Texas Department of Mental Health and Mental Retardation Dennis R. Jones, M.B.A., *Commissioner*

Rusk State Hospital P.O. Box 518 *Rusk, TX* 75785 903-683-3421 FAX 903-683-2994
Allen C. Chittenden, M.D., *Superintendent*

January 16, 1992

Department of Veterans Affairs
1400 North Valley Mills Drive
Waco, TX 76799

RE: Clark II, William H.
CASE NO: 087768

Dear Sir or Madam:

As requested please find enclosed a copy of our discharge summary and other core material regarding the above named patient.

We trust this is the desired information and if we can be of any further assistance to you, we will be happy to do so.

Sincerely,

Betty McCreary

Joanne Hart, RRA
Director, Medical Records

JH/mw

Enclosure

Discharge/Furlough Summary

To be completed by attending physician within ten calendar days of discharge/furlough.

C RK, WILLIAM H. 679

10-29-56 WM UNIT 81D

9-17-86 087768

Date: 10/3/86 X Discharge ☐ Furlough ___ Duration of Stay: 16 days

This was the first Rusk State Hospital admission for this 29 year old white male, who upon admission gave a very complex history of long standing but more recently complicated history of his administrative rejection of enrollment in school at A&M this fall. He had been under stress for quite some time, perhaps since 1984 or so, had been contesting a military medical discharge supposedly on the basis of paranoid schizo0 phrenia paranoid. He has had difficultly getting VA benefits during this appear time. The patient had had numerous counselings with an assistant dean at Texas A&M, and supposedly written numerous letters to this dean. He explained taht he has always done a lot of writing, indicates that he can put a lot of things into writing that he can't personally speak about comfortably. Apparently in some of the more recent letters to this assistant dean he had become more depressed, expressed suicidal ideation somewhat ina philosophical manner but enough to cause the dean to become concerned. He apparentl was taken to the MHMR Center, had seen the physician there and other workers and it was agreed to outpatient treatment, that there would be some help getting social securit benefits to com directly to him instead of his mother and he had more or less made up his mind to take it easy for a while, take some correspondent courses and remain in the Bryan area. But apparently several days after that he became depressed again, wrote another letter, canceled his newpapers and had mentioned about thinking about selling his car and this was interpreted as a possible strengthening of suicidal ideation. He indicated that he had had mood depression from time to time over the years, particularly since 1980, shortly after his father's death. He tells of going to an apartment party with friends, intervening in a fight between a friend and the friend's girl friend. The patient denies being a drug or substance abuser. He then explains that after the fight (the next day) the police unexpectedly came and he was picked up and taken to St. Joseph's emergency room for another mental health examination. He was then transported to the Rusk State Hospital. He does admit that one time in 1980 his mother became concerned about his withdrawl, took him to a psychiatrist for one visit and he subsequently improved. Mental status examination upon admission revealed the patient to enter the office with a shy smile, spoke in a soft and polite manner, was able to speak spontaneously and related favorably to the interview situation even to the extent of providing what would seem to be adverse information about himself. Verbally and in his thought processes he showed concern for all that has happened to him but in facial expressions and in emotions he was quite stoical and probably a little bit flat. Emotionally he was indicating mood depression but indicated that this was episodic and usually of brief duration and not present now or the last couple of days before admission. His speech and thought was clear, direct, relevant, well organized and he presented complex information in an understandable surely oriented fashion. There were no suggestions of ideas of reference, delusions or auditory of visual hallucinations. He expressed no particular belief in magic or the occult. He is somewhat naive, somewhat emotionally immature and perhaps overly altruistic. He was alert, clearly oriented had excellent retention and recall. Clinically he was estimated to have above average intellectual ability. His reasoning and judgment ability, at the time of admission, seemed intact. There is a history, however, of apparent mood swings in which he has expressed what seems to be fairly serious suicidal thought and ruminations. The patient's goal for this admission wat that he would be free of suicidal ideation and

Physician's Signature R.H. Rodriguez Date 10/3/86

R.H. Rodriguez, M.D.

Continuation Form

Dated 9-25-86

To be completed whenever a standard PORS form does not provide adequate space for the required entry.

CLARK, WILLIAM H · C79
10-25-56 W/M UNITED
9-17-86 087768

William Clark

Thus the validity scores were in the average range. This test is considered to be valid. The only score that was clinically elevated was Pd (71). This score is indicative of a person who doesn't take responsibility when things go wrong. These people tend to blame others for their own difficulties and tend to be moody and resentful. They may be poor planners, have poor morale and/or have poor social relations. The elevated K (69) scale supports the implication that he denies his problems and is defensive of this. He probably tends to rationalize rather than face his own inadequacies. Yet the elevated Pt (69) scale indicates that he secretly worries that there might be something wrong with him and he has significant anxiety or concern about himself. This is supported on the sentence completion portion of the Multimodal Questionnaire in which he states that he is experiencing a "dulling of mental faculties" and "that I am losing my sharp mental edge" and he listed his second worst fear as "becoming senile."

CONCLUSIONS AND RECOMMENDATIONS:

Mr. Clark's suicide threat to the dean was apparently a manipulative gesture. In fact, Mr. Clark stated to this examiner that he made the threat to make the dean feel bad. This, plus the facts that he had not made such threats to others and that none of his test scores reflect depression or hopelessness, makes it appear that Mr. Clark never actually intended to harm himself.

Mr. Clark's current problems seem to have begun six years ago, after the death of his father. Previous to this, Mr. Clark had earned a BS-Mechanical Engineering from the University of Texas and had graduated "with Honors". Since then, he has not held a job for very long and has "flunked out" of two semesters of college, i.e. has not functioned well occupationally or academically. The relationship of his father's death with his inability to function as well as previously is unknown. The answer to this question should be pursued in long-term outpatient therapy.

In summary, Mr. Clark blames others for his mistakes. In doing this he gives up control of the situation and therfore is unable to use his superior intellect in coping with his problems. It also appears that his intellect is the asset he values most in himself. This may be the reason that he is so academically oriented (i.e. "perpetual student") and not motivated to work. According to what he has told this examiner, most of his time is spent writing, studying or exercising and that very little time is spent in recreation or relaxation although he does have several friends. If his life had more work/play balance he would probably be able to handle stress better. As an intellectually-oriented individual, he might enjoy studying a religious philosophy which elevates a well rounded lifestyle. Counseling should focus on developing social skills and problem-solving skills but primarily on accepting responsibility for self.

E. Allison Sanders, MS

Signature E. Allison Sanders, MS

Psychological
Evaluation

CLARK, WILLIAM H 67
10-29-56 W/M UNIT
9-17-86 087768

William Clark

Reason for Referral: To aide in diagnosis and treatment planning.

Signature: E. Allison Sanders, M.S. Request Date: 9-25-86

BASIS FOR EVALUATION:

Shipley Hartford
MMPI
Personal Interview
Multimodal Questionnaire

BEHAVIORAL OBSERVATIONS:

At the time of the interview, Mr. Clark was neatly dressed and well groomed. He was cooperative, oriented and alert. He appeared to be thoughtful of his replies and showed some insight into his recent feelings of depression. He proceeded through the Shipley Hartford quickly and confidently. He completed the MMPI in 45 minutes, an unusually short period of time for this test.

RELEVANT HISTORY:

See Psychological Assessment

SUMMARY OF TEST RESULTS:

On the Shipley Hartford Mr. Clark achieved a Full Scale IQ score of 120. This places him in the Superior Range of intellectual functioning. His Vocabulary score was 36 and his Abstractions score was 34 resulting in a Competency Quotient (CQ) of 102. This CQ is in the Normal Range and raises no suspicions of psychopathology.
On the MMPI the T scores were:

L=53	Pd=71
F=60	Mf=67
K=69	Pa=58
Hs=59	Pt=69
D=62	Sc=63
Hy=63	Ma=65
	Si=47

Psychiatric Evaluation

Names and addresses of relatives and oth.. esponsible persons are found in the Demographic Data subsection of the Data Base. Medical history is found in the Medical Evaluation subsection of the Data Base. Refer to Social History for historical data and to the Prior Summaries subsection of the Data Base for more extensive information on previous treatment.

CLARK, WILLIAM H 675
10-29-56 W/M UNIT
9-17-86 087750

He was then transported to the Rusk State Hospital without difficulty. He indicates that he has been reflected quite a bit on the past 24 hours and says he is disappointed in himself for having expressed himself so philosophically in letters and not having talked with professionals about his difficulties. Since he has talked with so many people in the last few hours he feels much better about himself. He says that he has always been philosophically inclined, has always been a letter writer and over the years has written frequently to his siblings, parents whenever they lived separatedly. He does admit to a period of time in 1980 when his mother was concerned about his withdrawal and he was taken to his psychiatrist for one visit and subsequently improved. He says that he is in retrospect a little bit concerned about that period of time because he says that he felt like he was more or less out of it and things did not really have feelings or meaning but that that all went away. Since then he says he has had many stressful situations in the army including a four month hospitalization for psychiatric observation and/or treatment. He says that he received a diagnosis of Paranoid Schizophrenia, that he required no medication, that he received a medical discharge and he subsequently has been appealing that discharge.

MENTAL STATUS EXAMINATION: This man enters the office with a slight or suggested shy smile, speaks softly and politely, is able to speak spontaneously and relates favorably to the interview situation even to the extent of providing what would seem to be adverse information about himself. Verbally and in his thought processes he shows concern for all that has happened to him but in facial expressions and in emotions he is quite stoical and probably a little bit flat. Emotionally he is indicating mood depression but indicates that this is episodic and usually of brief duration and not present now or the last couple of days. His speech and thought is fairly clear, direct, relevant, well organized and he presents complex information in an understandable surely oriented fashion. There are no suggestions of ideas of reference, delusions, or auditory or visual hallucinations. He expresses no particular beliefs in magic or the occult. He does present himself from an individual point of view and to some extent not in a very popular vein. If anything he is somewhat naive, somewhat emotionally immature and perhaps overly altruistic. Presently he is alert, clearly oriented, has excellent retention and recall. Clinically he is estimated to have above average intellectual ability. In general at this time his reasoning and judgment ability seems to be intact. There is a history, however, of apparent mood swings in which he has expressed what seems to be fairly serious suicidal thought and ruminations.

PERTINENT MEDICAL: He indicates an appendectomy early in life and also some type of an abdominal hernia repair. Other wise he had good health until the military service the second time, having previously passed an Anapolis physical requirement except for some problem with eye sight. His second military tour in the army he injured his knee during training and had considerably difficulty from this with treatment by a physiotherapist.

PERTINENT PSYCHIATRIC: Apparently he came from a well educated family, the father a petroleum engineer with the Exxon Corperation and the family lived in foreign countries, the patient once attended private schooling in Italy and subsequently graduated at age 16 from high school. He was too young to enter Anapolis which

D.E. Chamness, M.D.

Psychiatric Evaluation

Names and addresses of relatives and other responsible persons are found in the Demographic Data subsection of the Data Base. Medical history is found in the Medical Evaluation subsection of the Data Base. Refer to Social History for historical data and to the Prior Summaries subsection of the Data Base for more extensive information on previous treatment.

CL AK, WILLIAM H 679
10-29-56 W/M UNIT 6
9-17-86 087168

DATE: September 18, 1986

INFORMANTS: Patient, the Rusk State Hospital chart, affadavits to magistrate pertaining to Emergency Detention, application for detention and physician's certificate obtained from an emergency room at St. Joseph's Hospital in Bryan.

CHIEF COMPLAINT: "I'd written a letter to Dr. Poenisch, the assistant dean in the college of science at A&M in which I had gotten depressed and contimplated suicide.

PRESENT ILLNESS: This 29 year old man gives a very complex history of long standing but more recently complicated by his administrative rejection of enrollment in school at A&M this fall. He has been under stress for quite some time, perhaps since 1984 or so, had been contesting a military medical discharge supposedly on the basis of paranoid schizophrenia, had had difficulty getting VA benefits during the appeal process, had been working extensively with his lawyer, had entered A&M in the year prior and withdrew, again in the spring of 1986 and had withdrawn and is seeking readmission this fall. He had had counseling from the above mentior dean, indicates that he had a mix up with his mother over handling social security benefits, she apparently is in charge of them, had had problem getting money enough to make repairs to his car, and later had written numerous letters to this assistar dean. He explains that he has always done a lot of writing, indicates that he can put a lot of things in writing that he can't personally speak about comfortably Apparently in some of these writings more recently he had become more depressed, expressed suicidal ruminations somewhat in a philosophical manner but enough to cause the dean to be concerned. He apparently was taken to the MHMR Center, Friday a week ago, had seen the physician there and other workers and it was agreed to outpatient treatment, that there would be some help with getting social security benefits coming directly to him and he more or less had made up his mind to take it easy for a while, take some correspondence courses and remain in the Bryan area and keep up with his friends and the college community. Then somewhere in the middle of the week he became somewhat depressed again in the evening, wrote another letter. Apparently it was found that he had cancelled his newspapers and had mentioned about thinking about selling his car and this was interpreted as a possible strengthening of his suicidal ideation. He indicates that he has had mood depression from time to time over the years, particularly since 1980, chronologically apparently shortly after his father's death. He indicates that that particular depressed evening he went on to sleep and slept well, got up the next morning and began taking care of some details and was occupying his time and indicates that he generally does this and feels better and did feel better on that particular day. He attended an apartment party with friends that weekend and according to him became concerned when one of the party members began mercily beating up on his live-in girlfriend and the patient interceded. Because the individual seemed to be out of his head and no one else would do it the patient claims he filed charges so that the fellow could be locked up for the night and he was. He says that the next day the fellow was released and they all got together and talked about it and the fellow said that he was sorry and had simply been out of his head and didn't know what he was doing. Supposedly they were friends. The patient continued his general daily activities, slept well, ate well, is not a drug or substance abuser. Then unexpectedly the police came and he was picked up and taken to St. Joseph's emergency room for another mental health evaluation.

Continuation Form

Dated September 18, 1986

To be completed whenever a standard PORS form does not provide adequate space for the required entry.

CLA WILLIAM H. 679

10-29-56 WM UNIT 81D

9-17-86 087768

he wanted, attended junior college and did well and subsequently was admitted to Anapolis, made good grades but after two years said that he could only be partly interested in the nuclear field and some other field and did not want to continue the training. He subsequently attended the University at Austin, I believe and obtained a BS in engineering. At about 1979 his father died at age 60 and the patient withdrew in 1980 but responded after one visit to a psychiatrist. Subsequently he served three and a half years in the military in White Sands, New Mexico in a weather station, but did this after he had some disappointments with a solar energy company going bankrupt and losing that employment and subsequently having a technical book rejected by a publisher. He enjoyed the army but worked in a weather station. He had roommates and buddies, though, who were using drugs and they continued to do so and he said that he felt compelled to turn them in. Shortly thereafter he indicates that he was threatened with his life and other harm, that he went to work on another part of the base but did not get transferred elsewhere which later he found was customary. Then when the individuals involved received their disciplinary action threats were made again and he was sent to Ft. Sam Houston and their began to think about the situation and how his stress had continued and how the White Sands commanding officer had not transferred him and he wrote the army's inspector general's office about all of that. Then somewhere down the line he was ordered into Brook Army Hospital for psychiatric hospitalization, received a diagnosis, he said, of Paranoid Schizophrenia and released after four months without medication treatment and with a medical discharge. He protested the discharge or later appealed this medical discharge. This is still in the process. Coupled with that he has had the recent difficulties with enrollment at A&M with reportedly some ill advised counseling in taking a graduate study in physics. He indicates that his transcript and all obviously was short of calculus and other necessary math. He has had recent contact with the MHMR in Bryan but we do not know the details.

DIAGNOSIS:

300.40 Dysthymic Disorder
AXIS II: 301.20 Schizoid Personality

TARGET SYMPTOMS:

1. Several year history of depressive episodes
2. Recent intellectualizing, philosophizing, ideas of suicide and writing letters concerning this to college assistant dean and counselor.

/rs

D.E. Chamness, M.D.
Signature

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Continuation of PORS 4b-1

1/79

Core Form: [X] Yes [ ] No

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