

Rowan University

## Rowan Digital Works

---

Theses and Dissertations

---

4-20-1998

### An investigation of food related versus socialization deficits in a group of Prader-Willi Syndrome adults

Janet T. Fioresi  
*Rowan University*

Follow this and additional works at: <https://rdw.rowan.edu/etd>



Part of the [Disability and Equity in Education Commons](#)

---

#### Recommended Citation

Fioresi, Janet T., "An investigation of food related versus socialization deficits in a group of Prader-Willi Syndrome adults" (1998). *Theses and Dissertations*. 1943.  
<https://rdw.rowan.edu/etd/1943>

This Thesis is brought to you for free and open access by Rowan Digital Works. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Rowan Digital Works. For more information, please contact [graduateresearch@rowan.edu](mailto:graduateresearch@rowan.edu).

AN INVESTIGATION OF  
FOOD RELATED VERSUS SOCIALIZATION DEFICITS  
IN A GROUP OF  
PRADER-WILLI SYNDROME ADULTS

BY  
JANET T. FIORESI

A THESIS

Submitted in partial fulfillment of the requirements of the  
Masters of Arts Degree in the Graduate Division  
of Rowan University  
1998

Approved by \_\_\_\_\_  
Date Approved April 20, 1998

## ABSTRACT

Fioresi, Janet T.

AN INVESTIGATION OF FOOD  
RELATED VERSUS SOCIALIZATION  
DEFICITS IN A GROUP OF PRADER-  
WILLI SYNDROME ADULTS, 1998.

Thesis Advisor: Dr. Stanley Urban  
Seminar in Learning Disabilities

The purpose of this study was to examine the frequency of behavior incidents, of adults in a group home setting who have been diagnosed with Prader-Willi Syndrome (PWS), to determine if the behaviors are more frequently related to food issues or socialization problems with peers and/or staff. It was hypothesized that documented behavior incidents were more frequently due to socialization problems.

The sample for this study consisted of eight adults medically diagnosed with PWS in a group home setting. All participants Behavior Incident Forms (BIR's) were looked at throughout a two year period from January 1, 1996 to December 31, 1997. The BIR's were analyzed by grouping the reports into four categories (socialization w/peers, socialization w/staff, food related and other). The results indicated that behavior incidents were due primarily

to socialization issues concerning staff and/or peers. This finding strongly suggests a need for thorough staff training in relation to behavioral problems exhibited by PWS adults.

## MINI-ABSTRACT

Fioresi, Janet T.

AN INVESTIGATION OF FOOD  
RELATED VERSUS SOCIALIZATION  
DEFICITS IN A GROUP OF PRADER-  
WILLI SYNDROME ADULTS, 1998.

Thesis Advisor: Dr. Stanley Urban  
Seminar in Learning Disabilities

The purpose of this study was to examine the frequency of behavior incidents, of adults in a group home setting who have been diagnosed with Prader-Willi syndrome, to determine if the behaviors are more frequently related to food issues or socialization problems with peers and/or staff. The results indicated that the documented behavior incidents were overwhelmingly due to socialization problems, when compared to behavior incidents involving food related issues.

## **Dedication**

Strict is my diet, I must not want.  
It maketh me to lie down at night hungry.  
It leadeth me past the confectioners.  
It trieth my willpower.  
It leadeth me in the paths of starvation for my  
figure's sake.  
Yes, though I walk through the aisles of the  
pastry department,  
I will buy no sweet rolls for they are fattening.  
The cakes and pies they tempt me.  
Before me is a table set with green beans and  
lettuce.  
I filleth my stomach with liquids.  
My day's quota runneth over.  
Surely calories and weight charts will follow me  
All the days of my life,  
And I shall dwell in fear of scales forever

**Anonymous**

## TABLE OF CONTENTS

### CHAPTER

#### 1. INTRODUCTION.....1-2

Purpose of the Study.....	2
Need for the Study.....	2
Research Question.....	3
Value of the Study.....	3
Limitations of the Study.....	4
Definition of Terms.....	5-7
Overview.....	8

#### II. REVIEW OF THE LITERATURE

Researchers Personal Motivation.....	9-10
Etiology.....	11-13
History.....	13-16
Phases.....	16-18
Treatment.....	18-21
Behavior.....	21-22
Summary.....	23

#### III. DESIGN OF THE STUDY

Sample.....	24-25
Measures.....	25-27
Design.....	27
Treatment of Data.....	27-28
Summary.....	28

#### IV. ANALYSIS OF DATA

Introduction.....	29-30
Results.....	30-33
Analysis.....	33

#### V. SUMMARY AND CONCLUSIONS

Summary.....	34-35
Findings.....	35-36
Discussion and Implications.....	36-37

BIBLIOGRAPHY.....	38-41
-------------------	-------

#### APPENDIXES

A.....	42
B.....	43-45
C.....	46
D.....	47-48
E.....	49
F.....	50-97



## **Chapter 1**

### **Introduction**

Prader-Willi Syndrome (PWS) is a genetically based syndrome that affects a person's growth, learning, physical development, weight control, behavioral characteristics, and eating habits. One must remember that a syndrome is not a disease but a combination of different behavioral and medical characteristics of organic origin which frequently have an identifiable genetic footprint. Eating habits, are usually the most intriguing characteristics associated with individuals who have PWS. This is due to the disorder allowing a person to not be able to control their intake of food, and sometimes non-food items, to satisfy their insatiable urge to eat. Individuals with this syndrome have been known to literally, "eat themselves to death", if proper monitoring of their food intake does not occur since their brain doesn't tell them that their stomach is full. It is thought the sensation that one is full after eating does not occur in these individuals.

Although PWS is one of the most frequently occurring

recognizable patterns of altered growth and development encountered in genetic counseling clinics, there remains much confusion over the exact physiological mechanism of this syndrome (Holm, Sulzbacher & Pipes, 1981).

### **Purpose**

The purpose of this study is to determine whether adults with Prader-Willi syndrome who live in a group home will exhibit acting out episodes which are related to socialization problems or are secondary to their desire to obtain food.

### **Need For The Study**

With the continued press for deinstitutionalization it can be expected that increased numbers of individuals with PWS will be placed in group homes. Unfortunately, frequent staff turnover is a recognized problem in providing quality programs in these settings, therefore, more specific information regarding the potential behavioral abnormalities of PWS individuals would be helpful in providing in-service activities for staff. Also, there is a paucity of research studies dealing with PWS individuals.

## **Research Question**

To accomplish the purpose of this study the data will be used to answer the following research question: “Do adults with PWS, living in a group home setting, manifest incidents primarily due to socialization problems with either peers and/or adults caregivers or will food related issues be the primary source of behavior difficulties?

## **Value Of The Study**

There are four notable reasons why this study should be of value to PWS adults, parents, and care-givers of PWS people and they are as follows: 1) information for parents whose children are being placed into group home settings; 2) information for group home staff who will be dealing with PWS adults for possibly the first time; 3) for immediate care-givers to receive additional information on this syndrome; and 4) closing of major institutional settings insures that more individuals with PWS will be encountered in group home settings.

## **Limitations Of The Study**

Limitations which apply to the generalizability of this study are as follows:

1. This study involves a small sample size from two group homes located in Southern, NJ.
2. Group home technicians (care-givers) may have incorrectly filled out the Behavior Incident Reports (BIR).
3. The study contains a disproportionate number of males versus females
4. There is a weakness inherent in a study which employs instruments requiring a judgment by care-givers about the causality of the behavior.
5. Most literature states that consistent group home care-givers create a stable environment versus a consistent turn-over, however there is a high turnover rate in this case.
6. Consumers (individuals with PWS) have been in contact with each other for at least five years except for two of the women.

## Definition Of Terms

The below noted definition of terms were taken from the Webster's Medical Desk Dictionary (1986). All of the abnormalities listed below may be part of the syndrome associated with PWS.

Acromicria - refers to abnormal smallness of the extremities.

Adrenarche - an increase in the production of androgens by the adrenal cortex that usu. occurs during the eighth or ninth year of life.

Amenorrhea - refers to abnormal absence or suppression of the menstrual discharge.

Amyotonia - deficiency of muscle tone.

Anovulatory - not involving or associated with ovulation.

Areflexia - absence of reflexes.

Brachycephaly - short-headed or broad-headed with a cephalic index of over 80.

Cryptorchidism - a condition in which one or both testes fail to descend normally.

Cytogenetics - a branch of biology that deals with the study of heredity and variation by the methods of both cytology and genetics.

Diplegia - paralysis of corresponding parts on both sides of the body.

Dolichocephaly - having a relatively long head with cephalic index of less than 75.

Dysarthria - difficulty in articulating words due to disease of the central nervous system (CNS).

Esotropia - marked turning inward of eye, crossed eyes.

Facial Diplegia - paralysis of similar parts on both sides of the face.

Hydramnios - excessive accumulation of the amniotic fluid.

Hyperphagia - abnormally increased appetite for consumption of food frequently associated with injury to the hypothalamus.

Hypogonadism - functional incompetence of the gonads esp. in the male with subnormal or impaired production of hormones and germ cells.

Hypogonadotropic - characterized by a deficiency of gonadotropins.

Hypomentia - mental retardation - IQ range between 35 to 85.

Hypoplasia - a condition of arrested development in which an organ or part remains below the normal size or in an immature state.

Hypotonia - abnormally low pressure of the intraocular fluid.

Hypotonic - having a deficient tone or tension.

Myopia - condition in which the visual images come to a focus in front of the retina of the eye because of defects in the refraction media of the eye or of abnormal length of the eyeball resulting esp. in defective vision of distant objects.

Oligomenorrhea - abnormally infrequent or scanty menstrual flow.

Oligophrenia - mental deficiency : feeble-mindedness.

Somnolence - the quality of state of being drowsy.

Trichotillomania - abnormal desire to pull out one's hair.

Ulnar - of or relating to the ulna; the bone of the forearm on the side opposite to the thumb.

## **Overview**

In Chapter 2, relevant information about PWS will be presented. Specifically, personal reasons of interest, etiology, history, prevalence, characteristics, phases, behavior and socialization problems, and relevant research.

In Chapter 3, a design of the study will be provided. The subjects will be described, the procedure detailed and copies of the material involved will be included.

In Chapter 4, the research results are documented and an analysis of the data is given.

In Chapter 5, a summary and conclusion will be given.



## **Chapter 2**

### **Researcher's Personal Motivation**

I feel it is necessary and appropriate to begin this review with a personal note. In 1986 I graduated from Vineland High School in southern, NJ and was accepted into the education department at Cabrini College in Radnor, PA in the fall. I did not want to squander valuable time so I filled out a job application at the Training School at Vineland, NJ and I was hired. I have been employed there ever since. I cannot remember the exact date or even year that I accepted work at Dorothy Group Home in Dorothy, NJ, but it was an experience I would never forget. I knew the group home had adults that were diagnosed with Prader-Willi Syndrome (PWS) but that was the extent of my knowledge. The home was indistinguishable from others in the neighborhood except for the large van that sat in the drive-way. However, once inside the home, I was struck by the idiosyncratic habits and appearance of the residents. The PWS consumer's, looked different, talked different, and walked different.

One consumer in particular I can still recall vividly, his name was Robert. He was short in stature and had small hands with thin tapered fingers. His face was narrow with almond-shaped eyes, low-set ears, small mouth, and blond hair. He walked with a limp, because of his severe scoliosis, and had several scabs located on his forearms from picking. His lower torso (hips, buttocks, and thighs) were much larger than his upper torso (rib cage region). The set of keys I was to guard with my life was enormous because everything and I mean everything was locked up. Cabinets, closets, freezers, refrigerators, and the trash seemed to have a key that was on my key chain. After the first eight hours of nervousness were over, I knew that I would eventually be back there because the clients shared many attributes of the average person. I learned to love to play board games and even started to teach one of the ladies to read. Don't misinterpret the degree of difficulty I experienced as there were many anxious moments.

## **Etiology**

Inspite of the vast medical technology and advancements that have developed over the past years the precise physiologic causes and mechanism of this syndrome is not fully understood. Since there may be numerous causative factors that result in a disturbance in the embryo or fetus, several etiologies have been suggested including: central nervous system (CNS) dysfunction, chromosomal, and/or hypothalamic abnormalities (the latter two being more updated and studied than the first etiology).

Some researchers believe PWS stems from a single localized area of damage in the fetus arising in the CNS, it could be predicted that a host of factors, both genetic and environmental, might cause this disorder (Greensway and Alexander, 1995). Such problems may arise due to genetics, unusual recurrence patterns, and/or the exact location, extent, and timing of the defect in the CNS during the origin of development.

Secondly, it has been noted that geneticists have located and linked PWS with abnormalities in chromosome 15. Approximately

70% of patients with the clinical presentation of PWS have been shown to have a deletion of the proximal part of the long arm of chromosome 15, described as 15q11-q13 (Greenswag and Alexander, 1995). To be more specific the deletion is located somewhere between the q11 and the q13 band on the 15 chromosome. This deletion is linked to the paternal chromosomal exchange during conception. On the other hand, the remaining cases have been noted to have two derived 15 chromosomes from the mother's gene pool. For some unknown reason, the father does not donate his 15 chromosome during conception. The introduction of new techniques, especially fluorescent in situ hybridization (FISH), has allowed for the discovery of this deletion in the chromosomal area and is depicted in Appendix A.

The last etiology deals with the regulatory function in the hypothalamus. The hypothalamus is a complex area anterior to and slightly below the thalamus. Its exact functions are not completely understood , but it is know that it monitors many automatic functions such as: blood pressure, hunger, thirst, sex,

emotions (anger and fear), sleep, and body temperatures. It also controls the release of hormones that stimulate growth, sex, and metabolic rate. Hormones produced in the stomach and the bowels relay to the brain, of a “normal” person, a message that he/she is full. While PWS children’s bodies produce those hormones, it appears their brains lack the proper receptors. This would explain their overeating compulsion. Individuals with PWS may have an overactive or under-active hypothalamus, or just a problem with the balance of the two processes.

### **History**

If one looks back in history there are individuals who are described as having characteristics of PWS. For instance, Charles Dickens described Mr. Pickwick as a “fat and red-faced boy in a state of somnolency” and think about Santa Clause a “ripe jolly old elf”. Of course we don’t know or have documentation on their precise physical description’s of their birth and early childhood years, but it provides interesting speculation to think about why one would describe someone as having such features. The first pictorial

evidence is of a 120 pound 6 year old Spanish child that was documented in the 17th century. King Charles II commissioned Juan Carreno de Miranda, the court painter, to portray Eugenia Martinez Vallejo ( the 6 year old Spanish girl). Also, documented in the 19th century J.L.H. Down gave a full description of a patient who was mentally retarded, had small hands and feet, had little body hair, did not menstruate, and weighed 210 pounds at a height of 4 feet 4 inches. In 1940 at the Zurich Children's Hospital, Andrea Prader started studying patients with PWS characteristics. But, in 1956 the Swiss doctors Andrea Prader, Heinrich Willi, and Alexis Labhart identified PWS as a birth defect and the syndrome was given their name. They presented their information at the 18th International Pediatric Congress in Copenhagen. The paper was entitled, "A Syndrome of Obesity, Short Stature, Cryptorchidism and Oligophrenia with Amyotonia in the Newborn Period (Holms, Sulzbacher, and Pipes, 1981). Later on Labhart's name was dropped and no explanation could be found as to why that occurred. Case reports of the new syndrome were soon published from England,

Canada, the United States, France, Spain, Sweden, the Netherlands, and Belgium (Holm, Sulzbacher, and Pipes, 1981). But it wasn't until 1967 that medical graduates had their first chance to learn about the syndrome and even then material was not available at all medical schools. But interesting enough this syndrome has other names and they are: HHO and HHHO syndrome. It is named this for its main characteristics which are: hypotonia, hypomentia, hypogonadism, and obesity. These abbreviated names never became popular and that is why we refer to the syndrome as PWS. In the twelve years following its identification, about 70 cases were reported, and the number continues to grow. PWS is a syndrome that does not discriminate on issues of race, creed, color, or socioeconomic status. There does not seem to be a hereditary link to this syndrome. The recurrence risk for siblings is thought to be low, though one study found it to be 1.6%. A family of nine siblings in which three had PWS has been described (Clarke, Waters & Corbett 1989). But, Greenswag and Alexander (1995) noted that estimates of the incidence vary between 1:10,000 and 1:25,000, placing this disorder

among the more frequently recognized malformation syndromes. There are several characteristics that distinguish a PWS individual and these are listed in Appendix B.

### **Phases**

It would now be to our benefit to quickly identify two phases that are considered to be general clinical features at birth for children with PWS. Pregnancies are usually complicated by hydramnios and decreased fetal movements toward the end of gestation. Birth can occur between the 38th and the 42nd week. Breech deliveries are frequent and the average birth weight is 300 grams below the average birth weight. PWS patients are born with severe cerebral depression. They are unresponsive, inactive, and severely hypotonic. The marked characteristic during this phase is difficulty with feeding due to poor sucking ability. Feeding a PW infant is a painstaking and frustrating experience for the mother and keeps her occupied for a major part of the day and night (Holm, Sulzbacher & Pipes 1981). Additional characteristics are listed in Appendix C.



The duration of the first phase of the syndrome varies from a few months to approximately two years. The second phase begins somewhere between one and four years of age, when the child presents an entirely new behavioral pattern and his/her quest for food begins. The child's entire existence now becomes dominated by food. They are not selective, but will eat just about everything, including that which they can beg or take from other people. But a study conducted by Glover, Maltzman & Williams (1996) noted that persons with PWS do have taste preferences. They will chose preferred food items over less-preferred items even if there is a smaller quantity of the preferred item available. They quickly gain weight. There is no-longer the struggle to get them to eat. Also, their behaviors change from friendly and affectionate to emotionally unpredictable. Other characteristics of this phase are: slow height growth, walking after 2 years of age, poor speech development, emotional disturbances and mental retardation. Whitman (1995) stated that all persons with PWS have cognitive disabilities and these difficulties appear to have four separate dimensions: 1) for many a

global mental retardation or slowness in learning, 2) an independent pattern of learning disabilities in the area of short term memory and sequential processing deficits, 3) language processing problems; and 4) a failure to develop metacognitive abilities. On the other hand Clarke, Waters & Corbett (1989) present information that implies that a substantial proportion of people with PWS have an IQ within the normal range. This latter fact reminds us that we must always exercise care when applying generalizations to any individual member, of a class. For a detailed account of clinical symptomatology of PWS in the second phase see Appendix D.

Unfortunately, the course of PWS usually follows phases one and two where the child who had no interest in feeding and is a tiny infant becomes pudgy, then fat, then obese if their food in-take is not controlled.

### **Treatment**

Lota Mitchell (1980) stated that there is no cure for PWS, no drug that can be universally prescribed to alleviate some or all of the symptoms, or even any appetite decreasing treatment that has

been successful for any prolonged time. Whitman (1995) noted that the physiology and metabolism of persons with PWS are such that most of these medications are ineffective. Therefore, treatment is symptomatic and consists of four main components: weight control, special education, exercise, and behavior management. The benefits of weight control reaches into every aspect of the child's life.

Whitman and Accardo (1987) noted that PWS adolescents whose weight is well controlled are also more socially active than usual and more likely to be involved in outside activities. To successfully control weight a strict diet should be designed and enforced. Ideally, persons with PWS should take the responsibility for controlling their own food intake but with their compulsion for food and their IQ levels, this is sometimes impossible. To further aide in this goal it is necessary to resort to environmental controls such as: locks and buzzers on refrigerators, freezers, cupboards, and even kitchen doors. The second component, special education should begin as early as possible and be geared to the individual's level of functioning. People with PWS do not usually achieve at the potential

suggested by their IQ levels. They learn better if instructed by methods used with mentally retarded individuals (Mitchell 1980). Joseph, Overmier & Thompson (1997) noted that the use of food-based reinforcement did not hinder learning or transfer in persons with PWS. Transfer was generally enhanced for these individuals by the use of edible reinforcement. Daily routines that vary as little as possible also help to avoid behavior problems with PWS individuals. Dykens and Cassidy (1995) noted that their findings suggest that many children with PWS may benefit from educational or therapeutic interventions that improve self-esteem and facilitate successful peer interactions. Also, an exercise program is essential for an infant with PWS and should begin as soon as possible so that muscle atrophy will not begin. Needless to say, physical exercise is also a valuable aide in weight control and a daily routine should be established. Lastly and of particular concern in older children with PWS, are the problems of stubbornness, depression, and extreme temper tantrums. Behavior is controlled through the CNS, as is the desire to eat. People with PWS are

typically sweet in their personality but flare-ups are very unpredictable and verbal abuse is common during these episodes. When a person with PWS is distraught, talking over the problem generally accelerates their lack of control. Also, logical reasoning does little to ameliorate behavioral outbursts. Time-outs are one of the most effective means of improving behavior. Behavior disorders and overeating can often be partly improved by intensive inpatient behavioral modification programs followed by parental support and follow-ups in the home. Clarke, Waters & Corbett (1989) noted that many respondents said that temper tantrums were more likely if the person with PWS had less sleep than usual.

### **Behavior**

Children with PWS are usually described as good-natured, placid, affectionate, outgoing, happy and cooperative. However, behavioral problems appear to intensify with age. It has been suggested that between the ages of three and eight (pre-school to adolescence) that this change will occur. Stubbornness and hyperactivity replace affability. Repetitive and incessant chattering,

verbal aggressiveness, and self-assaultive acts are observed. Erratic, unpredictable rages increase. Signs of depression and, in rare instances, psychotic episodes may occur (Greenswag and Alexander, 1995). By the time they reach adolescence the primary concern for caregivers is to manage the aberrant behavior, unless the individual's life is in clear danger from obesity. Social skills appear to decline resulting in deteriorating peer relationships. Dykens, Hodapp, Walsh and Nash (1992) concur that socialization is a relative weakness, most notably in coping skills. As well as, the aberrant behaviors, verbal aggression, compulsions, opposition, and perseveration potentially limit constructive interactions with others. A study completed by Clarke, Boer, Chung, Sturmey, and Webb (1996) noted that temper tantrums, self-injury, impulsiveness, lability of mood, inactivity and repetitive speech are characteristic behaviors in PWS and extend into adult life. Also, temper tantrums were more likely to occur if the person with PWS had less sleep than usual (Clarke, Waters & Corbett, 1989).

## **Summary**

Care and management of individuals with PWS represents a complex and difficult challenge to caregivers. Medical science has not yet identified treatments that will improve or reduce the manifestations of this syndrome. Primary management and treatment remains the responsibility of parents, guardians and other care-givers.

### **Chapter 3**

#### **Design Of The Study**

##### **Sample**

The sample for this study consisted of eight adults medically diagnosed with Prader-Willi Syndrome in a group home-setting. Six adults live at Dorothy group home in Dorothy, NJ. The participants range in age from twenty-nine to fifty-six years and IQs ranged from 43 to 78. The other participants in the study, two, live at Linda Lane group home in Vineland, NJ. They are ages forty and forty-two years and have IQs of 58 to 59.

All participants in the study live at group home's supervised by The Training School At Vineland (TTS). All participants have lived at the TTS homes since 1993.

The TTS is a comprehensive resource center offering a continuum of services to individuals with developmental disabilities. They believe in assisting and supporting each person served to attain his/her highest level of independence. They are charged with the responsibility for the care, support and habitation of individuals who



need specialized placement.

### **Measures**

Behavior Incidents were recorded by varying group home technicians (care givers) on a triplicate form called a Behavior Incident Record Form (BIR). This procedure is used when intervening in a behavior incident. Typical incidents requiring intervention and completion of BIR's include the following:

Pica  
Severe acting-out  
Property destruction  
Severe verbal abuse or other disruptive behavior  
Inappropriate sexual behavior  
Inappropriate elimination (feces smearing, etc.)  
Police involvement not related to any of above behaviors  
Aggression (peers or staff)  
Severe non-compliance  
Throwing objects  
Severe self-injurious behavior  
Run-away

In general, staff should report potentially harmful or otherwise inappropriate behavior no matter how frequently the behavior is displayed, as well as any behavior exhibited which is unusual for that individual.

The form is to be completed by the staff person most

involved in the behavior incident. In cases where the event was not directly seen, the form should be completed by the person who first receives information concerning the incident. When more than one individual is involved in a behavior, one form is used for each individual. When identifying another individual or staff in the behavior incident report, use only person's initials. When filling out the BIR form be specific and use the individuals full name, the community home where the individual lives, the day program which the individual attends, indicate the date, location, time the incident began and finished and signature of person filling out the form. In the description portion of the form include what happened before the incident started, a description of the individual's behavior during the incident, and description of how you/others responded to the behavior.

One should use objective descriptions of the incident in behavioral language. One should try to avoid using judgments, value statements, thoughts, etc. Thus, the description of the incident is left to the total recall of what that individual indicates occurred.

Of necessity there is subjectivity in the report since the group home technicians (care givers), perceives the incident as occurring which may lead to misleading or false information. This form is included in Appendix E.

### **Design**

All participants BIR forms were examined for a two year period from January 1, 1996 to December 31, 1997. All participants in the study were volunteers. The specific type of aberrant behavior was noted as well as it's antecedent. The premise of this study is that reportable behavior incidents committed by PWS adults are primarily due to socialization problems with either peers and/or adults and are not highly related to food issues.

### **Treatment of Data**

The BIR's were examined by the researcher. The BIR's were analyzed by grouping the reports into four categories. The categories are: 1) socialization with peers, 2) socialization with staff, 3) food related and 4) other. The results were visually inspected and frequencies in each category were recorded. Simple absolute quantity

of each type of behavior incident will be reported.

### **Summary**

The purpose of this study was to examine the frequency of behavior incidents, in a sample of adults with PWS residing in a group home setting. The purpose of the project is to determine if the behaviors are more frequently related to food issues or socialization problems with peers and/or staff. It is the premise of this researcher that the study will demonstrate that in a group home setting of PWS adults the noted behavior incidents are largely due to socialization problems. A comparison of a two year period was researched to determine the BIR categories reported. The study design was discussed and the BIR form was described. The results and an analysis of the study are contained in Chapter 4.

## **Chapter 4**

### **Analysis Of The Data**

With the continued press for deinstitutioniation it can be expected increased number's of individuals with PWS will be placed into group homes. Do to this fact there are notable reasons why this study should be of value to PWS adults, parents and care-givers:

1) to provide information to parents whose children are being placed into group home settings, 2) to give group home staff information on how to deal with PWS adults, 3) to provide additional information regarding the potential behavioral abnormalities of PWS individuals which would be helpful in providing in-service activities for staff and 4) there is a paucity of research studies dealing with PWS individuals.

The purpose of this project is to determine if behaviors are more frequently associated with food issues or occur more frequently with socialization problems with peers and/or staff. It was the premise of this researcher that the study would demonstrate that in a group home setting of PWS adults the noted behavior incidents are

largely due to socialization problems by either peers and/or staff and not highly related to food issues.

All participants in the study were volunteers and resided at group home's supervised by The Training School At Vineland. The sample consisted of eight adults, five males and three females, who have been medically diagnosed with PWS. Five hundred sixty-five BIR's were examined during the two year period. To determine the category of the noted behaviors the BIR's were examined by the researcher. They were examined for a two year period from January 1, 1996 to December 31, 1997. The BIR's were analyzed by grouping the reports into four categories. The categories are: 1) socialization with peers; 2) socialization with staff; 3) food related; and 4) other.

## **Results**

The goal of this study was to answer the following research question: "Do adults with PWS, living in a group home setting manifest behavior incidents primarily due to socialization problems with either peers and/or care-givers or will food related issues be the main source of behavior difficulties?". The proposition was set forth

that eight PWS adults BIR's would be examined and analyzed into four categories.

Based on a comparison of the tabulated 565 BIR's, located in Table 1, there were 142 behavior incidents related to problems associated with peer socialization issues. There were also 155 behavior incidents related to problems associated with staff socialization issues. This would indicate that there was a total of 297 behavior incidents relating to socialization issues with staff and/or peers. Several incidents which were recorded by the care-givers that dealt with peer socialization issues were permitting a peer to watch him use the bathroom, touching the face and chest of a peer, pulling peers shirt off and trying to bite him and teasing. Several incidents which were recorded as being staff socialization issues were using profanity to staff, talking provocatively to staff, physically touching staff and hitting staff with a tissue box.

In terms of food related behavior incidents, out of the 565 BIR's there were 45 incidents. Several incidents which were recorded by the care-givers that dealt with food related issues were stealing a

**TABLE 1****BEHAVIOR INCIDENT REPORT TOTALS**

<b>1996</b>	<b>Socialization w/peer</b>	<b>Socialization w/staff</b>	<b>Food</b>	<b>Other</b>
Male 1	4	0	3	7
Female 1	4	0	2	1
Male 2	19	14	5	98
Male 3	26	22	7	2
Female 2	11	7	5	34
Female 3	14	33	3	52
<b>1997</b>				
Male 3	33	27	2	15
Male 2	7	11	0	19
Male 4	1	0	0	0
Female 1	6	1	2	2
Male 1	0	0	2	3
Female 3	11	27	7	21
Female 2	5	12	7	10
Male 5	1	1	0	2
<b>Total BIR'S</b>	<b>142</b>	<b>155</b>	<b>45</b>	<b>266</b>



pear from a peer, eating a sandwich and onions from the trash can, stealing a bag of Cheeto's and not having Crystal-Light (a beverage) for lunch. For more information and/or examples it is listed in Appendix F.

### **Analysis**

As mention in Chapter 1, in the section on Limitations, the study involved a small sample size, care-givers may have incorrectly filled out BIR's, there were a disproportionate number of males verses females, the study employs instruments requiring a judgment about the causality of the behavior and consistent turn-over in group home staff all have a significant impact on the outcome of this study.

However, it is interesting to note that a large number of behavior incidents issues consisted of refusing to complete work tasks at program and sleeping. This issue would be interesting and of great importance to further examine.

Overall, results of the study strongly suggest that socialization issues concerning staff and/or peers is the primary and most frequent source of negative behavior incidents among adults in a PWS group home setting.

## **Chapter 5**

### **Summary and Conclusions**

The purpose of this study was to examine the frequency of behavior incidents, of adults in a group home setting who have been diagnosed with Prader-Willi Syndrome, to determine if the behaviors are more frequently related to food issues or socialization problems with peers and/or staff.

A review of the literature indicates that in spite of the vast medical technology and advancements that have developed over the past years the precise physiologic causes and mechanism of this syndrome is not fully understood. Since there may be numerous causative factors that result in a disturbance in the embryo or fetus, several etiologies have been suggested including: central nervous system (CNS) dysfunction, chromosomal and/or hypothalamic abnormalities.

The course of PWS usually follows phases one and two where the child who had no interest in eating and is a tiny infant becomes pudgy, then fat, then obese if their food in-take is not controlled.

There is no cure for PWS, no drug that can be universally prescribed to alleviate some or all of the symptoms, or even any appetite decreasing treatment that has been successful for any prolonged time. Therefore, treatment is symptomatic and consists of four main components: weight control, special education, exercise and behavior management.

Children with PWS are usually described as good natured, placid, affectionate, outgoing, happy and cooperative. However, behavioral problems appear to intensify with age. Stubbornness and hyperactivity replace affability.

### **Findings**

The sample for this study consisted of eight adults medically diagnosed with PWS in a group home setting. Six adults live at Dorothy group home in Dorothy, NJ. The participants range in age from twenty-nine to fifty-six years and IQs ranged from 43 to 78. The other participants in the study, two, live at Linda Lane group home in Vineland, NJ. They are ages forty and forty-two years and have IQs of 58 and 59.

All participants BIR forms were examined for a two year period from January 1, 1996 to December 31, 1997. They were examined by the researcher. The BIR's were analyzed by grouping the reports into four categories. The categories are: 1) socialization w/peers, 2) socialization w/staff, 3) food related and 4) other. The results were visually inspected and frequencies in each category were recorded.

Based on a comparison of the tabulated five hundred and sixty-five BIR's, there were one hundred forty-two behavior incidents related to problems associated with peer socialization issues. There were also one hundred fifty-five behavior incidents related to problems associated with staff socialization issues. This indicated that there was a total of two hundred ninety-seven behavior incidents relating to socialization issues with staff and/or peers. In terms of food related behavior incidents, there were only forty-five incidents.

### **Discussion And Implications For Future Research**

Since, there is no cure for PWS or any drugs that can alleviate

some or all of the systems, or even any appetite decreasing treatment that has been successful for any prolonged time. And with the continued press for deinstitutionalization it can be expected that increased numbers of individuals with PWS will be placed in group homes. Unfortunately, frequent staff turnovers, a recognized problem in providing quality programs in these settings, establishes a need for more specific information regarding the potential behavioral abnormalities of PWS individuals and for providing in-service activities for staff. It would also be beneficial and interesting to look at the implications of the large number of behavior incidents of refusal to complete work tasks at program and their sleeping patterns.

## BIBLIOGRAPHY

- Battaglia, A., Gurrieri, F., Bertini, E., Bellacosa, A., Pomponi, M.G., Paravatou-Petsotas, M., Mazza, S., and Neri, G. (1997). The inv. dup. (15) syndrome: a clinically recognizable syndrome with altered behavior, mental retardation, and epilepsy. Neurology, 48,1081-1086.
- Belcher, T.L. (1994). Movement to the community: reduction of behavioral difficulties. Mental Retardation. Vol. 32, No. 2, 89-90.
- Clarke, D.J., Boer, H., Chung, M.C. and Webb T. (1996). Maladaptive behavior in Prader-Willi syndrome in adult life. Journal of Intellectual Disability Research , 40, 159-165.
- Clarke, D.J., Waters, J., and Corbett, J.A. (1989). Adults with Prader-Willi syndrome: abnormalities of sleep and behaviour. Journal of the Royal Society of Medicine, 82, 21-24.
- Curfs, Leopold M.G., and Fryns, J.P. (1992). Prader-Willi syndrome: A review with special attention to the cognitive and behavioral profile. Birth Defects: Original Article Series, 28, 99-104.
- Davidson, P.W., Jacobson, J., Cain, N.N., Palumbo, D. Sloane-Reeves, J., Quijano, L., Van Heyningen, J., Giesow, V., Erhart, J., and Williams, T. (1996). Characteristics of children and adolescents with mental retardation and frequent outwardly directed aggressive behavior. American Journal on Mental Retardation. Vol. 101, No. 3., 244-255.

- Duker, P.C., Van Druenen, C., Jol, K. and Oud, H. (1986). Determinants of maladaptive behavior of institutionalized mentally retarded individuals. American Journal of Mental Deficiency. Vol. 91, No. 1, 51-56.
- Dykens, E.M., and Cassidy, S.B. (1995). Correlates of maladaptive behavior in children and adults with Prader-Willi syndrome. American Journal of Medical Genetics, 60, 546-549.
- Dykens, E.M., Hodapp, R.M., Walsh, K., and Nash, L.J. (1992). Adaptive and maladaptive behavior in Prader-Willi syndrome. Journal of the American Academy of Child and Adolescent, 31:6,1131-1136.
- Gaddes, W.H. and Edgell, D. (1994). Learning Disabilities and Brain Function. (p. 62). New York, NY: Springer-Verlag.
- Glover, D., Maltzman, I., and Williams, C. (1996). Food preferences among individuals with and without Prader-Willi syndrome. American Journal on Mental Retardation. Vol. 101, No. 2, 195-205.
- Goldman, J.J. (1988). Prader-Willi syndrome in two institutionalized older adults. Mental Retardation, Vol. 26, No. 2., 97-102.
- Greenswag, L. R. and Alexander, R.C. (1995). Management of Prader-Willi Syndrome. New York, NY: Springer-Verlag.
- Holm, V.A., Sulzbacher, S., and Pipes, P.L. (1981). The Prader-Willi Syndrome. Baltimore, MD: University Park Press.
- Intagliata, J., Rinck, C. and Calkins, C. (1986). Staff response to maladaptive behavior in public and community residential facilities. Mental Retardation. Vol. 24, No. 2, 93-98.

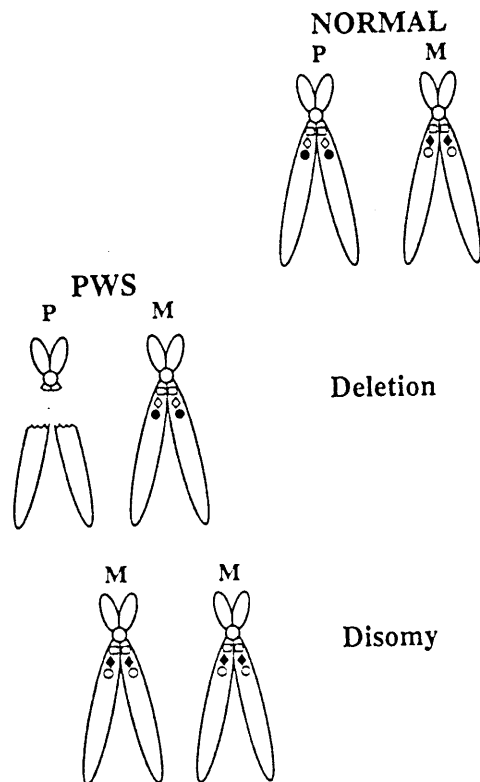
- Joseph, B., Overmier, J.B., and Thompson, T. (1997). Food-and nonfood-related differential outcomes in equivalence learning by adults with Prader-Willi syndrome. American Journal on Mental Retardation. Vol.101, No. 4, 374-386.
- Mitchell, L. (1980). An Overview of the Prader-Willi Syndrome. Published by the Prader-Willi Syndrome Association, University of Pittsburgh.
- Prader-Willi Syndrome Association, 5515 Malibu Drive, Edina, MI, 55436
- Prader-Willi Association. Someone You Know Has Prader-Willi Syndrome (PWS), 1995.
- Rubin, I.L. and Crocker, A.C. (1989). Developmental Disabilities - Delivery Of Medical Care For Children and Adults. Boston, MA: Lea and Febiger, 203-215.
- Silverthorn, K.H. and Hornak, J.E. (1993). Beneficial effects of exercise on aerobic capacity and body composition in adults with Prader-Willi syndrome. AJMR, Vol. 97, No. 6., 654-658.
- Taber's Cyclopedic Medical Dictionary. Philadelphia, PA: F.A. Davis Company (1985).
- Webster's Medical Desk Dictionary. Springfield, MA: Merriam-Webser Inc. (1986).
- Wett, R.J. (1983). Prader-Willi Syndrome - The Disabled Child. JAMA, Vol. 249, No. 14.
- Whitman, B.Y. (1995). Understanding and managing the behavioral and psychological components of Prader-Willi syndrome. Prader-Willi Perspectives. 3,3-11.



Whitman, B.Y., and Accardo, P. (1987). Emotional symptoms in Prader-Willi syndrome adolescents. American Journal of Medical Genetics. 28,897-905.

## APPENDIX A

### Genetics of Prader-Willi Syndrome



## APPENDIX B

### Consensus Diagnostic Criteria For Prader-Willi Syndrome

#### Major Criteria

1. Neonatal and infantile central hypotonia with poor suck, gradually improving with age
2. Feeding problems in infancy with need for special feeding techniques and poor weight gain/failure to thrive
3. Excessive or rapid weight gain on weight-for-length chart (excessive is defined as crossing two centile channels) after 12 months but before 6 years of age; central obesity in the absence of intervention
4. Characteristic facial features with dolichocephaly in infancy, narrow face or bi-frontal diameter, almond-shaped eyes, small-appearing mouth with thin upper lip, down-turned corners of mouth (3 or more required)
5. Hypogonadism- with any of the following, depending on age;
  - a. Genital hypoplasia (male: scrotal hypoplasia, cryptorchidism, small penis and or testes for age (<5th percentile); female: absence or severe hypoplasia or labia minora and/or clitoris)
  - b. Delayed or incomplete gonadal maturation with delayed pubertal signs in the absence of intervention after 16 years of age (male: small gonads, decreased facial and body hair, lack of voice change; female: amenorrhea/oligomenorrhea after age 16)

6. Global developmental delay in a child younger than 6 years of age; mild to moderate mental retardation or learning problems in older children
7. Hyperphagia/food foraging/obsession with food
8. Deletion 15qll-13 on high resolution (>650 bands) or other cytogenetics/molecular abnormality of the Prader-Willi chromosome region, including maternal disomi

### **Minor Criteria**

1. Decreased fetal movement or infantile lethargy or weak cry in infancy, improving with age
2. Characteristic behavior problems-temper tantrums, violent outbursts and obsessive/compulsive behavior; tendency to be argumentative, oppositional, rigid, manipulative, possessive, and stubborn; persevering, stealing, and lying (5 or more of these symptoms required)
3. Sleep disturbance or sleep apnea
4. Short stature for genetic background by age 15 (in the absence of growth hormone intervention)
5. Hypopigmentation-fair skin and hair compared to family
6. Small hands (<25th percentile) and/or feet (<10th percentile) for height age
7. Narrow hands with straight ulna border
8. Eye abnormalities (esotropia, myopia)

9. Thick viscous saliva with crusting at corners of the mouth
10. Speech articulation defects
11. Skin picking

**Supportive findings (increase the certainty of diagnosis)**

1. High pain threshold
2. Decreased vomiting
3. Temperature instability in infancy or altered temperature sensitivity in older children and adults
4. Scoliosis and/or kyphosis
5. Early adrenarche
6. Osteoporosis
7. Unusual skill with jigsaw puzzles
8. Normal neuromuscular studies

(Greenswag and Alexander,1995)

## APPENDIX C

### **Clinical Symptomatology of Prader-Willi Syndrome First Phase**

Pre-and postnatal growth failure (more pronounced in males)

Muscular hypotonia or tonia

Hypo- or areflexia, including such and swallowing reflexes

Dolichocephaly with small bi-frontal diameter

Brachycephaly (in other cases)

Facial diplegia with the typical triangular (fish) mouth

Convergent squint, almond-shaped eyes, myopia

Poorly molded ears, narrow ear canals

High palate

Acromicria of hands and feet

Thermolability, hypo- and hyperthermia

Hypogonadism

micropenis, scrotal hypoplasia, cryptorchidism in boys;  
small labia majora, absent labia minora in girls

(Holm, Sulzbacher & Pipes, 1981)

## **APPENDIX D**

### **Clinical Symptomatology of Prader-Willi Syndrome Second Phase**

Delayed, rarely normal, psychomotor development

Intelligence quotient from 20 to 90 and rarely higher

Dysarthria

Easy going, affectionate character with lack of initiative

Incontinent emotionality with outbursts of extreme joy but also streaks of stubbornness

Later on, severe behavioral problems with meanness, verbal aggressiveness, and incredible anger, almost rage

Self-assaultiveness, trichotillomania, picking sores

Short stature (height below 50th percentile)

Hyperphagia

- a) decreased perception of satiety
- b) persistent painful hunger

Obesity, notably of trunk and proximal parts of limbs

Scoliosis, kyphosis

Knock-knees, pedes valgoplaini

Congenital dislocation of hips

Sleepiness

Obesity-hypoventilation syndrome

Increased glucose intolerance

Acetotic diabetes mellitus

Hypogonadism

a) hypogonadotrophic

b) hypergonadotrophic

Male infertility

Female primary or secondary amenorrhea

Anovulatory menstrual cycles

Incomplete development of secondary sex characteristics

(Holms, Sulzbacher & Pipes, 1981)



## APPENDIX E

### THE TRAINING SCHOOL BEHAVIOR INCIDENT REPORT

INDIVIDUAL: \_\_\_\_\_ RESIDENCE: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ INCIDENT LOCATION: \_\_\_\_\_

TIME INCIDENT BEGAN: \_\_\_\_\_ AM/PM FINISHED: \_\_\_\_\_ AM/PM

REPORTED BY: \_\_\_\_\_

*Name*

*Title*

#### DESCRIBE THE BEHAVIOR BEFORE THE INCIDENT STARTED:

#### DURING THE INCIDENT, I/WE WITNESSED THE FOLLOWING BEHAVIOR .....

#### MY/OUR REACTION TO THE BEHAVIOR WAS TO.....

INJURY TO INDIVIDUAL OR OTHER? ☐ YES ☐ NO; IF YES, NAME: \_\_\_\_\_ (IF YES, COMPLETE AN ACCIDENT/INJURY REPORT)

SUPPORT PERSON CALLED? ☐ YES ☐ NO; IF YES, NAME: \_\_\_\_\_

WITNESS TO INCIDENT: \_\_\_\_\_

*Signature*

### RESTRAINT INFORMATION

#### DESCRIBE THE BEHAVIOR THAT MADE THE RESTRAINT NECESSARY:

#### DESCRIBE THE INDIVIDUAL'S BEHAVIOR DURING THE RESTRAINT:

#### DESCRIBE THE INDIVIDUAL'S BEHAVIOR AFTER THE RESTRAINT:

IF YOU RELEASED THE INDIVIDUAL COMPLETELY (NOT A TEST RELEASE) THEN RESTRAINED HIM/HER AGAIN COMPLETE A NEW BIR

STAFF ADMINISTERING RESTRAINT - NAME & TITLE: \_\_\_\_\_

TYPE OF RESTRAINT (Check all that apply): a. ☐ Bear Hug b. ☐ Basket hold c. ☐ Take down  
d. ☐ Two Person Lay Down e. ☐ Small person Take Down ☐ Other/Describe \_\_\_\_\_

Length of restraint: \_\_\_\_\_ Minutes Number of test releases tried: \_\_\_\_\_

INJURY TO INDIVIDUAL RESULTING FROM RESTRAINT ☐ YES ☐ NO; (IF YES, COMPLETE ACCIDENT/INJURY REPORT)

REVIEWED BY: MANAGER/SUPERVISOR \_\_\_\_\_ DATE: \_\_\_\_\_

☐ REPORT COMPLETE (NO FOLLOW UP NEEDED) ☐ FOLLOW UP (SEE ATTACHED) INCIDENT TRACKED ☐ YES ☐ NO

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

## APPENDIX F

1996

Male 1

SP	3-16-96	Bathroom	9:40 am 9:50 am
	Richard permitted Paul to watch him use the bathroom		
O	3-13-96	Work	9:10 am 9:20 am
	Low on cig. non-compliant to go to program		
O	5-3-96	Van	1:00 pm 2:30 pm
	RW slept		
SP	5-10-96	Bedroom	6:50 pm 7:00 pm
	He was giggling and touching face and chest of peer		
F	5-13-96	Campus Lounge	12:10 pm 12:14 pm
	He stole a pear from another client		
O	6-3-96	Trailer	11:30 am 11:45 am
	RW		
O	6-18-96	Van	1:05 pm 1:15 pm
	RW slept		
O	6-20-96	Trailer	10:30 am 11:00 am
	RW		
F	6-28-96	Lounge	10:40 am 10:55 am
	Ate sandwich and onions from the trash can		
O	6-28-96	Trailer	1:50 pm 2:30 pm
	RW slept		
F	8-7-96	Kitchen	4:35 pm 4:40 pm
	Ate donuts, cookies, pita bread and pretzels at work		
O	8-15-96	Bedroom	6:25 am 7:15 am
	Trouble getting up		
SP	8-16-96	Van	8:33 am 8:40 am
	Pulled peers shirt off and tried to bite him		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SP	10-19-96	Bedroom	3:30 pm	4:00 pm
	Hit peer			

Total 14

SP=4 SS=0 F=3 O=7

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Female 1

1996

SP/F	1-24-96	Senior Enrichment	11:15 am 11:30 am
	Accused peer of stealing her food and bothering her		
SP	2-18-96	Bedroom	6:40 am 6:50 am
	Clothing out of peer closet, used profanity on peer		
F	4-29-96	Living Room	10:30 am 10:42 am
	Asked to eat lunch at 10:30, became abusive, cursing and calling staff racial names		
SP	10-17-96	Senior Center Bathroom	12:30 pm 12:31 pm
	Yelling at a peer, accused lady of starting a fight w/her, peer thought she stole baby wipes		
SP	10-21-96	Program	12:45 pm 12:46 pm
	A peer came in and she began yelling profanities		
O	12-17-96	Bedroom	2:00 am 2:15 am
	She was wet, staff got her up to toilet and change diaper, she took diaper off and began to do #2 on the floor		

Total 6

SP=4 SS=0 F=2 O=1

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Male 2

1996

O	1-11-96 RW slept	Work	12:00 noon 3:00 pm
O	1-16-96 RW slept, picked sore	Work	12:00 noon 3:00 pm
O	1-18-96 RW	Work	11:45 am 2:00 pm
SP	1-19-96 Hitting, pushing, cursing and kicking peer	Bedroom	5:47 am 6:05 am
SP/SS	1-22-96 Teasing peers, profanity at staff	Work	10:30 am 10:34 am
O	1-22-96 RW slept	Work	12:00 noon 1:00 pm
SP	1-23-96 Teasing peer	Kitchen	7:45 am 7:48 am
O	1-23-96 RW slept	Work	11:45 pm 1:15 pm
O	1-24-96 Flushed paper towels and safety-guard down the toilet	Bathroom	9:15 am 9:20 am
SP	1-24-96 Teasing peer	Work	9:28 am 9:31 am
F	1-24-96 Stole a bag of Cheeto's	Lunch Room	11:30 am 11:31 am
O	1-24-96 Scratched scalp, bleed	Work	12:00 noon 12:06 pm
O	1-26-96 RW slept	Work	9:00 am 3:00 pm

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS/O	1-26-96	Work	9:34 am 9:44 am
	Put sani-guard in toilet, talked provocatively to staff		
O	1-26-96	Work	11:45 am 11:55 am
	Refused to wash hands		
O	1-26-96	Work	11:55 am 12:00 noon
	Picked head till bleed		
SS	1-28-96	Dining Room	9:00 am 9:10 am
	Profanity at staff, physical touching with staff		
O	1-29-96	Work	11:45 am 3:00 pm
	RW slept		
	1-29-96	Work	11:50 am 12:00 noon
	Picked scalp, bleed		
O	1-29-96	Work	2:25 pm 2:27 pm
	Refused to sit down		
O	1-30-96	Work	12:45 pm 3:00 pm
	RW slept		
O	1-30-96	Work	2:03 pm 2:04 pm
	Pub penis on wall		
SP	1-30-96	Work	2:28 pm 2:30 pm
	Poking staff's chest, teasing		
O	1-31-96	Work	10:30 am 3:00 pm
	RW slept		
SP/SS	1-31-96	Work	12:04 pm 12:30 pm
	Teasing peer and staff		
SS	2-1-96	Work	9:17 am 9:18 am
	Hit staff with a tissue box		
O	2-1-96	Conference Room	9:20 am 9:35 am
	Locked door and turned off lights		
SP	2-1-96	Work	9:36 am 9:41 am
	Teasing peers		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS	2-3-96	Bedroom	4:30 pm 4:40 pm
	Hit and kicked staff		
SP	2-3-96	Den	5:40 pm 5:50 pm
	Teasing peer about shampoo		
O	2-9-96	Work	11:45 pm 3:00 pm
	RW sleep		
O	2-13-96	Work	11:45 am 1:15 pm
	RW sleep		
O	2-14-96	Work	9:30 am 2:30 pm
	RW sleep		
SS	2-15-96	Work	9:40 am 3:00 pm
	Coughed medication up ; racial slurs at staff		
O	2-16-97	Work	10:15 am 12:30 pm
	RW slept		
O	2-20-96	Work	11:45 am 3:00 pm
	RW		
O	2-21-96	Work	12:00 noon 3:00 pm
	RW sleep		
O	2-21-96	Work	10:15 am 11:15 am
	RW sleep		
O	2-22-96	Work	12:30 pm 2:00 pm
	RW sleep		
O	2-23-96	Work	1:00 pm 3:00 pm
	RW sleep		
O	2-26-96	Work	12:45 pm 1:15 pm
	RW sleep		
O	2-27-96	Work	10:15 am 12:15 am
	RW		
O	2-27-96	Work	1:00 pm 3:00 pm
	RW sleep		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

O	2-28-96	Work	11:45 am 3:00 pm
	RW sleep		
O	2-29-96	Work	11:45 am 3:00 pm
	RW sleep		
SS	2-29-96	Work	1:38 pm 1:39 pm
	Woke from sleep yelling at staff		
O	3-6-96	Work	1:00 pm 3:00 pm
	RW sleep		
O	3-7-96	Work	9:15 am 3:00 pm
	RW		
O	3-7-96	Work	2:00 pm 2:15 pm
	RW pick sores and bleed		
O	3-7-96	Work	2:44 pm 3:15 pm
	Scratched back and bleed		
O	3-12-96	Work	1:00 pm 3:00 pm
	RW sleep		
O	3-13-96	Work	9:30 am 3:00 pm
	RW sleep		
O	3-13-96	Work	1:35 pm 1:37 pm
	Picking fingers		
O	3-14-96	Work	11:45 am 3:00 pm
	RW sleep		
O	3-15-96	Work	11:45 am 3:00 pm
	RW sleep		
O	3-18-96	Work	12:00 noon 3:00 pm
	RW sleep		
O	3-18-96	Work	1:43 pm 1:43 pm
	Picked fingers until bleed		
O	3-20-96	Work	9:15 am 3:00 pm
	RW sleep		



SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

O	3-21-96	Work	9:15 am 3:00 pm
	RW		
O	3-21-96	Work	1:15 pm 1:40 pm
	Scratched sores until bleed		
O	3-22-96	Work	9:00 am 1:45 pm
	RW		
SP	3-22-96	Living Room	9:16 am 9:20 am
	Attacked peer going into room		
O	3-25-96	Work	1:00 pm 3:00 pm
	RW		
O	3-26-96	Work	12:30 pm 3:00 pm
	RW		
O	3-27-96	Work	11:45 am
	RW sleep		
O	3-28-96	Work	9:00 am 12:00 noon
	RW		
O	3-29-96	Work	10:15 am 3:00 pm
	RW sleep		
SP	3-30-96	Dining Room	8:40 pm 8:45 pm
	Attacked peer		
O	4-1-96	Work	12:15 pm 3:00 pm
	RW		
O	4-2-96	Work	9:15 am 3:00 pm
	RW		
SS	4-10-96	Living Room	5:00 pm 5:15 pm
	Refused chore, kicked staff, threatened staff		
O	4-11-96	Work	9:15 am 3:00 pm
	RW, scratched scalp, slept		
O	4-11-96	Work	2:25 pm
	Scratch right side of face till bleed		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS	4-11-96	Exercise Room	4:00 pm 6:10 pm
		Yelling, cursing, aggressive towards staff	
O	4-12-96	Work	9:00 am 3:00 pm
		RW sleep	
O	4-12-96	Work	11:07 am 11:20 am
		Choking self	
O	4-16-96	Work	11:45 am
		RW sleep	
O	4-16-96	Work	2:00 pm
		Picking face till bleed	
O	4-17-96	Work	9:15 am 12:30 pm
		RW	
O	4-17-96	Lunchroom	11:40 am 11:50 am
		Urinated on self, calling mother names	
O	4-18-96	Work	9:00 am 10:45 am
		RW	
O/SP	4-18-96	Work	9:12 am 10:30 am
		Urinated on self, making fun of peers	
SP	4-18-96	Work	9:40 am 9:41 am
		Making fun of peers	
O	4-19-96	Work	10:36 am
		Urinated on self	
O	4-19-96	Work	9:20 am 3:00 pm
		RW sleep	
O	4-19-96	Work	12:10 pm 12:11 pm
		Scratched sores until bleed	
O	4-19-96	Work	3:10 pm
		Urinated on self	
O	4-22-96	Work	9:15 am 3:00 pm
		RW	

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

F	4-23-96	Work	10:00 am 3:00 pm
	RW, no crystal-light at lunch		
O	4-23-96	Work	11:12 am
	Picked right ear		
O	4-24-96	Work	11:45 am 3:00 pm
	RW sleep		
O	4-25-96	Work	9:15 am 3:00 pm
	RW sleep		
O	4-26-96	Work	9:15 am
	RW sleep		
O	4-26-96	Bathroom	11:45 am 11:46 am
	Urinated on self		
O	4-29-96	Work	11:45 am 3:00 pm
	RW sleep		
O	4-30-96	Work	9:00 am 3:00 pm
	RW sleep		
O	4-30-96	Work	10:50 am
	Urinated on self		
O	5-1-96	Bathroom	11:55 am 11:56 am
	Urinated on self		
O	5-1-96	Work	12:00 noon 3:00 pm
	RW scratching in pants		
O	5-2-96	Work	11:45 am 3:00 pm
	Urinated on self		
O	5-3-96	Work	9:30 am 3:00 pm
	RW		
SP	5-4-96	Den	3:15 pm 3:37 pm
	Fighting with peer		
SP/SS	5-6-96	Van	8:45 am 9:00 am
	Teasing and hitting peer, teasing staff		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

O	5-6-96	Bathroom	12:00 noon 12:01 pm
	Swallowed 2 nails		
SP	5-7-96	Dr. Office	9:45 am
	Fighting with peer		
O	5-9-96	TSI	11:05 am
	Choking self		
O	5-16-96	Van	3:15 pm 4:00 pm
	Choking self		
O	5-29-96	Bedroom	6:30 pm 7:15 pm
	R chore, bit hand		
O	6-9-96	Bedroom	3:00 pm 3:05 pm
	Swallowed a bolt from trophy		
O	6-10-96	Dayroom	9:30 am 11:00pm
	Choking self		
SP	6-10-96	Van	3:45 pm 3:50 pm
	Fighting peer		
SP	6-15-96	Exercise Room	8:00 pm 8:15 pm
	Teasing peer, fighting		
SP	7-13-96	Bedroom	8:02 am 8:05 am
	Fighting w/peer		
F	9-5-96	Dining Room	2:00 pm 2:01 am
	Ate an extra cup of cheese curls		
O	9-6-96	Dayroom	9:00 am 9:10 am
	Wanted playboy magazines and described pictures in them		
SS	9-6-96	Dayroom	9:40 am 9:43 am
	Trying to kiss staff		
O	10-1-96	Building	11:00am 3:00 pm
	Refused work all day, sleeping, talking about suicide and uncles death		
O	10-1-96	Restroom	11:00 am 11:05 am
	Robert washed hands for lunch, sprayed staphban in mouth and swallowed it		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

F	10-3-96	Kitchen	1:45 pm 2:00 pm	Temptation of food, not earning token
SP	10-19-96	Bedroom	3:30 pm 4:00 pm	Bible Book, grabbed peer around neck
F	10-27-96	Kitchen	1:20 pm 1:25 pm	Threw apple several times, did not want
SS	10-28-96	Bedroom	6:45 am 6:55 am	Making bed to hard w/blanket, staff removed blankets, cursing and yelling and threatening staff
SS	10-31-96	Dayroom	1:20 pm 1:21 pm	Staff asked him to wake up, swung at staff
O	11-7-96	Kitchen	10:30 am 10:33 am	Refusing to unstack chairs and yelling
O	11-7-96	Lounge	12:20 pm 12:25 pm	Picking sore until bleeding, licking blood
O	11-7-96	Lunchroom	1:40 pm	Refused to do afternoon activity, lost token
O	11-12-96	Lounge	12:30 pm	Picking sore on head until it began to bleed
O	11-12-96	Classroom	12:30 pm 1:30 pm	Robert refused activities and kept going to sleep
O	11-13-96	Dayroom	9:25 am 10:00 am	Kept sleeping, lost tokens, cursing and yelling
O	11-13-96	Classroom	1:00 pm 1:30 pm	Talking about death of his father
O	12-3-96	Program	10:15 3:10 pm	Refusing work wanted to sleep

Total 131

SP=19 SS=14 F=5 O=98

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Male 3

1996

SP	1-19-96	Bedroom	5:47 am 6:05 am	Kicked peer, hitting and biting
SS/SP	2-4-96	Bathroom	6:00 pm 6:20 pm	Biting peer and hitting staff due to peer teasing
SP	2-5-96	Living Room	9:00 am 9:50 am	Profanity at peer
SS/SP	2-5-96	Living Room	10:30 am 10:50 am	Teasing peer turned into aggression towards staff
SS	2-6-96	Basement	8:45 pm 9:15 pm	Racial slurs staff, trying to complete laundry chore
O	2-8-96	Kitchen	7:00 pm 7:10 pm	Hygiene time pulled down pants and waved penis
SS	2-13-96	Bedroom	6:45 pm 7:25 pm	Racial slurs, aggressive towards staff, inappropriate comments
SS	2-18-96	Kitchen	4:57 pm 8:00 pm	Aggression towards staff (called for dinner)
F	2-22-96	Living Room	8:07 am 9:47 am	Aggressive physically and verbally over a soda
SS/SP	2-29-96	Work	12:35 pm 3:30 pm	Aggression towards peer and staff - one box of material work was missing
SS	2-29-96	Living Room	4:13 pm 5:18 pm	Aggression towards staff
SP	3-5-96	Living Room	7:20 pm 8:30 pm	Fighting w/peer over trash can being emptied
SS/SP	3-10-96	Kitchen	10:03 am 11:47 am	Verbally abusive staff and peers

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS	3-11-96	Living room	10:32 am 10:40 am
	Yelling, cursing, racial slurs at staff		
SS	3-11-96	Living room	12:17 pm 2:10 pm
	Aggression towards staff, destroyed property		
SP	3-12-96	Bedroom	6:30 am 6:43 am
	Attacked peer		
SP	3-16-96	Dining room	7:00 pm 7:15 pm
	Sexually (verbally) aggressive towards peer		
SP	3-16-96	Bathroom	9:40 am 9:50 am
	Looking at peer on toilet		
SP	3-16-96	Bedroom	10:13 am 10:22 am
	Paul sexually active with peer		
SP	3-24-96	Living room	6:50 pm 7:30 pm
	Verbally aggressive, throwing things because of peer wanting to clean area		
SP	5-4-96	Den	3:15 pm 3:37 pm
	Fighting with peer		
SP	5-6-96	Van	8:45 am 10:10 am
	Fighting w/peer		
SP	5-7-96	Dr. Office	9:55 am
	Fighting w/peer		
SP	5-29-96	Bedroom	6:40 pm 6:55 pm
	Fighting w/peer over chores		
SS	5-31-96	Van	9:44pm 10:30 pm
	Calling staff racial slurs do to inappropriate behaviors		
SP	6-3-96	Van	8:35 am 10:30 am
	Aggressive peer		
SS	6-6-96	Work	2:50 pm 2:55 pm
	Cursing at staff		
SS/SP	6-12-96	Hallway	4:00 pm 4:30 pm
	Verbal and physically aggressive towards peer and staff		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SP/SS	6-12-96	Kitchen	8:00 pm	8:45 pm	Teasing peer using profanity at staff
SS	6-28-96	Program	11:00 an	12:00 pm	Kicked staff verbally aggressive, RW at program
SS	6-30-96	Kitchen	8:30 am	11:20 am	Physically aggressive towards staff
SP	7-13-96	Bathroom	8:02 am	8:05 am	Teasing peer
SS	7-14-96	Kitchen	8:45 am	9:15 am	Physically and verbally abusive towards staff over batteries for radio
SS/SP	7-31-96	Bedroom	8:30 pm	8:50 pm	Verbal towards peer and staff
F	8-7-96	Dining Room	5:30 pm	5:50 pm	Claimed not enough stuffing, blamed peer and hit peer
SP	8-16-96	Van	8:33 am	8:40 am	Teasing about cigarettes, hit peer
F	8-17-96	Dinning Room	8:00 pm	8:30 pm	Teasing peer about snack
SP	9-3-96	Bedroom	9:15 pm	10:45 pm	Fighting w/peer
F	9-13-96	Office	8:35 am	8:50 am	Arguing with peer about lunch box
O	9-13-96	Living room	10:54 am	10:58 am	Threw radio, yelling profanity
F	9-22-96	Bedroom	7:00 pm	8:00 pm	Bite, kick, profanity because menu was adjusted
SP	10-5-96	Dining Room	10:30 am	11:15 am	Teasing peer, hitting peer
SS	10-14-96	Bedroom	3:15 pm	3:35 pm	Aggressive towards family and staff



SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SP	10-19-96	Bedroom	3:34 pm	4:00 pm	Hitting peer over books
SS	10-23-96	Kitchen	5:00 pm	5:30 pm	Racial slurs, hitting and spitting
SS	10-29-96	Living room	9:00 am	9:45 am	Calling staff racial slurs and aggressive towards staff
F	10-30-96	Living room	7:15 am	8:00 am	Incident do to not wanting turkey cutlets
SS	10-31-96	Kitchen	7:10 am	10:15 am	Racial slurs, throwing items
F	11-10-96	Denny's	9:15 am	10:45 am	Throwing items and spitting about coffee
SP	11-10-96	Bedroom	4:15 pm	5:15 pm	Kicking, biting, etc. against peer
SS	12-8-96	Kitchen	2:45 pm	3:00 pm	Cursing, spitting, racial slurs at staff

Total 51

SP=26 SS=22 F=7 O=2

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Female 2

1996

SS/SP	1-3-96	Work	10:30 am 2:30 pm	Not allowed to smoke; yelled at peers and staff knocked over chair, slept
O	1-18-96	Work	2:00 pm 3:00 pm	RW slept
O	1-19-96	Work	2:15 pm 2:20 pm	Missed smoke, kicked desk and pulled papers down
SP	2-25-96	Kitchen	7:40 am 7:50 am	Putting dishes in washer, kicked peer in privates
F	2-25-96	Living room	8:05 pm 8:15 pm	R snack and threw on floor
SP	3-20-96	Home	7:15 am 8:30 am	Aggravated a peer
O	3-20-96	Work	9:30 am 11:30 am	Crying and upset about boyfriend braking up
O	3-26-96	Work	11:00 am 12:30 pm	RW slept
O	3-27-96	Work	9:00 am 11:00 am	RW slept
O	3-29-96	Work	9:00 am 11:30 am	Was upset from home and started yelling someone would steal her coat
SP/SS	4-1-96	Living room	7:00 pm 7:15 pm	Feeling peers genitals, counseled by staff yelling at staff
O	4-12-96	Dining room	8:20 am 8:40 am	Didn't want to put on shoes or go to TSI, yelling, cursing, threw shoe
O	4-12-96	work	9:00 am 3:00 pm	Felt sick no work, slept

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

O	4-16-96	Work	11:30 pm 3:00 pm
	RW slept		
O	4-23-96	Work	9:00 am 3:00 pm
	RW slept		
SS	4-27-96	Home	7:30 am 7:45 am
	Refusing hygiene, cursing staff banging walls		
O	4-25-96	Work	9:30 am 12:30 pm
	RW slept		
O	4-25-96	Work	1:00 pm 3:00 pm
	RW slept		
O	4-30-96	Home	8:15 am 8:45 am
	Picked cig. butt from ash-tray. Cursed staff, banged on walls, refused program		
SS	5-9-96	Work	11:00 am 12:15 pm
	Fell asleep at work, threatened staff		
O	5-9-96	Work	12:45 pm 1:00 pm
	Missed smoke, threw chair yelled at staff		
O	5-9-96	Work	1:15 pm 3:00 pm
	Wanted noon cig. called staff liar, refusing to leave area		
O	5-10-96	Kitchen	3:45 pm 3:48 pm
	Knocking over items at home due to incident at TSI		
O	5-12-96	Dining Room	12:00 noon 12:20 pm
	Wanted noon cig., yelled and cursed, threatened staff		
O	5-15-96	Work	1:00 pm 2:00 pm
	After working went to sleep		
O	5-16-96	Work	11:00 am 12:00 noon
	RW slept		
O	5-20-96	Work	1:00 pm 2:00 pm
	RW slept		
O	6-3-96	Work	11:00 pm 12:20 pm
	RW slept, yelling at staff -lost cig.		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SP	6-4-96	Van	3:25 pm 3:27 pm	Bit peer about seat belt
F	6-18-96	Work	1:45 pm 1:50 pm	Peer trying to give her pretzel
O	6-26-96	Work	1:00 pm 3:00 pm	RW slept
O	7-2-96	Work	1:00 pm 3:00 pm	Wanted clothes and walked out of group
SP	7-23-96	Home	7:47 am 7:55 am	Hit peer over a conversation about another peer
O	7-28-96	Living Room	5:45 pm 6:00 pm	Sleeping during her cooking time, threaten and broke items
SS	8-13-96	Home	7:25 am 8:10 am	Asked to alter routine slightly became aggressive verbally and physically towards staff
SP	8-13-96	Home	6:20 pm 7:35 pm	Physically confrontation over radio w/peer
SS	8-15-96	Home	10:00 am 11:15 am	Aggressive verbally and physically to staff
O	8-19-96	Work	1:00 pm 2:30 pm	Stop work went to sleep
O	9-32-96	Work	12:00 noon 12:15 pm	Went to sleep at work
O	9-24-96	Bedroom	8:00am 8:45 am	Clothing choice cursing and throwing things at staff
SP	9-26-96	Work	12:30	Yelled and kicked peer because peer took her work
SP	10-2-96	Driveway	8:40 am 8:45 am	Kicked and yelled at peer trying to get in van

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS	10-3-96	Living Room	8:10 am 8:50 am
			Verbally abusive w/staff over Dr's cancellation
F	10-3-96	Kitchen	11:50 am 12:45 pm
			Physically and verbally aggressive over food
F	10-5-96	Kitchen	11:50 am 12:05 pm
			Verbally aggressive over starches being wrong on menu
SP	10-25-96	Bedroom	5:10 pm 5:11 pm
			Aggressive towards peer, threw his TV on the floor
O	10-28-96	Work	12:00noon 2:15 pm
			Went to sleep
O	10-29-96	Van	2:45 pm 3:05pm
			Curse at staff over cig. missed at program
O	10-29-96	Dining Room	4:32 pm 5:11 pm
			Verbally and physically abusive w/staff over cig. being missed
O	10-31-96	Work	3:00 pm 3:10 pm
			Went to another location w/out permission
O	11-4-96	Work	11:00 am 12:30 pm
			RW slept
O	11-4-96	work	1:00 pm 3:00 pm
			RW slept
F	11-14-96	Home	8:15 am 9:45 am
			Physically violent due to 2 starches missed yesterday
SS	11-7-96	Living room	8:15 am 8:30 am
			Physically and verbally aggressive to staff over clothing choice
O	11-14-96	Work	10:00 am 12:30 pm
			Trying to get out of work

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SP 12-11-96 Bedroom 4:00 pm 4:15 pm  
Physical aggressive w/peer over clothes

Total 51

SP=11 SS=7 F=5 O=34

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Female 3

1996

O	1-11-96	Kitchen	9:15 am 9:23 am	Ice pack, threaten and cursed at staff
SS	1-11-96	Bedroom	6:43 pm 7:30 pm	Asked to complete hygiene; attacked staff
SS	1-14-96	Kitchen	3:45 pm 3:55 pm	Accused staff of hitting her
SS	1-18-96	Gatehouse	4:45 pm 5:30 pm	Dr. gave new med; threatened and yelled and escorted to van then turned on staff
O	1-19-96	Work	9:30 am 12:00 noon	Slow work, new med
O	1-20-96	Kitchen	9:06 am 9:42 am	Over clothes; hit peer turned on staff
SP	1-22-96	Bedroom	6:45 am 6:46 am	Punched peer
SP	2-3-96	Den	5:40 pm 5:50pm	Teasing from peer; threatened peer
O	2-13-96	Work	11:45am 2:00 pm	RW
O	2-18-96	Bedroom	6:40 am 6:50am	About clothes; slapped peer
O	2-26-96	Work	9:10 am 10:00 am	RW
F	3-7-96	Dining Room	4:45 pm 5:15pm	Corrected for eating w/fingers; verbal towards staff
SS	3-8-96	Bedroom	5:13 pm 6:09 pm	Refused chores and meds; yelled and threatened staff

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS	3-28-96	Dining Room	5:55 pm 8:30pm
			R hygiene; attached and threatened staff
SP	4-19-96	Van	8:30 am 8:40 am
			Hit peer
O	4-25-96	Work	9:30 am
			Threw work on floor complained about group home
O	4-29-96	Work	12:00 noon 3:00 pm
			RW slept
SS	5-6-96	Work	2:50pm
			Threatened staff
SS	5-6-96	Work	9:00 am 12:00 noon
			RW cursing and throwing items at staff
SS	5-6-96	Work	2:33 pm 2:38 pm
			Staff wanted her to sit down; hit staff
SS/SP	5--6-96	Work	3:00 pm 3:10 pm
			Yelling at peer; redirected attached staff and threatened
SS	5-6-96	Work	3:20 pm 3:40 pm
			Problem at work; tried to hit and bite staff when escorted to van
O	5-8-96	Work	9:45 am 2:00 pm
			RW
SS	5-13-96	Home	8:35 am 8:45 am
			Wanted to go to CRC; physical and verbal towards staff
SP/SS	5-13-96	Van	8:45 am 8:50 am
			Wanted to go to CRC; cursed staff and hit peer
SS	5-13-96	Work	9:00 am 9:12 am
			R to go in; yelled and kicked staff
O	5-15-96	Work	9:00 am 3:00 pm
			RW
O	5-16-96	Work	9:00am 3:00 pm
			RW; attacked staff



SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

O	5-16-96	Work	12:10 pm 12:12 pm
	RW		
F	5-17-96	Dining . Room	7:45 am 7:55 am
	Didn't want lunch; hit staff		
O	5-19-96	Work	9:15 am
	RW		
SS	5-22-96	Work	8:55 am 3:00 pm
	RW; attacked staff		
O	5-23-96	Living room	2:40 pm 3:47 pm
	Staple in shoe; attacked staff		
SS	5-24-96	Work	1:10 pm 1:45 pm
	RW; yelled threw work, bit staff		
O	5-24-96	Work	9:00 am 3:00 pm
	RW		
O	5-27-96	Hall	1:00 pm 1:15 pm
	Wanted to go on walk; verbal and physical towards staff		
O	5-28-96	Work	9:30 am 12:00 noon
	RW		
O	6-6-96	Dining Room	5:30 pm 7:00 pm
	Over cup, bit, kick, and threatened staff		
SP	6-6-96	Living Room	7:03 pm 8:00 pm
	Attacked peer after restraint		
O	6-3-96	Work	9:00 am 3:00 pm
	RW		
	6-5-96	Work	9:15 pm 12:15 pm
	RW		
O	6-10-96	Work	1:00 pm 2:15 pm
	RW		
O	6-11-96	Living Room	6:00 pm 6:45 pm
	Took frames from basement; swung at staff		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

O	6-15-96	Work	11:50 am 12:20 pm
	RW		
SP	6-23-96	Room	2:15 pm 2:30 pm
	Physical and verbal conf. w/ peer over clothes		
O	6-24-96	Kitchen	8:30 am 8:50 am
	Over cup; threatening and cursed at staff		
O	7-1-96	Living Room	8:30 am 9:00 am
	Over napkins; cursed and threaten staff		
O	7-1-96	Work	9:15 am
	RW		
SS	7-9-96	Living room	8:45 pm 9:25 pm
	Over laundry; cursed and hit staff		
O	7-9-96	Dining Room	9:25 pm 10:05 pm
	After restraint; hit, scratch, bite staff		
O	7-22-96	Work	12:00 noon 3:00 pm
	RW		
O	7-23-96	Living Room	8:10 am 8:35 am
	Peer hit her; she hit and broke staff's personal belonging		
O	7-23-96	Work	9:30 am 3:00 pm
	RW		
O	7-24-96	Work	9:00 am 3:00 pm
	RW		
O	7-25-96	Work	9:00 am 12:30 pm
	RW		
O	7-26-96	Work	9:15 pm 1:45 pm
	RW slept		
O	7-30-96	Work	9:00 am 3:00 pm
	RW slept		
O	8-1-96	Work	9:00 am
	RW		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS	8-6-96	Work	9:15 am 9:25 am	R to throw away tissue; hit and cursed staff
SS	8-8-96	Work	2:30 pm 2:50 pm	On toilet schedule (wanted to go sooner) cursed, kicked, scratched staff
SS	8-8-96	Hallway	2:40 pm 2:42 pm	Hit and threatened staff
SS	8-8-96	Work	2:51 pm 3:00 pm	Threw work on floor yelled at staff
O	8-9-96	Work	1:11 pm 3:00 pm	RW
SS	8-11-96	Living Room	8:15 am 8:45 am	R chores; cursed, hit and threw stuff at staff
SP	8-13-96	Home	6:20 pm 6:35 pm	Physically over peers radio
O	8-15-96	Work	9:15 am 3:00 pm	RW slept
O	8-20-96	Home	8:00 pm 8:20 pm	R med
O	8-20-96	Home	7:30 pm 10:00 pm	R hygiene
O	8-26-96	Work	9:00 pm 3:00 pm	RW
O	8-27-96	Home	10:25 am 12:00 noon	Wanted neosporin; hit and attached staff
SP	9-8-96	Living Room	3:20 pm 3:25 pm	Physically aggressive towards peer and used profanity
SS	9-10-96	Living Room	8:30 am 10:05 am	R chore; knocked over lamp, threaten, cursed staff
O	9-12-96	Work	9:00 am 3:00 pm	RW

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

F	9-13-96	Lunch Room	11:43 am	11:44 am	Eating food from floor
SS	9-25-96	Work	8:45 am	8:53 am	Staff helped her crossing street; yelled and threatened
O	9-25-96	Work	9:30 am	3:00 pm	RW
O	9-26-96	Work	9:30 am	3:00 pm	RW slept
SS/SP	9-29-96	Program	2:00 pm	2:15 pm	Yelled at staff after arguing w/peer
SS	10-8-96	Dining Area	5:00 pm	5:20 pm	She saw staff writing BIR then threw glass at staff
O	10-8-96	Living room	8:30 am	8:45 am	Wanted bigger cup, used profanity w/staff and threatened
O	10-21-96	Work	9:25 am	10:37 am	RW slept
O	10-23-96	Work	9:30 am	9:55 am	RW slept
SS	10-25-96	Dining room	5:00 pm	5:20 pm	She saw staff writing BIR then threw glass at staff
SS	10-25-96	Kitchen	3:50 pm	4:45 pm	Interrupted conversation and hit staff
SP	11-3-96	Dining Room	9:30 am	9:40 am	Peer talking about a cup of tea that she wouldn't get; cursed at peer
SS	11-5-96	Bedroom	8:35 am	10:37 am	Didn't want to change clothing; verbal and physical towards staff
O	11-5-96	Work	10:30 am	3:00 pm	RW slept
SP	11-6-96	Table	8:55 pm		Hit peer after interrupting conversation

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

O	11-8-96	Work	9:00 am 3:00 pm	RW slept
SP	12-2-96	Work	12:00 noon 12:05 pm	Hit and kicked peer in bathroom
SS	12-3-96	Van	3:45 pm 3:55 pm	Incident at home was explained to TSI staff attacked staff
SS	12-3-96	Living Room	3:57 pm 5:15 pm	Profanity, hitting, kicking staff
SS	12-7-96	Living Room	11:00 am 11:20 am	Asked to complete chore; yelled, hit staff profanity, and racial slurs
O	12-10-96	Work	12:10 pm 3:00 pm	RW
O	12-11-96	Work	12:00 am 3:00 pm	RW
SS	12-13-96	Dining Room	8:20 am 8:40 am	Floor was wet staff assisted; cursed and yelled, hit staff
O	12-13-96	Work	9:30 am 3:00 pm	RW slept
O	12-15-96	Home	11:00 am 12:10 pm	About clothes shopping attacked staff

Total 97

SP=14 SS=33 F=3 O=52

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Male 3

1997

f	1-11-97	Home	11:05 am 1:15 pm	Complained about meal; attacked peer and staff
SP	1-1-97	Bedroom	6:30 pm 7:00 pm	Fighting with peer
SS/SP	1-6-97	Bedroom	8:45 pm 9:30 pm	Told on peer; used racial slurs w/staff
SP/SS	3-15-97	Barber Shop	12:20 pm 12:45 pm	Peer teasing him about diet, verbal and physical with staff
SP	3-17-97	Living Room	4:45 pm 4:47pm	Teasing peer, diet
SS	3-19-97	Exercise Room	7:45 am 8:10 am	R vacuum room, verbal and physical with staff
SP	5-7-97	Kitchen	5:15 pm 5:20 pm	Attacked peer w/dish
O	6-3-97	Home	8:30 am 9:00 am	About meds, verbal and physical with staff
SP	6-7-97	Bedroom	11:20 pm 11:30 pm	Attacked peer w/lamp
SP	6-7-97	Kitchen	3:45 pm 5:10 pm	Teasing peer, wanted to go to church
SS	7-3-97	Living room	7:30 am 8:35 am	Racking meds for visit, verbal and physical w/staff
O	7-4-97	Foyer	5:30 am 5:45 am	Didn't want to go home, destruction of property (GH)
SS/SP	7-16-97	Dining Room	5:00 pm 6:45 pm	Teasing peer, hit staff

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SP	7-20-97	Exercise	12:15 pm 1:20 pm
		Teasing peer	
SS	7-28-97	Bedroom	6:45 am 9:15 am
		Hygiene (hot H2O), hit staff	
SP	8-20-97	Work	11:20 am 11:25 am
		Teasing peer	
O	8-26-97	Bathroom	5:45 pm 6:00 pm
		Washed w/ no cloth	
SP	8-27-97	Home	7:30 pm 7:45 pm
		Pulling peers breast on walk	
SS	9-6-97	Home	3:50 pm 6:00 pm
		Walking, cussed at staff	
O	9-10-97	Work	2:40 pm 2:41 pm
		Cut finger w/tube	
O	9-11-97	Kitchen	6:50 am 7:00 am
		Cursing as going upstairs to dress	
SP	9-11-97	Living room	8:05 am 8:25 am
		Attacked peer	
SS	9-11-97	Bedroom	3:30 pm 4:35 pm
		In room staff checked on and they cursed and hit staff	
O	9-11-97	Office	4:35 pm 5:00 pm
		Hollering about program	
SP	9-11-97	Living room	7:45 pm 10:40 pm
		Oral sex w/peer; attacked peers	
SS	9-12-97	Kitchen	6:45 am 7:15 am
		Peer said something to him; attacked staff	
O	9-12-97	Bedroom	11:55 am 2:30 am
		Cursing and hollering (At know one)	
SS/SP	9-12-97	Stairway	5:00 pm 6:30 pm
		Heard peer accusing him of something; attacked staff and peer	

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

F	9-13-97	Bedroom	6:30 am 7:15 am	Attacked staff about going to breakfast
SP	9-16-97	Van	8:35 am 8:40 am	Cursing at peer; attacked peer
SS	9-16-97	Den	6:00 pm 7:30 pm	R hygiene; cursed staff; broke radio
SP	9-20-97	Living room	5:35 pm 5:55 pm	Teasing peer; then attacked
O	9-21-97	Home	5:20 pm 5:30 pm	Foul language at children
SP	9-28-97	Living room	6:40 pm 7:00 pm	Hit peer w/vase
SP	10-1-97	Living room	7:00 am 9:00 am	Accused peers of using shampoo; cursed at peers
SS	10-2-97	Living room	10:58 pm 11:23 pm	In restraint; cursing and spitting at staff
SS/SP	10-2-97	Van	3:30 pm 4:00 pm	Arguing about weekend activities; cursing at peer
O	10-2-97	Home	4:00 pm 10:58 pm	Needed shampoo; cursed and threw items
SP	10-3-97	Bedroom	6:30 am 6:34 am	Hit peer w/lamp
SS	10-3-97	Bedroom	7:00 am 9:30 am	Peer told him something; he attacked staff
SS/SP	10-3-97	Living room	7:30 pm 10:50 pm	Hitting and cursing at peers and staff because he took shower at a different time
O	10-4-97	Den	6:30 am 7:00 am	Knocked over tables
SS	10-4-97	Living room	6:30 pm 8:00 pm	Got mail and refused to give to staff; racial slurs at staff



SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS/SP	10-5-97	Kitchen	7:30 am	1:00 pm	Teasing peers then began to attack peers and staff
SP	10-5-97	Van	6:30 am	2:30 pm	Teased peer
SP	10-6-97	Home	8:25 am	10:00 am	Teasing peers
SS	10-7-97	Bedroom	10:45 pm	1:00 am	Urinated on self; became mad and hit staff
O	10-24-97	Work	1:35 pm	3:00 pm	RW slept
SP	10-30-97	Van	3:40 pm	4:20 pm	Verbal with peer and hit them
O	10-24-97	Living room	6:00 pm	6:30 pm	Complained no hot H2O for hygiene
SS	10-25-97	Living room	2:30 pm	3:45 pm	Same as above but language more fowl at staff
SS	10-25-97	Den	4:15 pm	4:20 pm	Continues behavior; cussed at staff when asked to stop
O	10-25-97	Bathroom	7:30 pm	7:45 pm	Walked naked through house
O	10-25-97	Bedroom	8:50 pm	9:25 pm	Upset that he washing two chore tomorrow
SP	10-28-97	Ben	6:30 pm	7:00 pm	Asked peer to be Homo lover
SS	10-29-97	Kitchen	5:45 pm	6:15 pm	Wanted to go to church ;attacked staff (both V and P)
SS	10-30-97	Bedroom	6:30 am	6:50 am	Attacked staff
SS/SP	10-30-97	Work	11:15 am	11:30 am	Used profanity to peers and staff then went to work

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS/SP 10-30-97 Van 8:30 am 9:30 am  
V and P peer and staff

SS/SP 10-30-97 Work 10:05 am 10:15 am  
V and P w/staff

SP 10-30-97 Van 3:40 pm 4:20 pm  
V w/peer and hit peer

SP 10-30-97 Van 3:50 pm 4:15 pm  
Verbal towards peer

SP 10-31-97 Van 9:45 pm 10:00 pm  
Picking on peer; attacked peer

SS 10-31-97 Living room 10:00 pm 10:20 pm  
Attacked staff because he couldn't get to peer

SS 10-31-97 Living room 10:15 pm 10:55 pm  
P on staff

SP 10-31-97 Living room 11:00 pm 11:02 pm  
Threw phone at peer

SP 10-31-97 Hallway 11:25 pm 11:30 pm  
Peer talked to staff; he interrupted; sexual talk towards peer

Total 67

SP=33 SS=27 F=2 O=15

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Male 2

1997

O	1-6-97	Work	9:00 am 3:35 pm
	RW		
O	1-7-97	Work	9:00 am 3:15 pm
	R W slept		
O	1-8-97	Work	9:00 am 3:00 pm
	RW slept		
O	2-5-97	Bathroom	10:25 am 10:30 am
	Sprayed staff ban in mouth		
O	4-8-97	Work	10:45 am 3:00 pm
	RW slept		
O	4-16-97	Work	9:30 am 9:32am
	Picked sores		
O	5-6-97	Den	4:30 pm 4:45 pm
	Used phone w/out permission		
SP	6-7-97	Living room	3:45 pm 4:25 pm
	Threw soda at peer because he wasn't going to church		
O	6-14-97	Den	8:15 pm 8:16 pm
	Swallowed knob		
SS	7-10-97	Work	9:30 am 11:30 am
	VP w/staff		
SS	7-10-97	Dining room	12:50 pm 1:00 pm
	Start chores; P w/staff		
O	9-2-97	Bedroom	6:30 pm 6:35 pm
	Wanted to play music; yelling threw item		
SP	9-20-97	Living room	2:55 pm 3:20 pm
	Threw objects about peer saying he's not going home		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS/SP	10-3-97	Work	12:00 noon 12:30 pm
		R area V w/staff P w/staff	
SS	10-10-97	Dining room	2:10 pm 2:30 pm
		Straying away from group; V w/staff	
O	10-27-97	Den	6:36 am 6:37 am
		Shaved eyebrows off	
SS	10-27-97	Living room	8:15 am 8:25 am
		Picking nose V w/staff	
SS	10-28-97	Den	9:15 pm 9:40 pm
		Staff wanted shoe horn; V P w/staff	
O	10-30-97	Bathroom	7:35 am 7:47 am
		shaved sore on head	
SS	10-31-97	Living room	10:00 pm 10:20 pm
		V w/staff; threats	
SS	11-1-97	Den	12:20 pm 12:21 pm
		Peer teasing him P w/staff	
O	11-2-97	Bedroom	6:40 pm 7:23 pm
		Wanted to leave home; ancora	
SS/SP	11-6-97	Den	3:20 am 3:44 an
		V w/staff threats P w/staff	
O	11-8-97	Bedroom	3:00 am 7:00 am
		Talking to toys	
O	11-23-97	Den	12:25 pm 1:10 pm
		Screaming to get out of GH	
SS/SP	12-1-97	Kitchen	5:00 pm 5:15 pm
		Wanted laundry done; V w/staff left GH threw items hit peer	
SS/SP	12-5-97	Home	3:55 pm 4:15 pm
		V P peers and staff about putting coat away	
O	12-6-97	Bedroom	10:15 pm 10:25 pm
		Scratching private area	

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

- O 12-7-97 Dining room 1:00 pm 1:30 pm  
Bit self wanted to leave GH threw things
- O 12-7-97 Dining room 1:35 pm 1:37 pm  
Agitated and crying threw lamp
- O 12-12-97 Bedroom 4:00 am 5:30 am  
Scratched sores open
- O 12-14-97 Bath 7:15 am 7:53 am  
Staff tried to hurry him out of shower, hit mirror
- SP 12-20-97 Den 2:45 pm 4:40 pm  
Hit peer after being teased

Total 35

SP=7 SS=11 F=0 O=19

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Male 4

1997

SP	10-2-97	Bedroom	8:30 pm	8:40 pm
	Stole cig. from peer			

Total 1

SP=1 SS=0 F=0 O=0

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Female 1

1997

O	1-30-97	Kitchen	8:00 pm 8:05 pm	Had a BM on floor
SP	2-18-97	Bedroom	6:40 am 6:50 am	Clothing out of peer closet, used profanity on peer
F	6-8-97	Kitchen	10:10 am 10:12 am	Peer didn't like her breakfast V w/peer
F	7-18-97	Dining room	2:30 pm	Peer drank her soda; refused to walk and stripped
SP	7-18-97	Bathroom	3:00 pm 5:00 pm	Accused peer of stealing her stuff; P w/staff
SP	11-5-97	Dining room	6:00 pm 6:02 pm	Threw fork and hit peer
SP	11-19-97	Dining room	5:30 pm 5:45 pm	Calling peer names V w/peer and threw fork
SP	12-1-97	Living room	7:05 am 8:30 am	Didn't want peer in LR V w/peer
SP/SS	12-1-97	Dining room	4:45 pm 5:30 pm	V peers and staff at dinner table
O	12-7-97	Dining room	8:00 am 8:10 am	Wanted to go home; crying

Total 10

SP=6 SS=1 F=2 O=2

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Male 1

1997

F	3-17-97	Living room	4:45 pm	4:47 pm	Paul teasing about menu grabbed peer by neck
O	5-20-97	Grounds	9:10 am		Walked away from area
F	7-24-97	Nash	1:15 pm	1:20 pm	Ate chips from trash
O	8-19-97	De Mott	9:15 am	10:00 am	RW slept
O	12-12-97	Bedroom	1:30 am	3:20 am	Turn TV off; no response

Total 5

SP=0 SS=0 F=2 O=3



SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Female 3

1997

SS/SP	1-10-97	Bedroom	10:30 pm	10:47 pm	R chores; V P w/staff
SS	2-4-97	Work	2:40 pm	2:50 pm	Going out of bathroom V P with staff
SS/SP	2-10-97	Living room	8:45 am	10:05 am	R chores; P w/items ; P V w/staff
SP	2-11-97	Dining room	7:45 am	8:00 am	Arguing w/peer P w/peer
SS	2-23-97	Home	1:30 pm	2:45 pm	Meds; V P w/staff
SS	2-27-97	Bedroom	8:17 am	11:20 am	R Hygiene P V w/staff
SS/SP	2-27-97	Living room	4:35 pm	5:00 pm	Watching TV P items V w/everyone
SP	2-27-97	Living room	5:05 pm	5:07 pm	Attacked peer watching TV
O	3-4-97	Dining room	2:50 pm	2:55 pm	Complaining about DC med
SS/SP	3-4-97	Bedroom	10:35 pm	11:30 pm	Over bed-linen P w/peer P w/staff
O	3-6-97	Living room	6:50 am	7:10 am	Wanted certain soap turned over TV
SS	3-6-97	Living room	2:28 pm	3:40 pm	Valentines; P w/staff
O	3-10-97	Bedroom	7:35 am	7:45 am	R med, breakfast, shower

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS	3-10-97	Bathroom	8:30 am	8:45 am	No clothes on V P w/staff
SS	3-10-97	Living room	9:15 am	11:00 am	Wanted wash tub from hospital V P w/staff
O	3-14-97	Bedroom	8:00 am	2:30 pm	R routine
O	3-15-97	Bedroom	8:45 am	4:00 pm	R routine
SS	3-19-97	Bathroom	6:45 am	7:45 am	R hygiene P w/staff
SS	3-19-97	Bedroom	8:20 am	9:10 am	R program V P w/staff
O	3-19-97	Work	9:30 am	3:00 pm	RW slept
SP/SS	3-27-97	Home	8:10am	9:05 am	Peers affairs P w/items; after restraint P V w/staff
O	3-27-97	Work	9:30 am	3:00 pm	RW
SS	4-3-97	Home	8:25 am	9:10 am	Outings P w/staff
O	4-3-97	Work	9:30 am	3:00 pm	RW slept
SS	4-20-97	Bedroom	9:55 am	10:15 am	Do chores; threatened staff P w/TV
SS/SP	4-29-97	Home	8:15 am	9:00 am	Didn't want orange V w/peer P w/staff
SS	5-24-97	Home	7:15 pm	7:45 pm	P w/staff after her hygiene
O	6-2-97	work	9:20 am	3:00 pm	RW

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

O	6-20-97	Home	7:40 am 9:00 am	manager would be late P w/items in home
SS	6-30-97	Home	8:15 am 10:15 am	Wanted portable TV; V P w/staff threw peer TV on floor
SS	7-7-97	Bedroom	8:00 am 8:30 am	Peer upset her no work P w/staff
O	7-7-97	Work	9:30 am 3:00 pm	RW
O	7-7-97	Work	3:00 pm 3:01 pm	Pick sore bleed
O	7-13-97	Home	11:45 am 11:46 am	Pick sore bleed
O	7-15-97	Work	9:15 am 3:00 pm	RW
F	7-20-97	Living room	5:45 pm 5:46 pm	She wanted crackers that peer received P w/entertainment center
O	8-1-97	Work	10:30 am 3:00 pm	RW slept
SP	8-5-97	Dining room	7:10 am 7:30 am	Peer used her doerdant; V P w/peer
SS	8-14-97	Home	8:15 am 9:15 am	Wanted TV V P w/staff
F	8-14-97	Home	4:50 pm 5:05 pm	Wanted different dessert; V w/staff
F	8-27-97	Living room	8:00 am 9:15 am	Wanted extra bag for grapes; V P with staff and items
O	9-3-97	Work	10:30 am 2:00 pm	RW
SS	9-4-97	Home	8:55 am 9:05 am	Wanted paper in trash V P w/staff

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

O	9-8-97	Work	9:30 am 12:15 pm	RW
F	9-15-97	Home	7:50 am 8:05 am	Didn't want lettuce and tomato P on TV center
F	9-17-97	Home	8:05 am 9:10 am	Wanted more coffee; V P w/staff
O	9-17-97	Work	9:45 am 3:00 pm	RW
SS	9-24-97	Home	8:10 am 8:40 am	Discussion about hygiene; V P w/staff
O	9-24-97	work	9:30 pm 3:00 pm	RW slept
SS	10-4-97	Kitchen	4:20 pm 4:40 pm	Got spoon; V P w/staff told not to go
F	10-18-97	Campus	11:45 am 1:45 pm	Took extra food, pushed in line V w/staff
O	10-21-97	Work	9:30 am 2:45 pm	RW slept
O	11-3-97	Upstairs	3:55 pm 4:00 pm	Accused staff of throwing tooth brush
SS	11-7-97	Living room	6:40 pm 6:50 pm	Wanted Tylenol V w/staff P w/staff
SS	11-11-97	Hallway	8:40 am 9:00 am	Clothing inappropriate hit staff
SP	11-11-97	Bedroom	4:00 pm 4:45 pm	Jacket taken away Pw/peer
F	12-1-97	Living room	8:30 am 9:00 am	Wanted food from vacation P w/staff
SS/SP	12-1-97	Van	9:05 am 11:30 am	P w/peer and staff

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS 12-1-97 Living room 3:50 pm 4:30 pm  
Attacked staff threatened

Total 59

SP=11 SS=27 F=7 O=21

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Female 2

1997

SS	2-4-97	Home	10:00 pm 10:20 pm
	R laundry	V staff P w/items	
O	2-10-97	Bathroom	3:12 am 3:17 am
	Smoking in bathroom		
SP	2-10-97	Dining room	7:45 am 8:00 am
	P item at peer arguing		
SS	2-12-97	Living room	6:55 am 7:12 am
	Inappropriate clothes V w/staff P w/items		
SP	2-23-97	Home	11:00 am 12:00 noon
	R hygiene hit peer with hair spray		
O	2-24-9	Home	12:00 1:30 pm
	P w/item cursing		
SP	2-24-97	Living room	5:30 am 6:30 am
	P w/ peer banging head		
SS	2-24-97	Living room	6:45 pm 7:45 pm
	About cigs. Pw/items V w/staff		
SP	3-4-97	Bedroom	10:38 pm 12:00 am
	Attacked peer in face		
SS	3-11-97	Living room	6:30 am 6:40 am
	Complained about H2O cold P w/staff		
SS	3-11-97	Van	8:50 am 9:15 am
	Wrong cig. P w/van V w/ staff		
F	4-20-97	Home	11:55 am 12:20 pm
	Trying to have 12 crackers		
O	5-21-97	Demott	9:10 am
	Walked away from area		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

SS	6-3-97	Living room	8:25 pm 8:30 pm
	Used peers TV ; P w/items V w/staff		
SS	6-5-97	Dining room	8:05 am 8:40 am
	R program V w/staff		
O	6-16-97	Lounge	10:00 am 12:00 noon
	Slept at work		
O	6-17-97	Demott	10:00 am 12:00 noon
	RW slept		
F	6-17-97	Demott	3:10 pm 3:11 pm
	Ate 1/2 sandwich		
O	6-19-97	De mott	10:00 am 11:00 am
	RW slept		
O	6-20-97	Campus	10:00 pm 12:00 pm
	RW slept		
O	6-23-97	Campus	9:00 am 12:00 noon
	RW slept		
O	6-23-97	Senior Center	1:45 pm 1:50 pm
	Smoking when not time		
F	6-30-97	Lounge	2:45 pm 3:15 pm
	Ate a cake		
SS	7-30-97	Home	8:15 am 9:00 am
	Problems w/TV; V w/staff threatens		
SP	8-5-97	Bedroom	7:10 am 7:30 am
	Used peer deodorant V w/peer		
F	8-13-97	Living room	6:00 pm 6:55 pm
	Food P w/items V peers and staff		
SS	8-14-97	Home	8:30 am 10:00 am
	Previous incident V P w/staff and items		
O	8-14-97	Home	6:00 pm 6:55 pm
	Urinated on self		

SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

F	10-1-97	Demott	2:25 pm 2:26 pm
	Took coffee cake		
SS	10-7-97	Bedroom	4:30 pm 6:30 pm
	R laundry V w/staff		
SS	10-8-97	Mill Park	10:50 am 10:51 am
	R to listen to staff		
F	10-8-97	De mott	3:25 pm 3:27 pm
	Stoled soda from peer		
SS	11-14-97	Living room	7:50 am 8:10 am
	Wanted Kaopectate; threaten staff V w/staff		
F	12-15-97	Kitchen	7:45 am 8:15 am
	microwave cooking carrots, V/w staff threaten staff P w/items in BR		

Total 34

SP=5 SS=12 F=7 O=10



SP=Socialization w/peer SS=Socialization w/staff F=Food related O=Other

Male 5

1997

SS	12-7-97	Hallway	9:16 pm 10:10 pm
	Wanted cig. V/staff leaving GH		
O	12-12-97	Bedroom	1:30 pm 3:20 pm
	Turned TV off		
O	12-14-97	Living room	5:50 pm 6:10 pm
	Didn't want X-mas gifts in office like peers V		
SP	12-21-97	Kitchen	12:45 pm 1:00 pm
	V w/peer didn't want to put up plates		

Total 4

SP=1 SS=1 F=0 O=2