Initial Psychological Assessment and Mental Status Examination	Patient Name: Saunders, Kevin C# 01-51-81 (aka Bonze Blayk)	
	Sex F	DOB 5/1/56
OMH-PHI		
Date: 4/8/03	Facility: Elmira Psychiatric Center; Adult Services Unit	

INSTRUCTIONS 1) History of psychological problems and prior psychotherapy. 2) Direct observations and behavioral appraisal. 3) Results of intellectual, projective, and personality tests (indicate procedures/instruments used). 4) Results of language, cognitive, self-help, and social-affective and visual-motor functioning evaluations. 5) Patient's problems, strengths, and disabilities; and treatment recommendations. 6) Signature, title, and date.

History: The patient was admitted to Elmira Psychiatric Center for the first time as a track CCPL 33020 by Dr. Baker from Cayuga Medical Center, Ithaca. This patient presents himself in the Emergency Room as being extremely delusional and confused. He is actively hallucinating at that time and reportedly had been running around town with no clothes on for the previous 5-6 hours. He was recently seen for forensic evaluation at the Elmira Psychiatric Center Outpatient Department. Has been closely involved with the forensic system in Rochester. He has a history of recurrent violence towards females in his life. In 1997 he was charged with burglary 2nd degree, arson 3rd degree - 2 counts, criminal mischief 2nd degree, criminal contempt 1st degree. On February 6th, 1997 the patient believes he was receiving messages through the radio telling him to kidnap his estranged girlfriend, Susan Hamann. He broke in to her trailer and poured flammable fluid on to the floors and set her trailer on fire. At that time he had several knives and a meat cleaver in his automobile and was found to be dangerous. He has been followed in the recent past through the Elmira Psychiatric Center Out Patient Department by Janet Stevens and Dr. Belsare. This patient has been noncompliant with his Order of Conditions. He constantly refuses to take prescribed medications or submit to any drug or alcohol testing. He constantly abuses marijuana. The patient has a history of panic attacks dating back to 1995 and a long history of alcohol and polysubstance abuse. He denies abusing other drugs at this point in time. In the past he has experienced ongoing auditory hallucinations, they are command in nature. He has been suicidal on and off and in the past has been extremely paranoid. Patient has a history of having a radio able to talk to him and direct him. At times he feels he was set up for DWIs in the past and that his drinks are spiked by the police department who have it in for him. This patient is a cross-dresser and is sexually ambivalent. At the time he attacked his girlfriends home he was clad in a women's dress.

Presenting Symptomatology: Patient is a 47 year old Caucasian single male of medium height and corpulent build who appeared for this examination physically unkempt with clothing that was disheveled. He was clad in blue jeans and a grey hospital shirt. Patient had been placed in 5-point restraints just within 24 hours of this examination. He states that he experiences very high energy levels. He has long disheveled hair and ecchymotic lesions on the outer aspects of his left arm. He sat across from me in a slumped position with a facial expression that was bizarre and inappropriate. His general body movements were quite peculiar. Amplitude and quality of speech were normal, however he ended a number of his sentences with the word "um". As I was listening to him speak there seemed to be an affectation. Patient freely admits that he is a cross-dresser. Dr./Patient relationship was fairly cooperative. Patient recalled that last time I did an examination of him which was June 14th, 1997 for Tompkins County Court. That examination was done pursuant to an article 73020 criminal procedure law determination of ability to stand trial. Patient's mood tends to be somewhat labile at this time with mild hypomania present. He seems somewhat elated. He stated "weird things go on in this world and I have really no good reason why the weird things continue to go on". Patient freely admits to hearing auditory hallucinations on an ongoing basis. "I hear inner voices talking to me in gibberish, at times they tell me to hurt myself but I am still here." Patient also states he experiences changes in his visual perception periodically, experiences strange smells of sulfa. The possibility of uncinate seizures should be considered. The patient states that he smokes marijuana on a daily basis and feels that in the past his marijuana may have been "spiked" with hallucinatory drugs. Patient further states that he has no recollection of the violent acting out behavior that occurred this past weekend or the behavior that precipitated this hospitalization.

With respect to his intellectual function, I found his level of consciousness to be intact. His attention span is impaired. He is quite rambling, he was unable to spell the simple word *earth* backwards, he was very slow and stumbling doing serial 7s. Abstract thinking abilities tend to be esoteric and concrete. He is quite rambling in his response patterns. In response to the saying *Strike while the iron is hot* he responded "if in a foundry.... you then have to get the metal hot to shape it..... you must use a form....." To the saying *a shallow brook is noisy* he responded "because they babble...they make noise over rocks." To the saying *people who live in glass houses shouldn't throw stones* he responded " they might find that they will come straight back at them thrown at their own reflection." On the Wais Similarities Subtest he is able to get 5 out of 6 questions correct. However he was very rambling in his responses. When asked how a dog and a lion are alike, he responded "They are animals, they have fur, they have four feet, they bite." When asked how an orange and a banana are alike he stated "They are round, they are edible, they are fruit.... they grow on trees." When asked how a boat and an automobile are alike he responded "You travel them..... if you go on a two dimensional plane through three dimensional space....you're moving from place to another." Calculations abilities for simple math are intact. He is estimated to be of superior intelligence based on a degree from the University of Texas at Austin in 1977, and diagnostic testing done by the undersigned June 14th, 1997 he achieved a full scale I.Q. score of 127. I found him oriented to all three spheres of person, place and time. Judgement is impaired at this time. He has gross difficulties in acknowledging in the presence of his psychological problems and tends to blame others for them. Very clear paranoid projection is in evidence. Judgement abilities are impaired. Given his current psychotic state he will have difficulties managing daily living activities and making reasonable life decisions. I found his immediate recall to be intact, recent memory impaired, he was unable to recall 5 words for a period of 10 minutes. Remote memory is spotty. Patient feels that he is unable to remember various behaviors that occur in his severe psychotic states. Patient has recurrent obsessive thoughts "We were all involved in a pretty amazing plot. Lots of people are doing the plotting....if it were God doing the plotting he would get every one safely aboard." He states these thoughts come to him over and over again. When asked if he had any compulsive behaviors, he responded "I have trouble with feelings, fucking, fighting, and fleeing. I feel I am not labeled correctly." He states in the past he has had fears of heights. There is no signs of ~~anel~~ realization or depersonalization during today's examination. In the past however he has talked of periods of derealization where he has thought the world seems to be a large dream. He denies that he is suicidal at this time but has felt suicidal in the past. Patient denies that he is homicidal at this time but does present a clear and present danger due to his acting out behaviors secondary to his psychosis. Patient is clearly paranoid. In the past he has experienced ideas of reference and influence. Patients stream of thought as manifested by his speech shows an increased thought flow with a clear associational disturbance. Patient states that his eating habits are normal, that he has had problems sleeping. He states that he is unable to sleep for days on end. Patient states that his sex drive is normal. However history indicates that he has had periods of hypersexuality, sexual ambivalence and he is a devout cross dresser.

Prior diagnostic Treatment: On June 14th, 1997 this patient was examined by the undersigned pursuant to an evaluation for Article 730 of the criminal procedure law to determine competency for trial. On the Weschler adult intelligence scale III he received a verbal score of 131 superior intellectual functioning, a performance I.Q. scale 113 above average intellectual functioning; full scale I.Q. score of 127 superior range of intellectual functioning which 6.9 percent of the general population falls. He's at the 96th percentile. At that time I found his thought processes to be rambling and at times quite disorganized. The dominant emotions being experienced during that examination revolved around an affective disorder with periods of transient psychosis. His behavioral presentation was extremely affective. He was overreactive, stimulus seeking and intolerant of inactivity. He can be extremely impulsive, unreflective, theatrical in his response patterns. Testing at that time indicated a personality structure that was extremely narcissistic and at times he is minimally constrained by objective reality. He uses rationalization as a major defense. He is self deceptive and facile, and devises multiple reasons to justify his inconsiderate behaviors. This patient will try to place himself in the best possible light despite evident short comings and failures. His Rorschach clearly indicated his impulse control was extremely poor, very self centered and manipulative. His Rorschach also indicated that he was sexually fixated. This patient has the capacity to be extremely exploitive of others. He has a very high sense of self worth despite being seen by others around him as being egotistical, inconsiderate and arrogant. The patient had very clearly presented with sexual identification problems. He tends to

cross dress and sees no real problems with wearing female clothing. At that point in time I felt that this patient's psychosis was under sufficient control that he was competent to stand trial and he understood the charges against him. At this point and time I feel no further diagnostic testing is necessary either to clarify differential diagnosis or structure future treatment regimens.

Problems: 1) Labile affect. 2) Auditory, possible visual and olfactory hallucinations. 3) Bizarre behavior. 4) Violent acting out. 5) Impaired insight and judgement. 6) Paranoid mentation with ideas of reference.

Strengths: 1) He is verbal. 2) He has superior intelligence. 3) He is in fair physical health.

Liabilities: 1) Long previous history of psychotic range disturbances dating back to at least the mid 1990s. 2) Gender identity disorder with transvestism. 3) Polysubstance abuse, alcohol and marijuana. 4) Past history of arson.

Treatment Recommendations: We are herein dealing with a 47 year old Caucasian single male exhibiting symptomatology of a rather severe affective disorder, most likely Bipolar disorder with psychotic features that is exacerbated by his alcohol and cannabis abuse. Prior to the admission this patient was acting extremely bizarrely in the community and once admitted became violent towards staff requiring forced medication as well as restraints. Patient has a past history of violent acting out behavior and has been a forensic patient for a number of years. At this point in time he is noncompliant with treatment and continues to act in a very bizarre manner. He must be titrated with appropriate psychotic medications as well as mood stabilizing medications and be placed in an atmosphere where he cannot be dangerous to self or others. He is noncompliant with his order of conditions. He is not appropriate for verbal psychotherapy at this time. It is felt that he presents as a clear and present danger and that a transfer to a forensic service is warranted.

Psychological Goal: Patient will be able to interact with those around him on a daily basis for one half hour at time, will take part in therapeutic activities free from the symptoms of ongoing psychosis and mood instability and maintain this state for at least 14 consecutive days.

Psychological Treatment Plan: Patient should receive 4 individual supportive interactions on a prn basis. He is not appropriate for group therapy or insight therapy at this time due to his affective instability and ongoing psychosis.

DIAGNOSTIC IMPRESSION (DSM IV) Having taken into consideration the aforesaid mental status examination, prior diagnostic testing and available clinical history, it is felt the diagnosis should reflect

Axis I	296.44 Bipolar type I disorder most recent episode hypomanic with psychotic features mood congruent
	304.30 Cannabis dependence
	305.00 Alcohol abuse
	302.85 Gender identity disorder adult
Axis II	301.9 Personality disorder NOS borderline narcissistic features
Axis III	no diagnosis
Axis IV	Interactions with the legal system
Axis V	GAF current: 30 GAF past year 55

Prognosis: With treatment fair, without treatment poor.

Signature: Paul T. Povinelli, Ph.D. Date April 11, 2003

Title: Paul T. Povinelli, Ph.D.; Licensed Psychologist

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