

<b>CORE HISTORY (INPATIENT)</b>	Patient Name: <b>Saunders, Kevin E.</b> C#: <b>085 274</b>
<b>Date Started:</b> 10/23/97 <b>Date Updated:</b> 5/28/03	Gender: Male Date of Birth: 5/1/56 Unit/Ward: <b>RFU/059</b> <b>Inpatient Exam</b> Facility: Rochester Psychiatric Center
<b>Instructions:</b> Complete within five (5) days of admission to the extent possible. Update as needed. Include signature, title, and date for all new entries.	
<b>1. ALERTS</b> List risk factors including danger to self/others, CPL status, phys. health conditions/needs, allergies, etc.	
<p>Patient was admitted to the Rochester Regional Forensic Unit (RRFU) on 1/30/98 for a 330.20 inpatient exam at the request of this agency. Patient has been living in the community apparently without incident since shortly after the instant offense, which indicates a very low risk for any aggressive behaviors or escape.</p> <p><b>Updated: 5/28/03</b></p> <p>Mr. Saunders was recommitted on a 330.20 recommitment order due to non-compliance to orders of condition. His recommitment is for 6 months. He was hospitalized at Elmira Psychiatric Center where he reportedly assaulted a staff member. <span style="float: right;">↑ <u>4pt</u></span></p> <p>Betty Golphin, SWII</p>	
<b>2. HISTORY</b>	
<b>Source of Information/Reliability:</b>	Historical information came from the telephone interview with the patient on 10/23/97 and paper work written by the patient and submitted to this agency by him following that date and several interviews with the patient following his 1/30/98 admission to this unit. This information appears to be accurate in many respects, particularly in regard to the therapy that the patient has received over the past few years, but <u>other information submitted by the patient may be less than objective</u> . There was a review of the records from Anna Matusiewicz, OPD, a private therapist the patient saw in 1993; reports from Alan Stotz, a therapist the patient saw in 1992 at Children and Family in Ithaca, NY; notes from a Dr. Stackman, a private therapist the patient saw between 12/96 and 1/97; notes from the Cayuga Hospital Emergency Department from January to March 1997; also reviewed were psychiatric reports from a Dr. Lesswig, defense Psychiatrist expert, Dr. Povenelli, the prosecution's clinical Psychologist, and a Dr. Besrigain, Psychologist. All the <u>records appear to be reliable</u> , but the patient disagrees with many of the diagnoses that were made during the course of his treatment with some of these therapists.
Dr. <del>Stackman</del> Ellen From Markover Povenelli, Lesswig Besrigain	! x x x x x x
<p><b>Updated 5/28/03:</b>          Patient interview and accompanying records, Alice Richardson, patient's housemate.</p> <p>Betty Golphin, SWII</p>	



**CORE HISTORY  
(INPATIENT)**

Patient Name: **Saunders, Kevin E.**  
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**A. Legal/Criminal Procedure Law (CPL) Status** (Include civil litigation with treatment implications; arrests & circumstances; current/pending charges; convictions; periods of incarceration, probation, parole; conditions of CPL status; name/telephone number of attorney. Indicate relationship between legal issues & mental health.)

The New York State (NYS) crimnet requested on 2/2/98 was reviewed and the following information was provided: The NYS ID # 08493564N; FBI # 892819DB6; Social Security # 431-88-9647. The crimnet list four events: **3**

**Event #1:** 12/22/96 was an arrest; charges unknown, but two Class U Misdemeanors; patient was convicted with a plea bargain on 10/97; paid a \$500 fine and his license was suspended for 90 days.

**Event #2:** An arrest on 12/29/96 in Tompkins County for Criminal Possession of a Weapon, 4th Degree - a Class A Misdemeanor, two counts; no disposition has been reported.

**Event #3:** 2/6/97 in Dryden, NY; an arrest for Arson, 3rd Degree - a Class C Felony; court action is not listed; patient was arraigned on 2/6/97.

This third event was evidently the instant offense for which the patient made and was granted a 330.20 plea. The patient was released on his own recognizance from the jail and was residing at home until he entered RRFU on 1/30/98 for the 330.20 dangerousness exam.

An alias used by the patient is Bonze Blayk. His last address is 1668 Trumansburg Rd., Ulysses, NY.

Patient's lawyer is Margaret McCarthy, a Public Defender for Tompkins County, (607) 275-0531.

The patient does not have a clearly defined mental health diagnosis yet. Making that diagnosis is part of the process that he will be involved in while he is on this unit. The patient believes that the instant offense was triggered by a variety of complex circumstances including postictal psychosis. Patient has not received a professional diagnosis of Seizure Disorder, so that diagnosis is still unclear. Therefore, it is difficult at this time to develop a theory of whether or not mental illness has affected the patient's criminal behavior.

**Updated 5/28/03**

Patient's crimnet was reviewed and is unchanged since last documentation. He received a 330.20 commitment which was due to expire 5/6/03. He was admitted to Elmira Psychiatric Center on 4/4/03 for violation of Order of Condition. He medication non-compliant as well as continued to use marijuana and assaulted a staff member at EPC. (patient denies memory of the assault). There is no indication charges were filed by staff.

Betty Golphin, SWII

*Voluntary ER report A/H to CMC, ZPC to Elmira  
4 yrs Linda Riley CSW TCMH  
1 yr Janet Strawn CSW, Dr Belcaro at EPC*

**B. Mental Health** Include the following:

- Known MH/MR diagnoses.
- Lethality history including violence to self or others.
- Sexual history including abuse/exploitation as victim or abuser, high-risk behaviors for HIV.
- Previous MH/MR treatments including precipitating events, dates, providers, medications, and outcomes. (Attach the Movement History from DMHIS, if available).
- History of serious incidents.
- Family history of mental illness.
- History of physical abuse/neglect as victim or abuser.

The patient reports that he did not receive any kind of mental health treatment, nor did he see a need for such, until 1979 or '80, when he saw someone for a few sessions at Children and Family Services in Ithaca, NY, regarding problems with depression. Those records are not available.



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In 1990, the patient had 12 sessions with the Employee Assistance Program (EAP) at Cornell University. These sessions were related to conflicts the patient was having with his boss. Records indicate that over the years the patient has often had conflicts with his employers and suggest an inability to work successfully in a supervised setting. The sessions with EAP ended on 6/11/92.

The patient's first extensive therapy began in 1992 when he saw <sup>Ellen</sup> Alan Stotz, a therapist at Children and Family Services for an extended number of visits. Patient displays a great deal of confidence in that therapist. He did not receive an Axis I diagnosis, but was being seen for a work adjustment issue and serious problems with his marriage. **No DIAGNOSIS!**

Patient reports that he attended Family and Children's Service Mental Health Program from 1/29/92-6/12/92, where he was seeing a counselor regarding issues related to his impending divorce.

Patient saw a therapist, Anna Matusiewicz, OPD, from 5/93-12/93, primarily regarding the breakup of his marriage. The diagnosis the patient received during this time included Cyclothymia vs. Bipolar Disorder. **Depression (HIV Anxiety) 6/96 - 1/97/97**

The patient returned to therapy again in 1996 when he went again to Family and Children's Services in Ithaca, NY, where he received outpatient therapy with an Amari Meader, MSW. During these 29 individual counseling sessions with this therapist, it was reported by her that the patient worked on trying to better understand and manage his vulnerability to depression and anxiety and his acute sensitivity to the world around him. After a time, the patient began a course of antidepressants. During these sessions the issue of continuous marijuana use was addressed, but the patient was unwilling to accept follow-up treatment. The therapist working with Mr. Saunders indicated in her closing summary a concern about what she saw as problematic behaviors including his DWI arrest, possession of unlicensed handguns and the Harassment charge from his girlfriend and reports of seizure-like activities on the part of the patient. The therapist's assessment of the patient's reactions to these events indicated a mounting level of paranoia, anxiety, or delusional thinking on the part of the patient. The patient was unwilling to accept any more comprehensive treatment and became fixed on the belief that those symptoms and behaviors were the result of Guillain-Barré Syndrome. Due to the patient's unwillingness to accept further recommended treatment, the patient was terminated. Prior to termination, he was referred to an Alcoholism Counselor, Fran Markover, CSW, CAC, NCAC, for further counseling regarding drug use; a comprehensive physical; neurological evaluation; possible hospital-based inpatient dual diagnostic program.

**12/96 - 1/97** → Alcoholism Council → Dr. Hamisch, FCS  
Patient did go to Fran Markover for a drug and alcohol evaluation and she recommended working toward abstinence from marijuana and alcohol and all mood altering chemicals in order to allow for a more accurate evaluation of any underlying diagnosis, particularly mood disorder, and among other things, a treatment for the drug abuse, as well as drug and alcohol abuse, and was given the diagnosis of Cannabis Dependence and Alcohol Abuse. Fran Markover also supported all of the recommendations already presented by Amari Meader. The patient rejected all of the above recommendations except for those related to medical help.

**1/11/97 Dr. Scheiman** **med. Center**  
From January 2-3, 1997, the patient went to the Emergency Room at Cayuga Hospital because, according to him, he was near physical collapse (and he was having the most severe seizure he had ever had in his life, and he considered himself to be suffering from postictal psychosis, which he felt resembled symptoms of paranoid schizophrenia. During that hospitalization, it was recommended that he go to inpatient MICA treatment, which the patient refused.

**1/14/97** **1/11/97**  
On 1/7/97, the patient began the use of trazodone and reported that he felt calmer at first, but later developed (what he considered) physical symptoms related to the drug and stopped it on 1/14/97 and resumed marijuana use.



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On 1/20, the patient began a neurological evaluation by Jodi Stackman, M.D.

On 2/6/97, the instant offense took place. Following his arrest that day, a police statement includes the quotation from the patient stating messages from the radio caused him to do it.

On 2/7/97, an evaluation was done by Karen Kalista, CSW, with a diagnostic impression that to R/O Psychotic Disorders, R/O Organic Disorders, Cannabis Dependent and Depressive Disorder, NOS, Alcohol Abuse and Personality Disorder, NOS.

On 2/11, Annette Brink, M.D., provided a psychiatric consult through the Tompkins County Mental Health Services within the jail setting. Her diagnoses of this patient was Psychosis, NOS; R/O Cannabis Induced Psychosis; Mood Disorder, NOS, Gender Identity Disorder; Cannabis Dependent; R/O Neurological Condition; and recommended a low dose of Risperdal.

The patient was released on bail on 3/20/97.

On 3/26/97, a normal nerve conduction velocity study was done with no evidence of neuropathy being found. MRI, also normal.

Dependent; R/O Neurological Condition, and recommended a low dose of Risperdal.

The patient was released on bail on 3/20/97.

On 3/26/97, a normal nerve conduction velocity study was done with no evidence neuropathy being found. MRI, also normal.

The patient further reported that he saw two other doctors in City Court following his DWI arrest; they were a Dr. Fuller and Dr. Laverrie. Both of those exams found him competent to stand trial and referred to the possibility of several diagnoses including Marijuana Dependence; Brief Psychotic Episodes; Gender Identity Disorder; Organic Mood Disorder.

On 6/14/97, two reports were submitted to the court with regard to the patient's 330.20 plea.

Patient notes that he feels he has a Gender Identity Disorder. He reports that he often wears women's clothes just for comfort, but wears women's formal attire in public sometimes because he enjoys it.

**Updated 5/28/03**

Mr. Saunders reports he was treated at Cayuga County Mental Health briefly, prior to his admission to Elmira. He denies the need for medication and is critical of any medication prescribed for him. While at Elmira, he refused to take medication. He states he did not need medication because he was no longer psychotic. He claimed to have been psychotic for 2-3 days but cleared before going top Elmira. Patient is ambivalent about whether he has a mental illness or not. He fluctuates between acknowledging he has an illness to denying he has an illness.

Betty Golphin, SWII

- C. Alcohol and Drug Use/Abuse** Include the following: ■ Patterns of use (substances, quantity, frequency)  
(If any of the following are present, an Alcohol and Drug Use/Abuse Evaluation is indicated.)
- Functional impairment (interference with work, relationships, etc.)
  - Physical/psychological effects (shakes, nausea, paranoia, delusions, suicidal behavior)
  - Known diagnoses
  - Previous treatments (dates, providers, and outcomes)
  - Family history of use/abuse.



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The patient reports that he started using pot at the age of 21 and smoked occasionally between 18-21,

that he used alcohol intermittently, and on one occasion had way too much and had acute intoxication and therefore did not drink very much after that. The patient reports that he has been using cannabis almost continuously since the age of 21 and for several years he has smoked the equivalent of less than a joint a day using a pipe. The patient considers cannabis to be a treatment for all of the physical and neurological symptoms which he reports that he suffers from. Evidently, the only time the patient has been free from cannabis use is for a brief period from December of 1997 until January 15, 1997 and again for about 10 days prior to the instant offense. The patient reports that he had been free of cannabis for approximately ten days prior to his admission to this unit on 1/30/98 and he did test negative for marijuana when he returned to us from Strong in mid-February. Several therapists over the course of the patient's treatment have diagnosed him as being Alcohol or Cannabis Dependent, but he continues to reject that diagnosis claiming both the marijuana and the alcohol are used wisely and therapeutically by him. He has therefore, refused all suggestions for treatment, both outpatient and inpatient. Regarding other drug use, the patient reports that he experimented somewhat with cocaine, no more than a half a gram in 1978 when he was in California, that he tried mushrooms twice while he was in college in 1976, and that he has never used LSD. Patient continues to insist that while he uses marijuana regularly he does not consider himself to be cannabis dependent. The patient has never received any kind of treatment for alcohol or drug dependence, and when that was suggested recently by a therapist as a result of a drug evaluation, he refused that treatment.

Updated 5/28/03

Mr. Saunders denies he is addicted to Marijuana but admits to daily use. He states he could quit if he liked but he uses it because marijuana helps him to focus.

He does not believe he needs treatment in this area. He is aware his Order of Commitment includes staying away from substance.

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**D. Physical Health** (Summarize major physical health care issues or refer to Physical Examination and Assessment)

The patient reports a strong belief that he has a neurological problem known as Teshwin Syndrome because he claims all of the major symptoms including anger and aggressiveness, a bad temper without the violence, transgender, bizarre religious experiences, hypographia, an odd sense of humor, a philosophical nature, and paranoia. The patient was seen by a neurologist, Dr. Stackman, he did not agree with that diagnosis and instead gave the patient the diagnosis of Alcohol Dependence. The patient then came to the Neuromuscular Institute of the Strong Memorial Hospital where he saw a Dr. Touwiell, but also reports dissatisfaction with them since they did not validate his diagnosis.

Updated 5/28/03

Mr. Saunders has a history of hypertension.

Records from Elmira indicate patient has an abnormal liver profile which may be alcohol related. All records are not yet available.

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**E. Childhood/Developmental** (Include any developmental milestones)



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Patient appears to have had a normal delivery from a normal pregnancy. There is no reason to believe he did not meet the developmental milestones in a timely way. The patient reports there were no serious problems during his developmental years.

Patient reports that he felt as if he was a normal child until about the age of nine when he began to develop problems with anxiety. The patient reports that he did have buddies and friendships during the course of his childhood and that they were activities and classes at school he enjoyed. He states that his older brother was a very odd person and that he therefore, took great pains to be very different, not to be at all like his brother when he went into the high school setting.

**F. Family History/Interpersonal Relationships** (Include persons in supportive and/or dependent relationships)

The patient was the second of two children born to Earl L. Saunders and Jean Cox Saunders on 5/1/56 in Little Rock, Arkansas. Patient reports that his paternal grandmother, Marguarite, had a diagnosis of Petit Mal Epilepsy, and that she died in 1976 at the age of 75. The patient's father, Earl L. Saunders, died at age 61 in 1977 of a stroke. Patient did not have much to say about his father. Patient's mother, Jean Cox Saunders, is still alive at the age of 75, she is in reasonably good health, but she suffers from some depression and she is typically anxious which seems to come from the family background. The patient describes his mother as a typically liberal Arkansas native, that he gets along with her fairly well, but he sees her as a worrywart who is very principal, who is shocked that he, the patient, wears dresses at times, which only came out after the Arson, but also reports that she is committed to caring for and loving both the patient and his brother. He reports that his mother has never used drugs, but she does drink sometimes socially and she suffers somewhat from gout. Patient reports that his maternal grandmother was very hostile and cool in many ways toward her own children, abandoning many of them, and raising only two. He describes her as having been sexually promiscuous and that he only saw her occasionally, but she was very pleasant toward the grandchildren, but argued quite a bit with his mother.

Patient has one brother, Michael Saunders, age 45, who the patient describes as hypographic obsessive about certain details of life, and still involved with a punk rock group called the Angry Simoans. Michael Saunders lives in Hayward, California, in the bay area, where he works as a hospital accountant, and in the past has been, as the patient describes, a well-known rock critic.

The patient himself was involved in the punk rock band the Angry Simoans where he played drums, guitar, and wrote some songs.

The patient was married to Anne Marie Saunders in 1979. On 3/22/88, a daughter, Rachel, was born to the two of them and their marriage continued until 1993 when the two were divorced. 1994 Patient reports that he continued to play a major role in his daughter's life, but eventually voluntarily agreed to sole custody remaining with Anne Marie due to the problems that the patient was having. However, records indicate that Rachel was actually removed from the patient's home on 8/26/96 due to what the authorities considered a volatile domestic situation between the patient and his girlfriend, Susan. Currently, the patient is allowed only supervised visits with his daughter. Patient reports that he continues to maintain a good relationship with both his daughter and his ex-wife.

In 1993, the patient met Susan Hamann and maintained a conflictual relationship with her until the time of the first Assault charges filed by her against him 12/30/96. Susan Hamann is the women whose trailer was destroyed during the instant offense. During their years together the patient had sometimes lived with Ms. Hamann and sometimes lived in this trailer that belonged to her.

Patient reports from the 4th to 5th grade on, he had no friends. He disliked the boys general way of doing things, the roughness and the meanness that he saw displayed by boys his age, and he felt that he was sometimes considered a sissy because he could quite easily be made to cry. However, when he got to college, he reports the more typical kinds of male bonding and enjoyed that aspect of his life.

**G. Ethnic/Cultural Identification** (Estimate the patient's overall level of acculturation. Consider length of time in US, language proficiency, family background, socio-economic status, etc. Note if a Cultural Eval. is indicated)



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The patient was born and raised in Arkansas. He is a Caucasian man from a middle to upper income family and does not identify any particular cultural or ethnic issues as being problematic to him.

*Libertarian*

He describes his ideological background as Right Wing Conservative, the Unitarian, and reports that doing logic for a living is a strange business. Patient appears to have a comfortable relationship with both mother and brother, although neither one of them lives physically near him at this time in his life.

*"Hacker Culture"*

**H. Religious/Spiritual Beliefs and Practices** (Affiliation, degree of involvement; name of clergy, if relevant; implications for treatment or discharge planning)

Patient was raised as a Protestant, particularly a member of the Disciples of Christ, which is non-hierarchical and the church leadership varied from church to church, the churches being loosely organized.

**I. Military History** (Include service branch, dates served, where patient served, combat experience, if wounded and any service-connected experiences frightening to the patient). Indicate if service-connected disability, type of discharge, eligibility for benefits; claim number).

There is no record of the patient serving in the military.

**J. Living Arrangement** (Include where and with whom the patient lives, housing patterns/stability, and desire and ability to return)

Patient owns his own home at 1668 Trumansburg Rd., Ithaca, NY 14850; phone # (607) 277-5808 and he operates his business, Data Beast, out of his home.

Updated 5/28/03:

*databeast, inc.*

Patient continues to live and work from his home when in the community. He has a house mate who also helps with his business. He is asking to process a Power of Attorney which will allow his brother and friend to manage the business in his absence.

Betty Golphin, SWII

**K. Work/Financial** (Include special training/skills and job history; source and amount of income; representative payee; power of attorney; legal guardian; etc.)

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<p>X During the major portion of the patient's adult life he supported himself through computer programming work. He worked for a time at Millennium Computer Corporation in Rochester where he commuted four days a week. He claimed his salary there was about \$55,000 a year. Patient worked for Cornell University and again had some problems with his employers there.</p> <p style="margin-left: 100px;">from 7/85 - 2/94      ↑ ONE</p> <p>X While working at Cornell, the patient developed a very complicated computer program which is still being used by the university. Currently, the patient owns and operates his own business, Data Beast, a computer programming business. He works by and for himself out of his home. His earnings are substantially below what one would expect of someone with his education and abilities. Earlier in his life, the patient worked with his brother in a band called the Angry Simoans, where he played a variety of roles playing some different instruments and some singing. He is no longer involved with the band.</p> <p style="margin-left: 100px;">→ Business startup + Psychiatric Disaster = Low Income Updated 5/28/03      data Comet = software entrepreneur</p> <p>Patient continues to work from his home and seems to have a viable business.</p> <p>Betty Golphin, SWII</p>	
<b>L. Education</b> (Include highest grade/degree)	
<p>X The patient graduated from high school. He graduated from the University of Texas in 1979. He applied for and was accepted at the Cornell Graduate School of Accounting and registered for the fall of 1979, but dropped out after a couple of months of classes. He again registered for extramural classes in the fall of 1986.</p>	
<b>M. Use of Leisure Time</b> (Include current skills, talents, aptitudes, and interests)	
<p>X The patient likes to play his guitar, read, dance, he enjoys all kinds of music, he reads <i>The New York Times</i>, books about military history and philosophy.</p>	
<b>N. Other Agency Involvement</b> (Include past or present involvement with human service agencies other than mental health and criminal justice agencies)	
None.	
<b>Originally Completed by:</b>	Susan Heagney, CSW
<b>Date:</b>	10/23/97
<b>Signature:</b>	<b>Date:</b> <b>Updated:</b>
	5/28/03
<b>Staff Name:</b>	Betty Golphin, MSW
<b>Title:</b>	Social Worker II

SH/lb  
BG/bg