

Section 8: Case Studies

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Case Study #1

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Mr. K

Synopsis of background leading to NGRI offense:

Mr. K is a 44 year old single (never married, no children) male who experienced his first symptoms of mental illness in 2005, 10 years ago. He was living out of state at the time and sought treatment at his local hospital. At this time he reported having feelings of déjà vu experiences off and on for the past two years and these experiences were intensifying. He received some medications (unknown) in the emergency room but was not admitted. At this time Mr. K was employed full-time in an occupation that required him to travel from state to state. Mr.K reported that he smoked marijuana once per week and drank alcohol occasionally.

In June of 2007 Mr. K was hospitalized for 6 days in his home town. At this time he was experiencing delusions, paranoia and isolation. Examples of his delusions included the following: beliefs that the television was sending him messages; belief that mythological creatures were trying to entice him to battle; belief that a celebrity on TV wanted to marry him; misinterpretation of numbers to indicate that he was GOD. Again he received medication but stopped the medication once he felt better. Mr. K contends that he was never instructed to get the medication refilled once he left the hospital.

Mr. K was again hospitalized for one week in January of 2008. Records indicate that upon admission Mr. K reported feeling down, depressed, and crying a lot and that he believed he was not himself. He also expressed beliefs that he had been in the military but was not sure. In actuality, he had been in the Navy for approximately 4 months but was discharged due to reported feelings of suicide. At the hospital he reported that his thoughts seemed jumbled. Records indicate that he was treated with Risperdal and diagnosed with Psychotic Disorder, NOS. Again, he took the medication until the prescription ended but did not seek a renewal.

In April 2008, Mr. K was travelling through Virginia and had stopped to get some dinner at a restaurant. He reported feeling very paranoid as if someone was going to harm him. He stated that he believed some of the people in the restaurant looked like devils and were possessed by demons. Mr. K went back to his vehicle and secured a knife for protection. He reentered the restaurant and sat down to have dinner. Another

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patron approached him and began a casual conversation. At this time Mr. K responded by pulling the knife and stabbing the bystander to death. Mr. K casually left the restaurant but stopped to talk to the cashier on his way out the door as if nothing out of the ordinary had transpired.

After Mr. K's arrest he spent time at Central State Hospital for restoration to competency. After receiving medications, he was able to be restored and he was also evaluated for a second opinion sanity evaluation requested by the Commonwealth Attorney. In December, 2009 he was found Not Guilty by Reason of Insanity and subsequently committed to the custody of the commissioner to begin the privileging process.

Synopsis of hospitalization:

Mr. K's initial progress in the hospital was slow and was laden with numerous medication changes in order to maximize his treatment efficacy. Psychiatric treatment was complicated with the medical problem of brittle diabetes. Additionally, once Mr. K was stabilized and was able to fully appreciate the gravity of the fact that he had committed murder, he was despondent, isolated and overwhelming remorseful thus requiring further medication adjustments. He began to work with a therapist to address the guilt and shame that he felt due to his actions. Slowly, Mr. K began to make progress and by November, 2011 he was able to receive approval from the Forensic Review Panel for Unescorted Community Visits to a day program.

Although Mr. K's psychiatric stability remained constant, his insulin levels were unpredictable and often dangerous. At one point his passes for unescorted community were held for two months in order to regain control of his medications for his diabetes. However, by March, 2012 Mr. K was ready to request 48 hour overnight passes. Until that time, he had continued to do well psychiatrically and was especially vigilant of his blood sugar levels and has learned to administer his own insulin and other medications. Mr. K has never experienced any aggression or loss of privileges during his hospitalization. He has been totally compliant with all aspects of treatment.

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Update on Current Presentation:

In October, 2014, Mr. K was granted conditional release by the Judge in the jurisdiction where the NGRI offense occurred. He is living in an apartment in a structured program with monitoring. He has a roommate who shares a legal status of NGRI. He attends psychosocial rehabilitation during the day but is in the process of seeking employment in an occupation which he had previously held after college. He is monitored routinely by the staff at the program and by his NGRI coordinator. He is also monitored routinely by nursing staff due to his diabetes and hypertension and has routine appointments with his psychiatrist and endocrinologist. His mother, who lives out of state, is very supportive and speaks with him almost daily by phone. She and one of his brothers are coming to visit during the summer. Mr. K has never experienced any setbacks due to behavioral problems. He is totally compliant with his Conditional Release plan.

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Mr. O

Synopsis of background leading to NGRI offense:

Mr. O is a 55-year-old Caucasian male who was adjudicated NGRI for felony arson. He grew up in a rural part of Virginia, dropping out of school prior to completion due to attendance problems and challenges learning due to an intellectual disability. He has a limited work history, only maintaining consistent employment for a brief time while enrolled in a work program. The onset of his illness occurred when he was 21 years old, at which time he started experiencing command auditory hallucinations and suicidal ideation. Since that time he has been hospitalized on multiple occasions, each the result of treatment non-adherence and rapid psychiatric decompensation. Over the years, Mr. O engaged in dangerous behavior while psychiatrically unstable. He has a lengthy history of arson and assaulting family members in response to paranoia and command auditory hallucinations, thus his relationship with his mother and siblings is strained. His most recent diagnosis is Schizoaffective Disorder, Bipolar Type.

In the months leading up to the NGRI offense, Mr. O stopped taking his medications reportedly because he could not afford them. He started to experience auditory hallucinations and paranoia that others were laughing at him. He set fire to his mother's home in an attempt to get rid of the "demons and voices."

Synopsis of hospitalization:

Mr. O has been hospitalized for three years. During the course of his hospitalization he has been adherent to his medications and he has not had any residual symptoms of his illness. There have been no episodes of aggression. While he attended treatment programming both in the hospital and the community on escorted and unescorted 8-hour passes, his active participation has been minimal. While he has acknowledged having a mental illness that requires continued treatment, he has limited insight with regard to benefits of medication and/or consequences for stopping the medication. He has struggled with identifying structured activities, and thus chooses to attend day treatment five days per week.

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Update on Current presentation:

Mr. O completed 48-hour passes successfully to an assisted living facility, to which he was eventually discharged. Mr. O has been on conditional release for 6 months. His oral medications are monitored by staff at the facility and he has adhered to his medication regimen since discharge, but often complains about the medication and feels he does not need them anymore. Mr. O has maintained the requirements for his structured activities, but has struggled with active participation while he is at the day program. He is psychiatrically stable. At this time, Mr. O does not like living in the assisted living facility because he does not like living among other peers and he would like to have the space and freedom of living in his own apartment. Staff at the ALF feels that Mr. O is not ready for this increase in independence.

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Mr. N

Synopsis of background leading to NGRI offense:

Mr. N is a 37 year old single (never married, no children) male who experienced his first symptoms of mental illness at the age of 16 and subsequently was hospitalized on three occasions and received medication. Mr. N was in special education throughout his primary and secondary education. He was diagnosed with borderline intellectual functioning and doctors believed he was experiencing symptoms of Schizophrenia. Precursors to hospitalizations included feelings of paranoia and impulsiveness regarding thoughts of harm to self or others. On one occasion, Mr. N attempted suicide by cutting his wrists because the voices told him to do so. Mr. N was always compliant with his medications but at times his mother had difficulty refilling prescriptions due to lack of funding. At the time of his NGRI offense, Mr. N, now 18, reported feelings of isolation as his older sister had left home for college and his dog had recently died. He was unable to get his medication refilled. He began to experience sounds and visions that he could not understand (auditory and visual hallucinations). He was frustrated that his sister had abandoned him and could not stand living in his mother's home another day. He expressed that the house was closing in on him so he believed that if he burned down the house he would be free. He set the house on fire and then went next door to a neighbor and called 911. Prior to this offense, he had also set fire to a neighbor's porch but no charges were filed.

Mr. N was found Not Guilty by Reason of Insanity and was committed to DBHDS in January 1997 and subsequently admitted to Central State Hospital. He was eventually transferred to a civil hospital where he remained hospitalized for the next 14 years.

Synopsis of hospitalization:

Mr. N's initial progress in the hospital has been very slow. He often engages in attention-seeking behaviors highlighted by increasing somatic complaints and threats of suicide. Due to his cognitive impairment his understanding of his symptoms and the NGRI process is also limited. Mr. N has had several altercations with staff during his hospitalization. One such altercation resulted in charges being filed for assault and a sentence of 120 days in jail all of which was suspended. Mr. N's lengthy hospitalization coupled with his cognitive impairment has created an environment of dependency and

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fear of leaving the hospital. As a result of this factor, he requires frequent prompting and reassurance in order to gain full compliance and participation with treatment. He has been medication adherent and enjoys attending groups and activities. He has no history of substance use. After a lengthy process, he has achieved the privilege level of Unescorted Community-8 hour passes, which he uses to attend a psychosocial day program operated by the CSB 4 days per week. Over the course of his hospitalization his diagnoses was modified to Schizophrenia, Disorganized Type, Borderline Intellectual Functioning and Personality Disorder, Dependent Type.

Update on current presentation:

In 2011, Mr. N was granted conditional release by the Judge in the jurisdiction where the NGRI offense occurred. He lived in a supervised group home with 24 hour monitoring. At one point in 2013 he was given permission to move to an independent apartment with intensive skill building services. After approximately 8 months of intensive support, Mr. N was transitioned back to the group home due to his inability to grasp basic living skills such as cooking and budgeting his money. In an effort to please others and develop friendships, Mr. N is notorious for giving away his money to peers. Although Mr. N has made progress in understanding his mental illness, the need for medication adherence, and some living skills such as personal hygiene, he continues to demonstrate poor interpersonal skills which makes him vulnerable to exploitation. He also has a very low frustration tolerance and higher levels of anxiety that require frequent reassurances from staff at his group home and day program. Mr. N attends psychosocial rehabilitation during the day and has been very successful volunteering to help individuals with physical disabilities that live in another residential setting. He is monitored routinely by the staff at the program and by his NGRI coordinator. Mr. N frequently asks about his progress and the plans for him to move forward into the community. He has expressed a desire to live with his mother out of state, but she is not interested in having him live with her. He has very limited family contact. Mr. N has been adherent with all the criteria in his conditional release plan.

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Mr. J

Synopsis of background leading to NGRI offense:

Mr. J is a 41-year-old married male who experienced his first symptoms of mental illness at the age of 22. Eight months prior to the NGRI offense he reportedly went on a 7-day amphetamine binge, subsequently becoming paranoid and possibly experiencing auditory hallucinations. He was boarding up his home, plastering holes in the ceilings and claiming cameras were watching him. His NGRI crime occurred when he assaulted his wife and the responding police officer, for which he was charged with one count of misdemeanor assault and battery and one count of felony assault on a law enforcement officer. He was first admitted to the state hospital from jail for competency restoration prior to his trial. On admission he was suspicious and guarded. He refused to answer questions, was isolative, and his behavior was bizarre. Upon admission, he was detoxing from benzodiazepines. He had limited insight, and reported that he was arrested for no reason. He was initially diagnosed with Amphetamine Induced Psychotic Disorder. According to the psychiatrist, his history was consistent with substance abuse problems and personality disorder. Mr. J also had a history of some mood disturbance that included impulsive outbursts of aggression, some depressive symptoms and reported psychotic symptoms. At the time of discharge back to the jail he was diagnosed with Schizoaffective Disorder, Bipolar Type. Mr. J was eventually found NGRI and committed to the custody of DBHDS.

Synopsis of hospitalization:

Upon admission, Mr. J complained of nicotine addiction as he was smoking several packs of cigarettes a day prior to incarceration and state hospital admission. He was prescribed nicotine chewing gum, a nicotine patch and was requesting additional nicotine withdrawal support. He initially demonstrated some denial of mental illness and denial of substance abuse. Although his mental illness never seemed to create significant barriers to progress, he continued to deny substance abuse problems and tended to state that he did not believe in Alcoholics Anonymous. Mr. J's hospitalization has been mostly uneventful. He has been prescribed mood stabilizing medications, which appear to have had positive results, and has been adherent to his medications. He

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continues to receive support for his nicotine addiction, however he continues to minimize his substance use and need for treatment. Upon approval of his unescorted community visits up to 8 hours, he was able to obtain part-time employment as a mail clerk at a local engineering firm and began to work on GED courses. He also attends daily AA/NA groups outside during unescorted passes. Mr. J has maintained a relationship with his wife

Update on current presentation:

Mr. J was granted conditional release after one year of hospitalization. He did very well his first year on conditional release. He remained drug free, obtained his GED and enrolled in college courses. In order to rule out the diagnosis of drug-induced psychosis, one year after discharge his CSB psychiatrist discontinued all medication.

Within 9 months of discontinuing psychotropic medication, Mr. J started missing appointments, he failed out of school, and appeared disheveled. Mr. J became paranoid, was responding to internal stimuli, and was in need of inpatient treatment. He received a temporary detention order for treatment at a local hospital. His symptoms were stabilized enough to be discharged; however, he continued to have some residual symptoms and was not quite at baseline functioning. He was discharged on an injectable psychotropic medication. Once symptoms were fully stable, he requested to go back on oral medications. Since Mr. J did so well prior to removal of psychotropic medication, the psychiatrist felt comfortable discontinuing the injection and restarting oral medication.

Within 10 months of restarting oral medications, Mr. J presented to the clinic in a decompensated state, disheveled, smiling inappropriately, and asking off topic questions. The CSB later found out that it had been three months since he last picked up his oral medication. He agreed to restart an injectable psychotropic medication. Psychiatric symptoms were slow to stabilize so he was readmitted to a local hospital for stabilization. Mr. J continued on an injection and his urine drug screens remained negative during both psychotic episodes.

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About a year ago, one of the CSB nurses noticed that Mr. J seemed nervous when giving his urine specimens for drug testing and his urine was not the correct temperature (indicating he may be bringing in someone else's urine). He was administered a blood test and was positive for oxycodone. He denied drug abuse and reported that a friend must have given him the medication by mistake when he asked for a Tylenol. After the initial positive drug screen, his urine tests were closely monitored and as a result he has been positive for marijuana once and amphetamines three times. It is suspected he may have been abusing drugs for a while, but remained negative because he may have been bringing urine in with him. He was referred to the CSB's substance abuse program, but was not compliant and subsequently discontinued services. Since his attempt at covering up his substance use was discovered, Mr. J has been missing psychiatric, nursing, and case management appointments (this is likely his way of avoiding drug testing).

Mr. J is sometimes late getting his injection, but is fairly adherent and symptoms have remained stable. He does not meet criteria for hospitalization.

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Mr. Q

Synopsis of background leading to NGRI offense

Mr. Q is a 28-year-old single, separated male with three children from two separate unions. Precursors to hospitalization include substance induced domestic assault on his partner and his mother-in-law; these were the most recent in a series of domestic assaults, all primarily occurring during times of intoxication, but have occurred in the absence of substance abuse as well. At the time of his NGRI offense, Mr. Q reported “hearing voices” and feeling that he was “commanded” to assault his family members, as they were “going to hurt my children.” Mr. Q has no established history of major mental illness, and had never struggled with psychiatric illness in the past. A thoughtful evaluation indicated that a late-onset mental health condition was likely, though later, while hospitalized, it was determined that, while possibly predisposed to psychiatric symptoms under certain situations, the symptoms he experienced were likely due solely to substance abuse at the time of the offense. Mr. Q was found Not Guilty by Reason of Insanity in 2002 and subsequently committed to DBHDS.

Synopsis of hospitalization:

Mr. Q was transferred between three state facilities over the course of his hospitalization due to ongoing issues with violence toward staff and peers, and general non-compliance. At his last civil hospital placement, a more pro-social approach to treatment was taken, expressly based on forming therapeutic alliances, and he began to establish the first therapeutic relationships of his hospitalizations. He was entrusted with more freedoms and he seemed to do better with a collaborative approach than with a corrections approach of consistent negative consequence for maladaptive behavior. He remained psychiatrically stable and over a period of several years, achieved the Unescorted Community – 8 hour pass level and began working full time in the community. He reestablished relationships with family members, and adhered to hospital rules. He engaged in individual therapy to address antisocial behavior, specifically DV, and through prosocial treatment, began to understand the benefits of sobriety and prosocial living. He took pride in his AA/NA participation and built a very healthy support system through the AA/NA community. Previously noted as having a weak self-concept, he gravitated to AA/NA principles and appeared to integrate them

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into a stable identity. He progressed to the point of initiating and then facilitating his own AA group in the community. During times of stress in particular he continued to push boundaries in the hospital and act against his treatment providers, but a flexible approach that highlighted support was typically successful in preventing these periods from escalating into patterns.

Update on current presentation:

In 2013, Mr. Q was granted Conditional Release and released to an adult foster home. His Conditional Release Plan allowed for him to work full time, as he was not eligible for benefits, and he paid his rent out of pocket. He almost immediately began to push boundaries on his release, failing to show up for case management meetings, requesting to work more and more hours per week and to get a second job, and requesting to move out of his foster home and into an independent apartment. Though he currently remains gainfully employed, he is difficult to keep track of, tends to act first and ask forgiveness later rather than to ask permission, and concerns have arisen secondary to the fear that he has begun to associate with some of his friends from before his hospitalization. Though by all appearances he appears to continue to remain active in the AA/NA community, it is difficult to track this due to the anonymity. However, he remains free from any symptoms of mental illness, and specifically regarding risk of aggression, continues to appear appropriate to remain on conditional release.