

# CONNECTIONS

THE PUBLICATION OF THE MENTAL HEALTH ASSOCIATION IN LOS ANGELES COUNTY

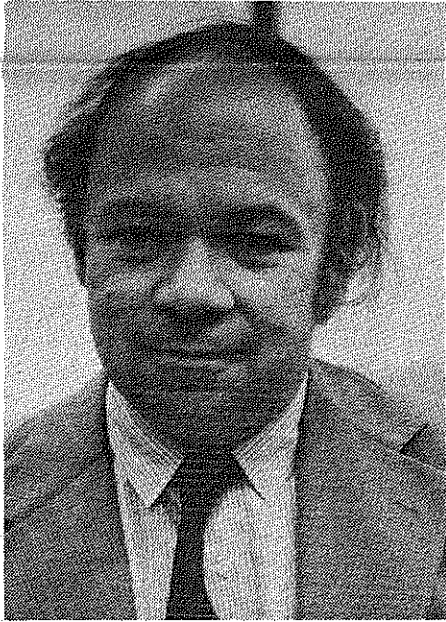
OCTOBER 1984

*Department begins negotiations to implement programs to meet established service priorities.*

## AUGMENTATION FUNDING RESULTS IN 34 CONTRACTS AWARDED BY COUNTY

### INTERVIEW:

**DR. MONTE BUCHSBAUM**  
PROFESSOR OF PSYCHIATRY



With tools that sound like props in a science fiction film—an atom-smashing cyclotron and radioactive isotopes—brain researchers are making great strides in understanding the biology of mental illness.

Researchers have even created a new field, psychobiology, in an effort to understand emotions and behavior

*'...Thoughts—they're wholly physical things. They are not magic. Every thought, every feeling has behind it brain cells and electricity... A thought is a biological phenomenon...'*

in terms of cellular action in the brain.

At the forefront of this new field is Monte Buchsbaum, M.D., professor of psychiatry at the University of California, Irvine. "I see psychobiology as a major area of scientific advance and the most exciting area of science right now," says Buchsbaum.

He is a pioneer scientist/researcher with the PET scan, "a new technique for making functional pictures of the

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The Los Angeles County Department of Mental Health has awarded 34 contracts for various mental health services as a result of augmentation funding provided by the state.

The department is now negotiating with these service providers awarded augmentation funds through the RFP (Request For Proposal) process. Under the RFP process agencies interested in contracts must submit proposals to the county.

Gov. George Deukmejian authorized an augmentation of \$35 million statewide for mental health in his 1984-85 budget. Los Angeles county received \$11.8 million.

Because the governor vetoed a 5.4 percent COLA (Cost of Living Adjustment) for both mental health and MIA (Medically Indigent Adult) funds, \$1.7 million was used to make up the difference between the anticipated COLA and the actual budget allocation.

The Department of Mental Health will be contracting approximately \$5.7 million of the \$10.1 million, \$4.8 through the RFP process and \$900,000 to sole source contracts.

The fiscal year 1984-85 State Budget Act, provided for augmentation funds for new services in local mental health program. In early March the department and each region reviewed the service areas of highest need and established priorities, "in progressing toward a coordinated system of care and in treating the severe and chronically disabled," said Dr. J.R. Elpers, then director of the Department of Mental Health.

All proposals were evaluated by panels established in each of the regions. Each panel reviewed and scored the proposals based on the agency's experience, program proposed, community involvement, program cost and other criteria as identified in the RFP.

The Department of Mental Health has notified the providers of their selected proposals and has begun negotiations with the selected providers. Each contract will be brought to the Los Angeles County Board of Supervisors for approval.

The RFP process was developed by a task force consisting of county staff and representatives from the countywide Contractor's Association. This task force was subdivided into committees which developed the components as well as the actual RFPs.

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### QUIROZ NAMED ACTING DIRECTOR

Roberto Quiroz, M.S.W., has been named acting director of the Los Angeles County Department of Mental Health.

Quiroz, who held the position of acting assistant director, programs, was named to the interim position by the Los Angeles County Board of Supervisors at its September 4 meeting.

Dr. J. Richard Elpers, department director for six years, resigned at the end of August to accept a teaching position at Harbor-UCLA Medical Center.

Final filing day for applicants to the full-time directorship was September 28. The Board of Supervisors, says Quiroz, will now spend three to four months reviewing, screening and interviewing applicants for the depart-

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### INSIDE:

**DRUGS VS. THERAPY**  
PG. 4-5

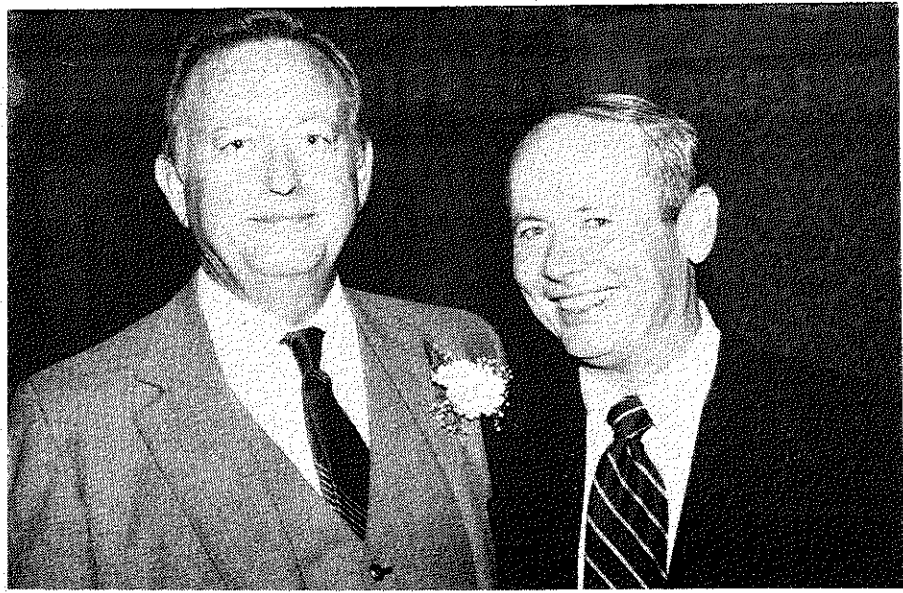
**SOCIAL WORKERS AID POOR**  
PG. 7



'Terms' to open film series. See page 2.

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Dr. J.R. Elpers and Harry L. Hufford (l-r) at Elpers' farewell dinner early last month at the University Hilton. Elpers, who recently resigned as director of the County Department of Mental Health, was honored for his six years' service. Don Richardson of AMI-Los Angeles and Rose Jenkins, M.D., emceed the event which included tributes by Harold Mavritte, M.D.; Milton Miller, M.D.; Charles Moody; and Robert W. White. Closing remarks were made by Hufford, former County Chief Administrative Officer.

## FIFTH PROJECT RETURN LUNCHEON CELEBRATES 'A VISION REALIZED'

This year's fifth annual Project Return luncheon will celebrate the opening of the Project Return Center in Santa Monica.

The luncheon will be Friday, November 9 from noon to 3 p.m. at the Miramar-Sheraton Hotel, 101 Wilshire Blvd. at the corner of Ocean and Wilshire Boulevards, in Santa Monica.

The luncheon will honor members of Project Return, a federation of 40 self-help clubs with nearly 500 members throughout Los Angeles County. Project Return is a program of the Mental Health Association in Los Angeles.

The Project Return Center, a socialization and vocational center, is scheduled to open later this year at 1328 Second St. in Santa Monica.

"This luncheon brings together Project Return members, volunteers, relatives, professionals and supporters to celebrate the concept of Project Return," says John Siegel, MHA director of community support services. "We will honor many of the Project Return members for the progress they have made in their own lives and for their contributions to Project Return."

Project Return Federation President Mark Karmatz will emcee the luncheon which features the presentation of nearly 50 awards including members awards, volunteer awards, special achievement and facilitator awards.

The AMI-Westside and Coastal Friends Award is given to a profes-

sional and the Rose and Aaron Sachs Award, sponsored by Rhoda Zusman, co-founder of Project Return, carries a monetary gift.

The luncheon will also honor Dr. J. Richard Elpers, former director of the county Department of Mental Health. Richard Van Horn, director of the MHA, will present an award to Elpers in recognition of his work as department director and for his support of Project Return.

One member of each club will receive a special recognition award and attend the luncheon free.

ARCO (the Atlantic Richfield Co.) and the Los Angeles Times will be honored for their corporate support of Project Return and their involvement in the creation of the center. Al Greenstein, ARCO Westcoast public relations director, and Philip Williams, Los Angeles Times senior vice president will accept the awards.

The Project Return players, an improvisational theater group made up of federation club members, will perform at the luncheon.

Tickets are \$25 for the public, which allows a club member to attend at the reduced fee of \$5.

Checks for reservations may be sent to the Mental Health Association, 930 Georgia St., Los Angeles, CA 90015. Reservations will be held at the door.

For further information call the MHA, (213) 629-1527.

## CAMI FALL CONFERENCE ORGANIZED, SAN JOSE PAMI SET TO HOST EVENT

CAMI (the California Alliance for the Mentally Ill) has set its fall conference. Planners have termed it, "another rich smorgasbord of exciting learning opportunities which will help us meet our family responsibilities."

The conference, hosted by PAMI (Parents of Adult Mentally Ill) of Santa Clara County, will be Friday and Saturday, November 2 and 3 at the San Jose Holiday Inn-Airport, 1355 N. Fourth St., San Jose.

On the program for the conference are noteworthy speakers from schools and medical institutions in the San Jose area.

Speakers include: David Spiegel, M.D., director of the Stanford University adult psychiatric outpatient clinic; Herbert S. Korpell, M.D., of Gladman Memorial Hospital; D. Michael O'Connor, M.D., director of the California Department of Mental Health and Senator Dan McCorquodale of the Senate Select Committee on Citizen Participation.

There will be a report on SB 929 which established a pilot project to explore the possibilities of uncovered physical conditions which may contribute to mental illness.

Workshop topics include housing

choices, rehabilitation work programs, support systems and choices in wills and trusts.

According to Don Richardson, president of AMI Los Angeles, this conference will be significant because CAMI is changing its organizational structure. Each of the 54 state affiliates is being asked to send three members designated to vote on resolutions and nominees for the 12 members who will form the CAMI state board of directors.

The conference will honor Helen Teisher, who has served as state president for three years and instate Ramona Schneider as new president.

The CAMI young researcher's award will be presented for the first time at the conference. Ten persons applied for the award, which encourages young researchers to study schizophrenia and other serious mental illnesses, and carries a \$500 honorarium.

Registration fees are \$15 per person for two days and \$7.50 for one day. A meal package, including one dinner and a lunch buffet is \$25. Registration deadline is Oct. 19.

For registration forms or to register write PAMI conference, c/o Frank Schneider, 991 Warwick Court, Sunnyvale, CA 94087.

## FILM SERIES FOCUSES ON OSCAR NOMINEES' PSYCHOLOGICAL DEPTH

Psychological problems are usually discussed in a classroom or textbooks. The Southern California Psychoanalytic Institute, however, uses film to explore psychological issues.

The institute's seventh annual film series, October through March, features five films illustrating the complexities of contemporary life.

"Terms of Endearment" explores the mother-daughter relationship; "Tender Mercies" is the story of a down-and-out alcoholic country-western singer finding his way back from self-defeat; "The Big Chill" follows a group of '60s college housemates re-evaluating their lives after the death of a friend; "The Dresser" shows the symbiotic relationship between an actor and his servant and "Atlantic City" illustrates the struggle of an aging petty gangster coming to grips with the glory that never was in one last heroic feat.

The five films to be shown are ones that were nominated for Academy Awards last year. They are what Extension Division Director Arnold L. Gilberg, M.D. terms, "A series of outstanding motion pictures of psychological interest."

"We view movies as an expression of the social climate," says Gilberg. "Psychoanalysis as a discipline is involved with the society we live in; a film series is a logical extension of this interest."

All the screenings will be on Thursdays at 7:30 p.m. at the Writers Guild Doheny Plaza Theatre, 135 South Doheny Dr. (a half block south of Wilshire Boulevard) in Beverly Hills.

Each showing is followed with discussion led by a member of the institute who will share his or her perspective on the film, and a question-and-answer period.

The films, their showing dates and discussants are: "Terms of Endearment," October 11, Charlotte Robertson, M.D.; "Tender Mercies," November 8, Roman N. Anshin, M.D.; "The Big Chill," January 10, 1985, Arnold Gilberg, M.D.; "The Dresser," February 14, 1985, Joseph M. Natterson, M.D. and "Atlantic City," March 14, 1985, H.R. Brickman, M.D.

The films were chosen by Gilberg and Merrill B. Friend, M.D., coordinator of the film series. "These movies were the most popular this past year and we are showing them because of their popularity," says Gilberg, "also because they have been singled out by the industry as expert films."

"Each film has a psychological impact and outstanding acting performances," says Friend. "That has been our measuring stick, past series have focused on the work of directors such as Woody Allen or Ingmar Bergman, this year we opted to go with different films of diverse content."

"Terms of Endearment" features Oscar-winning performances by Shirley MacLaine and Jack Nicholson as well as Debra Winger and John Lithgow; "Tender Mercies" won Robert

Duvall an Academy Award; the ensemble in "The Big Chill" includes Glenn Close, William Hurt, Jeff Goldblum and Kevin Kline; "The Dresser" stars Albert Finney and Tom Courtenay and "Atlantic City" has Burt Lancaster and Susan Sarandon.

"Discussion is highly encouraged," says Friend, "and we usually get a good cross section of lay people interested in psychology and psychoanalysis and mental health professionals."

Admission is \$25 per person for the series, \$6 for single tickets and \$4 for senior citizen and student single tickets.

Tickets may be ordered in advance by sending a self-addressed, stamped envelope with name, address, telephone numbers and number of people who will be attending the series or individual films, and a check made out to the Southern California Psychoanalytic Institute, to the institute, 9024 W. Olympic Blvd., Beverly Hills, CA 90211. Tickets may be purchased at the door but advance registration is requested.

"The series is open to anyone in the general community and we have found it to be a positive experience," says Gilberg.

The Extension Division of the Southern California Psychoanalytic Institute is the arm of the institute involved in outreach to the community, informing people of psychoanalytic principles and offering courses for professionals in mental health specialties.

The film series qualifies for Category I Continuing Education Credit for physicians, psychologists, social workers and nurses and can help meet state requirements for professional licensure.

For further information on the film series and other courses offered by the Extension Division call the Southern California Psychoanalytic Institute, (213) 276-2455 or (213) 272-7620.

## WORKSHOP TELLS HOW TO EFFECT MEDIA CHANGE

A three-day workshop on how television affects our lives and how to effect change in the media will be offered November 9 through 11 at the Holy Spirit Retreat Center, 4316 Lanai Road, Encino.

The three-day Television Awareness Training (TAT) workshop will focus on media violence, stereotypes, advertising, children's programming, sexuality, new technologies, news, sports, minorities, theology, soaps and game shows and strategies for change.

With an emphasis on values, the training session will prepare participants to conduct workshops for local congregations, community, civic and school groups to understand how television programming and advertising affect behavior and attitudes. The workshop will also cover ways of bridging communication and generation gaps and the effects of new technologies on family viewing habits.

Co-sponsored by Ecumedia, the office of Religious Education of the Archdiocese of Los Angeles, and the Media Action Research Center in New York, the workshop will be led by Stewart Hoover, Annenberg School of Communications, University of Pennsylvania, and Sister Shirley Koritnik, SCL, executive director of Ecumedia.

Registration deadline for the workshop is Monday, October 5. Fee for the workshop is \$125; \$70 for meals and lodging (seven meals and two nights) double occupancy. Single rooms are \$15 more.

Registration forms are available by calling Andrea Cano, Ecumedia, (213) 381-6384; or Sister Gretchen Hailer, Office of Religious Education, (213) 251-3350.

TAT is administered by the Media Action Research Center, Inc. (MARC), an independently incorporated, non-profit organization funded by grants and individual contributors.

## COUNSELORS NEEDED IN SPANISH CLINIC

Clinica Monsenor Oscar A. Romero, 1833 W. Pico Blvd., Los Angeles, is seeking licensed, Spanish-speaking mental health professionals to volunteer two or more hours a week in its new psychotherapy/counseling component.

Psychiatrists, psychologists, M.F.C.C.s and L.C.S.W.s interested in being part of this community service may call Dolores Sloan, M.F.C.C., clinic mental health services director (213) 932-8287 or Anne Mello, clinic coordinator (213) 389-0288.



Dr. Michael Durfee and Dr. Stephen Howard (l-r)

## CHILD SEXUAL ABUSE PROVOKES CONFERENCE TO EFFECT CHANGE

Child sexual abuse is a subject much in the news. The McMartin Preschool case has brought the issue to the forefront and made it the area of concern to therapists and the community.

To address this timely and much talked-about issue, Northridge Hospital and the San Fernando Valley Child Guidance Clinic will sponsor "The Evaluation and Treatment of the Sexually Abused Child," a day-long conference, Friday, November 9.

"Child sexual abuse is a prominent aspect of daily life in California with increased reporting," says Dr. Stephen Howard, program development services director of the San Fernando Valley Child Guidance Clinic (SFVCGC). Community tragedies have provided motivation for people to seek out and utilize information. It behooves us to present it."

The workshop is designed to help mental health professionals recognize the signs and symptoms of sexual abuse, to help develop competency in the diagnosis of sexual contact in children, to sensitize professionals to the behavioral and emotional reactions of victims and to help referral.

Says Howard, "Many providers of services are uncertain how to identify child sexual abuse, how to report, concerned that angry parents will withdraw their children from the agency once the report is made and uncertain who to turn to for support and treatment. SFVCGC has received a large number of requests to provide professionals and parents with more information.

"The general physician needs to become part of the team of professionals who are involved in the process of recognizing, examining, reporting and treating the sexually abused child," says Howard.

Emergency room staffs, pediatricians and general practitioners have been more and more involved in the cycle of recognizing child abuse, says Howard. This, he says, increases the need for specialized education.

Adds Howard, "The current media coverage has illicited strong fear of being too physical with children, which has resulted in a drastic withdrawal of expression of affection to young children. Parents and those who work with children need reassurance and, not unlike young children, need to understand the difference between good touch and bad touch."

Starting off the program will be Roland Summit, M.D., speaking on "The Question of Belief." Summit is head physician for the Assistant Consultation Service and assistant professor of psychiatry at the Harbor-

UCLA Medical Center.

Kathleen "Kee" MacFarlane, M.S.W., will speak on "After Disclosure: The Impact of the System on the Victims and Perpetrators." MacFarlane is director of the Child Sexual Abuse Diagnostic Center of the Children's Institute International in Los Angeles.

"Developmental Issues in Identification of Young Sexually Abused Children" will be addressed by Jill Waterman, Ph.D. Waterman is an adjunct associate professor at UCLA.

Shawn Conerly, M.A., will speak on "Evaluation of Sexual Abuse." Conerly is senior social worker with the emergency response unit of the Orange County Child Protective Services. Conerly will also lead a workshop on "Specific Techniques for Evaluating Sexual Abuse in Young Children."

After lunch, Michael Durfee, M.D., will speak on "The Importance of Touch." Durfee is medical director of the Los Angeles County Department of Health Services Child Abuse Prevention Program.

Panel workshop leaders include, Linda Damon, Ph.D., and Suzanne Long, L.C.S.W., speaking on "The Treatment of the Young Child in the Context of the Family." Damon is director of Child Abuse Services and head of the Family Stress Center and Family Crisis Services at the San Fernando Valley Child Guidance Clinic. Long is director of professional services for the Family Service Association of Orange County.

Cindy Busto and Fred Sasoon, both L.C.S.W.s, will conduct a workshop on "Treatment of the Older Child and the Family System: Role of Self-Help Groups." Busto is a psychiatric social worker on the staff of SFVCGC and coordinator of the satellite program at El Centro de Amistad. Sasoon is a staff member of the Child Sexual Abuse Project of the Department of Public Social Services.

"The Medical Evaluation of the Sexually Abused Child and Adolescent" will be a workshop led by Bruce Woodling, M.D. Woodling is a medical-legal examining physician with the USC School of Medicine.

The conference will be from 8 a.m. to 3:45 p.m. at the Odyssey Restaurant, 15600 Midwood Dr., in Granda Hills. Cost is \$75 per person.

Pre-registration is requested and is available by writing Janet Brady, Northridge Hospital Department of Education, 18300 Roscoe Blvd., Northridge, CA 91328. The phone number is (818) 885-5329. Prospective attendees will be sent a brochure and registration form which may be returned with the fee.

## JOIN THE MENTAL HEALTH ASSOCIATION

The Mental Health Association in Los Angeles County (MHA), is a non-profit United Way health partner, the umbrella for the diverse interests in the mental health field. MHA links parents and friends of the mentally ill, other citizen advocates, public employees and the private sector, patients and thousands of professionals.

Your membership helps support these programs:

**Connections:** The only newspaper in Los Angeles County devoted to mental health issues and concerns reaches 18,000 people.

**Project Return:** The self-help clubs that began just three years ago have grown to 40 clubs with 500 members. Family groups and MHA are working together to develop Project Return Centers throughout the county that will provide much needed educational, vocational and socialization programs.

**Advocacy:** As citizen volunteers MHA monitors legislative issues in Sacramento on behalf of those who cannot always fight on their own behalf.

**Youth Award Project:** Provides participation in mental health education and prevention programs for adolescents in school districts across Los Angeles County.

**Gifts For Giving Program:** Collects donated gifts for residents of hospitals and local board and care facilities and their families at holiday time.

**Information and Referral Service—**MHA volunteers and staff refer people with mental health questions and problems to the appropriate service.

MHA has staff and regional offices in the San Gabriel Valley Region, San Fernando Valley Region, Coastal Region and Central/Southeast Region in order to serve the entire county.

We monitor the legislature. We inform local government. We educate the public. We work with youth. We visit hospitals. We work directly with the mentally ill ... we do everything we can to achieve our aim through education, advocacy and direct services.

Mental health action and effectiveness happens in direct proportion to your participation.

**"Include me in the fight against mental illness!"**

I want to be a member of the Mental Health Association.

### TAX DEDUCTIBLE GIFT

- GOLD MEMBER \$1,000.       BENEFACTOR \$100.       OTHER \$\_\_\_\_\_
- SILVER MEMBER \$500.       SPONSOR \$50.
- INDIVIDUAL \$20.

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# PSYCHOACTIVE DRUGS VS. PSYCHOTHI

## PSYCHOACTIVE DRUGS: A GLOSSARY

The story of psychoactive drugs is oft told like a fairytale. It began in the early 1950s, when a chemical known as *chlorpromazine* was tried on psychotic patients. The results of the experiment revolutionized mental hospitals across the country.

The miracle drug was marketed as Thorazine, and, because of it, mental hospitals would no longer need to restrain patients in straight jackets or lock them in padded cells.

But that was only the beginning. The number of drugs "proven" to be effective in the treatment of all kinds of mental illnesses has continued to steadily multiply.

That's the good news. The bad news is that now 30 years later, the lists of side effects associated with these "miracle drugs" is often longer than the lists of drugs themselves. Some patients refer to their medications as chemical straight jackets.

The following list of psychoactive drugs is not meant to be exhaustive. Explanations of how the drugs work have been simplified. Only the most common side/adverse\* effects are included. For purposes of easy identification, brand names are presented first, followed by generic names in italic.

For more indepth information, refer to "The Little Black Pill Book," available in paperback (Bantam); "Chemotherapy in Psychiatry" by Ross Baldessarini (Harvard University Press); or "The Physician's Desk Reference."

\*Symptoms grouped as adverse effects are both less common and more debilitating than side effects.

### Drugs for Psychosis/Schizophrenia

Antipsychotics are commonly derived from the chemical family phenothiazine, known to have major tranquilizing effects. These drugs, it has been said, "act on the conscious mind much like a wet cloth thrown on a fire." Phenothiazines affect the hypothalamus at the base of the brain and are sometimes used to treat problems related to other parts of the brain which they also affect including metabolism, body temperature, muscle tone and alertness. Before being recognized as antipsychotics, phenothiazines were used by veterinarians to kill parasites in animals.

Side effects: Drowsiness, dizziness.

Adverse effects: Although antipsychotics can produce a number of adverse effects, including jaundice, blood component or blood pressure changes, and heart attack, they are often categorized in one of two groups: anticholinergic effects and extrapyramidal effects (not all patients suffer these effects).

Anti-cholinergic effects include a reduction in stomach acids and slowing of digestion. Extrapyramidal effects are muscle spasm, convulsions, tardive dyskinesia (a loss of muscle control), and other symptoms associated with Parkinson's disease.\* Except for tardive dyskinesia, most of these effects can be reversed if the drug is discontinued.

Cautions: Antipsychotics are not addictive although there can be withdrawal symptoms if they are discontinued suddenly. They should not be taken in combination with alcohol or other depressants.

Commonly prescribed antipsychotics include: Thorazine (*chlorpromazine*)—causes anticholinergic symptoms; Prolixin (*fluphenazine*)—can be taken via injection of Prolixin decanoate once every few weeks; Haldol (*haloperidol*)—not a phenothiazine, but produces

similar effects; Mellaril (*thioridazine*)—anticholinergic; Stelazine (*trifluoperazine*).

### Drugs for Anxiety

Best known as sedatives or minor tranquilizers, these drugs most commonly derive from the benzodiazepine chemical family and are prescribed for aggression, convulsions, and sleeplessness as well as anxiety.

Benzodiazepines bind to receptor sites in the brain and work like the brain's natural tranquilizers to relax skeletal muscles. Brand name benzodiazepines are very similar except with regard to price and length of action.

Side effects: Drowsiness, impaired concentration.

Adverse effects: Confusion, depression, lethargy, stupor, dizziness, tremors, constipation, dry mouth, decreased sex drive, and low blood pressure. Some patients exhibit paradoxical reactions to sedatives; that is, they experience anxiety, rage or hallucinations (not all persons suffer these effects).

Cautions: Sedatives are potentially addictive, both physically and psychologically, and number among this country's 20 most abused drugs. In combination with alcohol, they can be lethal.

Commonly prescribed sedatives include:

Librium (*chlordiazepoxide*)—its "taming" effect was first discovered on aggressive laboratory monkeys in the '50s; Valium (*diazepam*); Dalmane (*flurazepam*)—prescribed for sleeplessness; Xanax (*alprazolam*)—prescribed for anxiety and depression; Ativan (*lorazepam*).

### Drugs for Depression

Antidepressants usually fall into two categories: tricyclics and monoamine Oxidase (MAO) inhibitors: Tricyclics are believed to work by increasing brain neurotransmitters which send electrical impulses, while monoamine oxidase (MAO) inhibitors inhibit neurotransmitter breakdown.

Because of some problematic side effects associated with MAO inhibitors, tricyclics are the more common antidepressants.

These drugs are prescribed for mixed symptoms of anxiety and depression as well as depression alone; they alter mood, improve alertness and sleep, stimulate appetite, and permit an increase in physical activity.

Side effects: Drowsiness, blurred vision, dry mouth, constipation, and difficulty urinating can be brought on by tricyclics.

Adverse effects: In combination with certain foods including sharp cheeses and yeasts, MAO inhibitors can bring on a hypertensive crisis. Adverse effects caused by tricyclics include blood pressure and heart rate change, confusion, hallucinations, anxiety, numbness or tingling in the arms and legs, muscle spasms, skin rashes, nausea, diarrhea, and stomach cramps (not all persons suffer these effects).

Cautions: These drugs are not addictive, although abrupt withdrawal can cause nausea and headaches. Patients taking MAO inhibitors must avoid certain foods.

Tricyclics should generally not be taken in combination with MAO inhibitors and vice versa. Alcohol and/or barbiturates should be avoided while taking these drugs.

Commonly prescribed tricyclics include: Elavil (*amitriptyline*); Norpramin (*desipramine*); Sinequan (*doxepin*); Tofranil (*imipramine*); Vivactil (*protriptyline*).

Commonly prescribed MAO inhibitors include: Nardil (*phenelzine*); Parnate (*tranylcypromine*).

### Drugs for Bipolar Affective Disorder (Manic-Depression)

The substance discovered to best control manic-depressive psychosis or mania is a mineral, administered as a salt, that cannot be patented.

Lithium carbonate was used over 100 years ago to treat gout until its side effects outweighed its benefits. In the late 1940s, an Australian psychiatrist found that lithium salts quieted his experimental guinea pigs, but the U.S. did not begin using the substance to treat mania until 1970. It is not yet understood just how lithium acts as a mood-normalizer, but the mineral seems to increase the synthesis of serotonin in the brain.

Side effects: Nausea, diarrhea, lightheadedness, confusion and mild tremor.

Adverse effects: High blood levels of lithium can be toxic or even lethal. Symptoms of intoxication include tremor, weakness, giddiness, slurred speech, blurred vision, neuromuscular irritability leading to seizures and coma (not all persons suffer these effects).

Cautions: Because of the importance of maintaining lithium blood levels high enough to yield effects while avoiding toxicity, medical supervision of lithium patients is required. Regular blood tests to determine lithium concentrations are essential. Also, patients on lithium must maintain regular sodium diets.

There is, of course, only one generic form of *lithium carbonate*, although it is dispensed under many different brand names including: Eskalith, Lithane, Lithonate, Lithotabs and Lithobid.

## PSYCHOACTIVE DRUGS BECOME A PANACEA

by Meg Grant

When it was first discovered in the early 1950s that drugs could alleviate some of the most severe symptoms of mental illness, the field of psychiatry was revolutionized.

Within the two decades following that first discovery, a variety of drugs were identified as palliatives for the major mental disorders. In the 1980s, we still speak of psychopharmacology as undergoing a boom—one begun some 30 odd years ago.

Ironically, the 1980s seem to be a time for re-evaluating the role of drugs in psychiatry, for realizing that they are not a panacea, that they are only one of several sets of alternatives available to help the mentally ill.

And although the search for a "magic bullet" continues, drug companies and psychiatric researchers seem more intent on taking smaller steps toward that goal by improving on the shortcomings of psychopharmacology as it exists today.

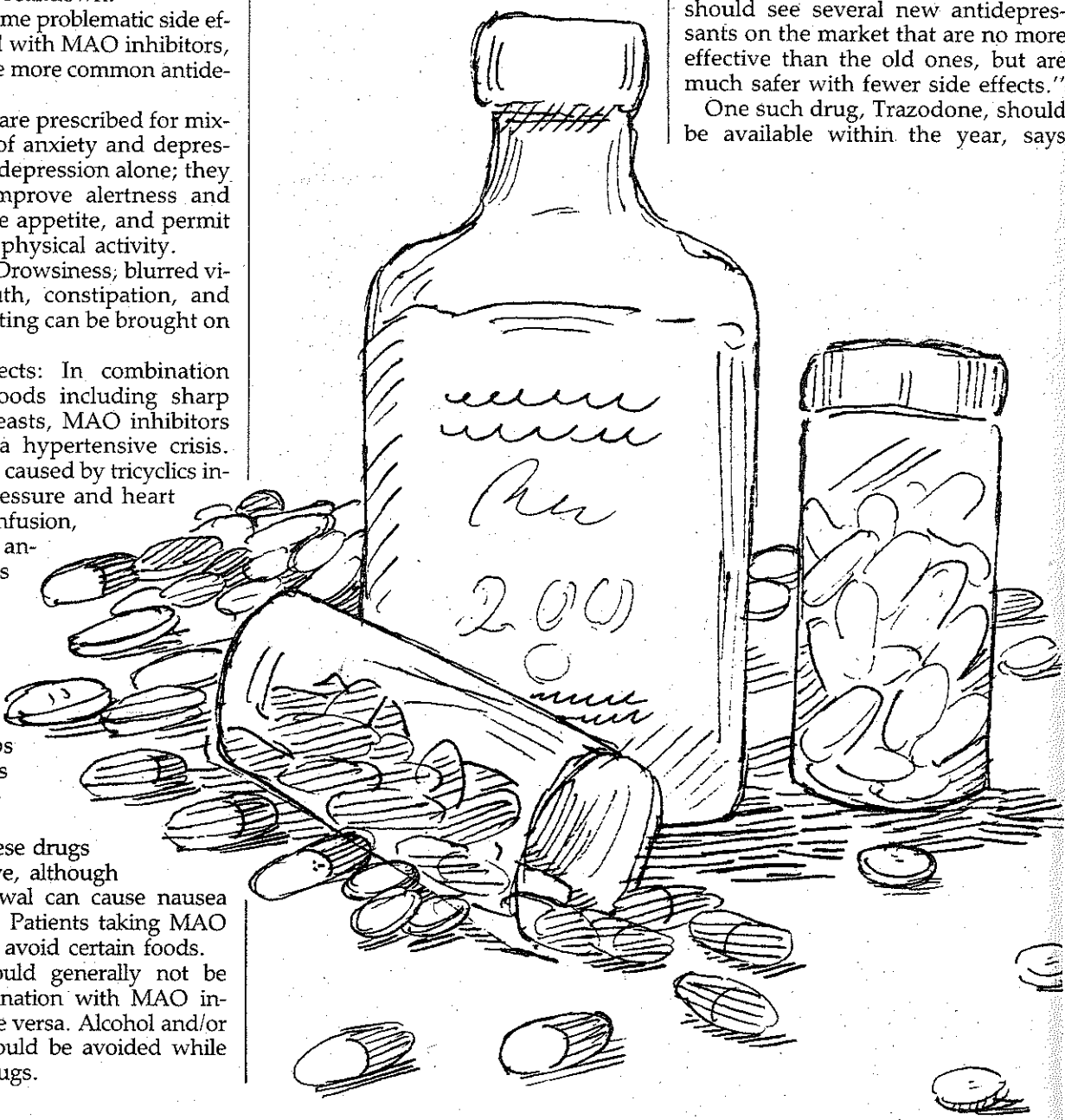
The first step in doing that has been to integrate drug therapy into the therapies already available to mentally ill patients. It has been learned, for instance, that some depressed patients respond better to some forms of psychotherapy than to drug therapy; others do well with a little of both.

Statistics such as the following—that as many as 50 percent of patients, discouraged by side effects, drop out of drug therapy—has prompted another step by researchers: minimizing the unpleasant side effects of currently available drugs and coming up with similar drugs that offer fewer side effects.

For example, researchers at UCLA's Neuropsychiatric Institute are conducting a study of new and existing drugs comparing them with commonly prescribed antidepressants to find a drug with minimal side effects.

Says Michael Gitlin, medical director of NPI's Affective Disorders Clinic, "In the next two to three years, we should see several new antidepressants on the market that are no more effective than the old ones, but are much safer with fewer side effects."

One such drug, Trazodone, should be available within the year, says



# ERAPY: THE CONTROVERSY CONTINUES

## UGS: WILL THEY EA ?

Gitlin. Compared with two other antidepressants, it was found that Trazodone is as effective and offers less side effects.

NPI researchers are also beginning to analyze data from a recently completed multi-center double-blind study on Xanax, currently prescribed for anxiety. A similar study, conducted by members of UCLA's Clinical Project on Aging found that Xanax works just as well as *imipramine* or *doxepin* for depression in elderly patients, and has no anticholinergic (see glossary) side effects.

Patrick Buchanan, medical director of the Gero-psychiatric Unit, Presbyterian Hospital of Pacific Medical Center in San Francisco, notes that another new drug, Wellbutrin (bupropion), should be on the market this year as an antidepressant offering fewer side effects than similar drugs currently available.

Buchanan, a team member on a project for new antidepressants conducted by Michael Mandel at PMC, describes Wellbutrin as "a monocylic, as opposed to tricyclics now used, that does not produce the dry mouth, constipation, blurred vision, difficulty urinating, or increased heart beat common with most antidepressants." Buchanan cautions that "some patients experience an increase in anxiety or insomnia—symptoms not common with tricyclics—with Wellbutrin."

A new anti-anxiety agent, Zopiclone, has just been cited in a study out of

Research is also indicating that some drugs, initially pegged as effective for treating specific disorders, can be as helpful in the treatment of entirely different disorders.

Michael Gitlin of UCLA's Affective Disorders Clinic mentions two studies currently underway that will examine the effects of Tegretol (*carbamazepine*) and Verapamil on patients with bipolar (manic-depressive) affective disorder. Both drugs have been used in the past to treat other unrelated disorders: Tegretol as an anti-convulsant, and Verapamil for cardiac problems.

Carole Edelstein, medical director of UCLA's Eating Disorders Clinic, also points out that antidepressants are becoming more and more effective for the treatment of bulimia (an eating disorder). "The question is," says Edelstein, "Are we just treating depression with bulimia as a secondary effect?"

The two antidepressants offering the most success to date with this disorder are *desipramine* and *imipramine*; although a study of amitriptyline's effectiveness on 32 depressed and non-depressed bulimic patients, conducted at the University of Minnesota, offered inconclusive evidence for that drug. Researchers at UCLA's Eating Disorders Clinic would like to replicate the study.

One of the biggest changes to come in psychopharmacology, predicts Gitlin, will be "in the use of medication to treat things we didn't think were treatable with medication."

Eating disorders are just one example of this unfolding trend. Another is the use of medication to control senility or dementia. Gary Small, a

## NEW DIRECTIONS IN PSYCHOTHERAPY: THE LONG AND SHORT OF IT

by Greg Lecklitner

A major trend in psychotherapy in recent years has been the shortening of the therapeutic process.

Insurance company policies have had an impact on the duration of therapy. According to Dr. Judd Marmor, professor emeritus of psychiatry at the University of Southern California Medical School, much of the motivation for the change has come from peer review systems set up by insurance companies. These review boards help insurance companies decide whether to continue or terminate benefits for policy holders receiving psychotherapy.

"Insurance companies are requiring greater accountability with respect to both time and cost," says Marmor. The cases most likely to receive a thumbs down from review panels are those involving multiple therapy sessions per week, long-term (extending beyond six months) therapy, and psychoanalysis.

Insurance companies are not alone in questioning the value of expensive, long-term therapy. "Both therapists and patients have expressed a disappointment with classical psychoanalysis, not only in terms of time and cost, but with the results as well," says Marmor. "It is not clear that the results of long-term analysis are superior to those of the briefer therapies."

The newer brief therapies typically run no longer than six months, some last only 12 sessions. Therapists who conduct brief psychotherapy are much more active, immediate and goal-directed than the stereotypical stonewalled, silent, father figures of years gone by.

Time limitations also require that the goals of therapy be specific and restricted to symptom relief and the resolution of current problems. No effort is made to re-shape the individual's personality. Thus, persons seeking to overcome long-standing characterological problems would not be appropriate for brief psychotherapy.

Although the new brief therapies have been used for a wide variety of problems, including anxiety, phobias, obesity, alcoholism, and drug dependence, many seem to be most successful in treating depression. An estimated 35 million Americans suffer from some form of depression.

Several different orientations to psychotherapy have now developed brief approaches. Perhaps most surprisingly, brief "dynamic" or Freudian psychotherapy is now available.

Although regarded as "wild analysis" by some critics, others such as Dr. Althea Horner of Psychological Service Associates in Westwood, consider brief, dynamic therapy to more closely embody the techniques originally used by Freud than the long-term open-ended analysis that has become synonymous with his name.

Horner is the editor of a soon-to-be-published book, "Treating the Oedipal Patient in Brief Psychotherapy," which describes the developments in this new field. According to Horner, brief dynamic therapies require a maximum of 40 sessions and are often completed in only 25 sessions.

Like more traditional psychoanalysis, this approach "aims to bring about psychological changes by promoting insight into psychodynamic conflicts," says Horner. Therapy is focused on specific psychological conflicts which

often results in overwhelming emotional arousal.

Because of the confrontational nature of brief dynamic therapy, it is not appropriate for everyone. Clients must have the ability to tolerate high levels of anxiety. Unresolved loss and grief are among the most common issues dealt with in short-term dynamic therapies.

Also among the forerunners of brief psychotherapy is an approach known as cognitive therapy, developed by A.T. Beck and his associates at the University of Pennsylvania in the 1970s.

As the name would suggest, cognitive therapy emphasizes the importance of cognitions, conscious verbal or pictorial mental activity, on an individual's psychological well-being.

Using this approach, patients are taught, for example, to change negative thoughts and images of themselves that are responsible for depression. With the help of a therapist, the client learns to recognize illogical and psychologically harmful thoughts and replace them with more appropriate and supportive ideas and images.

As with other brief therapies, the therapist takes an active role in the process. Cognitive therapists typically act as guides or teachers and many require regular "homework assignments."

Although cognitive therapy has been applied to a variety of psychological problems, a two-volume report, "The Psychiatric Therapies," just published by the American Psychiatric Association, notes that empirical studies have documented its effectiveness only for depression.

In particular, for persons with mild to moderate depression, this therapy is often successful within as few as 10 weeks. Additionally, recent research at the University of Washington in St. Louis found that cognitive therapy and anti-depressant medication were roughly equal in their ability to relieve depression.

Dr. Connie Hammen, a faculty member in the UCLA department of psychology, has conducted research on the relationship between thought patterns and depression. In the future, she says, cognitive therapy is going to become more integrated with brief "dynamic" therapies. "Still," she says, "this mixture of cognitive and dynamic approaches will focus on the 'here and now', not just on the past, and will require behavioral and cognitive change. We won't just stop with insight."

Clearly the briefer forms of psychotherapy are not for everyone. Most therapists seem quick to point out that such techniques are most effective for brighter, verbal clients who do not suffer psychotic symptoms. Another important ingredient is the client's motivation to change.

With these limitations in mind, however, brief psychotherapy seems assured of a prominent place in future psychiatric and psychological treatments. At the same time, continued research and refinement of brief therapies may diminish the use of traditional long-term psychotherapy.

Some, such as Marmor, believe this transition has already taken place.

He says, "The days of therapy on the couch five times each week are behind us now."

## With the revolution in psychoactive drugs, is there a future for traditional psychotherapy?

Japan and Norway; this drug, says Buchanan, will be unlike the other minor tranquilizers available in the U.S. Researchers are also finding that drugs currently used for depression can be effective for treating certain kinds of anxiety disorders.

For instance, Tofranil (*imipramine*), it has been learned, can be used to treat panic attacks and agoraphobia.

Although some totally new antipsychotics are being developed in Europe, the aim of research in this area is refining traditional dosages.

Ted Vanputten and Stephen Marder of the Brentwood VA Hospital, in a research study of 54 schizophrenic patients on long-term antipsychotic treatments, found that patients do just as well and report feeling better on one-fifth their normal dose of medication. Says Vanputten, "We are finding that patients experience less guilt, anxiety and depression on a lower dose."

The antipsychotic used in the study was Prolixin decanoate. Marder adds a caution, "A small group did become more vulnerable to psychotic relapse with the low dose."

researcher for UCLA's Clinical Project on Aging, cites Alzheimer's Disease, which he calls a "catch-all diagnosis," as an example of an affliction previously thought to be a deterioration for which there was no treatment.

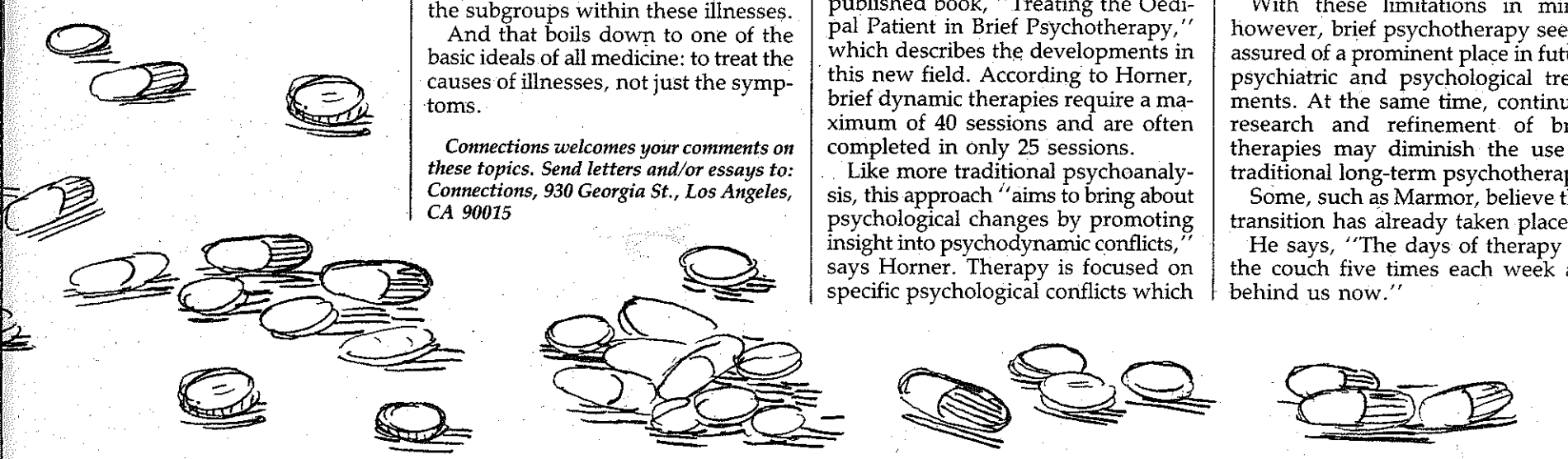
Researchers have found that pharmacological agents can be given to people with Alzheimer's Disease in the form of cholinergics, to enhance brain neurotransmitters, with marginal results.

Double blind trials on two drugs, Trental and Nimodipine, are currently underway at UCLA; it is hoped that these drugs will help those with Alzheimer's Disease by enhancing cerebral circulation or calcium metabolism, which has been blamed for the mental deterioration associated with the disease.

"The ultimate treatment strategy for mental illness," says Small, "is to learn more about the disease itself." Alzheimer's Disease is not the only catch-all diagnosis in the field of mental illness. Treatments for schizophrenia, depression and anxiety will undoubtedly be enhanced when researchers are able to more clearly define the subgroups within these illnesses.

And that boils down to one of the basic ideals of all medicine: to treat the causes of illnesses, not just the symptoms.

Connections welcomes your comments on these topics. Send letters and/or essays to: Connections, 930 Georgia St., Los Angeles, CA 90015



## BUCHSBAUM CONTINUED FROM PAGE ONE

working of the brain." PET (Positron Emission Tomography) uses sugar or glucose, tagged with a short-lived radioactive element. The sugar is injected into the brain, and the places in the brain where it is used can be recorded by the doughnut-shaped PET scanner.

In explaining the abilities of the PET scan, Buchsbaum says, "A CAT (Computerized Axial Tomography) scan transmits a narrow X-ray from a great number of points around the circumference of the head. The resulting images are analyzed by a computer and assembled into an image of a brain slice.

"PET turns CAT inside out. Instead of shooting X-rays through the head from the outside, the location of molecules labelled with radioactive isotopes within the brain is recorded by radiation-sensitive detectors outside the head."

Says Buchsbaum, "In contrast to the CAT scan, which visualizes brain structures, the PET scan is a way of mapping brain functions in three dimensions; it shows where the brain is metabolically active."

It is possibilities such as determining which drugs work on what parts of the brain that make the PET scan so valuable. Work with the PET scan may even have opened the path to an objective definition of schizophrenia. "We are developing a basic physiology of how major mental diseases occur," says Buchsbaum.

"Schizophrenia is defined on the basis of symptoms and no one knows exactly what is wrong," says Buchsbaum. "PET will help us understand what parts of the brain are involved and help us understand what schizophrenia is. We may find it is a specific disease of the brain and it may eventually have new names."

He expects to find that schizophrenia is a viral disease, related to genetics and relatively independent of the "nurturing experience. I would expect that schizo-

Buchsbaum and other researchers have found signs of excessive activity periodically in the cerebral lobes at the back of the head that may correlate with the well-known hallucinative effects of schizophrenia. Thus, for the first time, psychiatry has a responsible, objective test to determine what responses patients are making to drugs and to other forms of treatment.

"Drugs do not work perfectly," says Buchsbaum "and we need to know which drug for which patient. PET will be used to understand what brain areas drugs work on and which brain areas need changing. Since PET shows parts of the brain active in psychiatric symptoms of illness (such as hallucinations) it can show how they are affected by drugs."

As an example, Buchsbaum cites, "a diabetes patient who complains to a doctor, 'I'm not feeling so good, I'm tired all the time, eating a lot, I'm urinating a lot, what do you think is wrong with me?' The doctor then does a chemical test to define diabetes," says Buchsbaum.

"If the test is positive then the doctor knows a specific treatment such as insulin or dietary control. If the test is negative the person doesn't get that treatment even if he or she had the symptoms. The doctor then looks for some other source of the symptoms. In psychiatry, we need some test to define which patient is going to get which kind of treatment.

"Heart disease was once called dropsy," says Buchsbaum. "As doctors began to understand the heart, diagnosis became clearer and the illness was linked to the heart. We hope to do the same thing with mental illness. Drugs can be much more effective if we know the cause of the illness, when it occurred and can make a precise diagnosis."

PET is sensitive to regional changes in the brain's blood flow and metabolism that occur with muscular activity, speech and even thinking.

*'In psychiatry, we need some test to define which patient is going to get which kind of treatment...If we develop an understanding of the biology of mental illness, diagnosis and treatment will be much more effective...Our work is just beginning...We hope to be able to understand the biology of mental illness.'*

phrenia results from a variety of biological causes. It is a genetic condition that we can try to resolve medically."

Some therapists have been critical of the notion that mental illness is now treated with machines and drugs; that biology rather than psychology lies at the root of mental illness.

"All human behavior is related to life experiences and training," says Buchsbaum. "It is foolish to say that upbringing has no effect."

"A person may suffer a stroke with no previous indication of heart trouble," says Buchsbaum. "The person would be treated by a speech therapist, neurologist, doctor and therapists. If a biological problem is treated on a biological basis it does not mean that no educational therapy will be effective."

"Just as a person who has had a stroke can receive lessons from a physical therapist, in the same way a person with mental illness, perhaps due to brain lesions, could receive lessons and training and be improved. If we can develop an understanding of the biology of mental illness, diagnosis and treatment will be much more effective," says Buchsbaum.

When he worked with the PET scanner at the National Institute of Mental Health, Buchsbaum found a generally higher level of brain metabolic activity in the manic phase of manic depressive illness and in the depressed phase, a generally reduced level of activity.

"In the depressed phase of manic depressive illness and in schizophrenics there is a tendency to have relatively less activity in the front of the brain and more in the posterior. The front part of the brain is used in planning and organization while the back part performs sensory perception."

Some scans of patients with schizophrenia show low levels of activity in the frontal lobes of the cerebrum where people process incoming information. Even pain doesn't produce the normal signs of higher activity in some schizophrenic patients.

"Emotions, thoughts—they're wholly physical things," says Buchsbaum. "They are not magic. Every thought, every feeling has behind it brain cells and electricity. When you say something, the thought is said and planned, brain cells had to produce those thoughts, so a thought is a biological phenomenon—thoughts are biology."

Can thoughts be seen with a PET scanner? "It's a question of semantics," says Buchsbaum. "Is it the thought that is being seen. It is not really the thought, but the change in energy use associated with producing the thought that is seen on a PET scanner."

At the University of California, Irvine, Buchsbaum and others are working to create a Visual Brain Imaging Center. The center would include a cluster of equipment and processes incorporating PET, brain wave imaging and MRI (Magnetic Resonance Imaging).

The first project for the PET scanner, which arrived at UCI in August, will be a study of anxiety. The second project will be a two-year investigation of schizophrenia. "We're going to look at all the psychiatric disorders," says Buchsbaum. "This is an expensive instrument and we're going to have several projects with a number of people collaborating."

While there is also a PET scanner at UCLA, Buchsbaum points out that his department's is the only one south of Los Angeles, west of St. Louis, in a department of psychiatry and solely devoted to psychiatric illness. PET has numerous medical uses, such as studying neurological diseases and in radiology.

"Our work is just beginning," says Buchsbaum, "and we are hoping to have three ways to study the brain. With brain wave imaging we can take pictures of the brain's electrical use; the PET scanner takes pictures of metabolic response and MRI can be used to study the brain's anatomy. We hope to be able to integrate the three modes of study to be able to understand the biology of mental illness."

## QUIROZ NAMED CONTINUED FROM PAGE ONE

ment directorship.

Quiroz sees his role during this transitional period as one of sustaining department programs and keeping the department in operation. "Tremendous demands are made on our system on a day-to-day level and one of our goals is to be as responsive as possible."

"In an interim position," says Quiroz, "you are not expected to, nor should it be a goal to undertake any significant system changes. When the permanent position is filled, it is that person who is expected to provide major leadership and direction for the department."

"I think the immediate goal is to strengthen service areas where possible and to insure that we are running a smooth and efficient operation."

Quiroz has outlined some of his goals for his term as acting director.

The first is to "complete the contract negotiation process for those programs awarded augmentation monies under the RFP and to implement these identified programs (see story page one)."

His second goal is to "implement on

a countywide basis those programs and services identified as being of the highest priority under the countywide plan for augmentation funding." This will include shoring up emergency services, mobile response capability, child and adolescent services, jail programs and community support services.

"In this interim period we are looking at our countywide emergency system including mobile response capability and working to develop a policy and some minimum standards to insure a responsive system," says Quiroz.

This is a top priority for Quiroz and the department is working with the Los Angeles Police Department as part of a task force looking at the effectiveness of emergency response.

Another of Quiroz's goals for the next few months is to work with the Mental Health Advisory Board, Countywide Interagency Committee, the Contractor's Association and Regional Community Liaison Committees "to strengthen the program planning process."

## AUGMENTATION FUNDS CONTINUED FROM PAGE ONE

Through the departmental and regional planning processes, programs to address the priority program needs and strengthen the service system overall were identified.

Priority services for the augmentation funds were: Child and adolescent services, services for mentally ill offenders, emergency crisis intervention services, community support programs and residential center programs.

The department also identified as priorities: To address the policy to serve the severely and chronically disabled; to attempt to maintain a balance of services as measured against the California Model; to address the need for bilingual and bicultural services; to address the need for services to the elderly, homeless and physically disabled mentally ill and to contract for services whenever possible.

Among the services funded through the augmentation are emergency services in the regions, the establishment of a mental health unit at Sybil Brand Institute and the expansion of the program at the Central Men's Jail.

Specific programs awarded augmentation through the RFP process and the selected providers are:

Contracts awarded in the Central Region were: Eastern Sector Child/Adolescent Outpatient Day Treatment Program to Northeast Family Mental Health Services (county-operated); Transitional Residential Program to Portals House; Hollywood District Adult Outpatient Program to Hollywood Mental Health Services (county-operated); West Central District Child/Adolescent Outpatient Program to the Los Angeles Child Guidance Clinic; West Central District Adult Outpatient Program to West Central Mental Health Services (county-operated) and West Central/Hollywood District Community Support Services Program to Portals House/Cambridge Health Care.

Contracts awarded in the Coastal Region were: Inglewood/South Bay Child/Youth Outpatient Program to Centinela Child Guidance Clinic; South Bay Child/Youth Day Treatment Program to South Bay's Children Health Center/Child Guidance Clinic; Long Beach/Rio Hondo District Crisis Residential Program to Didi Hirsch Community Mental Health Center; Long Beach Socialization Program to the Mental Health Association

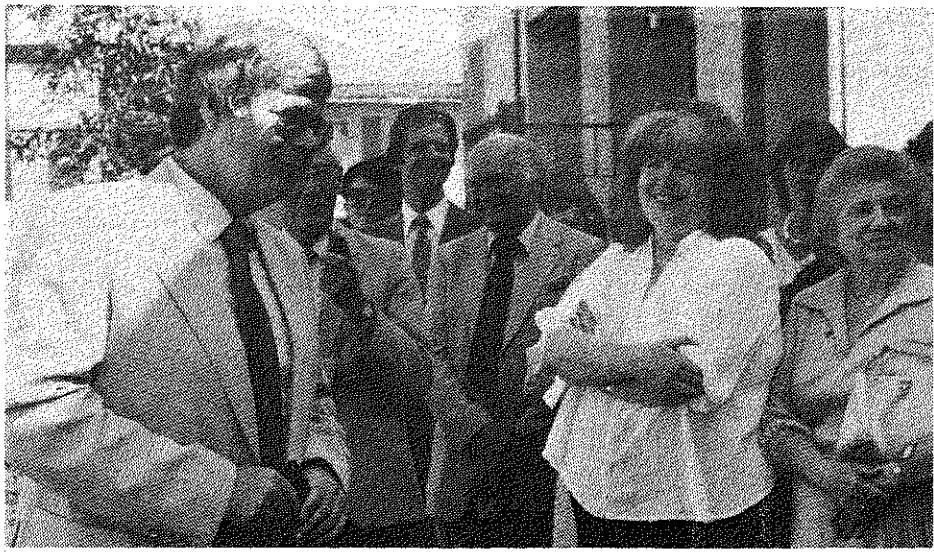
in Los Angeles County and Rio Hondo District Adult Intensive Day Care Program to Rio Hondo Mental Health Services (county-operated).

Contracts awarded in the San Fernando, Santa Clarita, Antelope Valley Region were: North County Children/Youth Outpatient Program to the San Fernando Valley Child Guidance Clinic; Transitional Residential Program to B.R.I.D.G.E.S. Inc; Long-Term Residential Program to Hillview Mental Health Center; Drop-In Center with Intensive Community Care Outpatient and Linkage Program to the San Fernando Valley Community Mental Health Center and West Valley/San Fernando/Pacoima Multi-Ethnic Outreach Program to the San Fernando Valley Community Mental Health Center.

Contracts awarded in the San Gabriel Valley Region were: San Gabriel Child Abuse Program to the Pasadena Guidance Clinic; San Gabriel Child Intensive Day Treatment to the Pasadena Guidance Clinic; San Gabriel Geriatric Program, Fuller Theological Seminary—the Psychological Center and San Gabriel Acute Non-Hospital Intensive Care Program to the San Gabriel Convalescent Hospital.

Contracts awarded in the Southeast Region were: Avalon Children/Youth Outpatient Program to H. Humphrey Mental Health Services (county-operated); Bell Gardens/Cudahy Day Treatment Program to El Centro Community Mental Health Center; Bell Gardens/Cudahy Outpatient Program to El Centro Community Mental Health Center; Compton/Downey Outpatient Program to El Centro Community Mental Health Services; Adult Transitional Residential Program to Kedren Community Mental Health Center; Adult Long-Term Residential Program to El Centro Community Mental Health Center; South East Day Socialization and Rehabilitation Program to Kedren Community Mental Health Center; Willowbrook Child/Adolescent Outpatient Program to Augustus Hawkins Mental Health Services (county-operated); Willowbrook Adult Outpatient Program (Special Services) to Augustus Hawkins Mental Health Services; Willowbrook Day Treatment Program to Augustus Hawkins and Willowbrook Outpatient Program to Kedren.

The evaluations of the proposals for countywide Children's Residential Services have not been completed.



Dr. Ian Hunter (left), executive director of the San Fernando Valley Community Mental Health Center (SFVCMHC) addresses the audience at the dedication of the center's Doris Foster Independent Living Center. The center, at 14803 Friar St. in Van Nuys, is a townhouse apartment for recovering mentally ill persons striving to live on their own. Held Aug. 30, the dedication honored Foster, a past-president and long-time member of the SFVCMHC board who was instrumental in the fundraising and creation of the living center.

## BILL TO UNITE AGENCIES WHO HELP EMOTIONALLY DISTURBED CHILDREN

Gov. George Deukmejian has signed a bill that will create an innovative pilot program to coordinate and streamline treatment of seriously emotionally disturbed children in this state.

AB 3920, introduced by Assemblywoman Cathie Wright (R-Los Angeles) was signed by the Governor late Tuesday, September 25.

The program, set to begin in April, 1985, will be funded with \$200,000 from the 1984-85 state budget for the first three months. An additional \$1.5 million will come from the 1985-86 budget in January. The program will then be evaluated and further funding will come as warranted.

The bill, developed by children's services advocates, including the Mental Health Association in Los Angeles County, will provide better coordination between agencies that offer services to seriously emotionally disturbed children. It will develop services for difficult-to-place children and facilitate family unification and encourage at-home care or placement in least-restrictive settings close to home.

The demonstration project is designed to coordinate services between county agencies that work with seriously emotionally disturbed youth—juvenile justice, social services, mental health and education. This coordination, say authors of the bill, would improve services to children and be cost effective.

The pilot project will be established in Ventura County. Randall Feltman, L.C.S.W., coordinator of children and youth services for the Ventura County Health Care Agency, explained that Ventura has been selected because it already has in place a well-developed interagency network and that the project could be implemented quickly, without taking a lot of time to establish interagency linkages.

"There are abused children that are seriously emotionally disturbed that are in the social services system (such as in Child Protective Services)," says Feltman. "For example, there are kids in the juvenile justice system who are primarily emotionally disturbed and may have stolen something, but it's not an anti-social delinquency problem. They enter the juvenile justice system, but their primary need is mental health."

The bill required the project to include various elements described in the planning model published by the state Department of Mental Health in October, 1983. That model described various kinds of treatment systems for children including prevention, short-term, crisis, residential, emergency, acute day, out-patient, support services and other services.

The program is made up of eight components, including those that address the:

- Need for a cost-effective, jointly-funded special education/mental health day treatment model that would allow more special education students to stay at home, in public schools or return home from residential or hospital treatment sooner;

- Need for a cooperative juvenile probation/mental health residential treatment model to serve mentally disordered wards of the court assigned to local juvenile detention facilities;

- Need for a blended funding and placement mechanism to provide residential mental health treatment for "voluntaries" (non-court related minors) that will maximize federal funding and the;

- Need for a low-cost mental health primary prevention program for at-risk children in kindergarten through third grade and provide necessary emotional and educational support.

"This legislation addresses longstanding and costly problems related to seriously emotionally disturbed children as they impact schools, the court systems, social services and juvenile probation," says William C. Keating Jr., M.D., program chief of the Ventura County Mental Health Services Division of the Health Care Agency.

According to Keating, the program focuses on the highest risk children removed from their home by the superior court or at risk of being separated from their families due to a primary need for mental health treatment.

"It will produce short-term savings in special education because fewer children will require non-public school programs; in mental health because of reduced state hospital programs; in juvenile justice because of decreased recidivism and less use of expensive detention programs, and in social services because of diversion from dependency court, reduction of case load responsibility and fewer service plan failures," Keating says.

Says Feltman, "We are asserting that with the dollars that will come to this project to develop mental health services for children, we will meet the needs of emotionally disturbed children in their community and the cost of doing so will be substantially offset by savings in education, juvenile justice and social services."

The project's ultimate goal is to demonstrate success in terms of cost effectiveness and treatment outcomes so it can be adapted to other California counties.

"What we are targeting here are statewide problems and we hope all persons in California interested in seriously emotionally disturbed children and teens will be advocates and come to bat for this piece of legislation, designed to resolve some of the statewide problems, and for this approach to meeting statewide problems," says Feltman.

## SOCIAL WORKERS OFFER LOW-FEE SERVICE TO UNDERPRIVILEGED

"In an atmosphere of economic uncertainty and constant budget tightening, there are many unmet needs for mental health treatment. We are one more resource that can help people get quality service," says Linda Levinson, M.S.W., executive director of the Social Work Treatment Service (SWTS).

The non-profit service helps people in need of therapy who cannot afford private practice fees. SWTS members volunteer one hour a week of low-fee therapy out of their own offices. Members are minimum two years in private practice. Associate memberships are available to social workers who do not meet the criteria for full membership.

"The service is designed to provide needed clinical social work services for people who cannot afford private fees for therapy," says Levinson. "There are many clients who fall between the cracks in terms of finding services. Often they can't be seen by other agencies."

To use the service a person calls (213) 666-5156 and leaves a message. Levinson returns all the calls, conducts a brief interview over the phone and tries to find an available therapist from the 125 members. She then has the client call the therapist for an appointment. If she has no one available, she tries to refer the client to a suitable agency.

The full range of social work services is available including individual and group therapy as well as therapy for the emotional problems of children, adolescents, families and those with marital problems. Adds Levinson, "We are not a crisis agency. We work with people for whom a private practice setting would be the setting of choice; 85 percent of our clients are adults seen individually or as couples.

"We need new L.C.S.W. members to serve the growing community need," says Levinson. "We've been able to help about 300 clients a year and we could do more if we had more

their own clients who fall on difficult times."

The therapist has the obligation to SWTS to see the client as a regular paying patient, return the monthly check-off sheet, and collect fees and return the fee to the service to keep it self-sustaining.

Fees are determined by the clinician and applicant and are based on a sliding scale from \$4 to \$15 ("But nothing is ironclad," says Gordon) according to income and financial situation.

The organization has been able to pay for the executive director, a secretary and other operating expenses such as brochures and the annual workshops. All members are invited to yearly social and educational events sponsored by the service.

"Some of the benefits of membership are the new developments we learn about in our workshops and the opportunities to meet other social workers," says Gordon. Gordon himself has planned some of the workshops; "We try to provide constant opportunities for growth and development."

Says Gordon, "This work gives something back to a profession that has given us so much. It is richly rewarding to learn through training and practice.

"People need the service and they cannot always get the service we offer. I think all the members would say giving something back is the pleasure of having gained so much," says Gordon.

He realizes that for new and struggling social workers trying to establish a practice, an hour a week with no compensation can be difficult. "Some of us offer our offices to others," says Gordon.

Many members also offer consultation and supervision for social work students needing service hours to qualify for licensure. Says Levinson, "We also have a small social work training program for students at USC.

*"We are one more resource that can help people get quality service .... There are many clients who fall between the cracks in terms of finding services. Often they can't be seen by other agencies."*

available therapists," she says.

"I could take on 40 more clients a week," says volunteer Jules Gordon, M.S.W. "I would love to see more people but I have to be selective. I have a private life too. But the need is paramount. The number of persons applying for services is overwhelming."

Gordon has been a member of SWTS for 10 years, eight of those as a board member. He is full-time community worker for the City of Hope and as staff coordinator for community activities he is involved with community and support groups for the Duarte hospital.

"The service gives mental health practitioners an opportunity to request referrals of the type they are most interested in," says Gordon. "Sometimes members will take a client on an experimental basis, sometimes because the case is in their specialty. Some members want only groups, only couples, only children, only single women with specific problems—whatever is their area of interest."

Says Levinson, SWTS has a two-fold focus. "One is the applicant who has a low income and cannot get service from other agencies or clinics. The second focus is on the practitioners who can offer a community service, indicate their client preference to add a broader dimension to their case-loads, and who can offer resources to

The students are assigned a clinician and see cases an hour a week. This supervised clinical experience has been quite successful."

SWTS was inaugurated in 1966 after two years of planning and has functioned since then outside of an agency structure, in the offices of participating L.C.S.W.s. In its 18 years of existence, SWTS has completed more than 3,200 treatment hours and seen more than 4,100 clients.

Levinson believes the service provides a needed community service and enhances the visibility of social workers as private practitioners. "SWTS has demonstrated that social workers in private practice can contribute their time and talents in a flexible and important way to the community. SWTS offers a continuity of treatment, beneficial to both client and therapist. SWTS is a source of pride and gratification for many social workers and to the social work community," she says.

"This service is not duplicated anywhere in the nation," says Gordon. "It has been written up in numerous journals, everybody asks about it and we feel good about that. People are enthused and giving of their time."

For information contact Linda Levinson, M.S.W., (213) 666-5156 or write the Social Work Treatment Service, P.O. Box 67C33, Los Angeles, CA 90067.

# CALENDAR

## Families' Meetings

Alliance for the Mentally Ill (AMI), chapters for families of mentally ill persons and other family support groups, will meet as follows:

**AMI-Glendale** will meet Oct. 2 at 7 p.m. at Verdugo Mental Health Center, 417 Arden, Glendale. Caring and sharing sessions are held every Tuesday at 6 p.m. at the center.

Call (818) 842-5378 for information.

**AMI-Long Beach** will meet Oct. 2 at 7:30 p.m. at the First Church of the Brethren, 3332 Magnolia, Long Beach. Parking is available behind the church, off of 33rd St., just east of the building. There is an entrance into the church from the lot.

Call (213) 430-4298 for information.

**AMI-Pomona Valley** will meet Oct. 2 at 7:30 p.m. at the Claremont Presbyterian Church, 1111 N. Mountain Ave., Claremont.

Call (714) 624-2549 for information.

**AMI-Van Nuys** will meet Oct. 3, 10, 17, 24 and 31 at 8 p.m. at the San Fernando Valley Community Mental Health Center, 6740 Kester Ave., Van Nuys.

Call (818) 988-8050 for information.

**Rio Hondo Mental Health Services Relatives Group** will meet Oct. 4, 11, 18 and 25 from 6 p.m. to 7:30 p.m. at 12000 E. Firestone, Norwalk.

Call (213) 864-2751 for information.

**AMI-Norwalk** will meet Oct. 9 at 7:30 p.m. at the Norwalk-La Mirada Unified School District Administration Building, 12820 S. Pioneer Blvd., Norwalk.

Call (213) 864-4412 for information.

**AMI-Beach Cities** will meet Oct. 10 from 10 a.m. to noon at the South Bay Office of Mental Health Social Services (OMHSS), 19000 Hawthorne Blvd., Suite 302, Torrance.

Call (213) 772-2188 for information.

**AMI-Southeast** will meet Oct. 10 and 24 at 5:30 p.m. at Augustus F. Hawkins Mental Health Center, Room 1119, 1720 E. 120th St., Los Angeles.

Call (213) 321-3799 for information.

**AMI-Los Angeles** will meet Oct. 11 at 7:30 p.m. at Thaliens Community Mental Health Center, 8730 Alden Dr., Los Angeles.

Call (213) 391-2823 for information.

**AMI-San Gabriel Valley** will meet Oct. 12 at 7:30 p.m. at San Marino Community Church, 1750 Virginia Road, San Marino. Guest speaker will be Tina Reynolds discussing the Community Support Systems Project.

Call (818) 797-3562 or (818) 507-9645 for information.

**AMI-South Bay** will meet Oct. 15 at 7:30 p.m. at the Torrance First Christian Church, 2930 El Dorado, Torrance.

Call (213) 412-2291 for information.

**AMI-East San Gabriel Valley** will meet Oct. 25 at the First United Methodist Church, 15701 E. Hill St., La Puente.

The topic will be "Laws of Arrest and Procedures for Detention of Mentally Ill Persons." Guest speakers will be law enforcement officers from the Los Angeles County Sheriff's Department and from the police departments of Covina and West Covina.

Call (818) 337-7439 for information.

## October 1, 8, 15, 22

**Alcoholism Center for Women:** "Using Creativity as Power" is a four-week workshop series meeting from 6:30 to 8 p.m. at 1147 S. Alvarado St., Los Angeles. This workshop is open to adult daughters of alcoholics, incest/battering survivors, and other women raised in dysfunctional families. The cost for the entire series is \$25 and pre-registration is required.

Call (213) 381-7805 for information.

## October 3

**Compassionate Friends, Inc.:** The parents' group will meet at 8 p.m. at California Federal, 300 S. Fairfax (across from Farmers' Market), Los Angeles. The organization helps bereaved parents coping with the death of a child.

Call (213) 469-2751 for information.

## October 3

**The Los Angeles Superior Court Family Mediation and Conciliation Service:** "Custody Option Seminar," a free evening seminar on divorce/custody issues will be held from 7 to 9 p.m. at Los Angeles Superior Court Family Mediation and Conciliation Service, 111 N. Hill St., Room 241, Los Angeles.

Call (213) 974-5524 for information and reservations.

## October 3

**Countywide Interagency Committee on Mental Health:** The committee will meet at 9:30 a.m. in the first floor conference rooms at the Los Angeles County Department of Mental Health, 2415 W. Sixth St., Los Angeles.

## October 3

**Senior Health and Peer Counseling Center:** "Free Weight and Nutrition Counseling" is a workshop offered for seniors. The program is 10-weeks long and will meet from 9:30 to 11:30 a.m. in the lounge room at Memorial Park, on the corner of 14th St. and Olympic Blvd., Santa Monica. The class focuses on ordering nutritious foods while dining out and other information on health and proper diet for everyday living.

Call (213) 829-4715 for information.

## October 4

**San Fernando Valley Child Guidance Clinic:** A 12-week therapy-support group for recently divorced mothers and their children, "Coping with Divorce and Separation," will meet from 6 to 7:30 p.m. at the clinic's Van Nuys office, 7347 Van Nuys Blvd., Van Nuys. Cost is based on a person's ability to pay.

Call (818) 993-9311 for information.

## October 6, 13, 20, 27

**Teen Talk:** This talk show will air 6 a.m. and 9 a.m. on KHJ-TV, Channel 9. October topics will be: "Student Presidents" and "20 Year Reunion" on Oct. 6, "Drugs Part 2" and "Student Body President" on Oct. 13, "Anorexia Nervosa" and "Parent Dying" on Oct. 20, "A Parent Dying" and "Pre-Marital Sex" on Oct. 27.

## October 9

**Hour Magazine:** This show airs on Channel 5 at 1 p.m. with host Gary Collins and Dr. William Rader. Susan Dempsey, the president of Alliance of the Mentally Ill-Westside & Coastal Friends, will be the special guest and will discuss the effects on the family when a member becomes mentally ill.

## October 10, 17, 24

**El Centro Community Mental Health Center:** "The Task of Parenting," a series of workshops for parents, will meet from 6:30 p.m. to 8 p.m. at El Centro Mental Health Center Conference Room, 972 S. Goodrich, Los Angeles. The workshop alternates between English and Spanish, with Spanish classes on Oct. 10 and 24 and English classes on Oct. 17.

Call (213) 725-1337 for information.

## October 10, 23

**Project Info:** "Family Communications Classes" is a series of classes designed for the entire family. These classes begin on Oct. 10 and will continue for seven weeks from 7 to 9:45 p.m. at Cedar Groves School, 1209 N. Glendora Ave., Covina.

Call (818) 966-3573 for information.

## October 10, 24

**Help Anorexia:** The North Hollywood/San Fernando Valley Self-Help group will meet at 8 p.m. at 6240 Laurel Canyon Blvd., Suite 202, North Hollywood.

Call (818) 766-5663 for information.

## October 10

**Rancho Palos Verdes Recreation Department:** "Parenting Plus Step-Parenting" is a six-week class led by marriage and family therapists Fran Louise Hill and Rachel Mand. The class begins Oct. 10 at 7 p.m. at Rolling Hills High School, 27118 Silver Spur Road, Rolling Hills Estates. Registration is required in advance or at the first session. The fee is \$37 for the entire series.

Call (213) 541-4566 or (213) 325-3873 for information.

## October 11

**The Extension Division of the Southern California Psychoanalytic Institute:** A series of five motion pictures will begin with "Terms of Endearment," discussed by Charlotte Robertson, M.D. Each film will be discussed by a psychoanalyst with a question and answer period following. Admission is \$25 for the entire series, \$6 for single tickets and \$4 for senior citizen and student single tickets. The screening will be at 7:30 p.m. at the Writers Guild Doheny Plaza Theatre, 135 S. Doheny Dr., Beverly Hills.

Call (213) 276-2455 or (213) 272-7620 for information.

## October 13

**Portals House:** "The Socials on Saturdays Dance" will be held from 6 p.m. to 9 p.m. at the Wilshire Christian Center, 634 S. Normandie, Los Angeles. The dance is open to board and care home residents and community mental health center clients.

Call (213) 386-5393 for information.

## October 13

**Pasadena Council on Alcoholism:** "An Excess of Excesses," led by Max Schneider, M.D., will be held from 10 a.m. to noon at La Vina Auditorium, Huntington Memorial Hospital, 100 Congress St., Pasadena.

Call (818) 795-9127 for information.

## October 15

**Forte Foundation:** An eight-week "Parent-Child Relations Class" will meet at 7:30 p.m. at Forte Foundation, 17277 Ventura Blvd., Suite 201, Encino. Fee is \$80 for the eight weeks, which includes "The Parent's Handbook."

Call (818) 788-6800 for information.

## October 15, 22

**Manos De Esperanza:** "Hearing Loss In Young Children" will be the topic of this month's workshop to be held from 10:30 a.m. to noon at Manos De Esperanza, 6740 Kester Ave., Van Nuys. This two-part workshop will be led by Maura Donovan and deals with hearing impairment, types of hearing loss, audiometric testing, educational options and the impact of hearing loss on other family members.

Call (818) 988-8050 for information.

## October 17

**Los Angeles County Community Support Systems:** The core team will meet from 9:30 to 11:30 a.m. at the Mental Health Association of Los Angeles County, 930 Georgia St., Los Angeles.

Call (213) 738-4841 for information.

## October 18

**Hollywood Human Services Project and Hollywood Mental Health Task Force:** The free meeting will be held from noon to 1:30 p.m. at Hollywood Community Hospital, 6th Floor Conference Room, 6245 DeLongpre (2 blocks south of Sunset Blvd. and 1 block east of Vine St.), Hollywood. The topic of discussion will be "Working with the Homeless" led by Kevin M. Flynn, Ph.D., former director of the Los Angeles County Department of Mental Health, Skid Row Project.

Call (213) 467-3605 for information.

## October 20

**Alcoholism Center for Women:** A one-day workshop on "Overcoming Barriers to Intimacy" will be held from 9:30 a.m. to 3:30 p.m. at the Alcoholism Center for Women, 1147 S. Alvarado, Los Angeles. The workshop is open to adult daughters of alcoholics, incest/battering survivors and other women raised in dysfunctional families. Cost for the entire day is \$10 per person and pre-registration is required.

Call (213) 381-7805 for information.

## Recovery, Inc.

**Recovery, Inc.** is a self-help association of "nervous/former mental patients" with free weekly meetings throughout the county.

Call (213) 651-2170 for information and a complete listing of events.

In Torrance and Inglewood, the meetings will be held as follows:

**Sundays** at 2 p.m. at McMasters Park, 3624 Artesia Blvd. (east of the San Diego Freeway), Torrance.

**Wednesdays** at 7 p.m. at the Good Shepherd Lutheran Church, 21100 Victor (near Torrance Blvd., upstairs/front), Torrance.

**Saturdays** at 9 a.m. at the Professional Building, 3250 W. Lomita Blvd., Room 105, Torrance, and at 10 a.m. at Morning-side Church, 88th and Crenshaw (enter on Crenshaw), Inglewood.

## October 21

**Southeast Region, Los Angeles County Department of Mental Health:** "Domestic Violence" is a special program to be aired on the radio call-in talk show "A Healthy Mind: For You and Your Family." The show airs on KACE radio, 103.9 FM. This month's topic will be "Prevention for Battered Women" with guests Bernita Moss and Cher Kinard. The host is Julius I. Fuller, M.S.W.

Call (213) 603-4885 for information.

## October 22, 29

**"Surviving and Thriving with a Mentally Ill Relative":** An eight-session workshop, sponsored by AMI-San Gabriel Valley, will meet Mondays, beginning Oct. 22 from 7 p.m. to 9 p.m. at The San Marino Community Church, 1750 Virginia Road, San Marino.

Call (818) 357-3258 for information.

## October 25

**The Mental Health Advisory Board:** The board will meet at noon in Room 739 of the Hall of Administration, 500 W. Temple St., Los Angeles.

Call (213) 738-4772 for information.

## October 25, 26

**The Citizens Advisory Council:** The council will hold its fall quarterly meetings from 9 a.m. to 5 p.m. at the Westin Bonaventure, 404 S. Figueroa St., Los Angeles.

## October 26

**Southern California Psychiatric Society:** A discussion on "Alcoholism and Drug Addiction: Components of Child Abuse," will be held from noon to 1 p.m. at Del Amo Hospital, Department of Alcoholism and Substance Abuse, 23700 Camino Del Sol, Torrance. The discussion will be led by Irwin Savodnik, M.D.

Call (213) 872-2482 for reservations and information.

## RCLC

The Regional Community Liaison Committees (RCLCs), the citizens' groups presenting mental health concerns to the Los Angeles County Department of Mental Health regions, will meet as follows:

**Southeast Region RCLC** will meet Oct. 4 at 1:30 p.m. at Progress Park Plaza, 15500 Downey Ave., Paramount.

Call (213) 603-4884 for information.

**San Gabriel Valley Region RCLC** will meet Oct. 9 at 6 p.m. at the Arcadia District Office, 330 E. Live Oak, Arcadia.

Call (818) 960-6411 for information.

**Central Region RCLC** will meet Oct. 10 at 7:30 p.m. at LAC-USC Medical Center Psychiatric Hospital, Room 2C18, 1934 Hospital Place, Los Angeles.

Call (213) 226-5726 for information.

**Coastal Region RCLC** will meet Oct. 11 at 6:45 p.m. at Harbor-UCLA Medical Center, Conference Room 8-east, 1000 W. Carson, Torrance.

Call (213) 533-3154 for information.

**San Fernando/Antelope Valley Region RCLC** will meet Oct. 12 from 10 a.m. to noon at the regional office, 5077 Lankershim Blvd., Suite 400, North Hollywood.

Call (818) 508-7800 for information.

RCLC meetings are open to the public.

## CONNECTIONS

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