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Report of Psychological Testing  
for Tompkins County Court

Indictment No.	97-019
Patient	Kevin E. Saunders
Date of Birth	May 1, 1956
Date of Referral	June 2, 1997
Examined By	Paul T. Povinelli, Ph.D.
Date of Examination	June 14, 1997

Highlighted text is boilerplate sourced from Theodore Millon PhD; underscored text is false.  
- AnneRose Blayk  
3/30/18

Reason for Referral: Intellectual and emotional assessment pursuant to Article 730 of Criminal Procedure Law to determine the current mental state of this defendant.

Tests Administered: Minnesota Multiphasic Personality Inventory 2, Millon Clinical Multiaxial Inventory III, Wechsler Adult Intelligence Scale Revised, House Tree Person, Bender-Gestalt, Thematic Apperception Test, Rorschach Inkblot Technique, Mental Status Examination.

Observations and Test Behavior: The defendant is a 41 year old, Caucasian, single male of medium height and slight build who came to this interview clad in a silk shirt and black jeans. He wears his hair long over his shoulders and wants to be addressed by the name Bonze Blayk. He was charged with burglary 2nd degree; arson 3rd degree (2 counts); criminal mischief 2nd; and criminal contempt 1st. History indicates that on February 6, 1997 the patient believed that he was receiving messages through the radio telling him to kidnap his estranged girlfriend, Susan Hamann. He broke into her trailer and poured flammable liquid on the floors and set her trailer on fire.

At today's meeting the defendant presented himself neatly groomed and clothed sitting across from me in a variable position. His facial expression was extremely variable during the course of the examination. His general body movements were somewhat atypical. Amplitude and quality of speech was quite atypical. He ended all his sentences with the word "Um". As I was listening to him speak this seemed to be an affectation of his. Doctor/patient relationship was cooperative. This patient's general mood tends to be variable and at this time he does not seem to be markedly depressed or manic. The patient does state that he has had panic attacks in the past, the last being in 1995. He has a long history of poly-drug and alcohol abuse and extolled the merits of smoking marijuana to all those present at today's examination. He states that he is a heavy marijuana user and has been using for a number of years. He also stated today that he experiences auditory hallucinations and that the voices at times are

One panic attack

command in nature. No other perceptual distortions, illusions or hallucinations are noted. This defendant appears well oriented to all 3 spheres of person, place and time. During the course of the exam he was preoccupied with somatic problems talking about neurological symptoms utilizing medical terms such as immunosuppressant nerve condition studies, polyneuropathy and polyreticular neuritis. He seems to have some insight into his behavior at this time. His judgement abilities are not grossly impaired at the time of this examination. I found no obsessions, compulsions or phobias presented today. The patient talks of periodic episodes of derealization where the world around him seems as though it is a dream. The patient states that he has had suicidal feelings on and off for quite some time but has no plans to act on them. No homicidal mentation is present. This patient is clearly paranoid. He feels that the radio is able to talk to him and direct him. He feels that he was "set-up" for DWI. He feels that his drink was spiked and that the police department has it in for him. His stream of thought as manifested by his speech shows a somewhat increased thought flow. This defendant is a cross dresser and is sexually ambivalent.

One interval of  
derealization  
during Jan  
1997: mCPP

Intellectual Functioning: On the Wechsler Adult Intelligence Scale Revised, this patient received a verbal I.Q. score of 131, superior range of intellectual functioning, a performance I.Q. score of 113, above average range of intellectual functioning and a full scale I.Q. score of 127, superior range of intellectual functioning of which 6.9% of the general population falls. He is at the 96th percentile. This patient's thought processes are rambling and at times disorganized. His range of knowledge and interests is commensurate with someone of a superior intelligence. His organizing, planning and synthesizing abilities seem to be moderately impaired at this time. His capacity for abstraction and conceptualization is intact. His attention and concentration spans as checked by digit span and arithmetic are not grossly impaired at all. His memory for past, present and immediate events seems to be intact. Judgement skills at this time are questionable secondary to his psychotic thought process. Perceptual motor functioning is decreased relative to his verbal functioning. Reality testing at this time is borderline.

Emotional Functioning: The dominant emotions being experienced by this individual and influencing his behavior revolve around what appears to be an affective disorder with periods of transient psychosis. He is a very heavy marijuana user and has used it for many years. His behavioral presentation was extremely affected. He is over reactive, stimulus seeking and intolerant of inactivity. He is impulsive, unreflective and theatrical in his response pattern. Testing indicates that his personality structure is quite narcissistic and at times that he is minimally constrained by objective reality. He uses rationalization as a major defense. He is self deceptive and facile in devising plausible reasons to justify his inconsiderate behaviors. He will try to place himself in the best possible light despite evident shortcomings and failures. His Rorschach indicates that his impulse control was very poor, that he is very self centered and manipulative. His Rorschach was also

sexually fixated.

Concept of Self: The patient describes himself as being "flaming, cute and hyperbolic." He tends to confidently exhibit himself and acts in a very self assured manner in displaying what he thinks are his achievements. He has a very high sense of self worth despite being seen by others around him as being egotistical, inconsiderate and arrogant. This patient's ego strength at this time is moderately impaired secondary to his psychosis.

Interpersonal Functioning: This patient has the possibility of being extremely exploitative. He feels entitled. He is unemphatic and he expects special favors without assuming reciprocal responsibilities. He will take people for granted and use them to enhance himself and indulge in his desires. He describes his father as having been fat, humorous, and intelligent, his mother as being worried, intense and hardworking. The patient very clearly has sexual identification problems. He tends to cross dress and he sees no real problem with wearing female clothing. This patient does not appear to be homicidal or suicidal on any of his test response patterns.

Summary and Recommendations: We are herein dealing with a 41 year old, Caucasian, single male exhibiting the symptomatology of an affective disorder with transient periods of psychosis. He is also heavily addicted to abusing marijuana. He is of superior intelligence and has a full scale I.Q. score of 127. The florid psychosis that the patient describes as having occurred when he set his girlfriend's house on fire is not present at this time. He does have the capacity to hide some of his more pathological feelings from those around him. It is herein recommended:

- 1) Even though this patient presents with a major affective disorder with transient psychotic features he is not psychotic at this time. He understands the charges against him and is competent to stand trial.
- 2) There is the good possibility that this patient's affective psychosis was exacerbated by his abuse of marijuana.
- 3) This patient tends to act in a very strange and peculiar manner with affectations about his dress and speech patterns.

Diagnostic Impression DSM-IV: Having taken into consideration the aforesaid mental status examination, diagnostic tests and available clinical history, it is felt the diagnosis should be rendered of:

Axis I - 296.34 - Major Depressive Disorder Recurrent With  
Psychotic Features - Mood Congruent  
304.30 - Cannabis Dependence  
Axis III - - No Diagnosis  
Axis IV - - Problems in the legal situation.

Axis V - GAF Scale - 45 - Some impairments in both social relationships and occupational functioning.

Prognosis: With Treatment - Fair  
Without Treatment - Poor

Quantifiable Test Results

MMPI-2-T Scores

L-48, F-74, K-42, HS-79, D-84, HY-85, PD-73, MF-75, PA-97, PT-74, SC-84, MA-70, SI-55.

Millon Clinical Multiaxial Inventory III

Disclosure	48	Schizotypal	67
Desirability	47	<u>Borderline</u>	70
Debasement	71	Paranoid	24
Schizoid	36	Anxiety	100
Avoidant	21	Somatoform	64
Depressive	68	Bipolar;Manic	69
Dependent	65	Dysthymia	75
Histrionic	54	Alcohol Dependence	60
Narcissistic	89	Drug Dependence	62
Antisocial	45	Post-Traumatic Stress	
Aggressive(Sadistic)	51	Disorder	77
Compulsive	44	Thought Disorder	70
Passive-Aggressive	45	Major Depression	71
(Negativistic)		Delusional Disorder	60
Self-Defeating	35		

70: No such score  
on SS Scale

Wechsler Adult Intelligence Scale Revised

Verbal Tests	SS	Performance Tests	SS
Information	14/14	Picture Completion	10/11
Digit Span	14/15	Picture Arrangement	15/15
Vocabulary	19/19	Block Design	14/15
Arithmetic	17/17	Object Assembly	7/8
Comprehension	10/10	Digit Symbol	9/10
Similarities	14/15	Performance Score	55
Verbal Score	88	Performance I.Q. Score	113
Verbal I.Q. Score	131	Above Average Range of	
Superior Range of Intellectual		Intellectual Functioning	
Functioning			

Full Scale I.Q. Score - 127 - Superior range of intellectual functioning of which 6.9% of the general population falls. He is at the 96th percentile.

Quantifiable Test Results

Rorschach Summary R-29

W%	27	M	5	H	5	F%	27
D%	41	FM	8	Hd	5	Ext.F+%	86
Dr&S	20	Fm	1	A	8	F Plus	62
d%	10	FC	5	Ad	3	A%	37
Approach	DR&S!	Fcc'	4	Anat	2	P	4
Sequence	Loose	F+	5/25	Im	1	S	3
W:M	8:5	F-	3/4	Sex	6	T/R	32.06 sec
Sum C	2.5			Maps	1	T/IR	6.8 sec
Msum C	5:2.5					Chrom. T/R	32.22 sec
M:FM	5:8					Achro. T/R	31.81 sec
(H+A):(Hd+Ad)	13:8					Additional	1 Time
A:P	12:1					Shocks	To Cards
3r+(2):R	.44						6, 7 & 9
						Fabulized	6 Times

House Tree Person

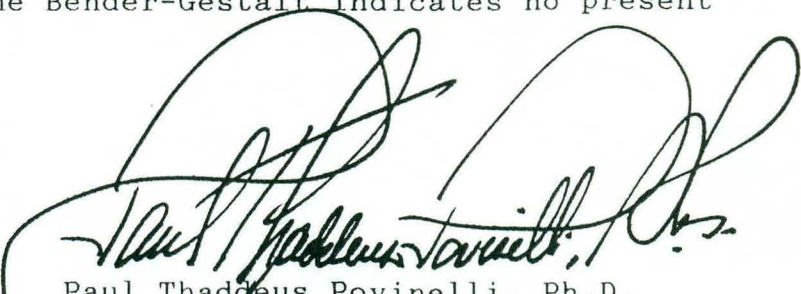
The female figure is quite large and encompasses most of the page. He drew a female ballerina on a wall bar with a facial expression that was his. He sees himself as being very feminine at times. His male figure is extremely short and looks like a scarecrow with high heels on. His house is bizarre. It's a big cube with a second story where there are bay windows. His tree is quite strange and dead with a good root system. Testing indicates the possibility of an ongoing affective disorder with underlying psychosis. No organicity is present.

Bauhaus  
The willow tree outside my office?  
LOL

Bender-Gestalt

All figures are laid out in a methodical manner. There are no collisions, rotations, fragmentations or distortions of the Gestalt. It is done extremely well. On memory he was able to reproduce 5 figures extremely well. The Bender-Gestalt indicates no present organicity.

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