychiatric and Behavior Management Clinic System, one of the first programs of its kind in the country. It provides interdisciplinary, data-based evaluations of the effects of psychotropic medications and behavior therapy programs for clients with severe self-injurious/aggressive behavior and/or psychiatric impairments. This effective program has decreased the use of psychotropics at RSS from 33 percent to 8 percent (national rate is near 50 percent). It has also saved the school an estimated $50,000 per year in medication costs.

Williams helped obtain a statewide project funded by RSS under TDMHMR auspices: Behavior Treatment and Training Center—a community residential facility that prepares aggressive/self-injurious adults with mental retardation for community living. It also conducts staff and family training, research and program development. Williams authored the client Abuse and Injury Prevention Program at RSS. And he has participated in the Texas Planning Council for Development Disabilities four-year statewide project, Self-Injurious Behavior: A Community-Based Treatment Network.□

Does Santa Live in Kerrville?

by Shari Campbell

The Christmas spirit and generosity of a Kerrville man is going to make a number of Texas Department of Mental Health and Mental Retardation clients happy in the New Year. Not only are they going to be happy, but they're going to look great, too.

A total of 15,462 bottles worth $144,687 retail of shampoo, hair conditioner, complexion soap, lotion, and other skin care and beauty products have been donated to the clients by Haskell Fine and his company, Aloe Products Corporation, of Kerrville.

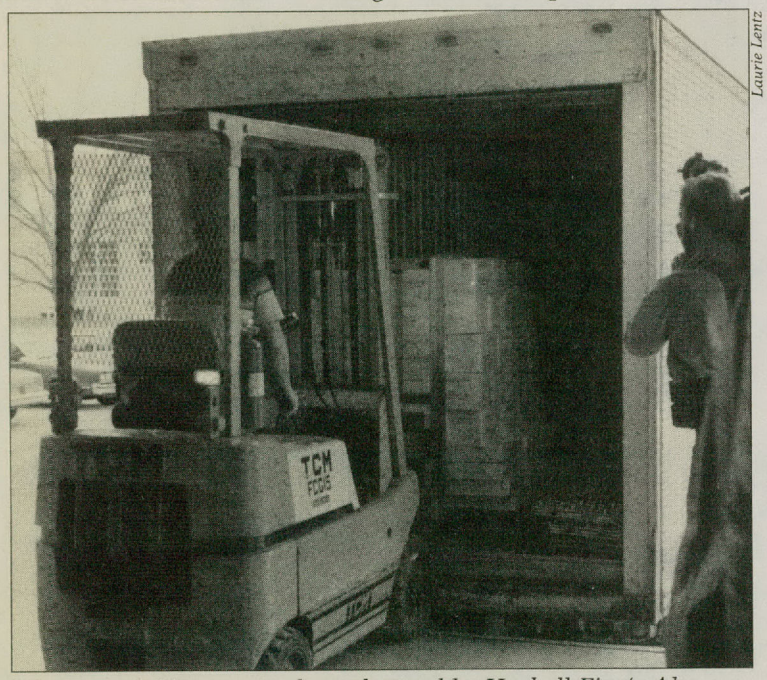
A TDMHMR delivery truck picked up the products on Thursday morning, December 17 at the Aloe Products Corporation office at 3401 Highway 16 North in Kerrville. The products arrived that afternoon at Austin State Hospital and were unloaded at Purchasing Building #796. The products will be stored there until they can be sorted and distributed according to need among TDMHMR's eight state hospitals, thirteen state schools, seven special units, and 34 community centers. As TDMHMR delivery trucks make regularly-scheduled deliveries of supplies to the facilities and centers, the beauty and skin care products will be taken along for distribution.

The man behind the donation, Haskell Fine, says he hopes this will give other companies and private individuals the idea to donate to TDMHMR clients. "I would really like to see others get involved and make donations to the clients," said Fine. "Maybe this donation will help encourage others to give what they can."

Fine founded Aloe Products Corporation in Kerrville in 1962, when he first developed and marketed a health juice drink made from the aloe vera plant. Soon after, he developed a complete skin care line, called Fine Life, from aloe vera. More than 15,000 bottles and jars of these products, including shampoo, soap, lotion, and more, are what make up Fine's donation to TDMHMR clients.

"Mr. Fine's generosity is wonderful," said Frankie Williams, M.D., Deputy Commissioner of Mental Health Services. "Our mentally ill clients at state hospitals, state centers and community centers will enjoy this gift, especially the ladies. One of the most neglected and important components of a woman's recovery from mental illness is her pride in appearance. And far too many of our clients don't have the money to buy special soaps and lotions."

Some of the donated products will also be distributed to TDMHMR's mentally retarded clients at state schools, state centers and community centers. Deputy Commissioner of Mental Retardation Services Jaylon Fincannon said the mentally retarded clients will also enjoy the donated items.□



Laurie Lentz

Skin care and beauty products donated by Haskell Fine's Aloe Products arrived for storage at Austin State Hospital before distribution to clients throughout Texas.

Shari Campbell is acting director of the CO Public Information Office.

State School Wins Contract for T-shirts to Promote Safety, Energy Conservation

by Lola Lord

Corpus Christi State School was the successful bidder for a contract to furnish T-shirts promoting the depot's [Corpus Christi Army Depot (CCAD)] safety and energy conservation programs.

Now clients are busily silk screening the shirts for delivery to CCAD.

Safety shirts will be used as prizes in an upcoming forklift rodeo and for outstanding participation in the safety program, says Pat Czerwinski, safety engineer at CCAD.

The energy shirts were ordered for the recent energy logo and slogan contests held at the depot.

The State School saw the need for this type of industry when clients began making their own T-shirts and caps for the Special Olympics, said Jimmy Rodriguez, director of activities at the school.

Clients at the school are taught a trade or to do assembly type of work and many of them are able to find employment in the community after they have been trained.

They are still fairly new in the silk screen business, says Rodriguez. They began the silk screening operation from scratch. Rodriguez calls Wayne Harris "the brain behind the business." He makes a lot of jigs for the machines, adapted the printer to make it possible for handicapped persons to operate, made the operation an assembly type operation and is now working on more improvements for the process. Harris is shop supervisor at the school.

Clients receive minimum wage for their work after they have completed training.

Harris is now developing some fake printers so students can learn the silk screening skills in the classroom before coming to do the actual screening. He is also working to develop a joy stick for the clients to use instead of a squeegee when applying the paints.

In addition to the T-shirts, the school is also silk screening baseball caps for use in the safety promotion.

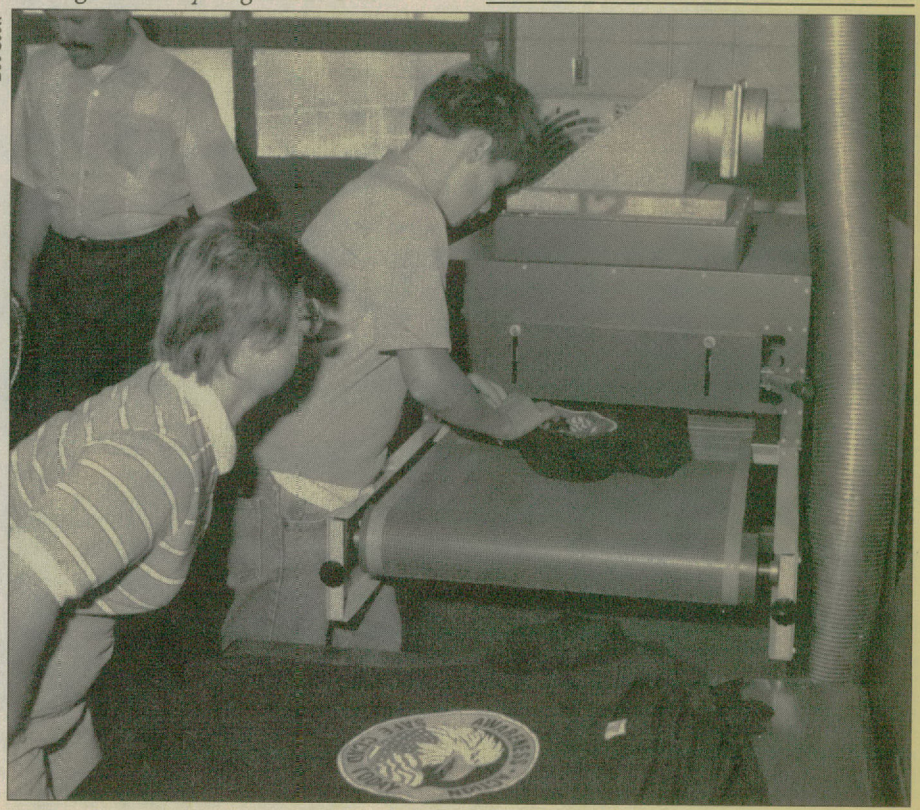
The school also has contracts with various industries. For example, they are now making a part for Zenith; they are assembling jump ropes, packaging utensil packs for use in the restaurant business, just to name a few.□

Reprinted by permission from the Corpus Christi Army Depot Aircraftsman, *November 5, 1987.*

Bob Scott

Mike and Eileen carefully examine each shirt for defects after the silk screen process is finished.

Bob Scott



Neighborhood Homes for Persons with Mental Disabilities

Over the last 15 to 20 years medical, psychological and social research has shown that many people with disabilities can benefit from entering into, or remaining in, community life. To provide persons with mental disabilities the greatest possible opportunity for growth and independence, TDMHMR strives to assist those capable of living in the community to move out of facilities and into a home-like setting.

Big Spring Foster Care Program

by Beverly Garrison

This article from Big Spring State Hospital describes an example of the scope and depth of procedures that TDMHMR facilities follow in placing a client in a home in the community.

Big Spring State Hospital (BSSH) placed clients in a foster home for the first time nine years ago. From that beginning placement of two clients, the hospital and the community-based residential staff recognized the value of foster homes for chronically mentally ill clients whose primary aftercare need was supervision, room and board. Thus, they began to pursue placing additional clients in these homes. In time, the number of foster homes increased and their quality improved. Today BSSH has contracts with eight foster home providers.

The process BSSH follows to select homes has become more complex since the program's inception nine years ago. There is a screening committee consisting of the director and assistant director of quality and standards, the safety officer or plant engineer, and the coordinator of nonresidential services or director of community services. This committee inspects the home and consults with prospective home provider applicants before a contract of services is initiated. They carefully review new and existing homes, looking at these points:

- Appropriateness of the location
- Adequacy of the structure—size, number of bedrooms and bathrooms, and so forth
- Cleanliness
- Compliance with the 1985 Life Safety Code for Board and Care Homes
- Qualifications of the home operator and others who reside in the home or are employed by the operator
- Availability of three letters of reference
- Results of a Health Department survey and the local fire marshall's report.

Then the committee makes a recommendation to the director of community programs and the hospital superintendent. That recommendation answers these questions: 1) Should the hospital contract with the home? 2) Is the home acceptable? 3) What is the maximum number of clients for whom the home can provide care?

Before annual renewal of a contract between BSSH and a home, the home is inspected to ensure that it continues to comply with the terms of the contract.

The contract BSSH uses for foster home care specifies:

1. Maximum number of clients who can be kept in the home.
2. Requirements for client access to outpatient care.
3. Services of the Activity Center, located in downtown Big Spring and operated by BSSH.
4. Provider's responsibility to provide transportation to and from Activity Center services.
5. Requirements for the home to provide a regimen of activities both within the home and in the community.
6. Cost per day per client paid to the home.
7. How the client's money may be used for his or her care.
8. Adherence to TDMHMR rules on client abuse and neglect.
9. Training requirements for the operator and staff regarding areas such as medication, emergency care, client abuse and neglect, and so forth.
10. Terms of review, revision and termination.

Clients gain access to the contracted foster homes through their treatment team (either inpatient or outpatient). When this team determines that the appropriate treatment

is foster home care, they initiate a referral to the placement coordinator. The placement coordinator determines whether the client is receptive to foster home placement; if so, the coordinator recommends which home should be selected.

The client is taken to the foster home, interviewed by the home operator, informed of the rules of the home and given a tour of the facility. If the client and operator reach an agreement, arrangements are made for the client to move into the home. If no agreement is reached, other homes may be contacted.

The placement coordinator visits the client in the home within ten days to monitor his or her adjustment. Clinical record information is forwarded to the Howard County Outreach Center to facilitate appropriate outpatient care and case management services.

Careful screening, recommendations, review and contract arrangements have ensured the success of the foster home concept in Big Spring.□

Beverly Garrison is Placement Coordinator for the Outreach Center of Big Spring State Hospital.

Community Living Out West

by Olga Arciniega

The El Paso State Center's Community Services Division, Big Bend MHMR Services, provides services and residential care to the citizens of five west Texas counties: Brewster, Culberson, Hudspeth, Jeff Davis and Presidio. The Center has one Level I group home, located in Marfa, Texas. That successful home is profiled in the following article.

El Paso State Center's Level I group home opened in Marfa in June 1986. Marfa is a quaint town, best known for being the site of the filming of the movie *Giant* and for the mysterious "Marfa Lights." The home is in the heart of Marfa, down the street from the courthouse, located in a beautiful neighborhood.

The charming house is truly *home* to six individuals; five are former residents of Abilene State School or San Angelo State School, and one is a local citizen of Hudspeth county.

Five of the residents participate in a work program run by Brewster County Industries (BCI), located 26 miles south of Marfa in Abilene. These residents are involved in making street signs and beautiful hand-loomed rugs at BCI. The sixth resident works at a local nursery in Marfa. They work half a day and spend their afternoons refining their skills in health, grooming, housekeeping and basic learning.

El Paso State Center operates this comfortable group home, nestled in a charming neighborhood.

The group home and its residents have been well accepted by the citizens of both Marfa and Alpine. After hours the residents regularly participate in such local events as high school sports, bazaars, and cultural events held at Sul Ross University in Alpine.

The home is the product of a contract between Big Bend MHMR Services and Bethphage Community Services, a private, non-profit corporation associated with the Lutheran church. Bethphage runs many such homes in the Midwest and Texas.□

Olga Arciniega is Public Information Director for El Paso State Center.

Progress Toward Independence in Plano

by Ellen M. Inman

Collin County Mental Health-Mental Retardation offers group home living as a step toward even greater independence for clients with mental retardation.

On September 1, 1987, Collin County MHMR Center assumed responsibility for a group home in Plano. The home had been open for two years. The six men and women residing there came from state schools in Texas.

Each individual in the home has an Individual Program Plan (IPP) designed to accentuate and strengthen his or her independent living skills. All are progressing toward the next step: living in a semi-independent apartment.

Part of the residents' IPP is geared toward employment. Four of the home members are competitively employed in the community, with varying levels of support provided by the center's Special Care and Career Center. The other two members participate in pre-vocational and vocational training from Special Care and Career Center.

But not all of their learning takes place in a work environment. The men and women who live in this Plano home are active during their leisure time as well. Their activities range from a horseback riding program offered through Plano Parks and Recreation, to Special Olympics soccer, basketball, swimming, bowling and softball, to going to movies, the State Fair and restaurants.□

Ellen M. Inman is Public Information Officer for Collin County Mental Health-Mental Retardation Center in McKinney.

Nacogdoches Halfway House's Annual Dinner Dance

by Sheryl Taylor

This annual gala event demonstrates that group home residents with mental disabilities can have a grand time—in grand style.

For the mentally retarded residents of halfway houses in Nacogdoches and Lufkin, their Annual Dinner Dance is a memorable event. It's an opportunity to don elegant gowns and carefully pressed suits, a chance to buy corsages or boutonnieres for their dates, an evening of candlelight dinners and dancing.

The gala event, which orginated in 1985, was the brain child of staff at the Nacogdoches Halfway House, a program of Deep East Texas Regional MHMR Services.

In 1985 halfway house staff discovered that none of their 15 mentally retarded residents had ever attended a formal banquet. They immediately took steps to remedy the situation, Nacogdoches County MHMR Service Director Nancy Jones said.

In March of that year, clients gussied up and stepped out for the first dress-up event of their lives. Forty clients, staff and guests attended.

By 1987 the Annual Dinner Dance had seen tremendous growth. Now a joint endeavor of the Nacogdoches Halfway House and Creative Living of Lufkin/Nacogdoches, which operates six group homes for the mentally retarded, this year's dinner dance drew a crowd of 160. Sixty group home residents were honored guests at the event. Others in attendance included staff members, agency administrators, family and friends.

Sheryl Taylor

Andy Harrison, houseparent at Deep East Texas MHMR's Nacogdoches County Halfway House, takes to the dance floor with a resident at the Annual Dinner Dance. The dance is a semi-formal affair, but when the music is turned up, many coats and ties come off.

"It has grown into a very elite affair," Jones said. "It has the elements of both a formal banquet and a prom."

The $10-a-plate banquet is not a fund-raising event, Jones said. The ticket price, in addition to donations from local support organizations, just covers the cost of catering, decorations and invitations.

This year's dinner dance included many special touches, Jones said: escorted seating, candle-lit tables, a pianist to provide entertainment before and during the meal and photographic portrait services for guests.

"You don't just have 160 people to dinner; it takes a lot of planning," Jones said. "But it's all worth it. I haven't talked to anyone who didn't absolutely enjoy it."

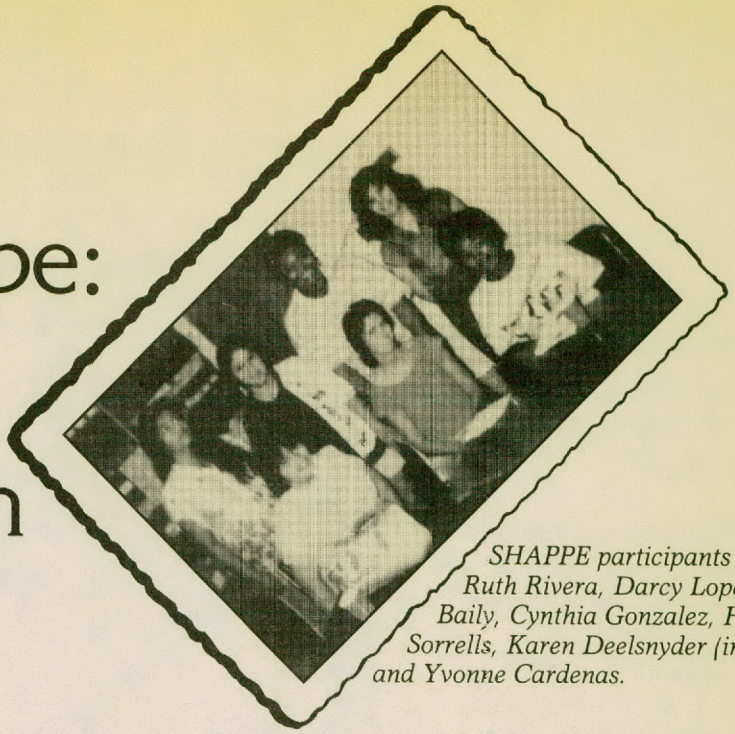
Deep East Texas MHMR Executive Director Jim McDermott, Ph.D., was among those who joined the festivities.

"It was a special night not only for our clients, but for everyone who attended," McDermott said.

"Our society has the misconception that mentally retarded individuals don't know how to behave at or enjoy formal gatherings," he said. "Our clients not only enjoy these types of events but also benefit from them. It really increases their feelings of self-worth."□

Sheryl Taylor is Public Information Officer for Deep East Texas Regional MHMR Services.

Project Shappe: An Intervention Approach



SHAPPE participants from top left: Ruth Rivera, Darcy Lopez, Tina Baily, Cynthia Gonzalez, Henrietta Sorrells, Karen Deelsnyder (instructor) and Yvonne Cardenas.

by Susan Eason

Anyone who has ever had a child recognizes the challenges encountered in parenting. Nurturing and positive reinforcement are techniques acquired from our own parents and from trial and error. For parents with developmental disabilities, the challenge of parenting is compounded by many factors: lack of education, inability to read, write or tell time, and lack of skills required to communicate with teachers, doctors and other parents, for example.

Traditional parenting education programs are inaccessible to this population. Therefore, parents with developmental disabilities become isolated and frustrated. In many cases, this isolation leads to neglect and abuse of the children involved.

One solution to this parenting dilemma can be found at the Association for Retarded Citizens-Austin (ARC-Austin). Project SHAPPE (Supporting Healthy and Positive Parental Efforts) is a parenting education and support program at ARC-Austin designed to reduce the incidence of abuse and neglect among the children of parents with developmental disabilities. Funded by the Children's Trust Fund of Texas, Project SHAPPE offers two components of service delivery to parents with children at risk for abuse or neglect.

The first component is parenting classes, held at the ARC-Austin on an ongoing basis. The curriculum consists of an eight-week course designed to address areas of need for parents and children. Topics such as budgeting, job readiness, transportation, child development and behavior management, first aid, sexuality and accessing community resources are taught by ARC-Austin staff members and community professionals. During classes, childcare is available at no cost to the parent.

Most parents enrolled in project classes also require assistance in applying classroom knowledge to their home setting.

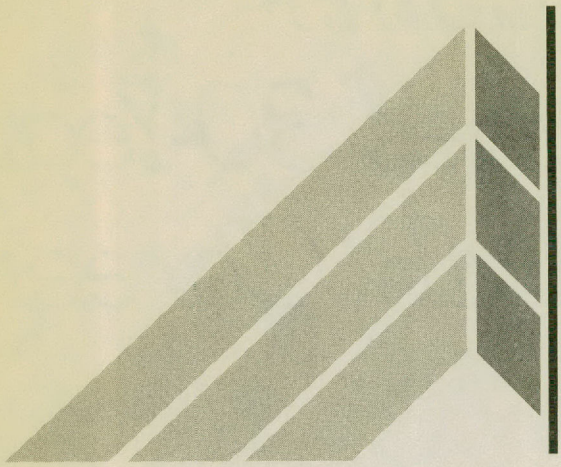
Thus, the second component of Project SHAPPE is in-home support provided by volunteers, staff members and University of Texas School of Nursing students. These support personnel reinforce positive parenting skills and aid families with individual social and financial advocacy. The nursing students monitor the family's health status and ensure consistent medical care for children and parents. The volunteer is a stable influence and often a role model for parents who have no other contacts with appropriate family environments. This in-home support also assists families in crisis who can no longer deal with the stresses of parenting in an unstable atmosphere.

Project SHAPPE has reached 60 families and 110 children in the Austin-Travis county area in the last nine months. One addition to the program was a class for adolescent parents. Of the seven mothers enrolled in the first group, four decided to return to school this year.

This program represents an unduplicated model designed for a unique population. The effects of abuse prevention efforts for parents with developmental disabilities diminish with a limited intervention approach. But by providing intensive, long-term support and education, a program can adequately serve the varied needs of the families. Project SHAPPE is one intervention strategy that affords parents with disabilities the opportunity to learn and practice appropriate parenting skills. The benefits for both children and parents are substantiated by a consistent referral rate and a comprehensive follow-up on project families.

The Project SHAPPE Program at the Association for Retarded Citizens-Austin is staffed by a project director, a family coordinator, a parenting coordinator and a volunteer coordinator. For further information contact 512/476-7044.□

Susan Eason is Director of Programs, ARC-Austin.



Metro teaching employees to deal with mentally impaired

by Brian LeGault

Thursday night, August 13, members of Pyramid House and Mental Retardation Family Services were invited by Edward Harris, Jr., Assistant Chief of the Metropolitan Transit Authority Police, to speak to ten of Metro's street supervisors and nine Metro police officers.

This event was planned as part of a weeklong presentation by [Harris County] MHMRA on the characteristics and special problems of the mentally ill and retarded. This was the first attempt by any transit organization anywhere to better understand its mentally disabled riders.

The Pyramid House panel was introduced by David L. Benson, Director of Pyramid House Programs. The panel consisted of six members: Bertha Bragg, Gloria Castillo, Mark Harmon, Brian LeGault, Sandra Robertson and Sheila Schwartz.

This panel was asked many of the usual questions: How can services be improved? How does it feel to be mentally ill? The members discussed everything from epilepsy to schizophrenia. Since I am epileptic, I took the lead in answering those questions. I described the types of seizure disorders: mal, petit mal, psychomotor and gran mal. I also stated that even those who take their medication as prescribed may still have difficulties.

Assistant Chief Harris informed us that 250 to 300 mentally ill persons board the city buses daily. He said, "We've had all kinds of behavior problems, ranging from public lewdness to disorderly conduct."

Sheila Schwartz countered that we (ie., those of us who have been labeled mentally ill) are not strung out as most people think. Most of us who have histories of mental illness are not problematic on the buses at all. "We are simply trying to go places like everyone else."

The panel took a break to enjoy lunches that the Pyramid House Food Services Workshop had prepared for us.

After our brief respite, the panel of mentally retarded individuals took the stage under direction of Jose Ramirez and Gwen Richardson of MR Family Services. The MR panel consisted of James Boggess, Esmerelda Sepeda, Klause Schaefer and Marielan Wise. They discussed the special problems that the mentally retarded have encountered with Metro's services.

Included in their presentation was a short skit in which Victor Boone, a Metro police officer, was asked to participate. This was an interesting opportunity for problem solving by all the participants.

The Metro employees stated that they gained a great deal of insight from the presentations by the two panels. They suggested that more of these kinds of sessions be held for their fellow workers.

I feel that this was an immense learning experience for both sides.□

About the author

Brian LeGault, age 28, has been a member of Pyramid House since 1982. He participates in the Multi Media Workshop as a reporter for *Pyramid Press.*

LeGault is active in other Pyramid House programs. He serves as assistant coach of the Superstars Olympic team, vice president of the Social Club, and representative to the Executive Committee.

In his spare time, LeGault enjoys making puzzles and practicing the martial art of Kung Fu.□

Reprinted from the November 1987 edition of Pyramid Press.

Editor's note: Pyramid House is a psychosocial rehabilitation program for adults with mental illness. The House recently celebrated its seventh anniversary. Impact *featured the program in "The Art of Belonging . . . at Pyramid House," January/February 1985.*

Dr. Williams Concludes 30-Year TDMHMR Career

Dr. Frankie Williams, Deputy Commissioner for Mental Health Services, retired on December 31 after over thirty years with the Department.

During those years, Dr. Williams saw tremendous changes in mental health care in Texas and played a role in making those changes come to pass. She began working for TDMHMR July 15, 1957, when she joined the staff of Big Spring State Hospital as a psychiatrist, earning $10,000 a year. She was one of four doctors caring for about 1000 patients.

Dr. Williams planned to go into pediatrics, not mental health care, after an internship at Big Spring. But, "In state hospitals at that time, you found that there was no place to quit. If you walked away, there wasn't someone standing by to replace you," she explained.

She didn't walk away. Instead, she became the acting clinical director in 1961 and clinical director two years later. Then, in June 1969, she was appointed superintendent of Vernon Center (later Vernon State Hospital), which opened three months later. Dr. Williams was the first woman to become superintendent of a state mental hospital.

Vernon opened with 380 patients, transferred from Wichita Falls State Hospital's annex. Dr. Williams recalls that the staff, all unfamiliar with the Department and care of the mentally ill, had to be trained from scratch in a hurry—from mid-August to September 1. This inexperience may have had a surprising benefit for the patients. "These brand new staff didn't know what they *couldn't* do," she said. "For example, Wichita Falls sent us an extremely violent patient. She was so difficult that they almost didn't transfer her. But our inexperienced staff didn't know she couldn't get better. So they worked with her and she improved remarkably."

Vernon Center was mandated to set up outreach programs in the rural community, similar to those set up by Big Spring, rather than to be an inpatient facility. It originally had a 14-county catchment area. By the mid-1970s, under Dr. Williams' management, Vernon had a 150-bed adolescent drug abuse unit, seven outreach centers and two campuses serving a 43-county catchment area. The adolescent drug abuse unit was the first of its kind in the state.

While at Vernon, she was recognized on several occasions for her outstanding work. She appeared in *Who's Who of American Women.* The Texas Rehabilitation Commission named her "Physician of the Year" in 1973. In 1975, she was the Business and Professional Women's "Woman of the Year."

In January 1986, she was appointed Acting Deputy Commissioner for Mental Health Services. "I had planned to stay at Vernon until I retired. I was surprised when Dr. Miller asked me to come to Central Office," said Dr. Williams. Once she arrived at CO, she planned to stay there only three months, then return to Vernon. Instead, six months later, she was appointed Deputy Commissioner.

While she served in that position, her mental health staff worked to expand and specialize services, most notably those for substance abusers, children and adolescents. They also provided increased guidance and information for staff at community centers and state hospitals who are developing outreach and psychosocial programs.

Her long and accomplished career with the Department gave Dr. Williams a broad perspective on the history and the future of mental health care in Texas. When she began working at Big Spring, state hospital care nationwide was lacking in several areas. She can describe conditions like those at Big Spring, where there were four physicians for 1000 patients. And sometimes the doctors weren't top-notch. "The field of mental health didn't attract top professionals because the treatment alternatives were so minimal," she explained. Treatment was essentially limited to shock therapy and barbiturates, neither of which made much improvement in the majority


Sherry L. Grona

of patients. Because treatment was so often ineffective, patients did not get well enough to communicate their problems and needs to the staff. "Psychotherapy was unheard of. We didn't have the time or the staff, and there was no way to break through the illness," Dr. Williams recalled.

Often, people committed to state hospitals were there because they had no place else to go (many were elderly), or because they had central nervous system damage from syphillis. "There were practically no kids," she said. "And substance abuse treatment was rare. When Big Spring began alcoholism treatment in 1958, it was one of the earliest ones."

Conditions improved markedly with the discovery of psychotropic medications. Dr. Williams explained that these drugs enabled better communication with the patient, and greater variety and success of treatment methods. Also, as more active treatment became possible, more professionals became interested in the field of mental health.

Improvement also came as the public grew less fearful of mental illness. Volunteers increased in number, giving vital support to hospital staff.

When a person was admitted to a state hospital in years past, they were rarely expected to ever leave. Now, "discharge planning begins the day the patient is admitted," said Dr. Williams.

Recently, during her tenure as Deputy Commissioner, changes have been made in how mental health care is planned and implemented. Efforts are being made to involve state hospital and community center administrators. Eight Mental Health Regional Councils consisting of hospital superintendents and community center executive directors have input into the Department's long-range strategic plan. The councils will ultimately decide how their region will implement the guidelines of the plan, coordinate services, and eventually participate in developing budget requests.

In addition to the expanding role of administrators at the community level, more 'grass roots' input will come from the Citizens Planning Advisory Committee, which is already instrumental in formulating the TDMHMR strategic plan.

Dr. Williams also foresees continued expansion and specialization of mental health services. For example, child and adolescent services are still relatively new concepts; Dr. Williams recalled that Big Spring had only one patient that was a minor while she was there. "Even now, services for children in our state vary from poor to nonexistent. We must address their needs."

Dr. Williams also believes that TDMHMR will inevitably remain involved in substance abuse treatment. She explained that "about half of the adult substance abusers we see have a psychiatric problem in addition to their substance abuse. Even if we lose the funding for their care, we won't lose the patients."

She predicts that over the next 10 to 15 years, more elaborate methods of treating clients in the community, including those with chronic mental illness, will be developed—more living arrangements and therapy options. "Clients with chronic mental illness need food, shelter, work and fun. These needs can be met in the community through a wide range of community programs, some sponsored by state hospitals," she said. "The goal is a tight network of state hospital and community services so patients don't 'fall through the cracks.'"

"There will always be a need for state hospitals," she added. She said she anticipates a growing trend toward specialization in which state hospitals will handle primarily the "challenge patient"—one who, for example, poses diagnostic problems, or is medically fragile.

One change she expects to occur is an increase in the number of persons with AIDS admitted to the state hospitals. "AIDS will have an impact on state hospitals similar to that of the earlier impact of syphillis, which filled the state hospitals with patients with nervous system damage."

When asked what obstacles the Department will encounter as it strives to improve mental health care, Dr. Williams named "money" and "some remaining public resistance." The key to overcoming both obstacles, she said, is to "educate the voters."

Contemplating her own future, Dr. Williams, said, "I miss the patients." She may consider part-time work with clients, perhaps something like operating a medication clinic. In the meantime, she plans to relax and enjoy her hobbies: sewing, making miniature wooden furniture, yardwork and traveling. She admitted she will miss the Department. Still, "It's been a good thirty years for me," she said.

After over three decades of benefitting from Dr. Williams' knowledge, creativity, energy and genuine caring, the Department will miss her, too.□

Vernon Keeps Making History

by Jerry McClain

The history of what is now Vernon State Hospital begins in the 1940s, when the U.S. Army Air Corps deactivated Victory Field, a World War II era primary pilot training station. The Air Corps gave the Victory Field building and grounds to the city of Vernon, Texas. The city arranged with Wichita Falls State Hospital to make the facility into a geriatric annex for WFSH, an arrangement carried out in the early 1950s.

Medicare requirements, as well as Texas' need for more mental health services, caused the state to consider building a new hospital in Vernon in the late 1960s. Called Vernon Center, and originally planned as Vernon *Geriatric* Center, the hospital became part of the Texas Department of Mental Health and Mental Retardation with the acceptance of the newly-completed buildings on a campus just northwest of the city on July 7, 1969. Vernon Center officially opened for clients on September 1, 1969, when patients housed at the WFSH Annex (now called South Campus) were transferred on paper to the new facility. The first patients were admitted in person to the new campus (Vernon Center North) the next day.

A legislative mandate associated with changing Vernon Center from a facility for treating geriatric patients to one emphasizing general psychiatric care led to development of outreach clinics in the facility's 14-county service area. The first two outreach clinics opened in 1970; seven were in operation by 1973.

As the goals of Vernon Center changed, other changes took place as well. On the North Campus, more buildings were constructed. The Center's service area expanded to 43 counties of the Texas Panhandle. The Texas Legislature authorized modification of the South Campus to an inpatient treatment program for adolescent chemical abusers throughout Texas. The modified South Campus accepted its first patient in March 1973.

For the next 14 years, Vernon Center (renamed Vernon State Hospital in 1984 by the legislature) operated the two separate campuses. A variety of general psychiatric, special psychiatric, geriatric medical and adult chemical abuse programs were offered at the North Campus. The only state-run adolescent treatment program was at the South Campus.

Then, in 1987, the 70th Texas Legislature mandated that the North Campus be converted to a maximum security unit to house forensic patients treated, to date, at Rusk State Hospital, and that North Campus patients be transferred to Wichita Falls State Hospital. This change in mission for the North Campus eliminated its service area and opened it for forensic patients from all over Texas. The program at the South Campus remains unchanged.

The hospital has been the major employer in the Vernon area, offering jobs to around 850 persons. The facility treats approximately 330 patients at a given time, some 150 of whom are adolescents at the South Campus. In the last fiscal year (1987), the hospital admitted 951 patients.

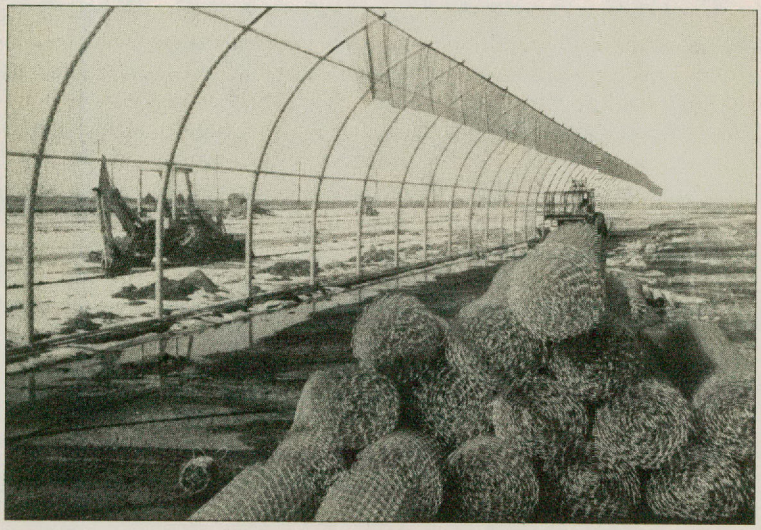
In 1988, several major changes will take place at the Vernon site:

- A new fence will be constructed around the units at the North Campus.
- Up to 300 staff will be added at the North campus, including a complete security department.
- Plans will get underway toward constructing a patient activities building for forensic unit patients.
- The first transfer of patients from Rusk State Hospital to Vernon begins after February 1, to be completed in the late spring.

Vernon Superintendent Dr. John White, formerly superintendent at Rusk, predicts that the change in its mission will bring long-term stability to the facility. "Texas law requires a forensic unit, and this will be it for the forseeable future," he said. In turn, that stability will pay off for present employees and the Vernon community as a whole.

White has expressed his intention to make the Vernon State Hospital a model forensic unit for the nation. Already, TDMHMR is unique in its treatment of maximum security patients therapeutically rather than punitively.

Vernon State Hospital promises to have a future at least as interesting as its past, as the hospital takes on its unique role in treating Texans with mental illness.□



Jerry McClain

Maximum security: Second of its kind in the nation, 18-foot fence going up around North Campus is chain link topped by wire mesh.

Jerry McClain is Information Director at Vernon State Hospital.

Rusk Takes on New Role

Joe Rozelle

Too many beds laid vacant at Rusk State Hospital's maximum security unit, Skyview. The Texas Department of Corrections suffered from severe overcrowding. And so the 70th Texas Legislature handled both problems at once by approving a bill to move up to 500 mentally ill TDC inmates to Skyview.

Under provisions of the bill, TDMHMR patients at Skyview will be sent to Vernon State Hospital as early as possible in 1988. Skyview is to be leased to TDC beginning January 1, 1988 for $1 a year, with a 20-year renewable lease. TDMHMR is renovating Skyview as necessary for TDC occupancy by July 1, 1988 (including life and safety code improvements and excluding security and other improvements required of TDC by *Ruiz* litigation). The legislature authorized TDC to immediately spend up to $1 million to renovate the facility, which now has four dormitories. Eventually, TDC will spend an estimated $10 million to expand Skyview by constructing an Ambulatory Health Care Unit and a 200-bed dormitory.

TDMHMR will retain approximately 100 support staff at Skyview. They will plan, prepare and deliver meals to inmates and staff. TDMHMR employees will also be responsible for laundry services, basic facility maintenance, and pharmaceutical and laboratory services.

The bill also provides for continued service by Rusk's Valleyview general psychiatric unit to citizens in its 28-county catchment area of East Texas.

As many Rusk employees as possible will remain at Skyview, some of them earning increased pay as TDC employees. Others will transfer to Vernon State Hospital. Cherokee County Judge Emmett Whitehead stated that the bill "actually increases the number of employees and total payroll in Cherokee county. It gives our people job security and longevity."

Residents of the area are not in increased danger from the change in Skyview's population from mentally ill patients to mentally ill inmates. The majority of former Skyview patients were people who required extended hospital treatment under the Code of Criminal Procedure and patients from other state mental hospitals who were deemed unmanageable. The incoming inmates are mentally ill persons judged competent to stand trial. Both groups will be housed in a maximum security setting.

Interestingly, the history of Rusk State Hospital has its roots in the Texas correctional system. The hospital's administration building, still in use, was built as a state penitentiary by prisoners in 1878, as hinted by its two-foot thick sandstone walls.

In 1917, the Texas Legislature closed the prison and authorized its renovation and use as "The State Hospital for the Negro Insane." By the time the hospital was actually opened in 1919, its clientele was multiracial and it was named "East Texas Hospital for the Insane." In 1925 the legislature and governor renamed it Rusk State Hospital. Its forensic unit, Skyview, was established in 1953.

With a rich past and a useful future guaranteed by 1987 legislation, Rusk State Hospital is sure to remain an integral part of the history of mental health in Texas.□

Editor's note: For more detail of the history of Rusk State Hospital, see "Maximum Security Unit" in the September/October 1985 issue of Impact.

AIDS

An Attack Upon the Mind

AIDS. Perhaps no other term in recent history has been as emotionally evocative as this acronym for acquired immunodeficiency syndrome. It stirs fear, hostility, denial, anger and despair—and sometimes love, courage and acceptance.

Dr. Ellen Stover of the National Institute of Mental Health (NIMH) stated at a recent press conference that there have been *at least* 41,825 cases of AIDS in the United States since 1981, and more than half of the victims are already dead. Surgeon General C. Everett Koop estimates that 270,000 cases of AIDS will have occurred by the end of 1991, with 179,000 deaths within the decade since the disease was first recognized. Currently, Texas has the fourth largest number of persons with AIDS in the country, with more than 29,000 known cases since 1981.

AIDS is more than a disease, more than statistics. It is an enormous challenge to mental health professionals. In its publication *Coping with AIDS,* the NIMH points out that the disease has devastating psychological consequences for many reasons:

- Seventy percent of all people with AIDS die within 2 years of diagnosis.
- Ninety percent of all adults with AIDS are between the ages of 20 and 49—a time of life when people are not commonly prepared to deal psychologically with imminent death.
- To date, the majority of AIDS patients are persons with a history of male homosexuality, bisexuality or intravenous drug use—individuals who already may be stigmatized and subject to social and job-related discrimination. An AIDS diagnosis magnifies these problems.
- Infections and malignancies that accompany AIDS can diminish and disfigure the body.
- The virus that causes AIDS often attacks the central nervous system, causing symptoms ranging from forgetfulness to profound dementia.
- The course of AIDS is marked by a series of life-threatening episodes, such as infection with *pneumocystis carinii* pneumonia.
- Few other diseases produce as many losses—loss of physical strength, mental acuity, ability to work, self-sufficiency, social roles, income and savings, housing, and the emotional support of loved ones. Often, self-esteem also fades in the wake of such catastrophic losses.
- The physical weakness and pain resulting from AIDS-related diseases diminish the patient's ability to cope with psychological and social stress.
- Treatments for AIDS-related diseases may cause psychological symptoms, such as listlessness, depression and anxiety.

Faced with treating these psychological consequences, health care professionals must meet two major challenges. First, they must learn to serve patients with a relatively new and unfamiliar disease that causes great suffering and death, providing those patients with appropriate treatment, information and comfort. Second, health care professionals must provide this help while coping with their own fears and sadness in caring for patients who do not get well and who are sometimes social outcasts.

This article addresses the impact of AIDS on the mental health of individuals who have contracted the disease and on those mental health professionals who treat them: physical damage to the central nervous system, psychological difficulties, and implications for mental health care.

Neurological Dimensions of AIDS

Persons with AIDS may be socially withdrawn, apathetic, irritable, forgetful, disoriented, irrationally impulsive, hallucinatory. And that collection of symptoms can be more than the result of the devastating psychological impact of being diagnosed as having the disease. An estimated 10 percent of persons with AIDS display these symptoms before any other symptoms of the disease appear—before the ill person and his or her physician are even aware the infection is present. These symptoms are the result of damage to the central nervous system.

Neurological damage is more common in persons with AIDS than first thought. A study of AIDS patients at the medical school of the University of California at San Francisco indicated that 40 percent of the patients had AIDS-related brain disease. In a study conducted at the UCLA school of medicine, 75 percent of the subjects showed AIDS-related brain disorders.

Mental health professionals will have to deal with a growing number of clients with neurological damage that is difficult to detect and even harder to treat.

The symptoms occur because of the nature of the AIDS virus and infections that follow from it. AIDS is the final and most severe stage of infection by *human immunodeficiency virus (HIV).* HIV can directly invade the brain, infecting some cells and causing them to degenerate. The damage is progressive and can be extensive, leading to complete atrophy of the brain.

The person whose brain has been attacked by HIV has early symptoms that are usually indistinguishable from depression. Forgetfulness and poor concentration are followed by psychomotor retardation, decreased alertness, apathy, withdrawal, diminished interest in work and loss of sex drive. Later, some patients encounter intense confusion and disorientation, seizures and profound Alzheimer-like dementia, leading to coma and death. These conditions are not amenable to treatment.

Also, HIV invades white blood cells in the body's immune system, reducing their ability to fight invading organisms while simultaneously turning invaded cells into virus "factories." As HIV infection suppresses the individual's immune system, he or she becomes highly susceptible to a variety of infections caused by organisms that do not generally cause illness in people with normal immune systems. Persons with AIDS frequently have several of these opportunistic infections occurring simultaneously, such as encephalitis and meningitis. They are also susceptible to cancers, which can occur in conjunction with infections. These conditions sometimes respond to medical treatment.

The NIMH states that HIV-related damage to the central nervous system should be suspected in any AIDS patient who experiences marked slowing and decreased sharpness of thinking. Laboratory findings can clarify the type or extent of disease. But detecting and diagnosing central nervous system disorders associated with AIDS can be difficult. The symptoms, such as personality change, may be quite subtle at first. Later, after AIDS has been detected, it can be difficult to distinguish between the patient's depressive reaction to the diagnosis and an actual onset of HIV-induced brain disease. Relatively mild symptoms of neurological disorder may be ignored or not evaluated because of attention to more demanding health problems. Further, the likelihood of multiple infections in the brain, or infection combined with cancerous tumors, makes it difficult to accurately diagnose what exactly is taking place in the patient's brain.

AZT (azidothymidine), also called by its brand name, *Retrovir,* is the first and only FDA-approved drug for treating AIDS. It does not kill

the virus, but it has been effective in reducing the death rate of AIDS patients. But while the drug may lengthen a person's life span, it may also allow more time for the HIV to attack his or her central nervous system.

Thus, until a vaccination against AIDS is found, mental health professionals will have to deal with a rapidly growing number of clients with neurological damage that is difficult to detect and even harder to treat. Even after a cure is discovered, those individuals who have already sustained irreversible HIV-related brain damage will require intensive medical and psychiatric care.

Psychological Effects

NIMH's *Coping with AIDS* explains that persons with AIDS respond to their illness with anxiety and depression similar to that experienced by patients with other types of terminal illness. They may respond to their diagnosis with disbelief, numbness and denial. The person with AIDS who is depressed may exhibit symptoms of sadness, hopelessness, helplessness, withdrawal and isolation and may even be suicidal. Anxiety may take the form of tension, agitation, insomnia, eating disorders and panic attacks.

They may become angry. In particular, persons with AIDS may become angry at the discrimination that often accompanies the disease, the lack of effective medical treatment, and a wide range of personal losses. Those who see themselves as "innocent victims" of the virus, having contracted it, for example, from a blood transfusion, are particularly prone to anger.

In many cases, the person experiences powerful guilt and fears about this disease. Fear of rejection and judgment by family, friends and co-workers. Guilt because of rejections and judgments. Fear of losing one's job and health insurance. Guilt for being a financial burden upon others. Fear of disability and of losing independence. Guilt for being dependent. Fear of passing the disease to loved ones. Guilt for passing the disease to others. In some cases, fear of exposure of a past or present gay or IV drug-using lifestyle, and unresolved guilt about those lifestyle choices.

All of these feelings may be too much for the individual to handle continually. Thus, he or she may use denial as a defense mechanism. This isn't necessarily bad, and it's rarely permanent. Elisabeth Kubler-Ross explains in *On Death and Dying* that at least partial denial of their health situation is used by almost all people with life-threatening illness. Denial can be a healthy buffer against the bad news, allowing the ill person time to 'pull himself together,' enjoy what is left of his or her life and eventually begin practicing at least partial acceptance of death.

Implications for Mental Health Care

Whether their psychological problems result from HIV-related neurological damage, unresolved emotional distress, or a combination, persons with AIDS contend not only with the difficulties shared by all humans with life-threatening disease, but also with being socially stigmatized. They may lose virtually all physical and social contact. Left untreated, the ostracism, isolation and unexpressed fears of the disease contribute to the ill person's overall deterioration and inability to function. They will need specific types of mental health assistance outlined by the NIMH:

- Referral to local, community-based AIDS service groups.
- Referral to social workers for planning physical and financial assistance.
- Referral to psychiatric staff for monitoring mental status and obtaining psychotherapy and medications.
- Mental status examinations to identify altered memory, concentration, orientation and capacity for abstract thought.
- Redefinition of who may visit the patient to ensure that he or she is able to see loved ones.

NIMH suggests that the best treatment builds on knowledge of the person's past coping abilities, capitalizes on his or her strengths, maintains hope and shows continued human care and concern. *Coping with AIDS* summarizes steps to take in treating the mental health aspects of AIDS:

Education: The AIDS patient needs to know that his or her records are confidential, but that he or she should notify contacts who are at risk. The patient needs to know how the disease is and is not transmitted, what opportunistic infections he or she may encounter or already have, and treatment measures. A schedule for examinations should be outlined. Patients with AIDS should be told that they have some control over their disease; they can participate in their own care by eating properly, exercising, reducing stress, avoiding drugs and alcohol, getting adequate rest and practicing safe sex.

As medical procedures become necessary, they should be explained to the patient to lessen his or her anxiety.

Counseling. The counselor helps the person with AIDS identify and change psychological and behavioral factors that further endanger the physical and mental health of the individual and his or her associates. For example, an HIV-infected person may need to learn safer sexual practices to avoid infecting others and acquiring opportunistic venereal infections such as herpes. Or the AIDS patient may need to learn better ways of coping with a stressful job that is currently exhausting. Changing these behaviors may, for example, require efforts to learn assertiveness, self-esteem, and so forth. Intravenous drug abusers may need especially intense counseling because of their tendency toward reckless, compulsive behavior even when educated about AIDS and their addiction.

The counselor also helps the person with AIDS deal with his or her feelings about the illness and about dying. Counseling should take into consideration the person's need for some control over his or her life and death. The ill person can derive some satisfaction from giving directions for final care and funeral arrangements, preparing a will, notifying clergy and so forth. Acts of self-determination should be encouraged.

Support groups. Ideally, the patient needs to be linked with one or more support groups. These groups generally come in the form of AIDS support groups in the private sector, such as the Shanti Project in San Francisco, and groups formed by medical facilities, typically modeled after support groups for cancer patients and their families. Support can also come in the form of visits with family, friends and health care workers. As the patient's health worsens, a 24-hour home care program can provide emotional as well as physical monitoring and assistance.

The primary responsibility for dealing with the mental health of a person with AIDS may fall upon trained health and psychiatric professionals. But in most cases, counseling of some sort first takes place when the individual's physician informs him or her of the results of the HIV testing. Regardless of whether treatment comes from a psychiatrist, a multidiscipline AIDS team, or a family physician, AIDS patients can be dealt with in a positive, effective way.

Challenges to Professional Caregivers

Caring for persons with AIDS can be emotionally threatening to professional caregivers. Emotional stamina is needed to care for people with AIDS: they are dying a premature death; their physical and emotional needs are very intense; sometimes they are infants and children who require nurturing that their family cannot or will not give. Also, the caregiver may have some fears about contracting the disease.

Persons who care for the mental and emotional health of individuals with AIDS should recognize their own needs and the special demands that treating the disease will place upon them. Mental health care workers need the opportunity to discuss their feelings about the vulnerability of their patients. They typically experience anticipatory grief for patients they expect to die, actual grief when patients do die, frustration over their inability to change the course of the illness, and anger over the negative reactions of others. Caregivers should also have opportunities to express fears for their personal safety.

Counselors unaccustomed to dealing with delirium and dementia should learn to recognize these signs and symptoms. They must also lower their expectations about the patient's ability to adhere to procedures and treatment as his or her mental capacities diminish.

Because patients must feel free to discuss their habits, lifestyle, sexual preferences and practice, mental health professionals should be able to discuss them comfortably. They should also be well-educated about high-risk behaviors and practices.

Mental health care workers who are troubled or overwhelmed by helping people with AIDS need to seek professional psychological help for themselves.

Institutions caring for people with AIDS should keep an updated file of AIDS information—modes of transmission, causes, treatment. The information can then be regularly passed on to staff members as a part of their AIDS training. In turn, the staff can then keep patients informed of new developments, especially those likely to offer hope.

With a thorough understanding of HIV infection and AIDS, the psychological needs of persons with HIV infection and their own needs as they deal with infected patients, mental health care workers can make a positive contribution to the psychological well-being of the growing population who has this chronic infection.□

AIDS Resources

A list of references for this article and about AIDS in general (including films) are available from Laurie Lentz, TDMHMR, P.O. Box 12668, Austin, TX 78711-2668, (512) 465-4540.

Telephone Hotlines

(Toll Free)

National Gay Task Force
AIDS Information Hotline
800-221-7044
(212) 807-6016 (NY)

PHS AIDS Hotline
800-342-AIDS
800-342-2437

National Sexually Transmitted Diseases Hotline/American Social Health Association
800-227-8922

AIDS Information Numbers in Texas

Texas Department of Health
- 1-800-248-1091 (for licensed and certified health professionals)
- 512-458-7504 to report cases or inquire about numbers of cases
- 512-458-7260 to order films and videotapes, or catalogs for them

Austin—AIDS Services of Austin
(512) 452-AIDS

Beaumont - Triplex AIDS Network
(409) 839-4TAN

Corpus Christi - Coastal Bend AIDS Foundation
(512) 883-2273

Dallas - AIDS Resource Center Information Line
(214) 521-5124

Dallas - Oak Lawn Counseling Center
(214) 351-1502

El Paso - Southwest AIDS Committee
(915) 542-3014

Fort Worth - Counseling Center AIDS Project
(817) 335-1994

Galveston - Community Care for AIDS
(409) 761-3001

Galveston - KS/AIDS Foundation
(409) 765-7626

Houston - AIDS Foundation of Houston
(713) 524-AIDS

Houston - AIDS Legal Referral Hotline
(713) 528-7702

Houston - Gay/Lesbian Switchboard
(713) 529-3211

Houston - Montrose Counseling Center
(713) 529-0037

Houston - U.T. Cancer Information Service
(713) 792-3245

Lubbock-West Texas AIDS Foundation
(806) 794-1757

San Antonio - San Antonio AIDS Foundation
(512) 733-1853

National Information Services

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey Building, Room 725-H
200 Independence Avenue, S.W.
Washington, D.C. 20201

American Association of Physicians for Human Rights
P.O. Box 14366
San Francisco, CA 94114
(415) 558-9353

AIDS Action Council
729 Eighth Street, S.E., Suite 200
Washington, D.C. 20003
(202) 547-3101

Gay Men's Health Crisis
P.O. Box 274
132 West 24th Street
New York, NY 10011
(212) 807-6655

Hispanic AIDS Forum
c/o APRED
835 Broadway, Suite 2007
New York, NY 10003
(212) 870-1902 or 870-1864

Los Angeles AIDS Project
1362 Santa Monica Boulevard
Los Angeles, CA 90046
(213) 871-AIDS

Minority Task Force on AIDS
c/o New York City Council of Churches
475 Riverside Drive, Room 456
New York, NY 10115
(212) 749-1214

Mothers of AIDS Patients (MAP)
c/o Barbara Peabody
3403 E Street
San Diego, CA 92102
(619) 234-3432

National AIDS Network
729 Eighth Street, S.E., Suite 300
Washington, D.C. 20003
(202) 546-2424

"We get as much as we give"

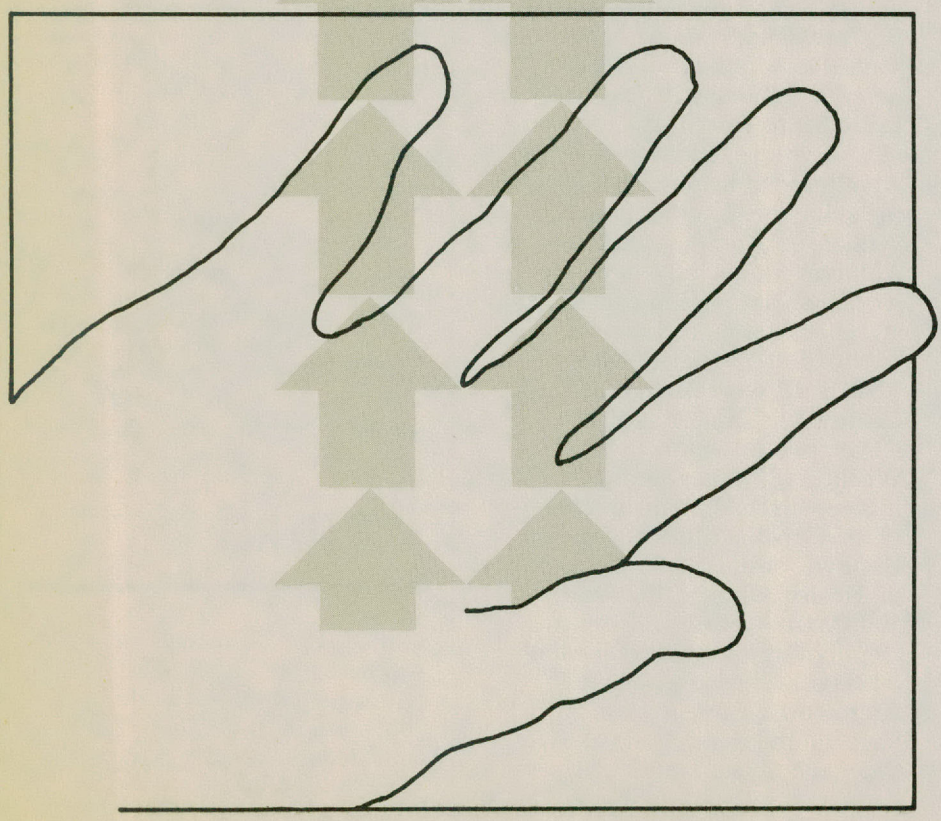
by Carolyn Harder

Wonder. Questions. Apprehension. Anticipation. So many feelings were tied up in that group from Seminole as they made their first visit to the Adolescent Unit at Big Spring State Hospital (BSSH). They wanted to go, but didn't know what to expect. Would they be liked and accepted? How would the youth at Big Spring react?

It all started a few months ago when one of the youth from Seminole was hospitalized at BSSH. The youth group at First Baptist Church wanted to help their friend but felt at a loss for what to do. One of the youth leaders, Mrs. Deborah Baty, had visited the hospital and heard reports that "some of us are all alone." She brought this information back to the youth at church, and plans were begun.

At the youth group's request, Carolyn Harder, Gaines County Outreach Center Director, arranged for Kathy Higgins, Volunteer Coordinator at BSSH, to come to Seminole and present a program on the hospital and volunteerism. To prepare further, the adult leaders of this youth department visited the hospital for a tour and orientation of the facility. They now felt a little more prepared.

Fifty strong, the young people and their sponsors came to entertain the Adolescent Unit youth on a Sunday afternoon in June. In the Tollett All-Faith Chapel they presented a program of musical selections around a puppet show. Following the entertainment, the youth group served refreshments and played volleyball with the adolescent clients.



Once the initial visit was completed, the Seminole youth were bubbling with enthusiasm and making plans to return to BSSH even before they returned home to Seminole. "Why, they're people just like us. They aren't any different from us, except the problems we have—and we all have problems." This thought was expressed by several of the young people.

Since that first meeting, the youth at the Adolescent Unit and the youth from Seminole have gathered together several times for an afternoon of fun, games, refreshments and fellowship. Each time they meet, more of the young people from Seminole become involved. They say, "It's the best project we ever had. It's more meaningful to us than going on a ski trip or going to camp. We get as much from them as we give." Another youth leader from Seminole, Lyn Collette, commented, "The Lord commanded us to love each other, and this is one way we can show our love. What better way to express it; if we go with the love of the Lord in our hearts, it will be good."

Commenting on the impact of the project, Rev. Paul Anderson, pastor of the church, said, "I'm enthralled with the youth and the efforts they are putting forth. It is a challenge to all of us to show a little more love."

The youth of Seminole would like to challenge young people throughout the West Texas area to become involved in activities with adolescents at BSSH. Speaking of their challenge the Seminole group says, "They'll never be sorry they made that decision. We've made lots of friends and learned a lot about ourselves, too."

Some have added, "We would like to see adults get involved. There's lots of people over at the hospital besides the Adolescent Unit, and all of them could be helped by knowing that someone loves them and cares for them. Besides, they'll end up like us—getting more than giving. It's terrific."□

Carolyn Harder, former director of the Gaines County Mental Health Center, is currently a social worker at the Center.

images

Newsmakers

► **Jack Stovall** became Assistant Superintendent of **Big Spring State Hospital** on November 1, 1987, after serving as the BSSH Director of Community Services.

► **Gloria Garcia, M.S.W.,** is the new director of the **Fort Bend Mental Health Outreach Clinic,** one of ten such outreach centers served by **Austin State Hospital.** Garcia worked as a clinician at the outreach clinic for over two years.

► **Sarah Kegerreis,** Volunteer Services Coordinator at **Terrell State Hospital,** recently received a plaque honoring her for her contributions to the Kaufman County Red Cross. **Martha Allen,** Terrell volunteer and first chair of the Volunteer Services State Council, was also honored.

► **Vernon State Hospital** has named **Marianne Norris** of Wichita Falls as coordinator of volunteer services. Norris replaces **Pauline Speer,** who retired earlier this year.

► **Fredilyn (Lyn) Haynes, R.N.,** of Wichita Falls has been appointed assistant director of nursing services for the adolescent drug program at **Vernon State Hospital** south campus. She comes to Vernon from **Wichita Falls State Hospital,** where she worked primarily with substance abuse clients.

Around the State

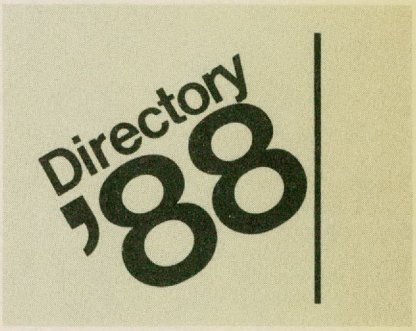
► **Deep East Texas Regional MHMR** Board of Trustees recently dedicated the newly-constructed **Jasper/Newton MHMR Center** to the memory of **George E. Gee,** an active board member until his death in October 1987. The Board dedicated the facility's community room to the memory of **Kathy Fillyaw Lockhart,** Jasper/Newton MHMR Sheltered Workshop coordinator until her death in October 1987. Plaques honoring Gee and Lockhart will hang in the foyer of the building and in the community room, respectively. An open house for the new center was held January 15, 1988.

► The Director of Boston University Center for Rehabilitation Research and Training had a special meal prepared in his honor by students in **San Antonio State Hospital's** food service vocational training. To show what their education is all about, the students served dinner to William A. Anthony, Ph.D. Dr. Anthony conducted a day-long workshop at SASH in psychosocial rehabilitation techniques.

Attending the meal from TDMHMR were **Margene Caffey,** Director of Staff Development; **Frankie E. Williams, M.D.,** Deputy Commissioner for Mental Health Services; **Carolee Moore,** Assistant Deputy Commissioner for Mental Health Services, Region 4; and **Cathy Collier,** Assistant Deputy Commissioner for Mental Health Services, Region 3. **Richard Bruner,** Acting Superintendent of SASH at that time, and David Pharis, *RAJ* panel member, also attended the special dinner event.

► October 6, 1987, **Tri-County MHMR Services** celebrated five years of service to Liberty, Montgomery and Walker counties. The celebration was held at the Tri-County Administration Building in Conroe. Joining in the occasion were Judge Neil Caldwell and his wife, Mary Lou. Judge Caldwell was 1987 Texas Artist of the Year, and a collection of his paintings was shown to guests attending the event. The Caldwells are active volunteers for mental health in Texas. Mary Lou Caldwell is a member of the board of the Texas Council of Community MHMR Centers and a member of the State Advisory Committee on Alcohol and Drug Abuse.

► **Stella C. Mullins,** Executive Director of the Mental Health Association in Texas, was recently presented the Joseph R. Brown Award, which is given to the outstanding Mental Health Association staff person in the country.



IT'S HERE!

TDMHMR's *1988 Directory of Services* is available. The Public Information Office is filling all backorders. If you have not requested a Directory, now is the time to do so.

Let us hear from you.

Send your comments to Laurie Lentz, TDMHMR, P.O. Box 12668, Austin, TX 78711-2668.

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I want to write an article about _____

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Name _____ Phone_____

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Resources

The Community Council of Greater Dallas has released its *1988 Directory of Services,* which lists over 400 health, welfare, recreation and human service agencies that serve the Dallas community. Charges are $6 per copy, plus 8% sales tax and $1.25 postage and handling per copy. Discounts are available for orders of 10 or more copies. Call (214) 741-5851 for more information. Send orders to Community Council of Greater Dallas, 2121 Main Street, Suite 500, Dallas, Texas 75201-4321, Attn: Directory Orders.

The American Medical Association has published an *AMA Handbook on Mental Retardation* (edited by Herbert J. Grossman, M.D., and George Tarjan, M.D.) that is an easily understood introduction to clinical issues surrounding mental retardation. It also provides an overview of available services and resources. A useful quick reference for both physicians and laymen.

Aging and Mental Retardation: Extending the Continuum by Marsha M. Seltzer and Marty W. Krauss is a 1987 publication of the American Association on Mental Retardation. It is a monograph that examines specialized residential and day programs for elderly persons with mental retardation. The text provides planners, service providers, family members and researchers with data about available services.

Forum Bridges Gap between Family and Professionals

In an unprecedented, jointly-sponsored conference, the Texas Alliance for the the Mentally Ill (TEXAMI) and TDMHMR presented an educational forum for families, consumers and professionals titled "Bridging the Gap: An Educational Forum on Long-Term Mental Illness." The goal of the conference was to narrow the communication gap between mental health care consumers and their families and professional mental health service providers.

Over 400 consumers, family members and mental health professionals from the public and private sector attended the conference in Dallas on November 21.

The conference focused on long-term mental illness (current research, treatment principles) and administrative issues involved in moving a mental health care system toward community-based care.

Presentations were made by professionals in the mental health care field. Speakers included Leonard Stein, M.D., professor of psychiatry at the University of Wisconsin Medical School and Psychiatric Institute; Stanley Platman, M.D., senior vice-president for medical affairs with the Hopkins Health Systems in Baltimore; Joachim Raese, M.D., director of the Schizophrenic Research Center, Veterans Administration Center at Dallas; and A. John Rush, M.D., professor of psychiatry at the University of Texas Health Science Center, Dallas.

A round table discussion followed the presentations. Participants offered their unique perspectives on providing services for persons with long-term mental illness—from the viewpoints of consumers, state hospital staff, families and community center staff. Genevieve Hearon, president of TEXAMI and chair of the steering committee, brought TEXAMI's viewpoint to the discussion.

Agencies, advocacy groups and individuals who participated in the conference saw it as an important step toward a more cohesive, effective mental health care delivery system in Texas.□

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