

July 17, 1980

SUBJECT: Dr. Clements Report

TO: George A. Kopchick, Jr.
SuperintendentFROM: J. Gregory Pirmann
Special Assistant to the Superintendent

I have investigated the Quaker Hall II situations touched on by Dr. Clements in his recent report. I have discovered the following:

Client R.G. is a 6'2" man, who weighs 166 lbs. He has a history of assaultive behavior towards staff and his peers. His current medication regimen is as follows.

Stelazine 10 mgm BID
Benadryl 50 mgm TID
Valium 5 mgm TID
Haldol 5 mgm BID
Prolixin Enanthate 2.5cc q 10 days
Multivitamins 2 tabs O.D.
Sustacal Pudding TID
Meritene TID

The two dietary supplements are intended to prevent weight loss, due to hyperactivity (Question: Can an "overdrugged" person be so hyperactive that he requires a double serving at each meal and nutritional supplements?). The medication regimen has essentially been constructed by Dr. Konia. R.G. is still an active client of the Psychiatric Clinic and is seen and re-evaluated every 6 to 8 weeks. Programmatically, there is a three-step intervention designed to eliminate and control R.G.'s abusive behaviors. The steps are: 1.) engage him in other, competing behaviors; 2.) relaxation techniques if agitation persists; 3.) time-out in a locked room if assaultiveness is uncontrollable otherwise until he calms for 15 minutes or for a period not to exceed one hour. Additionally, other programs are undertaken to improve his interpersonal skills with his peers, reduce his self-isolation and improve his self-care abilities. I was informed by R.G.'s primary aide that the new program coordinator is in the process of designing other programs for R.G. For one, he has recently been hired as a Resident Worker (B). He has resided on Quaker Hall II since April. The existing programs were carried over from his previous residence on Devon Hall IV.

In reviewing the other eleven clients on Quaker Hall II, I learned the following:

- 1.) All are adult males with histories of aggressive behaviors dating back over many years.
- 2.) All have active behavior modification programs dealing with their primary problem, their aggressive behaviors.
- 3.) All have other existing programs designed around a variety of needs, ranging from self-care through vocational assignments.

4.) Ten of the eleven receive psycho-active medication as follows:

- J.B. - Anti-convulsants only.
- M.E. - Benadryl 50 mg BID, Haldol 20 mg BID; Prolixin 2cc q 14 days.
- W.D. - Mellaril - (staggered dosages including a weekly therapeutic rest), Serax 15 mg BID.
- H.H. - Prolixin 5 mg BID; Benadryl 50 mg BID.
- J.K. - Mellaril 300 mg BID; anti-convulsants.
- C.K. - Vesprin 200 mg BID; Haldol 10 mg BID.
- G.K. - Haldol 20 mg BID.
- R.M. - Mellaril 200 mg BID; anti-convulsants.
- A.M. - Benadryl 25 mg BID; Prolixin 1.5cc q 14 days.
- J.O. - Mellaril 400 mg OD; 300 mg OD.
- W.T. - Benadryl 50 mg BID; Stelzine 15 mg BID; Thorazine 200 mg BID.

I hope this information is helpful. If you have any questions, please call.

JGP/sjm

cc: Linda Willis
John Waldspurger