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PSYCHIATRIC INTERVIEW

NAME: Robert Ladd

CASE NUMBER: A-39029

DATE OF THIS CONSULTATION: 11-5-70

This patient was sent down here to Gatesville for a charge of arson. The caseworker requested a psychiatric evaluation.

PSYCHIATRIC INTERVIEW:

This is a 13 year old colored male who is rather obviously retarded. His I.Q. has been tested at 67. He explains the committing offense stating that a Mrs. Allen had continually badgered him about getting on her grass too much. He decided to get her back and locked her house and went and set a fire in the daughters bedroom. This daughter he had been a friend with and had played with on occasions. He does admit that he had a fight with this daughter on one occasion. The fact that he went back into this daughters bedroom to start the fire does suggest some sexual component to this act. However, generally speaking it sounds like an act of retaliation and an impulse in a mentally retarded individual would be compatible with this act. Object relations are less than ideal on this boy giving rise to sociopathic personality. His impulses would therefore be a little more aggressive than that of usual. He has rather poor inhibition on his aggressive instinct. He has been here for the past ten months and still appears somewhat short tempered with an underlying hostility still present.

MENTAL STATUS:

Attitude and general behavior of this patient is cooperative. His speech is relevant, spontaneous and coherent. Psychomotor activity is slightly increased. His mood is neutral and affect appropriate. General fund of information is poor. Memory and attention are intact. No evidence of hallucinations or delusions.

IMPRESSION:

Mental retardation mild to moderate coupled with unsocialized aggressive reaction of adolescence.

RECOMMENDATIONS:

I feel like this patient will be benefitted by placing him on Mellaril, 25 milligrams twice a day in order to control some of his impulsivity. Behavior modification principles that is reward for good behavior and negative reinforcement to curb acting out. I do not feel that this boy is a candidate for placement at this time due to his still rather fondness toward impulsive acting out behavior if provoked. I would like to see him back here in two weeks and re-evaluate him.


W.D. Ash, M.D.

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PSYCHIATRIC CONSULTATION FOLLOW-UP

NAME: Robert Ladd

CASE NUMBER: A-39029

DATE OF THIS CONSULTATION: 12-8-70

This is a follow-up on Robert who has been placed on Mellaril, 25 milligrams twice a day in order to control some of his impulsive behavior. Apparently it has helped to some degree but I don't like he can probably make it without the use of the medication. At least I think we will give him an opportunity to try to control his behavior without the use of medicines. He is somewhat reluctant to talk today avoiding eye to eye contact. He is a very poor psychotherapeutic candidate. I do not feel that this boy needs any more follow-up sessions due to his limited I.Q. and motivation to improve himself. I feel like the therapeutic milieu on the dorm will be sufficient using the behavior modification principles of reward for acceptable behavior and negative reinforcement enough to curb acting out.


W.L. Ash, M.D.

pkj
cc: TYC
Mr. Sandefur
Infirmery
File