

NOVEMBER 22, 2005: PSYCHOSOCIAL HISTORY

SOURCES OF INFORMATION: The patient was interviewed on the ward, and by telephone I spoke with his case manager, Roger Kalman, telephone number 541-682-7546, and his grandmother, Gladys Giffen, telephone number 541-747-7623. Documents referenced include Law Enforcement Data System (LEDS) reports, court order, the revocation order, and Oregon State Hospital (OSH) records.

BIOGRAPHICAL DATA: Mr. Giffen is a 20-year-old white never-married male with a sixth-grade education who was admitted to OSH for the second time on 11/22/05, with his last admission having been an aid and assist from 6/30/04 to 12/16/04. He currently enters OSH as a revocation under the Psychiatric Security Review Board (PSRB). Mr. Giffen's instant offense was Unlawful Use of a Weapon for which he was given five years under the PSRB in Lane County by Judge Lauren Holland on 3/2/05. The instant offense involved his threatening his grandmother with a knife.

Mr. Giffen reports that upon leaving OSH he spent a few days in jail and was then released to the custody of his grandfather, with whom he lived in the interval. His grandmother moved out of the home and lived with her daughter so that the patient would have somewhere to stay. He remained with his grandfather until he was adjudicated in court, and during that time he managed to travel with his father and sister to Baker City for Christmas where they visited the patient's mother.

The computer indicates that the patient resided at Royal Avenue Shelter from 3/18/05 to 5/4/05 and from 5/6/05 until revocation he lived at William Ware Halfway House in Eugene; the address is 910 Jefferson Street, Eugene, Oregon 97402, telephone number 541-686-8438. While living there he had individual weekly sessions with his case manager, weekly PSRB group for an hour and a half, his medications were supervised for administration, and he met with a prescriber monthly. The William Ware Halfway House has resident meetings, house social activities a couple of times per week, and there are household chores which take three to five hours per week. According to Mr. Kalman, the patient's diagnoses included psychotic disorder, not otherwise specified, along with personality disorder traits. Medications included Seroquel, Cymbalta, Wellbutrin, and tetracycline.

Mr. Giffen has been described as having ongoing suicidal ideation and has made attempts at times. Other symptoms are anxiety, depression, and withdrawal. He has cut on himself. He has been said to have an anger problem and possibly an obsession regarding knives. He does admit to having cut on himself several times while at William Ware Halfway House with a razor. He informs John Meyer, MD, that he has had thoughts of cutting,

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DOCUMENTATION - GENERAL
OSH-STK - 03827 - MR 5 - 12/2003
MR 62-00-0778-00

File: Social Work Assessments

PSYCHOSOCIAL HISTORY

GIFFEN, Todd Michael

70380

48B - FPS - SALEM

1

FR/rp

05-11-22.PSH/O80.WRD/70380

PSRB# 05-2/00
Exhibit # 20
Page 1 of 7

NOVEMBER 22, 2005: PSYCHOSOCIAL HISTORY

hanging, consuming antifreeze, and taking pills. Dr. Meyer's diagnoses are depressive disorder, not otherwise specified; attachment disorder, severe; schizotypal personality disorder; cardiac dysrhythmias; and history of temporomandibular joint (TMJ) syndrome. Dr. Meyer prescribed on admission tetracycline, paroxetine (Paxil), buspirone, dextroamphetamine, and Risperdal.

PROBLEMS PRECIPITATING ADMISSION: The revocation order was dated 11/18/05 and it indicated a telephone conversation on 11/17/05 with Roger Kalman, case manager, who recommended revocation regarding mental health deterioration. He said the patient was experiencing depression and suicidal ideation and had been for many months, and had been working with Lane County Mental Health regarding these issues. Suicidal thoughts had increased in intensity in the past week. On 11/16/05 Mr. Kalman was contacted by Springfield Police who said the patient had been taken to Sacred Heart Medical Center after an apparent suicide attempt. The patient told the physician at the hospital that while visiting his grandparents he took several different prescription medications because "things have not been going well in the past." Salem Hospital notes indicated that the patient needed a longer period of hospitalization than they were able to provide at the local hospital, so they recommended revocation to OSH.

In interview with the patient, he indicates that he got upset a few days prior to this incident. His advocate the week before was talking to him and said something about not caring. His group went on a field trip to the coast on 11/16/05 and he felt uncomfortable. He called his case manager saying he was not going to stay at the group home. He says he told his grandmother that he had just overdosed on a bunch of medications and "you don't even care." He said she did not do anything and she does not care. She had previously wanted to put him up for adoption and she had a history of doing nothing when she knew that he was being abused by his father's girlfriends. The patient also admitted having had a girlfriend, another mental health client, for a day or so before she dumped him and he was anxious and depressed.

In discussion with Roger Kalman, he indicates the patient has a history of being neglected and has borderline dynamics, i.e.; abandonment, depression, dependence, and he is not capable of self-activation. He has been determined to suicide and they have had safety contracts signed weekly. He has withdrawn and been avoidant. He has social phobias and is awkward socially. At times he can be funny and relaxed but is usually mute and scared without hope that things will ever get better. The patient has shown some motivation, particularly around education, and when told he needed 20

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2

FR/rp

05-11-22.PSH/O80.WRD/70380

PSRB# 05-2100
Exhibit # 20
Page 2 of 7

NOVEMBER 22, 2005: PSYCHOSOCIAL HISTORY

hours of structured activity he enrolled in GED instruction and was doing well in GED classes. Regarding treatment, he is often mute, at least initially in individual sessions, but then may talk okay. He is particularly scared and quiet in groups and hates to attend them.

INSTANT OFFENSE: The instant offense involved the patient grabbing and threatening his grandmother with a knife. He told her it was time for her to die. The grandmother had the sense that the patient was upset about the dinner she had made, although he denies this. He became angry and threw a box fan across the room. He tipped over chairs, went to his room, and returned with a 13-inch knife, which he held high when he grabbed her and threatened her.

In interview, the patient speaks of the instant offense saying that he came out of his room with the knife and that he had kept the knife in his room. He said his grandmother was not responsive to his gestures, and then said, "What did I ever do to you?" He says that his thought was, "What did you ever do for me?" He felt that she did not care when he had been abused previously or when he dropped out of school. He said she just turned and walked outside and called the police from the neighbors. The police then stormed the house and searched rooms until they got to his and ordered him to surrender the knife.

BACKGROUND INFORMATION: Mr. Giffen was born in Cottage Grove, Oregon, and his parents divorced when he was a baby. He lived with his father, whom he says was abusive, both physically and emotionally, and he had girlfriends and wives who were especially abusive to him. In the fifth grade he spent a few months with his mother and then he and his father went to Arizona. In mid-sixth grade the father sent him to Oregon to his aunt's home, and by the end of the sixth grade he went to his grandmother's home and he has lived there since. He dropped out of school after the sixth grade, by his account, but his grandmother reports that he completed the seventh grade. The grandmother reports that education officials and others threatened the grandparents because he was not attending school in accordance with the law. He was assigned a special education teacher whom he worked with for awhile and also received therapy from a psychologist. He apparently has worked at Lane Community College towards his GED since and at one point he passed all of the tests except one, a writing test, which he did not understand. Mr. Giffen has never worked except he did have a paper route which lasted one week. At home he tended to isolate himself and not go out of the house. He basically locked himself into a closet and subsequently his grandfather bought him a computer, which he became very involved in and reportedly is very expert at using. He informed Dr. Meyer that he runs his

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3

FR/rp

05-11-22.PSH/O80.WRD/70380

PSRB# 65-2100
Exhibit # 20
Page 3 of 7

NOVEMBER 22, 2005: PSYCHOSOCIAL HISTORY

own server and manages an Internet-based chat room where he meets his "only friends." He has never had girlfriends and recently at the group home had one very briefly before she rejected him. Other interests he has reported besides computers and computer games include cartoons, horror and sci-fi movies, and he likes animals, e.g.; dogs, rats, and iguanas.

Regarding family, the patient's mother, whom he has had little contact with in his lifetime, he says lives in Baker City. He last saw her around Christmas. She has problems with methamphetamine and with violating her probation. The patient's father, Donald Arthur Giffen, lives in Arizona and is a truck mechanic. He, as stated, was reportedly abusive in raising his son, but also passively allowed his girlfriends or wives to physically and emotionally abuse the patient. The patient's grandfather, Clyde Giffen, is about 62 years of age and is a retired truck driver. According to the patient, he reads the Bible, has a disabled arm, and uses alcohol occasionally. The patient perceives both his grandparents as being emotionally abusive, though it appears they have done a lot for him. His grandmother is Gladys Giffen. She reportedly is a housewife, does not use alcohol, and she reports that she suffers from ongoing problems with depression. Siblings are two brothers, Shelton Smith (age 18), who reportedly has bipolar disorder, lives in Eugene, is applying for Supplemental Security Income (SSI), and was recently kicked out of a foster home. His other brother is Stetson Giffen, who lives in Cottage Grove with his mother. Stetson is the youngest child in the family. There are two sisters, Sherri (age 15), who lives in Eugene with her father, and Tiffany (age 17), who lives in another state.

HISTORY OF ILLNESS: Mr. Giffen was at OSH from 6/30/04 to 12/16/04 as an aid and assist and was at the Johnson Unit in Eugene just prior to coming to OSH this time, i.e.; from 11/17/05 to 11/22/05. He previously was a voluntary there from 7/18/05 to 7/26/05. While at OSH as an aid and assist he was prescribed olanzapine, Ritalin, and Paxil (paroxetine).

Regarding the onset of illness, he first notes having had problems with the police around age 13. He describes an incident when visiting friends. He and the girls in the family were out in the woods and the patient got stuck in the mud and kids were yelling and screaming and they came and pulled him out, leaving his boots stuck in the mud. He says it was like quicksand. He ran off to the neighbor's back yard and the police were called and he told them he was suicidal and he spent a few hours at Roseburg Hospital regarding self-harm. He describes being in lockup on two or three occasions. He has reported being abused as a child, and his grandparents verify this, saying that the patient's father's girlfriends and wives locked him in the house,

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4

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PSRF# 05-2100
Exhibit # 20
Page 4 of 7

NOVEMBER 22, 2005: PSYCHOSOCIAL HISTORY

punched him, verbally abused him, etc. One of these women reportedly poured dish soap down his throat, beat him, and put him in a diaper and closed him in the crawl space under the house. He has a long history of isolating himself. His grandmother reports that he crawled throughout the house and would hide to the point of sitting very still pretending not to be there if she entered a room. He has been described as having cut on himself and having ongoing suicidal ideation, anger problems, and an obsession with knives. He is unable to explain to me the use of knives but does admit having kept several kitchen knives in his room. His grandmother indicates he basically locked himself in his room and his grandfather bought a computer for him which he became extremely involved in. His grandmother acknowledges that he was abused from an early age and that she has some guilt for not having asked for custody of the child sooner. She reports that for many months the patient had poked a knife point through her clothes in a threatening fashion just prior to the instant offense. She says that he plays a lot of head games and will then say, "Oh, no, just kidding."

Regarding the patient taking the prescription medication causing the revocation, he reportedly fought over the medication with the grandfather. He unplugged the telephone and stated, "Well, this should put me in a coma." She describes him as being "out of it" mentally at times, walking around the house with a knife and showing it, and told her "you'd better start locking your bedroom door at night."

Therapy at the group home has included the expectation that he participate in a social life, e.g.; he has gone to the mall and movies with siblings.

He has a long history of seeking treatment and has been involved with Lane County Mental Health and White Bird Clinic. He does not have a history of substance abuse. He apparently has taken selective serotonin reuptake inhibitors (SSRI) medication without major benefit.

Regarding suicidality, he reportedly cut on himself several times at the William Ware Halfway House with a razor. He was self-injurious at least three times while a patient at OSH. He had thoughts of suicide in jail after his arrest, thinking of jumping off of a height or dehydrating himself. In interview with Dr. Meyer, he said he had thoughts of hanging, cutting, and consuming antifreeze and pills. On one occasion he is said to have taken 30 Vicodin tablets and on another occasion he attempted to use a trouser drawstring to hang himself off of a bunk while at OSH.

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5

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PSRP: 05-2100
Exhibit # 20
Page 5 of 7

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Regarding sexual abuse, the patient has reported being abused on multiple occasions by a 13-year-old female, his father's girlfriend's niece, when he was 4 or 5.

Physically, at one point he was thought to possibly be anorexic as he had lost 70 pounds. This does not seem to be a problem currently, and in fact he may have gained too much weight possibly due to psychotropic medications. He also has reported having TMJ syndrome since age 17.

VOCATIONAL ASSESSMENT: Mr. Giffen really has no work history. He did have a paper route for one week, by history. His current goal is to complete his GED. Hopefully, he can be involved in sheltered vocational work as a patient at OSH in preparation for possible employment in the future.

PRESENT SUPPORT SYSTEM: The patient's primary support person is his grandmother, Gladys Giffen, at 405 West Centennial Boulevard, Springfield, Oregon, telephone number 541-747-7623. He talks with his grandmother by telephone daily. His mother is in Baker City, Oregon. He has siblings with whom he has probably interacted more than he lets on. I would anticipate the patient will continue his contact with his grandmother while he is a patient at OSH.

FINANCIAL: He reportedly receives SSI of \$579 per month and has had the Oregon Health Plan while in the community. He indicates that while at William Ware Halfway House he only received \$129 per month and he is hoping to figure out how to get more spending money as he hates to rely on his grandparents too much for money regarding clothes, pop, toiletries, and a \$60 per month cell phone bill. I am not aware of any savings or debts.

CURRENT IMPRESSIONS, STRENGTHS AND NEEDS OF PATIENT: Mr. Giffen comes to OSH as a revocation of conditional release. He was conditionally released from court on 3/2/05 and has lived in Lane County supervised group home settings since that time. His revocation to OSH regarded his having made a "suicide gesture" by taking prescription medications belonging to his grandparents, following which he was treated at the Johnson Unit in Eugene before coming to OSH. Mr. Giffen appears to have borderline personality traits in that he is dependent and yet has anger, feeling that his grandparents and/or others do not care for him and show that in their behavior. He has ongoing suicidal ideation and needs to be kept safe while at OSH. He has extremely low self-esteem and treatment should involve esteem-building activities and exercises. Getting him involved in employment could be quite helpful along with socialization via various groups, etc. He is extremely socially shy and it may take quite a bit of

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6

FR/rp

05-11-22.PSH/O80.WRD/70380


PSRP# 05-2100
Exhibit # 20
Page 6 of 7

NOVEMBER 22, 2005: PSYCHOSOCIAL HISTORY

effort in relationship building to get him to become involved in both individual therapy as well as numerous groups.

Strengths of the patient are that he is very bright. He is undereducated and, according to the teacher, likely can complete his GED in relatively quick order as a patient at OSH. He does have supportive grandparents but he undervalues their support. Needs are to develop, as indicated, self-esteem and self-direction in life so that he can grow into becoming a successful self-supporting adult.

INTERVENTIONS AND DISCHARGE PLANNING: As social worker, I will work with the treatment team to develop an appropriate Treatment Care Plan. I will assist the patient in maintaining contact with his grandparents and his community case manager as appropriate. Mr. Giffen needs to develop relapse prevention skills regarding his ongoing suicidality and to develop motivation and involvement in life and his own treatment plan. When it is felt he is safe for returning to the community, he likely would be placed in a supervised structured group home in the community. He has been told that it might be the Paul Wilson House, which is a locked facility, and he is not totally adverse to going there. He has concerns about how much spending he might have, how much privacy he would have, and whether there is Internet access. These are issues that can be explored with the patient closer to discharge. Lane County Mental Health would be the community mental health provider. He would have SSI and the Oregon Health Plan for financial and medical support. Prognosis for success here at OSH appears guarded due to his ongoing suicidality. He does have a lot of potential, however, and assuming he can be kept safe and he responds to treatment and self-esteem building, he potentially could become a capable, self-supporting member of society at some point in the future.


Frank Rutschman, LCSW/rp

D. 12/1/05
R. 12/1/05
T. 12/13/05

cc: PSRB

PSRP# 05-2100
Exhibit # 20
Page 7 of 7

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Frank Kuchman, LSW/TP

B. 12/1/05
R. 12/1/05
T. 12/13/05

cc: PRR

PRR# 02-5100
Exhibit 20
Page 7 of 7

CLINIC: Todd Michael

70388

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7

02-11-22 PRR#080.WRP#70388



INVESTIGATION - GENERAL
SUBJECT - (b)(7) - (D)
RE: 02-000000

File: Social Work Assessment

PSYCHOSOCIAL HISTORY