

## Parents groups oppose section in AB36x changing Welfare and Institutions Code

# URGENCY BILL COULD REDUCE MENTAL HEALTH FUNDING

### INTERVIEW:

#### BETTE CARAWAY

MHA President



In her 11 years of volunteer work with the Mental Health Association in Los Angeles County (MHA), Bette Caraway has been everything from "Bell Ringer" chairperson to district council chairperson to board of directors secretary and vice-president.

Last month, she added board

*"I think that we can tolerate no more budget cuts and claim to serve the mentally ill."*

of directors president to this list.

MHA's president is elected by the board to a one-year term and may serve two consecutive terms.

Caraway said she sees the role of MHA in the Los Angeles

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Tucked within an urgency bill on fiscal matters before the California State Legislature is a small but far reaching section pertaining to mental health.

Section 14 of AB 36X reads, "During the course of the fiscal year, the director (state director of mental health) may reduce funds initially allocated for approved Short-Doyle plans in such amounts as the director determines is reasonably necessary because of the fiscal needs or priorities of the state."

This bill would add a new section to the Welfare and Institutions Code, 5707.5.

It gives the authority for the governor and the department director to reduce funds that have been allocated by the legislature during the fiscal year without going through public debate.

The director of the Department of Mental Health is appointed by the governor.

As written, other sections of the bill reduce allocated amounts to cities and counties by \$108 million, shifts \$15 million away from Transportation and Planning, changes the time table for Aid For Dependent Children (AFDC) and makes optional certain requirements for treatment of the developmentally disabled.

Because of a flood of let-

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### COURT RELOCATION DEBATE CONTINUES

Meetings are being held to negotiate differences over where the mental health court should be relocated, according to Bill Kreger, chief of the Capitol Project's Division CAO.

Superior Court's Department 95 is the largest and busiest court hearing mental health cases in California.

Three grand juries have urged that the court be relocated from its present site, a converted pickle factory, to an improved facility.

Through the efforts of Los Angeles County Supervisor Deane Dana, \$448,000 is in the current year's budget for the project.

Metropolitan State Hospital officials would like to see the court located at the hospital in Norwalk to facilitate the movement of clients and psychiatrists to the court.

The public defender, David Meyer; the presiding judge for two years of the court, Jess Whitehill; and others including the Mental Health Association in Los Angeles County, oppose the move to the hospital location, wanting a more neutral setting for these proceedings.

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# PEOPLE CONNECTION



Allan Rawland, M.S.W., chairperson of the successful 1982 Charitable Giving Campaign for Los Angeles County Department of Mental Health and Regional Director for San Gabriel Valley Region with Pamela Brooks of Brotherhood Crusade (l-r).

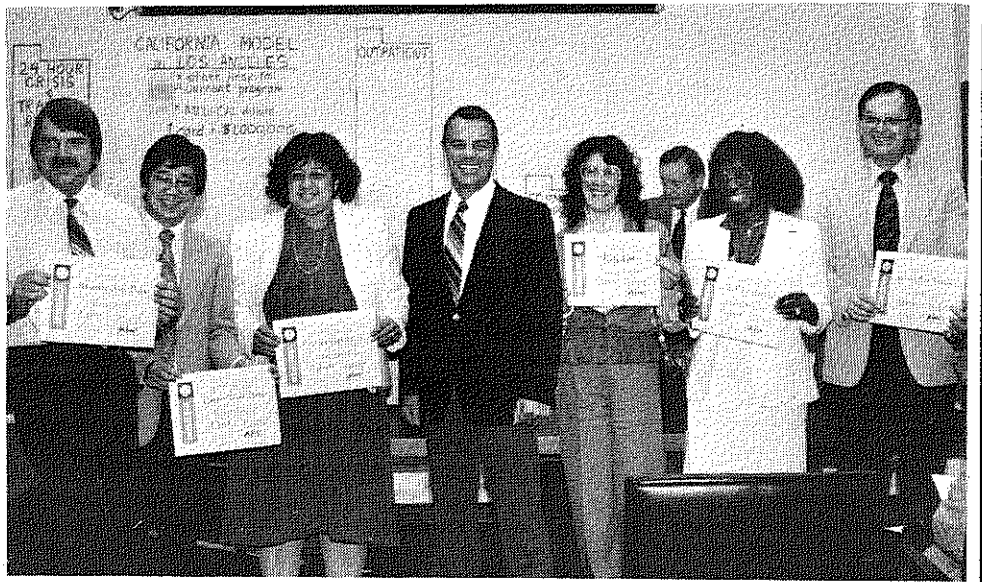
*BROTHERHOOD CRUSADE AND UNITED WAY COMBINED CAMPAIGNS UNDER THE LEADERSHIP OF ALLAN RAWLAND PRESENTED 1982 CHARITABLE GIVING AWARDS TO LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH EMPLOYEES. IN THE "PEOPLE GIVING TO PEOPLE" CAMPAIGN, 672 EMPLOYEES INCREASED THEIR GIVING 29.4 PERCENT.*



Dr. Edmond Hsin-Tung Pi, assistant professor, department of psychiatry, University of Southern California School of Medicine, has received the prestigious 1982 American College of Neuropsychopharmacology Travel Award in recognition of his "outstanding qualifications in the field" according to the selections committee. Pi will attend the American College meeting in San Juan, Puerto Rico and be honored along with only nine other recipients across the country at a special luncheon. Pi is the first Asian-American to receive the award. In addition to his teaching duties, Pi is the Los Angeles County Department of Mental Health assistant director of the Adult Psychiatric Clinic, LAC/USC Medical Center.



Los Angeles County Supervisor Peter F. Schabarum; Dr. J. Richard Elpers, executive director, Department of Mental Health; Dr. Rose Jenkins, director, Children and Youth Services Bureau for the department; department Steering Committee leader Ada Jones, M.S.W.; and Harry Hufford, chief administrative officer for the county (l-r). The Children and Youth Services Bureau received the perpetual trophy for the highest percentage of employee participation in the Department of Mental Health.



Gold Awards were presented to six divisions or departments within regions or bureaus with 100 percent participation for the 1982 Charitable Giving Campaign.



Silver Awards for employee participation of at least 51 percent were presented to 16 divisions or bureaus in the Department of Mental Health.



On Dec. 16, Metropolitan State Hospital in Norwalk held its Staff Recognition Day awards ceremony, during which "Employee of the Year" certificates of commendation were presented to Thomas King, housekeeping; Dr. James McGartland; Pat Fernandez, office assistant; and Rafael Valencia, psychiatric technician (l-r). Also given were Best Environmental Unit, Best Programming Unit and Best Overall Unit awards. The awards were presented by Dr. Ernest Klatte, hospital executive director; George Siela, hospital administrator and Samuel Rapport, M.D., medical director.



An open house of the two adolescent residential treatment programs at Gateways Hospital and Mental Health Center in Los Angeles was held for professionals in the behavioral field. Richard Atkins, M.D. (l) is director of one of the programs, the joint Gateways/University of Southern California Adolescent Residential Treatment Program. The open house was attended by Rodolfo Garcia, M.D., Los Angeles County Department of Mental Health Central Region director (r). More than 75 Children Service workers from the county Department of Public Social Service also attended.

# LEGISLATIVE ANALYSIS

## THREE EVENTS PROMISE RELIEF FOR MENTALLY ILL ON DISABILITY

A report from the National Mental Health Association (NMHA)

### EMERGENCY DISABILITY BILL PASSES CONGRESS

After a year-long struggle, a bill providing emergency relief for those inappropriately terminated from Social Security Disability Insurance (SSDI) was passed by the 97th Congress on Dec. 22, 1982.

The bill is similar, but slightly better, than the version which was nearly approved prior to the election recess, according to NMHA. At that time Russell Long, D-La., objected and prevented the bill's passage. After a tortuous passage, and many changes, the final version of HR 7093 will improve the adjudicative system for SSDI recipients who have been determined to be no longer disabled by the Social Security Administration (SSA).

The bill authorizes continued payment of benefits through an appeal to the Administrative Law Judge (ALJ). This provision is temporary and would expire Oct. 1, 1983, although those who appeal before that date would continue to receive benefits until their ALJ hearing or June 1984, whichever comes first. If the appeal is denied, these additional benefits will be treated as overpayments and have to be repaid.

The bill also requires state disability agencies to conduct a face-to-face evidentiary hearing at the first level of appeal (Reconsideration), and requires SSA to make such hearings accessible and to fully inform beneficiaries of the nature of the reconsideration, including their right to counsel.

In addition, HR 7093 will allow SSA to reduce the number of cases it reviews each year, in consultation with individual state agencies; and will require SSA to report to Congress periodically on the administration of the review process.

In 1982, SSA reviewed 435,000 cases and terminated 195,000 of them. Of those terminated, 28 percent are mentally disabled, despite the fact that the mentally disabled represent only 11 percent of those on the rolls. Of those who appealed, 66 percent were then reinstated by the Administrative Law Judge. Thus, the provision in HR 7093 for payment of benefits until appeal will be significant assistance to thousands of chronically mentally ill persons.

Passage of HR 7093 represents a significant victory for advocates for the disabled.

Major credit for passage of the bill should go to a group of dedicated members of Congress and their staffs who never gave up on efforts to help these disabled people, according to NMHA. This list includes Anthony Beilenson, D-Los Angeles.

Disability advocacy groups, including the Mental Health Liaison Group Subcommittee on Disability which NMHA chairs, were able first to prevent passage of HR 6181 (a bill which would have given legislative authority for these terminations) and then to keep up the pressure, despite many setbacks, for passage of HR 7093.

Although the final bill is less than had been hoped for, its passage was critical to put Congress on record as opposing the arbitrary, wholesale terminations being conducted by SSA, according to NMHA.

Final passage occurred in the last hours of the session, because the bill ran into difficulties over a House-

added pension provision. This required a House-Senate conference, held only hours before the House adjourned. Then the House approved the final bill, December 21, by a vote of 259 to nothing. Senate passage came December 22, by voice vote.

Since HR 7093 does not make permanent major changes in the adjudication of disability claims, particularly those by mentally disabled people, it is essential that a new disability reform bill be enacted by the 98th Congress, according to NMHA. Such action will be a high legislative priority for NMHA in 1983/84.

For further details on HR 7093, contact the National Mental Health Association.

### LANDMARK MHA CASE REINSTATES BENEFITS

U.S. District Court Judge Earl Larson has ordered the Social Security Administration (SSA) to reinstate an estimated 15 to 20,000 mentally ill individuals who were terminated from federal disability programs in the Midwest since March 1981, when the current Continuing Disability Investigations began. The judge found that SSA's standards for evaluating psychiatric disability cases were "arbitrary, capricious, irrational and an abuse of discretion."

The court's ruling is a preliminary injunction issued in the case brought by the Mental Health Association (MHA) of Minnesota and four mentally ill persons against the U.S. Department of Health and Human Services. The ruling applies only to Federal Region V — Ohio, Illinois, Indiana, Minnesota, Michigan and Wisconsin — but has national implications. The Department of Health and Human Services is now seeking a stay of the order.

SSA, according to Larson, was not examining each applicant's capacity to work, as is required by law. Instead SSA has operated under guidelines which presume that chronically mentally ill individuals under age 50, who do not currently exhibit severe pathology, or who can perform certain normal daily activities, can also work.

Instead of looking only at the medical condition, Larson stated, SSA also should have considered recipients' recent work history, reactions to stressful situations, and likely reactions to on-the-job requirements. Thus, the judge's findings confirm the allegations of NMHA and other advocacy groups. Larson's finding are further upheld by a current U.S. General Accounting Office investigation.

Minnesota MHA Executive Director George Carr commented, "There has been a grave injustice done to a great number of people who have been denied benefits they should be eligible for. These payments provide for medications and room and board which enable disabled persons to live in their own communities, not only preserving their individual sense of dignity, but also allowing them to contribute in some fashion to the society which supports them."

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### GAO CONFIRMS BENEFIT DENIAL INAPPROPRIATE

The General Accounting Office (GAO), the investigative arm of the U.S. Congress, confirms that psychiatrically disabled persons are being inappropriately handled under Social Security disability programs.

The GAO is conducting an investigation into the impact of Social Security Administration (SSA) policies on mentally ill persons under disability insurance programs. After looking at the situation in four district offices and examining 75 actual cases, the GAO investigators were able to give preliminary summaries of their findings in a special briefing for staff of members of Congress and mental health advocacy groups.

What the GAO investigators are finding parallels the problems identified by NMHA and other advocacy groups. At particular risk under the system are young chronically mentally ill patients. GAO investigators have found that it is "virtually impossible" for most of these individuals to meet the medical listing of impairment issued by SSA in regulations.

Under the law, individuals who do not meet these listings, but who nonetheless have a severe impairment are supposed to be tested to see what "residual functional capacity" they have with which to engage in "substantial gainful employment." However, SSA is now operating under a policy which states that young chronically mentally disabled patients whose disability is not severe enough to meet the medical listings can generally be "presumed capable of engaging in substantial gainful activity." Thus, district offices have been terminating all younger psychiatric patients from the disabili-

ty rolls, unless the disability is so totally disabling that they meet the listing.

The GAO's findings, still preliminary, show other major problems for psychiatric patients under the current disability system:

- There is insufficient time to develop adequately a psychiatric case (which often requires considerably more work than other disability cases) because disability examiners are expected to get through so many cases within a particular time period.
- Only 10 states have either psychiatrists or psychologists on staff to fill out the psychiatric evaluation form which measures functioning; in other offices disability staff must themselves assess the patient's functioning from data in the file.
- Insufficient assessments are made of the quality of an individual's functioning skills and the patient's ability to function without supervision.
- Disability staff are looking for positive signs of functioning and giving insufficient weight to indications that the patient cannot function adequately.

Based on these preliminary findings, according to the National Mental Health Association, investigators would expect to make the following recommendations when their investigation is completed in the spring:

- No presumption should be made that young psychiatric patients whose condition does not meet or equal "the listings" are therefore able to work.
- A psychiatric case should always be adjudicated by a staff psychiatrist or psychologist, who will be able to make professional, clinical judgements of the patient's condition.
- Mentally impaired individuals should receive a meaningful vocational assessment, as is now the case for physically disabled.
- More time should be allowed disability examiners to fully develop psychiatric case files.

### COUNTY IMPLEMENTS AB 3454

Implementation of AB 3454, which became state law on Jan. 1, 1983, has been going "smoothly" although it has presented "a tremendous logistical problem for us," according to Barbara Demming Lurie, Patients' Rights advocate with Los Angeles County.

Under this new law, all involuntarily committed persons certified for 14 days must have a certification review hearing to determine probable cause, unless they choose to bypass this and file a writ of habeas corpus. The law requires local counties to provide hearing referees and advocates for the patients. In Los Angeles County, the advocates are from the Patients' Rights office, an independent office, and the hearing referees from Superior Court Department 95. The hearing must be held at the facility within four days after certification, and the facility must present evidence in support of certification.

This law covers all involuntarily committed persons, whether committed for dangerousness to self or others or grave disability, detained in all state, county and private hospitals.

The law changes the Lanterman-Petris-Short (LPS) Act in that previously the patient had to request a writ of habeas corpus in order to have a hearing.

"This is in response to a federal court decision (Gallinot), which held that having the burden of due process rest entirely with the patient was unconstitutional," said Lurie.

Now, clients have three options. The patient can elect to be present at the hearing; can elect to be absent, in which case the hearing is still held, with the advocate representing the patient in the patient's interest; or can bypass the hearing and file the writ, according to Lurie.

The intent of the law is "to protect patients from erroneously being committed to a hospital and to protect their due process rights," Lurie said.

"There was no new money in the bill, so what we're having to do is take people already in the (Los Angeles County) Mental Health Department and switch them here (to Patients' Rights)," she said.

Until such staff is transferred, Lurie and her staff, along with department employees "recruited temporarily from the regions" are doing the client representation, said Lurie, and the Office of Mental Health Social Services has "temporarily donated" two persons.

The department began preparing for

this in December.

"Everybody thought there was no way this could work, but it's been working surprisingly smoothly," Lurie said.

The size of Los Angeles County and the fact that the hearings are held at the facilities are the reasons behind the logistic problem encountered by the advocates. There are 44 facilities throughout the county, and the advocates must cover an area stretching from Pomona to Long Beach to Antelope Valley. Antelope Valley Hospital, for example, is 67 miles from the Patients' Rights office. Hearing scheduling also has been a logistic problem.

The hearing itself is "really designed to be an informal, non-intimidating discussion. The patient has the right to be heard and say his piece," Lurie said. "We've found it has some therapeutic value. It is an opportunity for communication. Patients are talked and listened to."

"We go out before the hearing, and we advise them (patients) of their due process rights," said Lurie. "We ask them which of the options they want to take. If they go for the hearing, we prepare their case and we prepare them for the hearing. Then we represent them at the hearing."

"Then it's up to the hearing officer to decide if there is probable cause to believe they meet criteria (for certification)."

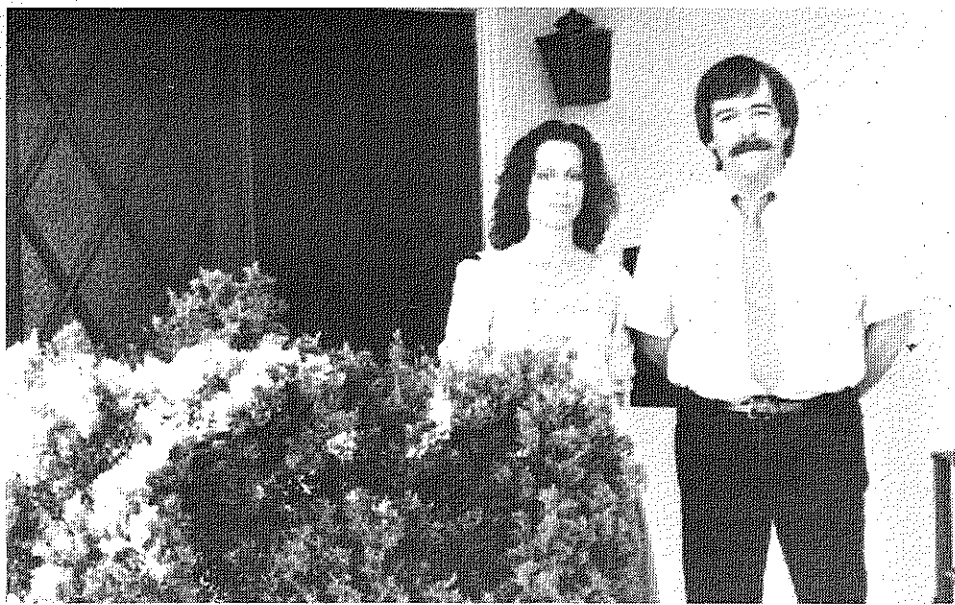
If there is no probable cause, the patient must be released or become a voluntary patient. Where probable cause has been found, patients still have a right, if they are unsatisfied with the decision, to file a writ.

Lurie had statistics on the first 14 days of implementation, during which 363 cases reached completion. Of that number, 10.2 percent were released prior to the hearing, 13.8 percent became voluntarily committed before the hearing, 6.6 percent elected to bypass the hearing and instead file a writ, and the remaining 69.4 percent, or 252 people, had a hearing.

Among these persons, probable cause was found in 74.2 percent of the cases and no probable cause in 25.8 percent. Of that 74.2 percent, 23.5 percent went on to file writs.

The total number of persons filing writs during this two-week period was 18.7 percent, as opposed to a January 1982 and total 1982 average of 32 percent.

Lurie said the absolute number of people certified also seems to be down. She said this may be "artificially low" since "some facilities may be waiting for the dust to settle."



Standing at the front door of Excelsior House are counselor Andrea Bass and program coordinator Steve Burns (l-r).

## EXCELSIOR HOUSE GIVES SUPPORT

By Julia Scalise

In a quiet neighborhood in Inglewood sits a three-bedroom, two-story residence called Excelsior House. Its name means "I have found it at last."

A program of Didi Hirsch Community Mental Health Center, Excelsior House is a voluntary, short-term crisis residential program with supervision provided 24 hours a day. Maximum length of stay is 14 days, with an average of 10 days. The house can accommodate six persons, and since its opening last Sept. 29 has had approximately 50 residents.

"I see folks coming in as having their supports knocked out from under them," said program coordinator Steve Burns, clinical psychology doctoral candidate. "Our job is to get some supports back into place so they can go back into the community and not have to go the hospital."

"Because the people we take are in some sort of acute crisis, a lot of crisis intervention work gets done," he said. "Clearly, no in-depth work is going to be done in two weeks. We don't even attempt that. We just try to stabilize."

At Excelsior House, "we can provide support and structure here with counseling 24 hours (a day), and we still insist they take some responsibility for maintaining themselves," according to Burns. It is designed as an alternative to hospitalization for persons who "need a structured environment, and up until now that's only been provided by hospitals. Hospitals are expensive, and a lot of people don't need that 24-hour medical attention that is provided in hospitals. In most cases, they don't need to be on a locked ward. It's much less expensive to have someone here."

"We don't have to put everybody who needs some structure into a hospital setting," he continued. "Therapeutically, it's much better for people to be in a residential setting than a hospital setting."

"A hospital setting, by definition, takes away your independence. At a house like this, residents have to cook for themselves, maintain the cleanliness of their rooms and wash their own clothes," he said.

Discharge planning begins on the first day the residents enter the program.

One of the first things they talk to clients about is "where they are going to be in two weeks," Burns said. "Immediate discharge planning is vital. It takes two weeks to get people set up with programs, with board and care homes and with local mental health services." Residents must take an active part in this planning.

"That's one of the hurdles. They're so used to being dependent, especially those who have a long history of hospitalization," he said. "What we have found that is rewarding is to watch and see what happens when residents realize that they have some choice. It gives them a sense of control, which gets taken away from

these folks a lot."

All residents participate five days a week in the Community Adult Day Care program at Didi Hirsch. There also are groups at the house, which are "always an adjunct to therapy they get at Didi Hirsch," according to Burns. He said that residents are "entitled and encouraged to continue for four more weeks" with the day treatment program at the center after they leave the house.

Referrals to the program are made by mental health professionals and clinics, and admissions are accepted 24 hours a day, because "access to mental health professionals should not be limited to eight (a.m.) to five (p.m.)," said Burns.

Also, except from midnight to eight a.m., the staff goes out to do intakes, "one of the things I'm proud of in the program," Burns said.

Excelsior House grew "out of a series of meetings and planning sessions with Santa Monica West District of the (county's) Coastal Region as part of our plan to have comprehensive services within the district," said Burns. The program is designed primarily for persons in the districts, and about 75 percent of the residents do come from the district, but the program accepts persons from throughout the county.

Excelsior House is staffed by eight full-time and one half-time para-professionals. Debra Greenberg, clinical psychology doctoral candidate, is assistant program coordinator. It has bilingual capability.

The program did encounter some difficulty in one area even before it opened and that was in finding a location.

According to Didi Hirsch deputy director Maryann Fraser, L.C.S.W., who has overall administrative responsibility for Excelsior House, she had a "short time to find the physical setting because the money became available quickly" and "in West Los Angeles, no one wanted to talk to me (about property) as soon as I said what the program was for."

"I talked with at least 50 people who were not willing to consider it," she said. "We really wanted to find property where we were welcome."

Fraser said one couple was willing but their neighbors were opposed, and the Excelsior House property owner was "really supportive and receptive. She thought the program sounded excellent."

When asked to speculate on why she encountered such opposition, Fraser said, "I think it's the thing of fear about having people in one's neighborhood who are different and maybe dangerous. It's an emotional fear. It's based on lack of knowledge and lack of education. Once we were in, we had no trouble at all."

Burns concurred with this last statement.

"It's been wonderful," he said. "They've been supportive and welcomed us to the neighborhood. I've been gratified by the neighborhood reaction here."

## CARAWAY (Continued from page 1)

County mental health community as one of providing "a broad base approach to all the concerns and needs of mental illness and prevention of mental illness."

"We are concerned, for instance, with chronic mental illness and with children and youth," she said. "We are, in a sense, an umbrella for many problems in mental health, and we are not connected with any one of the professional groups."

She said among MHA's areas of responsibility are information sharing and legislation.

"We have been able to facilitate the coalition (Mental Health Coalition in Los Angeles County) with many special interest groups, and as a team have been able to be a stronger advocacy group for the mentally ill," said Caraway. "That is our uniqueness. That is why we can be effective when special interest groups can't."

Caraway also said that MHA as "an organization definitely does concentrate on specific needs at specific times, because we can't concentrate on everything at once."

"We have over the years developed programs that meet specific needs and then have spun them off," she said, citing as examples Los Angeles Child Guidance Clinic and San Fernando Valley Child Guidance Clinic.

Her own pet interest, she said, is prevention, which she described as "kind of like dessert, because it is a struggle just to meet the needs that exist, and I'm just thrilled that we finally have been able to develop an education program for schools (MHA Youth Award Project)".

Of the current mental health scene, Caraway said, "The potential is there for helping mentally ill persons become contributing citizens, but because of the budget cuts, public mental health is frequently able to serve only those in crisis, and many times these persons slip back through the cracks until the next crisis. This is not humane nor cost-effective. I think that we can tolerate no more budget cuts and claim to serve the mentally ill."

She said that "it is critical that mental health professionals and concerned citizens work together to prevent any additional cuts, to seek additional funds and to develop creative, cost-effective alternatives."

Caraway has been involved in quite a variety of MHA activities since she began volunteering with the Los Angeles chapter in the fall of 1971. She started with the now defunct San Fernando Valley District Council and later served as its secretary and chairperson. There she was chairperson of the "Bell Ringer" project, which was a door to door fundraising campaign. She worked on the "Gifts for Giving" holiday gift giving project and also was education chairperson, where she organized programs for outside groups.

She first became a member of the board of directors in 1973 and has since been a member of the nominating committee, vice-president and secretary, her post prior to president.

Her connection with MHA, however, existed before she started working with the local chapter. Her first contact came when she was a new teacher in St. Louis and MHA presented a program to the PTA. While in St. Louis, she and her husband, then her fiance, did a public television series presented by MHA, in which they portrayed a couple and dramatized a problem each week, which then was discussed by a panel.

Caraway's volunteer work is by no means limited to MHA. She has been active with San Fernando Valley schools since 1965 and continues to be so. She has served on several PTAs and advisory councils, where she has worked on a number of committees and held a variety of offices. She was on the Mayor's Council on Education, 1977-79, and on a task force for the

Board of Education in 1972.

She has worked on political campaigns and school bond issues. Additionally, she has been active with the League of Women Voters; a member of the American Association of University Women, San Fernando Valley area; and secretary of the Friends of Woodland Hills Library.

For the last few years, she and her family have been a host family for the YWCA International Program and for World Educational Student Travel. Her husband, Dr. Robert Caraway, is a psychiatrist/psychoanalyst. They have four daughters.

As a long-time volunteer, Caraway has some thoughts on volunteering, which she called "vitally important" because "there are so many needs in so many areas."

"Volunteering can no longer be limited to a select group, but must be recognized as a vital factor in our social order," she said. "Individuals, whether lay persons or professionals, have crucial roles to play. More companies, such as ARCO, which has become a leader in community involvement, need to be made aware of the importance and benefits. There is room for everyone to give and grow."

## MATERIALS READY FOR "FEELING GOOD: BODY AND SOUL"

"Feeling Good — Body and Soul — Together We Can" is the theme of the mental health promotion materials to be used in the Black community beginning in February, Black History Month.

The campaign includes radio public service announcements to be aired in February and is part of the State Department of Mental Health "Friends Can Be Good Medicine" promotion.

Materials include a booklet for adults, "Together We Can," and a "Kids Body and Soul Book" along with flyers, bumper stickers and a 15-minute film available on free loan.

A variety of groups have come together to distribute the limited supply of free materials now available for the Black community. Additional materials can be ordered at cost through the state Department of Mental Health, Publications Unit, P.O. Box 1015, North Highlands, CA 95660.

"We hope it gets the widest distribution and that the public and private sectors can cooperate to increase the supply of materials," said Dr. Pamela Reagor, chief, Community Services Development Division for Los Angeles County Department of Mental Health.

Similar materials for other specific populations, including Asian-Pacific, Native Americans, Hispanic and the elderly will be distributed within the next two months. A workshop has been planned for March 24 (location to be announced) around the use of these materials, according to Reagor.

The 1980 census count distribution for Los Angeles County is white-non Hispanic — 3,984,849; Hispanic — 2,065,727; Black — 944,009; Pacific-Asian — 434,914; Native American — 48,158; and over 65 years of age — 760,000. These are estimated figures by U.S. Census Bureau.

The materials and further information are available through the Los Angeles County Department of Mental Health regions by calling the office of information at 738-4961.

# ESSAY

## POLICE AND PSYCHOLOGY



*"The media's predilection for emphasizing alleged abuse tends to ignite public antipathy"*

By Edward M. Glaser, Ph.D.

The positive contributions of law enforcement personnel to social order and human welfare, which occur on a daily basis, are seldom reported by the media. What is deemed newsworthy are the occasional abuses of power and trust allegedly committed by these public servants. For example, in Los Angeles County during a short span of time, the newspapers, television and radio provided almost daily accounts of (1) charges of large scale burglaries allegedly committed by a number of the police in one LAPD division; (2) an incident in which a police officer pounded on the door of a home at about two a.m., announcing a fictitious pretext for gaining entrance, and when the pregnant occupant opened the door holding a rifle, the officer shot her in the stomach, killing the unborn child and seriously wounding the mother; and (3) reported episodes in a small independent city within the county in which several officers were accused of systematic violence against persons placed under arrest, with one such case where the prisoner was found hanging and dead in his cell.

The media's predilection for emphasizing alleged abuses tends to ignite public antipathy and foster the impression that a number of our men in blue are somehow fundamentally sadistic, malevolent and unscrupulous.

What does seem apparent is that police officers experience a wide variety of relatively unique stresses and temptations that tend to make them more vulnerable than the average citizen to physical and emotional disorders, burnout, marital discord, substance abuse, anger, cynicism and so forth.

Not only do the profound stresses

under which police officers operate ultimately tend to take their toll in human casualties of one sort or another among the blue suiters, but the community at large also may pay a high price in the form of less committed, responsible and effective law enforcement services.

In response to this problem a relatively new professional specialty has emerged in recent years, that of providing psychological services to police

*Police officers "often find themselves rejected by the community they seek to help."*

departments. As one index of its growth, three panel discussions were devoted to this new field at the 1982 convention of the American Psychological Association. Panelists generally addressed themselves to the unusual stresses experienced by police officers, the consequences of such exposure and strategies that appear to have been used successfully by police psychologists in helping officers to cope with these stresses.

The panel members, all of whom were actively involved in providing psychological services to police departments, enumerated such stress factors as rotating shifts, boredom, isolation, poor equipment, constant temptation, rigid compartmentalization and poor communication in their departments, and most damaging, public apathy and hostility in too many cases.

Rather than the macho stereotype, police officers were pictured by panelists as "altruists who are quickly disillusioned by front-row exposure to the depths of corruption and sordidness." They often find themselves rejected by the community they seek

to help, tend to develop feelings of alienation from the general populace, and even begin to "identify with other inhabitants of the 'cesspool' in which they work."

One panelist added, "Police work is particularly punishing because it makes a demand for total commitment within a cold, militaristic environment which impedes communication."

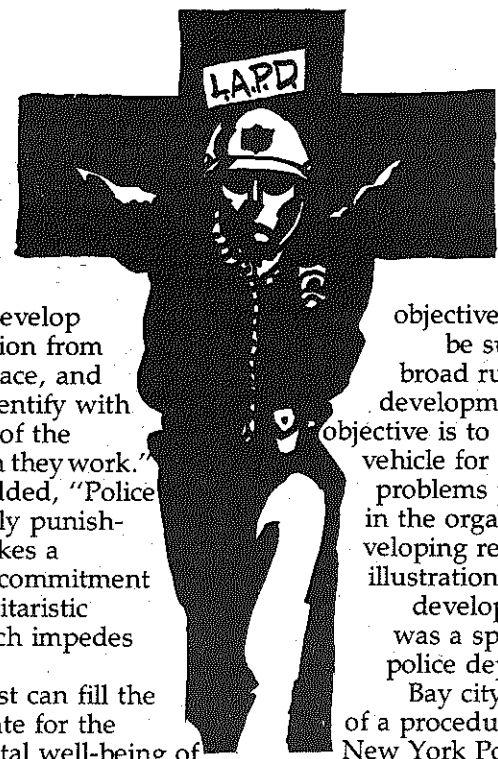
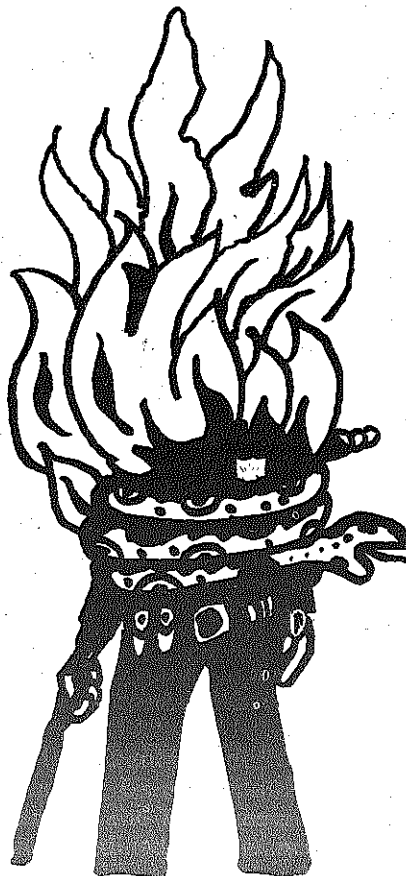
The psychologist can fill the void as an advocate for the physical and mental well-being of the officer and his or her family.

An increasing number of cities have sought the help of professional psychologists in stemming the mounting toll among its police officers, a toll measured in both human and economic terms. Depending upon the needs and resources of the particular city, the psychologist may provide any of a fairly broad array of services.

Perhaps the most common service is psychological assessment of candidates for employment in order to screen out applicants who may be unsuited on the basis of such characteristics as intelligence, practical judgment, interpersonal skills, emotional stability, sensitivity to ethical issues, and so forth. In the typical situation these judgments are based on personal interview and psychological tests, and the psychologist's conclusions are considered in the context of other information about the candidate, such as written and oral examinations, background investigation, polygraph, physical examination and agility tests.

Another frequent service is psychological counseling, which may address any of a broad spectrum of problems. A representative "case-load" for a psychologist may, for example, include officers who have been involved in specific stressful episodes, such as shootings, as well as those with more diffuse and pervasive problems, from anxiety feelings to drug abuse, and from marital discord to suicidal thoughts.

An analogous yet quite different role performed by psychologists is that of consultation to the department rather than to the individual. The objective is to enhance the effectiveness of the organization rather than the health, well-being or performance of specific individuals. Many different



objectives and activities may be subsumed under this broad rubric of organization development (OD). Often

the objective is to provide a legitimate vehicle for surfacing significant problems perceived by people in the organization and for developing remedial actions. One illustration of an "organization development" consultation was a special exercise with a police department in a South Bay city involving adaption of a procedure developed by the

New York Police Department for better handling of family disturbance calls. In most cities such calls result in a higher incidence of injury to the responding officer(s) than do any other category of request for police assistance.

The exercise used scripts written from actual case situations. Each case script was played out by professional actors. Successive teams of two police officers responded to each staged "call" and the actions and dialogue were recorded on videotape. The professional actors responded as they truly felt in reaction to what the particular officers said and did from the time they arrived on the scene. Other officers comprised the audience.

After each role play, lasting about 10 minutes per scene, the action

*"... accepting roles, responsibilities and vulnerabilities of working where it really counts - in the streets of our cities."*

stopped for a post-mortem discussion, including replay of the videotape if desired. An effort was then made to extract guiding principles for handling family disturbance calls most appropriately whenever consensus could be reached. The participants felt that these exercises yielded valuable insights and improved their effectiveness in the field.

A few illustrations of other services provided by police psychologists include: assisting in negotiations with suspects who are holding hostages or threatening suicide; training police officers in such activities as mediating disputes and recognizing and handling psychiatric emergencies; and developing "psychological profiles" to assist police in the apprehension of people who have committed major crimes.

A panelist at the American Psychological Association meetings referred to above suggests that psychologists are responding to this challenge in a way that seems promising not only for the health of police officers but for the profession of psychology as well: "I think it's in the vanguard of where psychology is going - accepting the roles, responsibilities and vulnerabilities of working where it really counts - in the streets of our cities."

Perhaps the problem was phrased most succinctly in a Gilbert & Sullivan operetta, "A policeman's lot is not a happy one."

Edward Glaser is managing associate of Edward Glaser & Associates (EGA), a Westwood-based firm of psychological consultants to organizations. For some 20 years they have been serving a number of Southern California cities as psychological consultants, with special attention to the needs of police and fire departments.

The opinions expressed in Essay are those of the author.



Children's Home Society Specialized Foster Care for Emotionally Disturbed Children program manager Carol Drolen, L.C.S.W., and staff Janice Holton, M.S.W., and Sue Burkeen, M.S.W. (l-r).

## FOR CHILDREN IN CRISIS, HELP IS A HOME

Children's Home Society of California is providing "Specialized Foster Care for Emotionally Disturbed Children" through separate contracts with the Los Angeles County Department of Mental Health in two regions.

The intent of the program is "to provide foster care for children needing an intensive environment outside an institution or group home," said Carol Drolen, L.C.S.W., program manager. "By providing this service, we're hoping to keep the family intact. While the family may be in crisis, we're hoping to keep the unit intact by removing some of the stress."

The program originated three years ago through a contract with the county's San Fernando/Antelope Valley Region. The San Gabriel Valley Region contract was started two years ago. Sue Burkeen, M.S.W., and Janice Holton, M.S.W., are the agency's staff persons in the San Gabriel Valley, as is Sandy Loman, L.C.S.W., in the San Fernando/Antelope Valley.

The program has undergone a change since it first began, but Drolen said that "the intent still remains the same." It started as a 30-day, respite foster care program for children ages 14 and under. Currently, the program accepts children up to age 18, and "we will keep the child in care as long as it is clinically indicated," with a maximum of 18 months, said Drolen.

"I think a lot of clinicians felt 30 days was too short to make a change," she said.

"The original proposal and program that was funded was a short-term crisis residential facility type program for children in crisis," said Roberto Quiroz, M.S.W., Department of Mental Health San Fernando/Antelope Valley Region director. "Children that were receiving mental health treatment were placed for a brief period of time with a foster family, with the focus of receiving crisis intervention services.

"It was found that the length of stay for children should be longer as compared to an adult population," he continued. "The focus

was changed from one of crisis intervention to one of transitional care, since treatment is not provided by the family but by an agency.

"Another reason for the change was there was a scarcity of programs on a countywide basis for children who need 24-hour non-institutional care," he said.

Quiroz said that this program is part of a "continuum" of care, but "is not a substitute for acute hospitals that are needed."

Children in the program come from state hospitals, other group or foster homes or from their family homes. Every child in placement sees a mental health professional.

The Department of Mental Health is involved in the screening process. Known as "gatekeepers," the county professionals see either the child or a report on the child.

Contact with the child's family while the child is in the foster home occurs "as frequently as is clinically allowed," said Drolen. "We're not trying to take kids away. We're trying to get the union strengthened."

Burkeen added that contact with the natural family is necessary "if you're going to try to reunify everyone. We try to get to know the family as much as we can."

The foster family homes go through the state licensing procedure, which takes about three months, and through "an intensive study by the social workers of Children's Home Society," according to Drolen.

"They have to show high motivation to wanting to work with the population and our program goals," she said. "They are trained by us and other professionals to reach almost a para-professional level. It's taken us a long time to develop a pool of foster homes. The reason for the large pool of homes is some may have different expertise, so we try to get a variety of families."

"They have to have some experience working with emotionally disturbed children or some familiarity with it," added Holton.

The Children's Home Society staff visits each foster home week-

ly and also is on 24-hour call for the foster family.

For a recent three month period, there was no voluntary placement money for paying the foster family, during which time the agency was limited to taking children only from the court system, those coming out of state hospitals or those whose family had private insurance. In January, it received some additional funding for voluntary placement and is again accepting voluntary referrals.

"We are glad because this now means we do not have to turn away kids because of the money," said Burkeen. "We can take kids in the program based on their need."

Children's Home Society of California is a statewide, private, non-profit volunteer agency with more than 1700 volunteers and 10 district offices in California. Its services include adoption, foster care, group home care, pregnancy counseling, public education and child advocacy. The Los Angeles district office is located at 1300 W. Fourth St., Los Angeles, CA 90017. Its phone number is 482-5443.

## BILL

continued from page 1

ters from parents of developmentally disabled persons to the governor and the Legislature, the section pertaining to the developmentally disabled has been dropped.

Parents of mentally ill persons across the state are opposed to the bill because it takes control out of the elected Legislature and it bypasses the normal hearings and debate process, according to Don Richardson, president, Advocates for the Mentally Ill parents group.

"This particular bill will probably not go far because so many are opposed to it," said Richardson, just returned from a trip to Sacramento.

"Still, this is indicative of other legislative bills, and we must be vigilant to see they do not strip more funds from mental health," he said.

"We (parents groups) are so glad to have the Hoffmans in Sacramento (Tony and Fran Hoffman, legislative representatives for the California Alliance for the Mentally Ill) who are serving as our eyes and ears to alert the parent constituency," said Richardson. "This is so needed. If anything was timed, this was. We only opened our Sacramento office last April."

AB36X was introduced by Bill Leonard, R-Redlands, and Senate companion bill SB174X was introduced by Robert G. Beverly, R-Redondo

## COURT

continued from page 1

Judge Whitehill, who has completed two years as presiding judge of Department 95, said of the relocation, "It has to be independent and the move is long overdue."

"I am personally appalled" at conditions in Department 95, Whitehill said.

"How are you going to take care of people in our society who cannot take care of themselves? To do less than what is right makes you less of a human being," he said.

Public defender Meyer said, "Unless you are going to better the overall problem, moving is not a benefit if you don't find a substantially better facility."

The MHA Board of Directors stated in a letter to the Supervisors that the court should be "in a judicial setting entirely separate from the state hospital treatment locale," adding that "short-term solutions which appear tempting economically or expedient but which do not take into account the needs of these patients may prove too costly in not only economic but also human terms over time."

In a letter to the court, Dr. Ernest Klatte, executive director of Metropolitan State Hospital, outlined the expense to the county of transporting "very sick patients by bus across town." According to Klatte, the projected cost this year is \$69,841.

Court sources state that all the cases heard do not come from Metropolitan State Hospital. Department 95 hears cases involving conservatorships, certifications for involuntary hospitalization under Lanterman/Petris/Short Act (LPS), process of writs of habeas corpus, matters dealing with mentally retarded persons and penal code cases referred from other courts.

The three grand juries' reports on Department 95 included references to extensive fire and safety hazards and other deficiencies in heating and air conditioning, rest rooms, patients' waiting rooms, public defenders' office space and assembly rooms. There was a leaking roof, not enough seating, and acoustics so poor that members of the grand jury could not hear the proceedings.

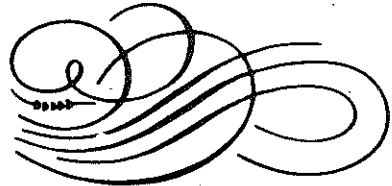
Kreger said they were awaiting the county engineer's report of the feasibility of existing structures in the county, vacant pieces of land to build and other courts as possibilities for relocation.

Preliminary investigation at Metropolitan Hospital showed it would be expensive to renovate the site to provide adequate court facilities, according to Kreger.

The differences will need to be worked out over meetings with people from the court, mental health people and others, he said.

"We need to take a look at all the alternatives," he said.

# ESSAY



## "AND HER NAME, MOTHER OF EXILES"

By Dr. Daniel D. Le

—Inscription on the Statue of Liberty

It is estimated that over 100,000 Indochinese refugees are residing within Los Angeles County.

Research by various federal and local agencies has identified the Indochinese refugee population as being at "high risk" for acute and/or chronic mental disorders.

Since the Indochinese refugees have collectively experienced the severe traumas of war, uprooting and displacement, thus placing them at "high risk," the prevalence of major mental disorders would predictably be significantly higher as it would be for any refugee group.

A study published by the Orange County Human Relations Commission in January 1981 determined that 10 percent of all Indochinese refugees have serious mental disorders while an additional 50 percent suffer from more marginal mental illnesses. These statistics seem quite high when compared to the data supporting the California Model for Mental Health Services, which estimates the prevalence of major mental disabilities (e.g., schizophrenia) to be at 800 to 940 persons per 100,000 average population.

Cultural, social and economic pressures have critically affected the psychological stability of the refugees. The nostalgia for their native land and for the "good old times" becomes more and more acute. The feelings of shame and guilt become more and more intolerable. The disillusionment of the present and future grows more intense.

Unemployment and the lack of proficiency in English are two of the biggest sources of stress because they involve loss of face, an anathema in Indochinese society.

Many refugees are highly competent with marketable job skills but they are not employable because of the language problem. If they obtain work it is usually in menial day labor or they are underemployed for their training or skills.

In addition to language limitations, many former Indochinese soldiers who were trained for a lifetime of war in their homeland now find they have no vocational skills to compete in California's limited labor market. They are



frustrated and resentful. They tend to exhibit certain characteristics such as apathy, passivity and a lack of motivation in relation to the goals of the larger society. In many cases, hostile feelings are turned inward and joined with justifiable feelings of frustration which leads to serious bouts of depression.

Most of the refugees have large families. Because of the financial problems, they cannot afford adequate housing. In addition, many have to live in the "low-income" and "high crime" areas which, combined with the congested living conditions, give them constant stress.

During my 10 years years working directly with the Indochinese refugees both in Southeast Asia and in the United States, I have seen many persons with symptoms of depression, anxiety and neurotic disorders, and various kinds of mental illness. From my personal experience in working with the refugees, I have found most of them are suffering from feelings of guilt and remorse regarding their loved ones — especially wives, husbands or children — left behind in Indochina.

The loss of their former status greatly affects their self-esteem and self-confidence. They are ashamed of not being able to support themselves or their families adequately. They are ashamed to be on public assistance. A number of them have no family nor any other social support systems. They are desperately lonely and isolated. They feel out of place in this country. They feel they have no future and do not want to live here, but at the same time, they cannot return to their home country. Many of them have no alternative and are daily experiencing this paradox. There are also those who have wanted to adapt to the new life, but have been barred by seemingly insurmountable obstacles in the process of acculturation.

To most of the Indochinese refugees, the term "mental health" is frequently used and understood as "mental illness." The degree of stigma associated with mental illness is so great that many are reluctant to seek help. Therefore, one should not assess the mental health needs and problems of the refugees merely by counting the number of people who come into the offices of the mental health professionals.

Because of their cultural backgrounds and environmental conditions, most of the refugees attempt to outwardly repress their feelings and conform to people around them. We have to note, however, that many of them are survivors of a 30-year war and are limited in the means with which they have to express, discharge or cope with their internal matters. For many of them, it is approaching the time for an emotional explosion.

The social structures must also respond to the needs of these uprooted

Indochinese refugees in an optimum way. These must include:

- *Economic Support Systems* — Direct and indirect economic support systems should be created for the refugees and their families, including effective English classes, vocational counseling and training for the adults.

- *Community Education Programs* — Education programs should be developed through mass media on the historical and cultural backgrounds of

Indochinese, their philosophies of life and values, customs and behavior. These programs will help to refute provincialism and discrimination and benefit the refugees by hastening their acceptance and by giving them a new sense of pride and belonging in this society.

- *Utilization of Indochinese Bicultural/Bilingual Personnel and Resources* — It is strongly recommended that the assistance of qualified Indochinese professionals be enlisted. At every local community a list of available resources for Indochinese should be established and utilized by all helping professions.

- *Consultation and Education* — Ongoing consultation services should be offered to the clergy and leaders of the Indochinese community by local community mental health services. There should be continuing community educational programs and consultation in the Indochinese languages, utilizing mass media and forums to propagate relevant principles of mental health.

- *Community Organization* — Helpful projects would be educational programs specifically designed for the Indochinese community, such as more effective English as a second language programs for children and adults; expansion of preschool or child care programs; and various self-help programs for elderly, adult and adolescent groups.

Above all, it is important to stress that, although Indochinese refugees have come from a culture which is entirely different from the American culture, they have psychological needs just as Americans and are entitled to human dignity.

The mental health professional who works with the refugee should look beyond the individual refugee's symptoms. The causes of the symptoms may be different from the way Americans usually understand symptomatology in this culture and environment. The symptoms need to be understood within a cultural context which would enable the individual to regain self-esteem and dignity.

It is my hope that the facts revealed and suggestions for action recommended here will help those who work with the Indochinese refugees — especially the mental health professionals — to see the problems and needs of the refugees in better perspective. Knowledge of the facts is the foundation of social progress, and it remains for a concerned citizenry to seize this opportunity to translate these facts into meaningful action.

In the final analysis, the Indochinese community, with all the hopes and manifold problems, is, after all, but a microcosm of our imperfect society. The betterment of this segment of our multicultural, interrelated society can serve to strengthen the whole.

**The opinions expressed in Essay are those of the author.**

**Dr. Daniel D. Le is a clinical psychologist with the Los Angeles County Department of Mental Health at the Asian Pacific Counseling Center, 3407 W. Sixth St., Los Angeles, CA 90005, phone - 382-7311, and at the Indochinese Mental Health Unit, 524 N. Spring St., Los Angeles CA 90012, phone - 974-7311.**

## CONNECTIONS WITH THE EDITOR LETTERS

### Hospital Care

As a concerned social worker practicing in a state hospital, I would like to take exception to the inflammatory description of state hospitals as published in the December 1982 issue of Connections, page seven. I know from personal experience that the generalization that state hospitals are "debilitating institutions providing primarily custodial care" is unjustified. Any competent and conscientious professional making sincere efforts to provide appropriate treatment to state hospital patients could be angered and disheartened by your words.

Furthermore, we find that when our improved, stabilized patients are placed in supposedly less restrictive environments, these same patients often regress to poorer levels of functioning repeatedly, only to be returned to the structure of hospital.

In my experience in working in both private and public institutions, I have observed that the label "private" does not in itself guarantee respect and humanity in treatment, nor does the sign "state hospital" over the front gate cause these qualities automatically to evaporate.

Rather than exhausting your energies in attacking the established system, may I respectfully suggest that a more effective approach might be an organization of efforts to improve the overall delivery system—inpatient and outpatient—with involvement of the practitioners who daily face the problems of trying to provide effective treatment and services and a facilitation of communication between practitioners and the administrators, bureaus and legislators who hold the power to make important policy decisions.

**Pearl Rothenberg, L.C.S.W., A.C.S.W.**

*(Editor's Note: The above letter to the editor refers to the article on MHA vs. Brown in the December 1982 January 1983 issue. The Connections article reported on the suit being brought against the state of California by the Mental Health Association in California. As part of that article, Connections quoted directly from the legal brief filed in court. The brief included the reference to "debilitating institutions providing primarily custodial care." This was a news story, was reported as such and was not written as an opinion piece. Connections appreciates Rothenberg's comments and her first hand experience and is interested in viewpoints of other readers on MHA vs. Brown.)*

Connections encourages response from readers. Letters should be kept as brief as possible and are subject to condensation. Connections reserves the right to edit letters for style and libel. Letters must include signature and valid mailing address. Pseudonyms and initials will not be used. Due to space limitations, an attempt will be made to publish a representative sampling of views.

Letters should be sent to: Connections, Mental Health Association in Los Angeles County, 930 Georgia St., Los Angeles, CA 90015.

## MHA VS. BROWN DELAYED

The partial summary judgment hearing in the case of MHA vs. Brown scheduled for Jan. 12 was postponed at the request of the defendant (state of California, Edmund G. Brown Jr., et al.).

In the MHA vs. Brown case, the plaintiffs (Mental Health Association in California et al.), as part of their suit were asking for a partial summary judgment over the right to less restrictive community alternatives to hospitalization for the mentally ill.

Representing MHA in the continuing suit are Dan Stormer and Mary Burdick of Western Center on Law and Poverty and James Preis of the Mental Health Advocacy Services Inc.

Counsel for the defendants are John Sanders of the Attorney General's office and Philip Miller, county counsel.

# CALENDAR

## RCLC

The Regional Community Liaison Committees (RCLCs), the citizens advisory groups providing input to the five Los Angeles County Department of Mental Health regions, will meet as follows:

### February 8

**San Gabriel Valley Region RCLC** will meet at 7 p.m. at Crisis House, 3825 N. Durfee Road, El Monte.

Call 960-6411 for more information.

### February 10

**Coastal Region RCLC** will meet at 6:45 p.m. at Harbor-UCLA Medical Center, conference room eight-east, 1000 W. Carson St., Torrance.

Call 533-3154 for more information.

### February 11

**San Fernando/Antelope Valley Region RCLC** will meet at 10 a.m. at regional headquarters, 5077 Lankershim, suite 400, North Hollywood.

Call 508-7800 for more information.

### February 16

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

Call 226-6424 for more information.

### February 17

**Southeast Region RCLC** will meet at 1:30 p.m. at Augustus F. Hawkins Comprehensive Mental Health Center, 1720 E. 120th St., Los Angeles.

Call 603-4873 for more information.

These meetings are open to the public.

## February 1, 8, 15, 22

**Forté Foundation:** A Singles' Parenting Group will meet 7-9 p.m. at 17277 Ventura Blvd., suite 201, Encino. The group will be limited to 10, and registration is necessary. Fees will be based on sliding scale.

Call 788-6800 for more information.

## February 2

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

## February 2, 16

**El Centro Community Mental Health Center:** "Women United," a free support group for women who have been physically and/or emotionally abused, will meet 10:30 a.m.-noon in room 237 of the center, 972 S. Goodrich Blvd., Los Angeles. This group is open to the community and Rebecca Bejar and Genevieve Lopez, who will conduct the group, are bilingual.

Call 725-1337 for more information.

## February 2

**Central Valley Mental Health Center and Advocates for the Mentally III:** A parents support group will meet 6-8 p.m. at the center, 8101 Sepulveda Blvd., Van Nuys.

Call Vivian Isenberg at 901-0327, ext. 242, for more information.

## February 3-6

**California State Psychological Association:** "Emerging Roles for Psychologists" is the theme of the 1983 Annual Convention, to be held at the Sheraton-Palace Hotel, San Francisco. It will include workshops, symposia and presentations.

Call 478-5039 for more information.

## February 3

**Focus Center for Education and Development:** A 15-week self-help support group for single parents will be held 7-9 p.m. at the center, 14640 Victory Blvd., suite 211, Van Nuys. Child care and transportation will be provided. A \$2 donation per meeting to cover child care costs is requested; no one will be turned away for lack of funds.

Call 989-4175 for more information.

## February 5

**Advocates for the Quiet Minority and Pasadena Awareness-A Community Effort with the Disabled:** "SSI - Understanding the System," a workshop designed to provide participants with working knowledge, beyond an introductory level, on the SSI program, will be held 9 a.m.-4 p.m. at All Saints Episcopal Church, 132 N. Euclid, Pasadena.

Call 798-0865 for more information.

## February 5, 12, 24, 26

**UCLA Extension:** "Professional Development for the Mental Health Practitioner" series will include "Longevity: Fulfilling Our Biological Potential-A Day with Kenneth Pelletier" on Feb. 5; "Breaking the Silence: Issues in Child Sexual Assault" on Feb. 12; "Sexuality Interventions and Approaches: Mildly and Moderately Retarded Adults" on Feb. 24; and "Beyond the Relaxation Process," "Gestalt Techniques Workshop" and "Understanding Grief of Bereaved Children," all on Feb. 26. All will be held on the UCLA campus.

Call 825-6701 for more information.

## February 5

**National Association of Social Workers:** The Los Angeles Chapter Health and Medical Council will present its annual "Innovative Social Work Practices in a Health Care Setting" with the workshop theme of "Working with Street People." It will be held 8:30 a.m.-noon at UCLA Medical Center Doctor's Dining Room, 10838 Le Conte, Westwood. A \$20 fee will be charged at the door. Fee for students or unemployed persons is \$15.

Call Keith Knobloch at 688-2950 for more information.

## February 5

**"Pregnancy and Mothering - The First Six Months,"** a 10-week group, will be held at the center, 1495 N. Lake Ave., Pasadena. The English speaking class will meet 10 a.m.-noon; the Spanish speaking class will meet 12:30-2:30 p.m. There is no fee for either group, but each is limited to 12 persons.

Call 798-0907 for more information.

## February 7, 21

**Help Anorexia:** The West Los Angeles self-help group will meet at 7:30 p.m. at the Federal Building, room 10124, 11000 Wilshire Blvd., West Los Angeles.

Call 558-0444 for more information.

## February 7, 21, 28

**Help Anorexia:** The South Bay self-help group will meet at 7 p.m. at St. Margaret Mary Church meeting room, 255th and Eshelman Streets, Lomita.

Call 326-3763, 6-8 p.m., for information.

## February 8

**Alliance for the Mentally III - Norwalk:** The 7 p.m. meeting will feature caring and sharing and an open forum. It will be held at the Norwalk-La Mirada Unified School District administration building, 12820 S. Pioneer Blvd., Norwalk.

Call 864-4412 for more information.

## February 8-10

**Grantsmanship Center:** "Foundation and Corporate Grantsmanship," an intensive three-day workshop, is designed for organizations seeking private sector support and will cover different aspects of foundations and corporate funding and writing proposals.

Call Rhonda Parry at 749-4721 to register or for more information. Tuition \$275.

## February 9

**Huntington Memorial Hospital:** Topic of the Community Health Forum will be "Taking It All in Stride," on stress management, led by Cynthia Hawkins, L.C.S.W., and Mark S. Kosins, M.D. It will be held at 7:30 p.m. in the hospital's East Room, 100 Congress St., Pasadena.

Call 440-5464 for more information.

## February 9

**Relatives and Friends of the Mentally Disabled - Redondo Beach:** The group will meet at 10 a.m. at the Office of Mental Health Social Services, 2810 Artesia Blvd., suite D, Redondo Beach.

Call 772-2188 for more information.

## February 9

**Association for Mental Health Affiliation with Israel:** The Southern California Chapter will present "Sexualism in Christianity and Judaism" with speaker Emanuel Honig, M.D., Ph.D., and discussant Sherry Berkman, D.S.W. It will be held at 6:30 p.m. at Thaliens Auditorium, Cedars-Sinai Medical Center, 8700 Alden Drive, Los Angeles. Fee is \$5 for non-members, \$3 for members and \$2 for students and seniors. RSVP is requested by Feb. 8.

Call 995-3484 for more information.

## February 10

**Mental Health Association in Los Angeles County Children and Youth Committee:** Judith Schulman Miller of Jewish Family Services will speak and will show "Moon Child," a film on cults, at noon at 930 Georgia St., Los Angeles.

Call 629-1527 for more information.

## February 10

**Advocates for the Mentally III:** "Estate Planning for Families of Mentally Ill Persons - Wills, Trusts and Conservatorships" will be the topic of the AMI meeting, held at 7:30 p.m. at Thaliens Community Mental Health Center, 8730 Alden Drive, Los Angeles.

## February 11

**Alliance for the Mentally III-San Gabriel Valley:** The group will meet at 7 p.m. at San Marino Community Church, 1750 Virginia Road, San Marino.

Call 797-3562 or 449-4217 for more information.

## February 14

**South Bay Board and Care Operators Group:** The group will meet at 2 p.m. at Torrance First Christian Church, 2930 El Dorado, Torrance.

Call 518-6873 for more information.

## February 14

**Help Anorexia:** Dr. Peter Vash, M.D., M.P.H., will speak on "Endocrinology and Anorexia: Cause or Effect" at the family support meeting, held at 7:30 p.m. at Glendale Federal Savings and Loan community room, 3812 Sepulveda Blvd., Torrance. Vash is an endocrinologist and internist on clinical faculty at UCLA who specializes in eating disorders.

Call 326-3764, 6-8 p.m., for information.

## February 16

**San Fernando Valley Coalition of Community Care Providers:** The group will meet 10 a.m. - noon at California Villa Retirement Hotel, 6728 Sepulveda Blvd., Van Nuys. Agenda will be a stress workshop led by Judy Cooperberg of Mental Health Association in Los Angeles County and staff from Hillview Mental Health Center.

Call 508-7800 or 780-1931 for more information.

## February 16

**Alliance for the Mentally III - Pomona/East San Gabriel Valley Families and Friends Group:** The group will meet at 7:30 p.m. at Laurel Park, 1425 Laurel Ave., Pomona.

## February 17

**Hollywood Human Services Mental Health Task Force:** "Social Services in Hollywood" will be the topic of the noon meeting.

Call Milton Ortega at 467-3605 for meeting location and more information.

## February 17

**San Fernando Valley Child Abuse Council of the United Way Planning Council:** A network meeting will be held noon-1:30 p.m. at the Sizzler Restaurant community room, Northhoff and Van Nuys Boulevards, Panorama City.

Call Diana Abrams at 908-5026 for reservations or more information.

## February 20

**California Family Study Center:** "Splendor in the Grass" is the February showing in the "Human Relationship" film festival. The film will be shown at 10:30 a.m. at Brentwood Theatres, 2425 Wilshire Blvd., Santa Monica, and will be followed by guest speaker Lo Sprague, Ph.D., faculty and clinical supervisor at the center.

Call 843-0711 for more information.

## February 20

**Southeast Mental Health Region:** "Divorce: Its Effect on Children," with guests Natalie Gerren, M.S.W., and Sandra Thomas, M.S.W., will be the topic of "A Healthy Mind: For You and Your Family" radio program hosted by the region's Julius I. Fuller, M.S.W. It will be aired at 8 p.m. on KACE, 103.9 FM.

## February 21

**South Bay Relatives and Friends:** The group will meet at 7 p.m. at Torrance First Christian Church, 2930 El Dorado, Torrance.

Call 518-6873 for more information.

## February 21

**Southern California Psychoanalytic Society:** Herbert Weiner, M.D., will present "Contributions of Psychoanalysis to Psychosomatic Medicine" at the scientific meeting, held at 8 p.m. at the society's institute, 9024 Olympic Blvd., Beverly Hills. Panelists will be Louis A. Gottschalk, M.D., Klaus D. Hoppe, M.D., and Charles W. Wahl, M.D.

Call 655-1634 for more information.

## February 22

**Mental Health Coalition in Los Angeles County:** The coalition will meet 12:30-2:30 p.m. at the Mental Health Association in Los Angeles County office, 930 Georgia St., Los Angeles.

Call 629-1527 for more information.

## February 22

**Teen Line of the Center for the Study of Young People in Groups at Cedars-Sinai Medical Center Psychiatry Department:** The Twelfth Night Repertory company will present "Choices II: Changes," a show for teens on responsible sexual decision making and family planning, followed by a panel-audience discussion. It will be held at 7 p.m. in Education Conference Center "B," Plaza level, North Tower, of the center, 8730 Alden Drive, Los Angeles.

Call 855-3401 or 855-HOPE for reservations or more information.

## February 23

**Anorexia Nervosa and Associated Disorders:** This self-help group for persons with eating disorders will meet at 8 p.m. at 18345 Ventura Blvd., suite 414, Tarzana.

Call Suzy Green, M.F.C.C., at 343-9105 for more information.

## February 24

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

Call 738-4772 for more information.

## February 24

**Westside and Coastal Friends:** The group will meet 7-10 p.m. at the Brentwood VA Medical Center theater, building 211, 16311 Wilshire Blvd., Los Angeles.

## February 25

**Ojai Foundation:** R.D. Laing, M.D., will present a one-day program, "The Politics of Knots and Thorns." Tuition is \$40.

Contact P.O. Box 1620, Ojai, CA 93023 or (805) 646-8343 for more information.

## CONNECTIONS

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The Mental Health Association in Los Angeles County is a non-profit, voluntary organization dedicated to the promotion of mental health, prevention of mental illness and the improved care and treatment of the mentally ill. (213) 629-1527

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