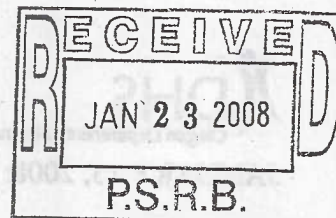


JANUARY 15, 2008:

**PHYSICIAN PROGRESS NOTE**



**SUBJECTIVE:** Mr. Giffen was placed in seclusion and restraints two times over the weekend. The first incident occurred on January 11, 2008, and reportedly, he was on the phone, and when he got off the phone, he began to threaten his one-to-one. When staff were called to escort him to his room, he took a swing against staff.

On January 12, 2008, the patient on a one-to-one constant, closed the door to his room. When staff attempted to open it, he yelled "close the door and get the F out of here, or I'll beat the F out of you." He did not accept cues to leave the door open and threatened to harm staff and spit at staff and was placed into restraints.

I did a lengthy session with Mr. Giffen this morning to discuss his thinking, emotional and behavioral patterns. He did seem more receptive today, particularly when we used a computer analogy of software, hardware, and macros to review how he has been doing. Mr. Giffen became quite tearful at one point as we discussed how his difficult upbringing may be contributing emotionally to his behavior as an adult. He seemed to engage in a behavioral pattern in which he does not want to "give in" or allow any control to be taken from him. For example, he will engage in a behavior, and then appear to test staff to see what their next step will be. He seems to know what the next step will be, but engages in this behavior anyway to determine what will happen next. He becomes locked into this behavioral escalation to the point that it has ended up in seclusion and/or restraints.

Mr. Giffen did stop taking his Effexor medication over the weekend. We had had a medication written signed agreement in which he said that he would not stop taking his medications unilaterally, but would always discuss stopping his medications before actually stopping them. We reviewed this agreement, and he did agree to follow this agreement in the future. We will leave him off the Effexor at this point as he reports that he feels it was disrupting his sleep and causing him to feel more agitated.

**OBJECTIVE:** Mr. Giffen appears somewhat disheveled. He made some eye contact today. He was tearful at times during the course of the interview, keeping his head down for the most part. He does not endorse current suicidal thoughts, plan or intent to harm himself. He does not endorse current psychotic symptoms.

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OSH-STK - 03827 - MR 4 - 6/2002  
MR 62-00-0778-00

File: Treatment Plan IDT/MD Notes

PHYSICIAN PROGRESS NOTE

GIFFEN, TODD MICHAEL

70380

48C - FPS - Salem

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MD/tt

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PSRB# 05-2100  
Exhibit # 31  
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Oregon Department of Human Services

## OREGON STATE HOSPITAL

JANUARY 15, 2008:

### PHYSICIAN PROGRESS NOTE

#### IMPRESSION AND PLAN

#### DIAGNOSES (DSM-IV-TR/ICD-9-CM)

Axis I      Mood disorder, not otherwise specified  
              Anxiety disorder, not otherwise specified  
              Posttraumatic stress disorder

Axis II      Borderline personality disorder

Mr. Giffen appears to be engaging in old emotional/behavioral patterns in which he will engage in behavior which results in staff having to set limits, which will then escalate the behavior further. Logically, he knows that this is going to happen, but emotionally, he goes down these pathways quite readily. The other pattern that he has is that when he starts to have problems, he stops talking, becomes more withdrawn, and starts to give up. This appears to be the pattern that he is engaging in currently; however, he was receptive today to start to look at this pattern, and hopefully we will start to be able to do some treatment around these issues, so that these patterns will abate over time.

We did discuss medications today. We will start him on Seroquel 25 mg in the morning and 50 mg at bedtime to hopefully help with this downward spiral that he has entered into. We again discussed the fact that we have to be careful with medications; if we follow his day to day emotional patterns, we will be starting and stopping medicines rapidly, which is not in his best interest. Mr. Giffen will be left on his one-to-one at this juncture as it does not appear to this writer that he is emotionally stable enough at this juncture to be off of one-to-one without engaging in further difficulties.

Michael P. Duran, MD /tt

D. 01/15/08

R. 01/15/08

T. 01/15/08

cc: PSRB

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70380

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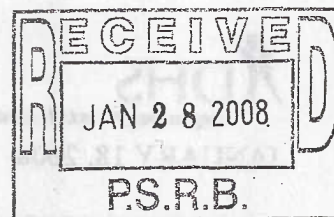
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PSRB# 05-2100  
Exhibit # 31  
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JANUARY 18, 2008:

**PHYSICIAN PROGRESS NOTE**



**SUBJECTIVE:** Mr. Giffen has had a calm last couple of days. He has been noted to be more cooperative, his affect has been not as sullen, and he has not had further behavioral problems. I did meet with him today for about an hour. We again went over his behavioral patterns and the fact that when he gets upset, he appears to go into a slow burn anger mood where he stays angry for days on end which makes him more prone to having further behavioral outbursts. One thing that became clear during the interview today is the fact that Mr. Giffen has a difficulty processing information and concepts need to be explained in a simple fashion and he needs to be asked his understanding of them to make sure that he got the concept that you are trying to discuss.

We had a lengthy discussion concerning safety issues. Mr. Giffen maintains that he is not having any suicidal or homicidal thoughts, plan or intent to harm himself or others at his juncture. We talked about ways to relieve his stress should he start to feel upset again and he seemed receptive to this feedback.

We have been using an analogy in which we talk about the fact that he has "macros" which are automatic software routines which get set into gear when he becomes upset. We are working on him being able to reset "himself" so that he does not stay in anger modes for significant periods of time as this only leads to further behavioral problems for him. Mr. Giffen does not note having side effects from his medications currently, but did request that we check his vital signs as he is concerned that maybe his blood pressure has gone up because he is on Effexor.

**OBJECTIVE:** Mr. Giffen made reasonable eye contact today. He was mildly tearful at times. He did express frustration at concepts being explained too quickly and him not understanding them. This feedback was given in a polite manner and he was receptive to having concepts re-explained to him. He does not endorse current psychotic symptoms. He does not endorse current homicidal or suicidal thoughts, plan or intent of harming self or others.

**IMPRESSION/PLAN:** Mr. Giffen does appear to be stable in the last couple of days. I did talk with staff about whether they have seen any indication of unsafe behaviors and none have been indicated in the past several days. We will discontinue his 1:1 precautions at this time and place him on close observation. He did make the request to have vital

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70380

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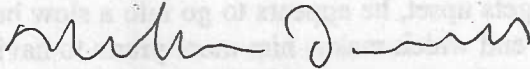
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JANUARY 18, 2008:

**PHYSICIAN PROGRESS NOTE**

signs checked regularly and I will do this for the next week and we will move him minocycline dose to bedtime as he feels it is more effective if dosed in this pattern. I gave him a sleep log to fill out to monitor his sleep on a regular basis.



Michael P. Duran, MD /ls

D. 01/18/08

R. 01/18/08

T. 01/22/08

cc: PSRB

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70380

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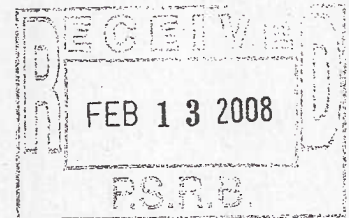
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JANUARY 30, 2008:

**PHYSICIAN PROGRESS NOTE**



**SUBJECTIVE:** I met with Mr. Giffen for about 45 minutes today. He has been off of close observation for the past week and has not had any further significant behavioral incidents since being taken off of close observation. He has made a written request to be able to review his chart, and we did discuss this in his meeting today. This request will be granted and he will meet with his case monitor to go over his chart.

I will need to discuss with Mr. Giffen however the fact that historically if he reads his chart, apparently he may start to target a staff member who wrote something that he did not like and we will need to discuss this so that this pattern is not repeated.

In today's meeting, we did go over two past psychotherapies that he has had, and the issues of boundaries. These were discussed at length today in our meeting.

**OBJECTIVE:** Calm and cooperative. He was tearful at times, but reports that his mood is currently euthymic. He does not endorse current auditory or visual hallucinations or suicidal thoughts. Thought process was goal-directed.

**ASSESSMENT/PLAN:** Mr. Giffen does appear to have some personality and characterologic issues that have caused difficulties for him over the long term. We are beginning to engage in psychotherapy to try to work on these issues. One of the precautions that I have mentioned to Mr. Giffen is that he tends to want to withdraw when he starts to reach areas that are uncomfortable for him emotionally, and we will need to try to stick through psychotherapy to work on these issues. His medications appear to be relatively stable at this juncture. No medication changes are necessary at this point.

*Michael P. Duran MD*

Michael P. Duran, MD /tt

D. 01/31/08

R. 01/31/08

T. 02/04/08

cc: PSRB

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70380

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JDHS

OREGON STATE HOSPITAL

FEB 18 2008

PHYSICIAN PROGRESS NOTE

JANUARY 30, 2008

**SUBJECTIVE:** I met with Mr. Giffen for about 45 minutes today. He has been off of close observation for the past week and has not had any further significant behavioral incidents since being taken off of close observation. He has made a written request to be able to review his chart, and we did discuss this in his meeting today. This request will be granted and he will meet with his case manager to go over his chart.

I will need to discuss with Mr. Giffen however the fact that historically if he reads his chart, apparently he may start to target a staff member who wrote something that he did not like and we will need to discuss this so that this pattern is not repeated.

In today's meeting, we did go over two past psychopharmacology that he has had, and the issues of boundaries. These were discussed at length today in our meeting.

**OBJECTIVE:** Calm and cooperative. He was tearful at times, but reports that his mood is currently euthymic. He does not endorse current auditory or visual hallucinations or suicidal thoughts. Thought process was goal-directed.

**ASSESSMENT/PLAN:** Mr. Giffen does appear to have some personality and characteristic issues that have caused difficulties for him over the long term. We are beginning to engage in psychotherapy to try to work on these issues. One of the precautions that I have mentioned to Mr. Giffen is that he tends to want to withdraw when he starts to reach areas that are uncomfortable for him emotionally, and we will need to try to work through psychotherapy to work on these issues. His medications appear to be relatively stable at this juncture. No medication changes are necessary at this point.

*Michael P. Dunn*  
Michael P. Dunn, MD, M

T 02/04/08  
R 01/31/08  
D 01/31/08

cc: PSRB

DATE: 02/04/08  
TIME: 1:00 PM  
LOCATION: 1000  
NURSE: J. Giffen

MR 62-00-0778-00  
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DOCUMENTATION - GENERAL

File: Treatment Plan IDTMD Notes  
PHYSICIAN PROGRESS NOTE

GIFFEN, TODD MICHAEL

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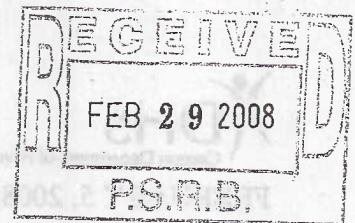
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FEB 18 2008  
FEB 18 2008





FEBRUARY 5, 2008:

**PHYSICIAN PROGRESS NOTE**

**SUBJECTIVE:** Mr. Giffen put in a Level I request last week and this was granted in this inter-shift meeting today. Overall, Mr. Giffen has been more stable on the unit. He has not been in seclusion and restraints now since January 12, 2008. Mr. Giffen is now talking much more about what he needs to do in order to be transferred and is wanting to do what he needs to do to make this happen.

Mr. Giffen has put in a request to review his chart. I went over this request with him today and discussed the fact that he has had a past history of targeting staff when he feels that they do something that he does not like. We reviewed the fact that there may be stuff written in his chart that he does not like and that this is a chance for him to do some treatment about these issues and actually not target staff and handle it in a different way. He has reviewed his chart on several occasions in the past. We will set up an appointment with him and his case monitor to review his chart, probably on Monday of next week.

**OBJECTIVE/MENTAL STATUS EXAMINATION:** The patient has adequate grooming and hygiene. He maintained some eye contact today. He reports that his mood is better. He was somewhat tearful during the interview at times when discussing the fact that he was sorry about his behavior on the unit in the past month and was hoping that it would improve. He does not endorse current suicidal or homicidal thoughts.

**ASSESSMENT/PLAN:** Diagnoses on Axis I are mood disorder, not otherwise specified; anxiety disorder, not otherwise specified; posttraumatic stress disorder; and on Axis II is borderline personality disorder. For clarification sake, the reason that Mr. Giffen continues to have diagnoses, not otherwise specified, is that he does appear to this writer to have these types of issues (mood and anxiety) which are beyond the scope of just having posttraumatic stress disorder. He does not meet full criteria for major depressive disorder and he does not meet diagnostic criteria for social anxiety, panic disorder, or generalized anxiety disorder. He does have facets of generalized anxiety disorder and social anxiety disorder but does not meet full criteria. It is because of this that he continues to have not otherwise specified diagnoses and it is not apparent to this writer that this will be able to be clarified much further as he does not meet full criteria for other diagnoses.

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File: Treatment Plan IDT/MD Notes

PHYSICIAN PROGRESS NOTE

GIFFEN, TODD MICHAEL

70380

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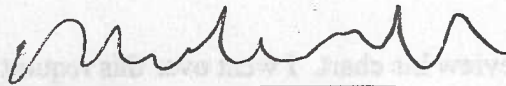
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FEBRUARY 5, 2008:

**PHYSICIAN PROGRESS NOTE**

Mr. Giffen does appear to be somewhat more stable in the past few weeks and hopefully this will continue. Michael Duran, MD, continues to meet with Mr. Giffen on a weekly basis to do individual psychotherapy. The issues that we are dealing with currently are mostly focused on interpersonal boundary issues.



Michael P. Duran, MD /rp

D. 02/05/08

R. 02/05/08

T. 02/06/08

cc: PSRB

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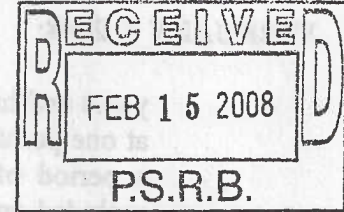


Oregon Department of Human Services

# OREGON STATE HOSPITAL

FEBRUARY 8, 2008:

## TREATMENT TEAM REVIEW



### MEMBERS PRESENT

Michael Duran, MD, Physician  
Eric Bergreen, PsyD, Psychologist  
Petr Lokotkov, LCSW, Social Worker  
Guia Peteros, RN, Mental Health Registered Nurse  
Joanne Trczinski, BA, Mental Health Specialist  
Todd Giffen, Patient

### MEDICATIONS

Artificial tears two drops both eyes b.i.d.  
Minocycline 100 mg p.o. at bedtime  
Quetiapine 100 mg p.o. at bedtime, 25 mg p.o. mornings  
Venlafaxine 225 mg p.o. daily  
Multivitamin one p.o. daily

### PROBLEM LIST

1A TODD HAS BEEN DIAGNOSED WITH PSYCHOTIC DISORDER, NOT OTHERWISE SPECIFIED, POSTTRAUMATIC STRESS DISORDER, AND DEPRESSIVE DISORDER, NOT OTHERWISE SPECIFIED.

He has recurrent symptoms of depression that is at least partly related to his history of trauma and subsequent difficulties with interpersonal relationships. These difficulties have at times led to suicidal thoughts, gestures, and attempts. He does not appear to be experiencing symptoms of psychosis at this time.

We went through Mr. Giffen's Treatment Care Plan with him in detail today. We reviewed all of his Short-Term Goals and are both problem areas, assessed each one of his goals, asked for his input, and made changes.

Short-Term Goal #1: Todd will take medications daily as ordered for 60 days.

For the most part, Mr. Giffen has been cooperative with taking his medications according to plan. Dr. Duran did write down a formal written medication plan with Mr. Giffen as he has had erratic adherence to medications over the last couple of

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TREATMENT TEAM REVIEW

GIFFEN, TODD MICHAEL

70380

48C - FPS - Salem

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FEBRUARY 8, 2008:

**TREATMENT TEAM REVIEW**

years and has been on a large number of medications during that time. Mr. Giffen at one point in the last reporting period did stop taking his Effexor suddenly during a period of time when he was having some significant difficulties with being secluded and restrained. Dr. Duran did meet with him and he now is taking his medications as planned, and has not had further problems with this. We will continue this treatment team goal.

Short-Term Goal #2: Todd will identify three symptoms of his mental illness and two warning signs that his illness is becoming active within 90 days.

We did discuss this with Mr. Giffen in his treatment team meeting today. He had some difficulty being able to verbalize symptoms and warning signs and felt confused about the distinction between these two concepts. We talked with him about the fact that perhaps it is not that important to recognize the distinction between symptoms and warning signs, but be able to recognize when he is having problems that may lead him to having further problems. Things that he noted that do result in him having problems is when he becomes more isolative and experiences more anxiety. We also discussed the fact that he has significant trouble putting words to how he is feeling emotionally, and this may also be a signal to him that problems are starting to brew. We will continue this Short-Term Goal in the next reporting period.

We did discontinue Short-Term Goal #3 and Short-Term Goal #4 as they are not a particular area of focus in our treatment with him currently and we did reword these goals.

Short-Term Goal #5: Todd will be able to read and complete a Harry Potter book by his next treatment team meeting. The reason for adding this Short-Term Goal is that Mr. Giffen is interested in utilizing reading as a recreational activity to help with his stress. He has had some difficulty in the past completing tasks and is wanting to try to work on something in a focused way in order to complete a task.

Short-Term Goal #6 (New): Todd will be able to take more of a leadership role in Recovery Incorporated Group. The reason for adding this Short-Term Goal is that Mr. Giffen experiences significant anxiety in social situations and is wanting to learn to be more comfortable around other people, and this is one avenue to do this through.

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TREATMENT TEAM REVIEW

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70380

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PSRB# 05-2100  
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FEBRUARY 8, 2008:

**TREATMENT TEAM REVIEW**

Short-Term Goal #7 (New): Todd will be able to complete recovery plan and be able to present to his treatment team meeting in the next treatment team meeting. Mr. Giffen is working on this area with out mental health specialist and again having him have to go over this with a treatment team meeting is another avenue for him to start to work on his discomfort in social situations.

- 2A TODD HAS A HISTORY OF ATTEMPTING TO INJURE STAFF, THREATENING STAFF, THREATENING SUICIDE, AND THROWING AND DESTROYING PROPERTY. HE LACKED THE APPROPRIATE COPING AND SOCIAL SKILLS NECESSARY DUE TO HIS HISTORY OF ISOLATION AND ABUSE.

Todd was transferred back from the 41 Building in August 2007 and from Ward 50F in September 2007 for reportedly making threats and unpredictable behavior. Of note is the fact that this problem description was written on Ward 48B prior to his transfer to Unit 48C.

Short-Term Goal #1: Todd will verbalize feeling anger in a nonthreatening manner, for 30 days.

Todd has not met this goal. He was unsure what this goal meant. Dr. Duran did explain to him that we are asking him to use words when he upset at somebody rather than cussing at them or targeting them in other ways. Mr. Giffen did seem to understand this and said that he will work on this in the next reporting period.

Short-Term Goal #2: Mr. Giffen will identify two coping skills he can utilize when feeling upset or angry, within 60 days.

Mr. Giffen was able to identify two coping skills that he uses, which include humor, writing, and exercise. We changed to this goal to read:

Short-Term Goal #2: Todd will continue to use coping skills when feeling upset or angry, for 30 days.

We discontinued Short-Term Goal #3 and Short-Term Goal #4. We did add Short-Term Goal #5.

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File: Treatment Plan IDT/MD Notes

TREATMENT TEAM REVIEW

GIFFEN, TODD MICHAEL

70380

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FEBRUARY 8, 2008:

**TREATMENT TEAM REVIEW**

Short-Term Goal #5 (New): Todd will use coping skills to keep self safe without needing seclusion or restraint, for 60 days.

We did discuss the fact that we not be able to transfer Mr. Giffen from maximum security to a medium security setting until he has at least been 60 days free of seclusion or restraint. His last seclusion and restraint occurred on January 11, 2008.

Mr. Giffen is now being met individually both by Joanne Trezinski, mental health specialist, to go over Recovery Incorporated principles and come up with a recovery plan. He is also to meet with Dr. Duran regularly for psychotherapy. His medications at this juncture have stable. Mr. Giffen has made the request of being placed back on attention-deficit hyperactivity disorder medicines. I am hesitant to do this until we see a longer period of stability as it does not appear to this writer that attention-deficit hyperactivity disorder symptomatology at this juncture is the primary problem which causes Mr. Giffen to not be able to optimize his functioning day to day. Certainly, we will consider addressing the attention-deficit hyperactivity disorder in the future once his emotional symptomatology is a little bit more settled.



Michael P. Duran, MD/cm

D. 02/08/08

R. 02/08/08

T. 02/12/08

cc: PSRB

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TREATMENT TEAM REVIEW

GIFFEN, TODD MICHAEL

70380

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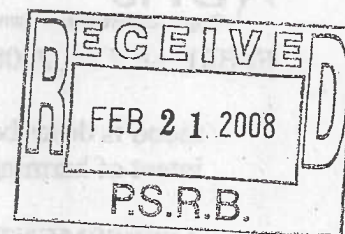
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FEBRUARY 14, 2008:

**PHYSICIAN PROGRESS NOTE**



**MEDICATIONS**

Minocycline 100 mg p.o. q.h.s.  
Quetiapine 100 mg p.o. q.h.s. and 25 mg p.o. q.a.m.  
Venlafaxine 225 mg p.o. each day  
Ativan 1 mg p.o. q.6h. p.r.n. moderate to severe anxiety

**SUBJECTIVE:** Mr. Giffen has been doing reasonably well on the unit in the past few weeks. His last incident of seclusion and restraint was on January 11, 2008, so he has gone over a month now without requiring this level of intervention. Mr. Giffen has been writing this writer notes frequently to express how he is doing emotionally and issues that he is thinking about and struggling with. We did go over the content of these notes today. It does appear that his emotions do move around a fair amount on a day-to-day basis and we discussed the fact that this is an important issue to notice and that one of the important things to take from this is to not make significant decisions without really thinking through what he is doing beforehand. If he makes decisions based on his emotions, they change quite frequently and they may end up being ones that do not get him what he ultimately wants. We also went over the fact that he reviewed his chart the day prior with his case monitor. Mr. Giffen did not express any significant problems in terms of what he read in his chart or distress over what he had read in his chart. Additionally, we have not seen on the unit any problems where he is targeting staff based on what they have written in his chart. This is something that Michael Duran, MD, and Mr. Giffen had been working on as a therapeutic issue and it does appear that he was able to read his chart this go around without targeting staff thus far, which is a good sign.

I did meet with Mr. Giffen's grandparents today. I sat down with them for about half an hour in my office as they had just finished a visit with him. I answered questions that they had concerning his treatment and care and went over his medications as well as the overall plan with him. His grandparents report that they feel that this is the best that they have seen him in terms of his mood and anxiety level in some time and seemed pleased with the progress that he is making currently.

**OBJECTIVE/MENTAL STATUS EXAMINATION:** The patient has adequate grooming and hygiene. He did maintain better eye contact today, not looking down at the desk, and maintaining eye contact throughout nearly the entire interview. His speech was normal rate and tone. His affect was anxious and he did appear to stutter at times. His

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DOCUMENTATION - GENERAL  
OSH-STK - 03827 - MR 4 - 6/2002  
MR 62-00-0778-00

File: Treatment Plan IDT/MD Notes

**PHYSICIAN PROGRESS NOTE**

**GIFFEN, TODD MICHAEL**

70380

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Oregon Department of Human Services

## OREGON STATE HOSPITAL

FEBRUARY 14, 2008:

### PHYSICIAN PROGRESS NOTE

mood is described as up and down. He does not endorse current suicidal thoughts, plan, or intent of harming himself.

#### ASSESSMENT/PLAN

#### DIAGNOSES (DSM-IV-TR/ICD-9-CM)

Axis I      Mood disorder, not otherwise specified  
              Anxiety disorder, not otherwise specified  
              Posttraumatic stress disorder

Axis II      Borderline personality disorder

As has been delineated in prior notes, I am continuing to have a diagnosis of mood disorder, not otherwise specified, and anxiety disorder, not otherwise specified. It has really been difficult to more accurately apply a label to describe his mood and anxiety patterns. It is clear to this writer that he does have borderline personality disorder but that his anxiety and mood problems in this writer's view cannot be just attributed to a personality disorder and that is the reason that I have continued with these diagnostic labels. Mr. Giffen does seem to be trying to work with the staff on Ward 48C currently. He is meeting with Joanne Trezinski, our mental health specialist, to develop a recovery plan. The main focus of my treatment with him is to have him start to understand that changing directions rapidly based on his emotions is not a healthy pattern for him to be in, as well as changing medication directions based on day-to-day emotional changes is not productive for him as in the past he was on over 20 medicines in a two-year period of time and that we really need to chart a steady course on where we want to get to. His grandparents agreed with this overall treatment trajectory and I am continuing to work on that theme with Mr. Giffen day to day.

Once Mr. Giffen has reached a 60-day point of not needing seclusion or restraint, we will start to try to refer him over to the 50 Building to a medium-security unit.

Michael P. Duran, MD/rp

D. 02/14/08

R. 02/14/08

T. 02/15/08

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PHYSICIAN PROGRESS NOTE

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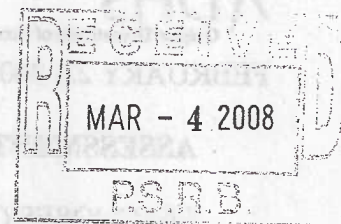
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FEBRUARY 22, 2008: PHYSICIAN PROGRESS NOTE



**MEDICATIONS**

Artificial Tears 2 drops both eyes b.i.d.  
Minocycline 100 mg p.o. q.h.s.  
Quetiapine (Seroquel) 100 mg h.s.  
Venlafaxine 225 mg p.o. each day  
Adderall 10 mg p.o. b.i.d.

**SUBJECTIVE:** I have met with Mr. Giffen three times over the course of the past week. I have gone over each of his medications in some detail, including going over actual mechanisms of the action of the antipsychotics, including which dopamine receptors are activated and how these medications work. Mr. Giffen has expressed some reluctance to continue to stay on Seroquel (quetiapine) as he has concerns about its long-term effects. He is only on 100 mg a day and it does appear to this writer that it has significantly helped in terms of his emotional lability. Mr. Giffen is willing to stay on this medication at this juncture.

Michael Duran, MD, has met with Mr. Giffen several times concerning his concerns about attention deficit hyperactivity disorder. I have reviewed his old chart in detail. He did have a psychological evaluation specifically targeted at attention deficit hyperactivity disorder symptoms, including neuropsychological testing, which did indicate he has this difficulty. We did review possible negative effects from being placed on a stimulant, including inducing more emotional lability as well as sleep difficulties. Mr. Giffen reports that he is going to monitor for these symptoms and if they start to occur he will let this writer know that they are occurring. He was started on Adderall 10 mg twice a day as a result of this.

**OBJECTIVE/MENTAL STATUS EXAMINATION:** The patient has adequate grooming and hygiene. He has reasonable eye contact. He continues to be anxious in the interview but seems more comfortable than he was a couple of months ago. He does not endorse homicidal or suicidal thoughts and does not endorse paranoid or psychotic symptoms at this juncture.

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FEBRUARY 22, 2008: PHYSICIAN PROGRESS NOTE

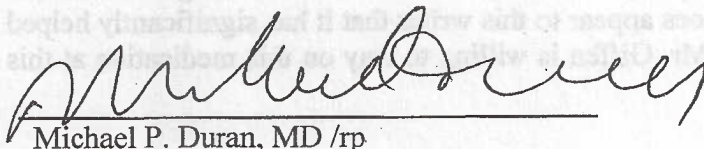
**ASSESSMENT/PLAN**

**DIAGNOSES (DSM-IV-TR/ICD-9-CM)**

Axis I      Mood disorder, not otherwise specified  
              Anxiety disorder, not otherwise specified  
              Posttraumatic stress disorder

Axis II      Borderline personality disorder

Mr. Giffen has been reasonably stable in the past several weeks. He has now gone nearly six or seven weeks without an incident of seclusion or restraint. We will refer him to a medium-security unit when he has gone two months without a seclusion or restraint.



Michael P. Duran, MD /rp

D. 02/22/08

R. 02/22/08

T. 02/25/08

cc: PSRB

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