TRIMS • THERAPY • NOTES

Confidentiality and privilege

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The legal questions clinicians around the state ask me most frequently concern confidentiality—whether or not information we receive about a patient may be communicated to others, and privilege—whether or not information about a patient is admissible in a court proceeding. Before August 1979, information about our patients was confidential but not privileged; now such information is both privileged and confidential. Article 5561h of Vernon's Texas Civil Statutes clearly sets forth the extent and the nature of disclosure of information about the emotional and mental health of patients. To perform our work well and within legal bounds we must keep the elements of this law in mind.

Basically the statute requires that information about a client may not be revealed to third parties except in seven specific cases: (1) to governmental agencies when required by law, for example, child-abuse reporting law; (2) to medical or law enforcement personnel when there is the probability of immediate injury to the patient or to others; (3) for audits, evaluation, or research so long as no client is identified; (4) to any person who has the written consent of the patient or the parent of a minor child; (5) to debt collection agencies; (6) to other professionals who are participating in the diagnosis, evaluation, or treatment of the patient; and (7) to a legislative inquiry regarding state hospitals or state schools.

For court testimony, the privilege part of the statute has five exceptions: (1) when the professional is sued by the patient, the privilege is waived; (2) when the patient waives the right to the privilege in writing; (3) when the court proceeding is to collect a fee for services of the professional, the privilege is waived; (4) when the judge finds that the patient has been ordered to undergo examination and has been informed that the information may be presented in court, the privilege does not exist; and (5) in a criminal prosecution where the patient is a victim, witness, or defendant. In the latter cases the court must inquire as to the relevance of the record or communication in private, outside the public view, before the information may be admitted as evidence.

The law provides the patient with the power of the court to enforce this law through injunction. Mental health professionals have the burden of protecting the communications of their patients both from judicial inquiry and from inquiry by friends and relatives, unless the patient gives us written permission to reveal the information. In many circumstances, even if we are subpoenaed by the court, we may not testify without the patient's consent.

We should keep in mind that this right to keep us from telling others about our clients and from testifying in court belongs to our clients. It is a right, however, that we must assert on our clients' behalf.

The Texas Supreme Court has adopted two rules of evidence that make additional exceptions to the rules on privilege, and these involve court testimony and administrative proceedings. Rule 509 deals with physician-patient privilege; Rule 510 deals with the confidentiality of mental health information and covers physicians and other mental health professionals. In general, these additional exceptions make the operation of the privilege law more sensible and promote justice by disclosure of information. The two rules allow testimony when the disclosure is relevant in any suit affecting the parent-child relationship, as in child custody or termination of parental rights cases, in any proceeding regarding abuse or neglect of the resident of an institution, or in which the patient is attempting to recover monetary damages for any mental condition.

With the exceptions in the statute and those contained in the rules of evidence, there are only a few instances in which professionals cannot be required to provide information to the courts about their clients. Our clients need to know that the information they provide may sometimes be given to courts even without their permission. So far, these exceptions seem to have had no effect on the clients we are treating.

In several recent cases, subpoenas were issued for professionals to testify although the patient would not provide written permission. How should we respond to such requests from the court?

First, we must respond to the subpoena; we cannot

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Research Reports

This is the second edition of Research Reports in *TRIMS Therapy Notes* this year. The summaries of completed, in-progress, and recently approved research are intended to inform TDMHMR staff members about who is doing what research and for what purpose, and how the studies apply to treatment of the department's clients and patients.

The studies are chosen and summarized by Dr. Albert S. Moraczewski, executive secretary of the Central Office Research Review Committee and TRIMS liaison officer for research and consultation. More information about a protocol may be obtained from its principal investigator.

Final Reports

A study to determine the effectiveness and safety of Hydergine plus Pamelor in geriatric patients with depression (80-0009)—completed.

PI: Charles M. Gaitz, M.D., Texas Research Institute of Mental Sciences (713) 797-1976, ext. 6577 (STS 874-6577).

The study, a multicenter project done at four locations, was an open-label evaluation using 6 mg of dihydroergotoxine mesylate (Hydergine) and 60 mg of nortriptyline hydrochloride (Pamelor) as the total daily dosage. The results indicate that elderly depressed patients responded rapidly, showing improvement at seven days and maintaining the improvement during a four-week period of observation. No serious side effects were noted except dryness of mouth, and none of the patients had to terminate treatment early because of side effects. Plasma levels of nortriptyline were below what is usually considered to be the therapeutic window, possibly suggesting a synergistic effect with Hydergine.

Applicability. Depression is a major concern in the care of elderly patients both in and outside institutions. Nortriptyline, a drug commonly used for the treatment of depression, often requires dosage levels that result in undesirable side effects. This study holds out the possibility that the concomitant use of dihydroergotoxine mesylate will require less nortriptyline to produce the desired antidepressant effect. More studies need to be done to ascertain the safety of using dihydroergotoxine mesylate at a dosage level of 6 mg in a variety of patient groups.

Comparison of the PPVT and PPVT-R for institutionalized mentally retarded adults (82-0057)—completed.

PI: Georgia G. Kapp, M.S., Denton State School Supervisor, Tom Downer, Ph.D., Chief Psychologist (817) 387-3831 (STS 893-3111).

When a test is revised and restandardized, the issue of comparability between the two versions is important to settle. This study was undertaken so that those using the Peabody Picture Vocabulary Test (PPVT) or its revised form (PPVT-R) would have an accurate knowledge of the tests' scoring differences.

The original test (PPVT) was based on a normal sample of 4,012 white individuals living in or around Nashville, Tennessee; the revised version (PPVT-R) was nationally standardized with a representative group of individuals reflecting the 1970 census. In the revised version, the stimulus pictures portray females and males in less stereotypic fashion and include members of minority groups.

For this study, 96 adult clients of Denton State School were invited to participate. They had been diagnosed as functioning in the mild, moderate, or severe ranges of mental retardation. Each level (range) was represented by 32 persons equally divided between men and women.

The two assessment measures, PPVT and PPVT-R, were administered to each person in a counterbalanced order (one half of the group received the PPVT first while the other was tested first with the PPVT-R). Four male and four female examiners participated, the subjects being assigned to each at random.

In brief, the results showed significant correlations between the two tests, for the total sample as well as for males and females. Although this was not part of the study's original aims, one finding was that the PPVT-R is capable of discriminating different levels of retardation. Except for those in the severely retarded group, however, mean PPVT-R Standard Score Equivalent (SSE) scores tended to be about 20 points lower than PPVT IQ scores. As these data were obtained from individuals who had been institutionalized for 10 years or longer, the study should be repeated in other settings.

Applicability. Persons who administer and/or interpret these tests need to know how the revised version (PPVT-R) compares with the original (PPVT) in making evaluations of a client's status. This study not only contributes to the literature on mental retardation but aids staff members in the proper care of mentally retarded individuals in their charge.

Effects of starvation and subsequent refeeding on exploratory behavior and dopaminergic receptor-binding in the striatum of the rat (82-0055)—completed.

PI: Isaac E. Irabor, M.S., Texas Research Institute of Mental Sciences.

The purpose of this study was to investigate the effects of starvation and subsequent refeeding on dopaminergic receptors and exploratory behavior in the weanling Wistar rat. The rats were starved for two weeks from 21 days of age. The casein diet used for the experiment was composed in such a manner that it was 60 percent calorie-deficient but otherwise balanced. All animals received water ad libitum at all times.

Compared to well-fed control rats, starved (experimental) rats had less concentration of brain striatal

dopaminergic receptors, but no difference in receptor affinity for its ligand (test substance, i.e., dopamine) (Scatchard analysis). There was no significant difference in dopaminergic receptor-binding between both groups at the end of the starvation period. But after refeeding, experimental rats not only had fewer receptors, but these bound significantly less of the ligand, though their affinity for the ligand was similar to that of control rats.

Experimental rats, after starvation, did significantly less exploring than did control rats. After refeeding, however, their exploratory activity was higher than that of controls, although the difference was not statistically significant. We concluded that starvation and subsequent refeeding decreased receptor-binding in the striatum. Starvation also decreased exploratory behavior, but the decrease was recovered upon full caloric rehabilitation.

Applicability. Diet has been shown to play an important role in the development and/or aggravation of brain structural defects as well as of certain psychiatric disturbances including schizophrenia. Since the brain of the living human being is not available for such studies, it is necessary to extrapolate (with great caution) results from research on animal brains.

The results of these studies *suggest* that human beings who experience prolonged caloric intake restrictions during early development—especially intrauterine and early postnatal periods—may manifest neurological defects, which may or may not be reversible by adequate caloric intake. In addition, the possibility remains that the response to drugs which depend on the dopaminergic system may be altered. Consequently, knowledge of a person's dietary history may be helpful in the diagnosis and treatment of patients and clients.

Religiosity as a predictor of treatment outcome for substance abusers (82-0066)—completed.

PI: Jerry Stettheimer, D.Min., Terrell State Hospital (214) 563-6452, ext. 2495 (STS 896-2495).

The study was designed to determine the relationship between the religiosity of a client in a chemical abuse treatment program and the progress made by the individual. Because nearly 50 percent of the clients who enter a substance abuse program are discharged as unimproved, identifying factors that predict outcome would be helpful in designing more effective programs.

The data for the study were obtained from four sources: a personal history form filled out by a social worker soon after the client's admission to the unit, a diagnostic form completed by a physician and the treatment team, a religiosity questionnaire, and an aftercare follow-up form completed within 30 days after discharge.

Analysis of the results showed the following:

The first hypothesis, that religiosity is significantly correlated with treatment outcome variables, was not supported. It appears, however, that the scores of clients affiliated with the Pentecostal movement are different from those of the others studied.

The second hypothesis, that religiosity is related significantly to the treatment process variables, was not supported. The Pentecostal subgroup showed a significant decrease in outcome scores. Because of highly divergent samples from each denomination, further investigation seems to be warranted.

The third hypothesis, that treatment process variables are significantly related to treatment outcome variables, was supported. These variables proved to have a predictive utility for the treatment program.

The fourth hypothesis, that patient background characteristics are significantly related to the religiosity, treatment process, and treatment outcome variables, was not supported. This is unusual, since they have consistently appeared to have predictive ability in other studies.

Applicability. One of the questions raised in the beginning of this study concerned possible treatment approaches by the pastoral counselor. While a clear-cut answer did not develop in the analysis, certain trends are apparent. Previous studies showed that members of conservative Protestant denominations have relatively low rates of heavy alcohol use. At the same time, among Protestants who do drink, the rate of alcoholism far exceeds the normal national average. Perhaps this indicates that once the abuse process begins, conservative Protestants are no longer a protected group. This investigation points to the need for recognizing religion as a multifaceted variable in which certain traits may be unimportant and others significant. Future studies should be cognizant of these multidimensional and diverse features.

The results of the study contain several implications beyond pastoral counseling. Prominent among these was the moderately high level of treatment associated with more favorable post-treatment functioning. This suggests that longer treatment periods may be more effective for volunteer clients.

Approved Study

Maternal depression and child development: Mothers' depression and children's symptoms (84-0018)—approved.

PI: Jon Reck, Ph.D., Texas Research Institute of Mental Sciences (713) 797-1976, ext. 6455 (STS 874-6455)

The general purpose of this study is to examine the vulnerability of children of mothers suffering from unipolar depression for developmental abnormalities in the affective domain. The study has two general aims. The first is to examine the relationship between the diagnosis of depression in mothers and various symptoms, particularly of depression, in their children.

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ignore it. The next issue is whether or not we will testify. One procedure to follow is this: notify the attorney who requested your testimony that you cannot testify without permission from the patient. Inform the court that state law prohibits your testifying without permission. If the court then orders you to testify you should do so.

Although the court might be in error to allow such testimony, this may or may not be grounds for reversal on appeal. I believe that the professional should testify and avoid a contempt citation by the court. Determining what information should be used in a court proceeding is a matter best left to such policy-making bodies as the legislature and courts rather than to the individual decisions of clinicians. The penalty for contempt is a jail sentence. Following the directions of the court will serve us and our clients best.

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The second broad aim is to examine parenting styles as a function of maternal diagnosis and the relationship of parenting styles to symptoms in the children.

The study's specific objectives are:

1. To examine the relationship between maternal and childhood depression by comparing the diagnoses and associated symptoms in children of depressed and nondepressed mothers.
2. To examine the range of symptomatology in children of depressed mothers, by assessing symptoms of other disorders as well as those of depression in the children.
3. To examine the relationship between symptoms reported by the mothers and symptoms reported by the children.
4. To examine the relationship between the mothers' diagnoses and parenting styles, as indicated by reported strategies and behaviors.
5. To examine the relationship between the target child's diagnosis, based on self-report, and psychopathology in siblings, also based on self-report.

Applicability. Results of the study may be useful in developing strategies for primary prevention of effects of maternal depression. These strategies might involve one of two approaches. First, if a mother has entered treatment for depression, it would be important for the child's development to take a broader, family perspective in treatment. The effects on her child of the mother's psychopathology could be discussed in therapy to make her aware of the impact of her disorder on her children. Thus, one approach for prevention of child psychopathology would be intervention with the depressed mother.

A second possible strategy might be direct intervention with the child. One approach is the treatment of individual symptoms before a fully diagnosable disorder has appeared. Another approach is a discussion with the child, appropriate to his or her level of cognitive development, to help the child understand the mother's condition.

Either strategy, intervention with the mother or child, could lead to prevention of concurrent or later fully diagnosable pathologic disorders in children who show current symptoms. The study will help clarify the relationship between maternal depression, maternal psychopathology in general, and children's symptoms, in an outpatient sample. The results could lead to the development and application of preventive strategies in this or other outpatient samples.

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