Pennhurst State School and Hospital

Spring City, Penna.

Name: [redacted]

CLINICAL PROGRESS NOTES

Dates	
5-21-68	To Hospital. New Admission. [redacted] is a 10 year old male, white, fairly nourished, fairly developed and ambulatory. Dr. Labitoria.
~~5-23-68~~ Briefly epitomize physical, neurological, 6-3-68	Examination of blood for syphilis: VDRL Flocculation Test - Non-Reactive
	From Hospital to M-2. First assignment. ML
6-1-68 mrk Briefly epitomize physical, neurological, 5-30-68 mvw	Referred to Oto-Oral Clinic, Dr. Reddy by Consult . Findings were as follows: No ENT pathology.
	Visual Acuity? Can see. Hyperactive. Media is clear and fundi normal. No Rx.
6-12-68 mvw	**Vision Clinic: Was seen by Dr. Ferretti from Temple Hospital Eye Clinic. Sub-conjunctival hemmorrhage O.S. Fundi normal O.U. O.S. no evidence of retinal detachment. Rx: None.**
7-15-68	From M-2 to I-2 Seems able to handle the more advanced program on I-2. FS
8-2-68	An admission meeting was held in the Hospital Conference Room on Thursday, August 1, 1968, at 1:00 p.m. The following staff members attended: Mercedas A. Labitria, M.D.; Edward A. Wilton, M.D.; Astoria Chan, M.D.; Fortunato O. Sunio, M.D.; Norman E. Parroco, M.D.; Elisa Sadili, M.D.; Dr. Soroka, Dentist; Mrs. Rittenhouse, R.N.: Mrs. Lawrence, R.N.; Dr. Malcotti and Dr. Hirst, Psychology; Miss Head, Miss Warren, Mrs. Defulvio, Mr. Tidd, Psychology; Miss Clark, Social Service; Miss Rhorbach, Tutoring Services, Miss Laschinsky, Social Service, Mr. Gathman, Voc. Rehab.; Mr. Milstein, Mr. Renig, Miss O'Neil, and Miss Marsh. Dr. Wilton Presided over the meeting. THE FIRST CASE WAS PREPARED AND READ BY DR. LABITORIA. Miss Laschenski: [redacted] is not visited by his mother or any other members of his family. I do not think that they will show any interest in him. She is an emotional problem herself and I think that she finds it a relief to have away from home. Mr. Tidd: We did test him. He was particularly strong in the areas of self help. He was low in areas of communication and socialization. Miss Marsh: He is able to act like a normal child at times. For example, he wanted an iron that another boy had. He asked politely for it and the boy said that he could not have it until the next morning. [redacted] said that he would wait for it and did not throw a tantrum. Dr. Robles: He seems to be more emotionally disturbed than retarded. Miss O'Neil: He can also play melodies on the piano with one finger and he can describe pictures on flash cards. He is able to talk quite well. Dr. Wilton: I do not think that he acts like a schizophrenic; at least not while he was here for the [redacted] interview. I think that projective tests

Dates	
8-2-68	STAFF MEETING NOTES OF AUGUST 1, 1968. (CONTINUED) Dr. Hirst: He seems to function well in writing and counting. Maybe we can improve these things. I would like to see him and tutor him. DIAGNOSIS: Mental retardation, moderate, associated with diseases and conditions due to unknown or uncertain causes with the structural reactions manifest; Encephalopathy, probably associated with prematurity. RECOMMENDATIONS: 1. should continue participating in the I-2 program. 2. Habit training in areas of self-help. 3. It is advised that he be given tutoring in an attempt to further stimulate his social and academic levels. 4. That he be given a series of projective tests in order to further clarify the emotional component. 5. It is advised that a reevaluation of his thyroid status be done including a protein-bound Iodine test due to the history of hyperthyroidism. 6. It is suggested that a reevaluation of 's case should be held in 6 months in regard to his placement. (Whether he should remain at Pennhurst or return back to Eastern State School and Hospital.) Dr. Edward A. Wilton.
-12-68 lb	[illegible] Flat Live Voice.
9/26/68 MHS/ck /ck 2/26/69	Vineland Social Maturity Scale; Basal Score 26; additional pts. 20.5; total score 46.5; A.E. 3-5; S.Q. 32. Peabody Picture Vocabulary Test 12/20/68 M.A. 3-1
-27-68	Vision Clinic: seen by Dr. Ferretti. Had gtt. exam. Media and fundi are normal. Rx: none.
)-23-68	Enrolled in Continuing Education Program.
1-14-70	From I-2 to T-1 Cottage moved for repair NEP
3-31-70	From T-1 to D-3. Cottage closed for renovations. NEP
3-6-70	Attends training class. Enrolled 10-22-69.
4-27-70	From D-3 to D-5.
5-6-70 Unit V	Received Honorable mention for OUTSTANDING BEHAVIOR AND PERFORMANCE based on the following criteria: 1. Acquisition or marked improvement in the use of a physical skill or 2. Acquisition of knowledge and/or skill through formal study or 3. Achievement in the area of social adjustment or behavior or 4. Accomplishment in the verbal areas. JIH:dw
10-16-70	From D-5 to D-3
1-23-71	Routine physical examination performed this date. Report filed in medical section of folder. Positive findings: hypertrophied tonsils. Dr. Katz.
9-16-71	Re-Admitted under Voluntary Admission (#402) this date.

Dates	
9/28/71	Summary: is a 14 year old boy who seems to possess average intellectual ability but who has undergone a severe psychotic reaction. His true level of intellectual functioning can therefore not be measured but can only be estimated. From s performance on the Wechsler Intelligence Scale it seems that there is no organic involvement however this cannot be formally ruled out by his evaluation. is presently functioning on the mild to moderate level of mental retardation however this is by no means an indication of his true potential. Recommendations: 1. should be placed in a very structured and secure environment where he will receive a great deal of affection and individual attention. 2. A comprehensive therapeutic program should be geared toward the reduction of anxiety and the establishment of more acceptable means of dealing with the anxiety. One should work toward raising extremely low level of frustration tolerance. This will be a very slow process but if carried effectively will be the most successful means of dealing with bizarre behaviors. JCH/MMcS/aw.
11-8-71	From D-3D to Penn Hall I (sleeps on PHI but daytime cottage assignment is D-3) 11-23-71 (daytime cottage assignment changed to U-1)
12-23-71	From Penn Hall I to M-3
12-24-71	From M-3 to U-1 D
12-29-71	From U-1D to Penn Hall I
12-31-71	From Penn Hall I to U-1D
1-2-72	From U-1D to Penn Hall I
1-3-72	From Penn Hall I to U-1D
1-5-72	From U-1D to M-3
1-10-72	Oto-Oral Clinic, Dr. Reddy. Findings: No ENT pathology.
1-13-72	From M-3 to Penn Hall I
1-15-72	From Penn Hall I to U-1
1-16-72	From U-1 To Penn H all I
1-28-72	From Penn H all I to U-1
1-31-72	From U-1 to Penn Hall I
2-4-72	From Penn Hall I to U-1D
2-6-72	From U-1D to Penn Hall I
2-11-72	From Penn Hall I to U-1D
2-13-72	From U-1D to Penn Hall I
2-15-72	From Penn Hall I to U-1D
2-16-72	From U-1D to Penn Hall I
2-18-72	From Penn Hall I to U-1D
2-21-72	From U-1D to Penn Hall I

Pennhurst State School and Hospital

Spring City, Penna.

Name:

CLINICAL PROGRESS NOTES

Dates	
2-25-72	From Penn Hall I to U-1D
2-28-72	From U-1D to Penn Hall I
2-29-72	Psychiatric Evaluation done this date. Diagnosis: 295.8 (DSM-II)
3-3-72	From PHI to U-1 D Schizophrenia, childhood type. Report filed in medical section of chart.
3-5-72	From U-1 D to PHI
3-10-72	From Penn Hall I to U=1D
3-12-72	From U-1D to Penn Hall I
3-17-72	From Penn Hall I to U-1D
3-19-72	From U-1D to Penn Hall I
3-24-72	From Penn Hall I to U-1D
3-26-72	From U-1D to Penn Hall I
3-31-72	From Penn Hall I to U-1D
4-3-72	From U-1D to Penn Hall I
4-7-72	From Penn Hall I to U-1D
4-9-72	From U-1D to Penn Hall I
4-14-72	From Penn Hall I to U-1D
4-16-72	From U-1D to Penn Hall I
4-21-72	From Penn Hall I to U-1D
4-23-72	From U-1D to Penn Hall I
4-28-72	From Penn Hall I to U-1D
4-30-72	From U-1 D to PHI
5-5-72	From Penn Hall I to U-1D
5-7-72	From U-1D to Penn Hall I
5-12-72	From Penn Hall I to U-1D
5-14-72	From U-1D to Penn Hall I
5-19-72	From Penn Hall I to U-1D
5-19-72	From U-1D to M-3
6-5-72	Physical examination performed this date. Dr. Carden See medical section
7-10-72	ENT Clinic, Dr. Reddy. Findings: Enlarged tonsils.
10-17-72	PA 41-R form submitted this date. See Medical Section for Physical Examination and Psychological status.
4-16-73	ENT Clinic, Dr. Reddy. Findings: No ENT pathology.
6-21-74	ENT Clinic, Dr. Reddy. Large tonsils, no treatment at this time. No ENT pathology.

Briefly epitomize physical, neurological, psychiatric, status.

(OVER)

PENNHURST STATE SCHOOL AND HOSPITAL — Progress Notes

PAGE 1

NAME _____ CASE NO. _____

LOCATION Unit V

ALL ENTRIES SHOULD BE DATED, INITIALED AND THE PERSON'S POSITION OR DISCIPLINE INDICATED, EXAMPLE: CCA I, O. T., PSYCH, M.D. ETC.

DATE

October 1971 — Current medications: Multi Vitamins 1 tab. 8 AM
Haldol 2 mg. 8 AM - 12 N - 4 PM - 8 PM

10/15 Flu vaccine 1cc

November 8 Transfered to Penn Hall - will spend weekends and some other time on Unit V

11/9 Very disturbed when returned to D3 for afternoon - wanted to remain in Penn Hall

11/16 To dentist - new order - Vitamin C 100 mg Bid
an apple a day

11/18 Very disturbed in school - returned to ward

11/19 Disturbed - in quiet room

December 28 Very disturbed trying to bite and hit aids while in motor therapy - pushed one aid to floor. Quieter when on cottage

---

January 5 72 Transfer to M3

1/6 Disturbed several times

4/7 Disturbed several times

DATE	
1/13	Very disturbed - moved to C. for the day - transfered to Penn Hall and C.
1/17	Very disturbed - special report
1/18	Very disturbed - special report
1/19	Very disturbed - special report
1/21	Disturbed
1/22	Very disturbed - hit an aide with a toy car - special report (Aide taken to Phoenixville hospital to be checked by dr.)
1/24	Very disturbed in school - hit teacher - returned to cottage x:
1/31	Very disturbed - in seclusion
January 3	Broke window in bed room
2/5	Disturbed - in seclusion
2/11	Diphtheria and tetanus toxoids 0.5 cc
2/15	Disturbed - in seclusion
2/21	Disturbed - in seclusion
March 4	Bit on left upper arm by A. V. - treated - skin intact
3/6	Start Ritalin 10 mg Bid 8 AM - 12 N
3/7	Reduce Haldol to 2 mg Bid x 3 days then discontinue
3/10	Seclusion x1 in AM 12 MN Disrupting other residents - in seclusion - special report
3/28	Change Ritalin to 20 mg. 8 AM 10 mg. 12 N
3/29	Start Thorazine 50 mg. 8 AM - 8 PM

PENNHURST ST. E SCHOOL AND HOSPITAL — Progress Notes

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NAME _____ CASE NO. _____

LOCATION Unit V

PENNHURST STATE SCHOOL AND HOSPITAL
SPRING CITY, PA. 19475

ALL ENTRIES SHOULD BE DATED, INITIALED AND THE PERSON'S POSITION OR DISCIPLINE INDICATED, EXAMPLE: CCA I, O. T., PSYCH, M.D. ETC.

DATE

April 2 6 lbs. weight loss in past month - special report

4/4 Increase medications - Ritalin 20mg. 8 AM - 12 N
Thorazine 100mg 8 AM - 8 PM

4/7 Very disturbed - seclusion

May 16 Disturbed - seclusion
5/17 disturbed - seclusion
5/19 Transfered to M3
5/20 Disturbed entire day
5/23 Very disturbed - seclusion
5/26 Disturbed - seclusion
5/28 Disturbed - seclusion
6/29 Disturbed - seclusion
5/30 Disturbed - seclusion

June 1 Disturbed - special report
6/2 Disturbed - in seclusion - special report
6/3 disturbed - seclusion x 11 - special report
6/4 Disturbed - seclusion
6/6 Disturbed
6/12 Disturbed - seclusion x3
6/17 Disturbed - seclusion

(OVER)

DATE	
6/19	Disturbed-in seclusion
6/20	Disturbed - in seclusion
6/24	disturbed - seclusion x 1
6/25.	constipated - laxative
July 1	Disturbed - seclusion
7/2	Scratches on rt. side of nose - treated
7/10	Ran off ward - seclusion 1/2 hr.
7/12	Disturbed - in seclusion
7/15	Disturbed
7/17	Disturbed - in seclusion
7/18	Disturbed - in seclusion x 3 - Scratches on right shoulder - treated - acc report
7/25	Rash on chest - arms and back
August 8	T.V. - Disturbed - in seclusion
	Disturbed most of day - in seclusion several times
8/17	Disturbed - broke window - small laceration on wrist and hand - treated - acc report.
8/26	seclusion - disturbed
8/28	Disturbed - in seclusion
Sept 2.	disturbed - seclusion
9/14.	self inflicted scratch on neck. Rx. acc. rep.
9/25	T.V. Disturbed - seclusion

PENNHURST ST. E SCHOOL AND HOSPITAL — Progress Notes

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NAME _____ CASE NO. _____

LOCATION Unit V

PENNHURST STATE SCHOOL AND HOSPITAL
SPRING CITY, PA. 19475

ALL ENTRIES SHOULD BE DATED, INITIALED AND THE PERSON'S POSITION OR DISCIPLINE INDICATED, EXAMPLE: CCA I, O. T., PSYCH, M.D. ETC.

DATE

April 2 6 lbs. weight loss in past month - special report

4/4 Increase medications - Ritalin 20mg. 8 AM - 12 N
Thorazine 100mg 8 AM - 8 PM

4/7 Very disturbed - seclusion

May 16 Disturbed - seclusion

5/17 disturbed - seclusion

5/19 Transfered to M3

5/20 Disturbed entire day

5/23 Very disturbed - seclusion

5/26 Disturbed - seclusion

5/28 Disturbed - seclusion

6/29 Disturbed - seclusion

5/30 Disturbed - seclusion

June 1 Disturbed - special report

6/2 Disturbed - in seclusion - special report

6/3 disturbed - seclusion x II - special report

6/4 Disturbed - seclusion

6/6 Disturbed

6/12 Disturbed - seclusion x3

6/17 Disturbed - seclusion

PENNHURST STATE SCHOOL AND HOSPITAL — Progress Notes

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NAME [redacted] CASE NO.

LOCATION Unit V

ALL ENTRIES SHOULD BE DATED, INITIALED AND THE PERSON'S POSITION OR DISCIPLINE INDICATED, EXAMPLE: CCA I, O. T., PSYCH, M.D. ETC.

DATE	
October 7	Disturbed - in seclusion
10/16	Disturbed - in seclusion x2
10/21	Very disturbed - in seclusion - special report
10/30	Very disturbed - in seclusion 45 min - special report
November 8	Very disturbed - in seclusion
11/10	Very disturbed - in seclusion
11/17	Very disturbed
11/18	Very disturbed
11/19	Very disturbed
11/20	Very disturbed - being teased by other boys
11/24	Disturbed - in seclusion
11/21	Bruise inner right thigh - acc. report
December 7	Flu vaccine 0.5 cc
12/9	Very disturbed - in seclusion
12/24	Very disturbed - in seclusion

Medical

PENNHURST STATE SCHOOL AND HOSPITAL
SPRING CITY, PENNSYLVANIA

SPECIAL REPORT

Date Oct. 21 19 72

Case No. Name Ward 5

became upset at 11:00 AM. He started running and screaming through the halls. I locked him in his room, which is a seclusion room, but he started tearing the room apart. (He shares it with another boy). I had to let him out. I put him in the game room. He carried on until 11:20 AM. He stayed at the door. He calmed down long enough to eat. When we came back in the ward he started hitting himself and screaming; then started tearing his clothes. By this time the other seclusion room was empty so I put him in it at 1:15 PM. He continued screaming until 2:30 PM. then I let him out.

multiple vitamin
Ascorbic Acid 100 mg.
Ritalin 20 mg
Thorazine 100 mg.

Reported to Day nurse, Mrs. Stauffer at 1:30 P.M.

Signature Leslie Corley

I believe the above statement to be correct

Directress of Nurses

SEE OTHER SIDE for INSTRUCTIONS

PROGRESS NOTES

Dates	
3/24/72	was very disturbed in the afternoon when he was told he could not go to speech therapy with Ron Rothe. He did not get any better when he was told he could go to the movies & with Ramsey. He was very upset until finally he was told to wait for Rich Weaver. He patiently waited for Rich Weaver. He walked around the ward smiling and saying "Rich Weaver"
3/25/72	was in good spirits early in the morning. He brushed his teeth without any problems. At 9:30 he went swimming with the Villanova volunteers. When he came back at 11:45 he was very disturbed. He screamed all the way to the dining room. However once he was in the dining room he quieted down. Lou Bondi took to O-basement in the afternoon. He brought back at 2:10 PM saying he was too hard to handle. was extremely upset. He ran around the ward screaming for about 20 minutes. He turned run from one corner of the classroom to the

. puts in the center of the lagoon and screamed.
At 2:30 PM he hit Relstrom Dept. . . . in seclusion explaining that everytime he hit someone he would be placed in seclusion. . . . I screamed for about 10 more minutes before quieting down.

4/5/72 " I was very good today. He didn't get upset the whole time he was on the ward. He did not get upset when R. Roth did not take him for speech.

4/6/72 " was good today. He did want to go outside & R. Roth at 1:00 P.M. and screamed when Roth did not take him out. He screamed for a few minutes then settled down. The rest of the afternoon e entertained himself with nothing, it seems, but his hands in front of his face.

/5/72 " was good today. He did not get upset when the volunteers did not take him swimming. Obviously he would have become very disturbed at this.

/13/72 I. " was very good today until 3:00 P.M. when e started screaming wildly.

PROGRESS NOTES

Dates	
~~4/15/72~~	
5/22/72	woke up around 4 A.M. running around screaming. I chased him up and down the halls the rest of the am. He finally quieted down after he ate breakfast. This lasted until we got to M-3. Then he started running up and down the halls until I left. N. Conley
5/23/72	woke up about 3:30 A.M. came up behind me in the linen room and left out a loud whoop, after I recovered from shock I spent the rest of the night trying to keep him quiet. He screamed until around 6:30 A.M. He got into some of the soup rooms and took records and threw them and broke them. - no comment by in somebody's room taking things. N. Conley
5/28/72	was a terror the whole night. He screamed and banged his head on the wall in the dining room, ripped his clothes off while left in U-1, and threw a plate and broke it. This is beginning to be his usual behavior. D. Hetrick CCAI
6/18/72	is absolutely uncontrollable, he certainly needs more than he is getting on M.J.B. It seems ... should done individual attention, and this certainly is impossible w 22 residents E.P.

6/25/72 The past week seems to be a little better on my shift. He is up for a shorter period of time than on the other shifts but he still could cause trouble in huge amounts. I wish there was something we could do for him. He responds briefly to affection and kindness but its hard to tell if it does any good. M. Conley C.C.A.I.

7/6/72 certainly is unpredictable, just about the time you feel he is improving in his behavior somewhat, off he goes!

8/5/72 McKeand seems to be a little more on an even keel. He has been listening much better to me and I think I may have struck up a slight friendship with him. He greets me very enthusiastically

8/2/72 has been going off occasionally again but not as bad as he was before M. Conley

8/9/72

1/20/72 hasn't been going off as often, but at times he can upset the whole ward. He will not stay out of the other boys rooms, and this upsets them a lot. One night, D.F. and J. Del both almost went off because of him. D. Hetrick

1/30/72 is a good kid. I only have trouble with him when he goes into the boys rooms and steals from them. M. Conley

PENNHURST STATE SCHOOL AND HOSPITAL
SPRING CITY, PA. 19475

1/30/72 still continues to ransack boys' rooms, but seems very much quieter and contented these days. EP

Report of Social Information

DUE NOVEMBER 1, 1972

(FOR USE IN INSTITUTIONS FOR THE MENTALLY RETARDED)

NAME OF INSTITUTION	HOSPITAL NUMBER
Pennhurst	
COUNTY	CBA CASE NUMBER
Chester	

NAME (LAST - FIRST - INITIAL)	BIRTHDATE	SEX
Unit V - M-3		[X] MALE [ ] FEMALE

DATE OF ADMISSION 5-21-68

REASON FOR ADMISSION , is an emotionally disturbed boy admitted to our facility for training.

DID PATIENT ATTEND SCHOOL

[ ] At Home [ ] In Institution Last Grade Attended _____ and Age at that Time _____

SPECIAL TRAINING OR SKILLS ACHIEVED

He has been in a school program but not presently. He is in psycho social OT & Speech eventually to be incorporated w School.

PRESENT CAPACITY FOR SELF-CARE (Check)

[✓] Fully Ambulatory	[ ] Partially Ambulatory	[ ] Chairbound	[ ] Bedfast
[✓] Feeds Self	[ ] Needs Help	[ ] Must be Fed	
[✓] Bathes Alone (some help)	[ ] Needs Help	[ ] Must be Bathed	[ ] Bedbath
[✓] Dresses Alone	[ ] Needs Help	[ ] Must be Dressed	
[✓] Continent	[ ] Incontinent of Urine	[ ] Occasionally	[ ] Totally
	[ ] Incontinent of Feces	[ ] Occasionally	[ ] Totally

ACTIVITIES IN THE INSTITUTION

[✓] Social and Recreational [ ] Occupational Therapy [ ] School [ ] Work Assignments (Specify) _____

DESCRIBE NATURE AND EXTENT OF PATIENT'S PARTICIPATION

is a very disturbed boy who becomes very agitated. He is compulsive in his desires such as for cards.
Needs much treatment

PA 62-R - 4-66 (50)

DOES PATIENT LEAVE THE INSTITUTION ☐ For Trial Visits ☐ Vacations

IF SO, DESCRIBE ARRANGEMENT AND PLANS

Does not apply to his family

EVALUATION OF PATIENT'S POTENTIAL FOR

A. Eventual return to community living

Very doubtful at this time due to his need for much training & therapy for his emotional disturbance. Needs supervision.

B. Gainful employment in the community

Same as above

11-14-72
Date

L. Everson
Signature

Caseworker
Title

major problem is in the area of frustration tolerance. It is felt that language difficulties play a large part in his inability to cope with delay and frustration. For this reason, efforts should be continued to increase his ability to use language, and hopefully, to think verbally.

The central paradigm to be employed will be one involving increased delay of reward. For one hour a day, I will be given a cookie provided he has waited a specified length of time since his last reward. Premature responses by the subject will cause the time-out interval to be started over again. The schedule is as follows:

First Day: I is given cookie when he asks for it (he must never be allowed to take one for himself).

Second Day: Timer is pointed out to . He is told that he may not ask for a cookie until buzzer (light, etc.) goes on. If he responds too soon, let him see timer being reset. Set to five minutes on first day. Third and fourth day are the same as second.

Fifth Day: Increase time-out to ten minutes. Increase reward to two cookies. If this 100% increase appears to be too much, due to emotionality, breakdown of behavior, etc., try eight-minute time-out.

Second Week: Increase time-out by three minutes each day. For time-out of 8 to 12 minutes, give three cookies. For time-out of 19 to 25 minutes, give four cookies.

Third Week: Begin with most recent time-out. Increase five minutes each day. If training is proceeding smoothly, remove timer on last day of week, and use regular clock, telling that he may ask for his cookies at the end of the session; point out the starting and ending times of the one-hour session.

It is necessary to have a regular wall-clock in addition to the timer from the start of the training. should be encouraged to note the absolute passage

of time in addition to the progress of his behavioral time-out periods. It is hoped that increasing his awareness of "when things should happen, when he may do something," appropriateness of behavior with respect to time, will generalize to his behavior outside the training situation.

Cookies used as rewards in the training situation should be of a different type than that used to reward language and other behavior, and should be the most preferred type.

Finally, this training must occur in the context of usual play hour. It is necessary that he have a choice of activities alternate to asking for cookies. The cookies, however, must be preferred to the toys. This is easily determined.

Other areas of behavior to come under this plan of behavior management include stereotyped speech and inappropriate social approach, or approach to other persons for instrumental reasons (going to Canteen, sunglasses, cookies, etc.).

In the case of language, he must receive response or encouragement only when he uses language to communicate effectively and appropriately. Under no circumstances is anyone to say the words "dental clinic," "Soupy Sales," or any other of stereotyped phrases, in presence. If he initiates such conversation, simply walk away from him. On the other hand, any social approach by involving appropriate use of language, that is, attempts to communicate needs, wants, and ideas, should be warmly encouraged, and always noticed, no matter how busy you are. Above all, if he wants something, make him tell you what he wants. He is capable of it, if you are patient. This cannot be stressed enough. Don't let him drag you around by the hand.

Other forms of inappropriate behavior involve running into rooms downstairs

without being invited, in order to look for cookies and candy; mussing up people's hair; and other acts possessing nuisance value. These may be unlearned if: 1. He is never rewarded for them and, 2. The behavioral set preceeding the act is always disrupted by a loud noise and a shove, anything to cause an ANS reaction. Therefore, keep cookies well hidden, and make a list of what he does (bad) in each stimulus situation, so that the earliest cues preceeding such unwanted behavior may serve as the Therapist's signals to startle [redacted], thus disrupting the presumed ~~outgoing~~ ongoing set.