

GREEN, Gregory 150176

June 26, 1985

TREATMENT SUMMARY

The purpose of this report is to provide a documentation of the progress Mr. Green made during his individual therapy with the undersigned. The impressions are based on his medical record, case notes, and several personal interviews following termination of his treatment.

The patient was referred for treatment on April 19, 1979 due to his difficulty to urinate and defecate in public view. This was a special problem for him due to the open cells in the prison cell block. Treatment was begun after consultation with Dr. Dennis Koson, psychiatric consultant with the SPSM Hospital Psychiatric Services Unit. Dr. Koson had previous contact in evaluating the individual prior to his being sentenced to prison. The patient was viewed as overresponsive emotionally which contributed to his anxiety and having a need to punish himself for his sexual fantasies. Past interpersonal relationships were devoid of emotional closeness and avoided by his obsessive-compulsive fantasies and sexual involvements with young boys. His sexual encounters were ritualistic, mechanistic and had a compulsive theme to them.

Historically, the patient was born in Detroit and moved to the Flint area with his family when he was five. The family was intact and stable until the death of the mother when the patient was 16 years old. He is the third of four siblings, a brother and a sister older than he and a brother younger. The family was descriptively socially isolated and lacking in close affection. The patient was described as sensitive to teasing by his siblings and had a great fear of fighting.

Early sexual experiences involved playing with his brother and another boy when he was five and becoming involved with oral sex with another young boy at the age of ten.

In California, where he went to live at the age of 20, he became involved sexually with young males and incurred a number of criminal sexual conduct charges. He was mixed in to a treatment program with a mixture of sex offenders and psychiatric cases, but no individual or group therapy was reported.

He was evaluated by Dr. Koson in June of 1977 and diagnosed as sustaining pedophilia due to his sexual involvement with young children of the same sex. He was viewed as treatable and out patient therapy was recommended by the psychiatrist. A suggested alternative, should the patient be imprisoned, was his becoming involved in a sex offender's program at the prison.

The immediate symptoms of distress brought him to the attention of our service and involvement in therapy earlier than would have been accomplished routinely by the sex offender's group therapy program.

The anxiety reaction which was the focus of immediate treatment and involvement in psychotherapy for a year and a half included additional sources of distress other than relieving himself in public. This included anxiety over continuing fantasies of boys and difficulty thinking and concentrating and anxiety manifested by the severe biting of the fingernails.

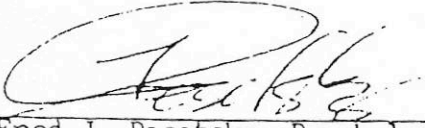
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Therapy reduced the anxieties mentioned above. Fantasies represented a "search for the perfect penis" as he felt his was disgusting since it was not perfect in form and he was not circumcised. The latter factor appeared to be relatively significant, as he was ashamed of being uncircumcised ever since he was a child. Fantasies and his sexual mechanistic approach with boys were also directed toward the search for the perfect penis, especially on a boy approximately 11 years old. This seemed to have some relationship with disturbances in his own life at that age.

While the anxiety cleared, the patient was able to receive a circumcision performed at the SPSM Hospital, for medical reasons. The factor probably did more for the prisoner's self esteem and development than the therapy. Fantasies diminished and eventually disappeared. When added to the changes in the patient's reduction of anxiety and developing an ability to publically relieve himself by defecating or urinating in his cell, the total well being of the patient was enhanced.

Subsequent follow up sessions on 10/28/83 and last month indicated that the progress the patient made have been long term and sustaining. After the individual therapy, sex offender's group therapy program was recommended to him as his individual treatment was not focal on his sexual behavior. It may well be that the changes that have occurred in him, and the resultant reaction to the circumcision, have been sufficient to reduce his proclivity toward young boys. This may be especially true as his mechanistic, ritualistic sexual encounter appears to have been a quest for the "perfect penis" based on his feeling ashamed of his own.

Since these changes have been substantially continued for a lengthy period of time, and since his fantasies have dissipated, it is suggested that the prisoner be considered for inclusion into the group therapy program at this time. It may be that the program will not be necessary as his changes to date may be sufficient. However, this would be best determined by involvement in group without undue delay. Consideration should be given to this possibility because of the therapeutic involvement and changes up to the present time and in an effort to provide continuity of treatment.


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cc: Medical records
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FPJ/lis