ROCHESTER PSYCHIATRIC CENTER
Regional Forensic Unit

Hospital Forensic Committee Clinical Summary

TO: The Record

FROM: Igor Kashtan, M.D.
Psychiatrist I

DATE: September 11, 2003

RE: **Saunders, Kevin E. - 085 274**
Date of Birth: 5/1/56
CPL 330.20
Request for First Retention Order

IDENTIFYING DATA

Mr. Saunders is a 47-year-old, divorced, Caucasian male, who was admitted to the Rochester Regional Forensic Unit (RRFU) on 5/23/03 pursuant to 330.20 Recommitment Order issued by the Honorable John Rowley, Tompkins County Court Judge, on 5/22/03. Patient was transferred to RRFU from Elmira Psychiatric Center (EPC) where he was hospitalized from 4/4/03 until the date of his transfer to RRFU on 5/23/03.

On 2/6/97, he was arrested and charged with the crimes of Burglary, 2nd Degree: Arson, 3rd Degree, 2 counts; Criminal Mischief, 2nd Degree; and Criminal Contempt, 1st Degree. He had set fire to the trailer home of his former girlfriend, early on the morning of 2/6/97. As a result of the fire, this trailer home as well as his girlfriend's car were destroyed. On 6/14/97, Mr. Saunders was evaluated by Norman J. Lesswing, Ph.D., who found that Mr. Saunders was not criminally responsible for the above mentioned crimes. Patient was adjudicated as Not Responsible by Reason of Mental Disease by plea on 6/28/97 in the court of Judge William C. Barrett, Tompkins County Court Judge. A CPL 330.20 Examination was ordered by the Judge on 8/4/97. It was recommended that patient be admitted for the examination and he was admitted to RRFU on 1/30/98. Upon completion of 330.20 Examination, patient was discharged in the community on 3/31/98. Both examiners (Dr. R.P. Singh and Dr. John Kennedy) opined that Mr. Saunders did not suffer from dangerous mental disorder as this term is defined by CPL 330.20. On 5/7/98, Honorable William Barrett, Tompkins County Court Judge, decided that Mr. Saunders did not suffer from a dangerous mental disorder, however, recommended continued mental health treatment for defendant. The Order of Conditions was issued and Mr. Saunders was ordered to attend an outpatient mental health treatment program as designated by the Commissioner of Office of Mental Health for the State of New York, or by his designee. Initially Mr. Saunders was ordered in outpatient treatment at the Tompkins County Mental Health Center, however, due

to ongoing noncompliance with and violations of his Order of Conditions, his treatment was transferred to the EPC Outpatient Clinic on 5/8/02 by request of Mr. Anthony B. DeLuca, Commissioner, Tompkins County Mental Health Services.

SOURCES OF INFORMATION

1. Mr. Kevin E. Saunders CV

2. "Bonze Blayks nervous system" - written statement by Mr. Saunders, dated 1/30/97.

3. "Medical history and recent physical and psychological symptomatology" - written statement by Mr. Saunders, dated 4/28/97.

4. Tompkins County Mental Health Service Psychiatric Evaluation by Karen Kalista, CSW, dated 8/20/97.

5. Psychiatric Evaluation by R. LeVerrier, M.D., dated 8/22/97.

6. Evaluation by Rabi Tawil, M.D., at U of R Neuromuscular Disorder Clinic, dated 5/7/97.

7. Report of neurology examination, dated 1/20/97, by Jody Stackman, M.D.

8. Progress Note dated 3/17/97, by Jody Stackman, M.D.

9. Nerve conduction/electromyography report dated 3/26/97 by Jody Stackman, M.D.

10. Letter from Robert Breiman, M.D., to Strong Memorial Hospital, Neuromuscular Clinic, dated 4/23/97.

11. EEG report dated 2/11/98, by Maria Toczek, M.D.

12. Emergency department report from Cayuga Medical Center at Ithaca, dated 1/11/97, by Lawrence Sheiman, M.D.

13. RRFU clinical records pertinent to patient's hospitalization at the Forensic Unit from 1/30/98 - 3/31/98.

14. Voluntary statement by Kevin Saunders to New York State Police, dated 2/6/97.

15. Copies of police photographs of Mr. Saunders taken on 2/6/97.

16. Written statement of facts dated 2/6/97, by Brian Ovens.

17. Written statement of facts dated 2/6/97 by Susan K. Hamann.

18. Report of psychological evaluation, dated 6/14/97 by Normal Lesswing, Ph.D.

19. Report of psychological testing by Paul Povinelli, Ph.D., dated 6/14/97.

20. Cayuga Medical Center at Ithaca Mental Health report, by Eric Stevens, dated 1/11/97.

21. Family and Children's Service of Ithaca progress notes by Amari Meader, dated 5/8/96 - 2/6/97.

22. Records of Mr. Saunders' hospitalization at EPC from 4/4/03 - 5/23/03.

23. Emergency department records of Cayuga Medical Center, dated 4/4/03.

24. Cayuga Medical Center psychiatric admission and discharge summaries by Arthur D. Roemmelt, M.D., pertinent to Mr. Saunders' inpatient treatment from 4/27/02 - 5/2/02.

25. Records from Tompkins County Mental Health Center pertinent to Mr. Saunders' outpatient treatment from 5/98 - 5/6/02 (progress notes and psychiatric evaluations by Linda Riley, CSW, and John Bezirganian, M.D.).

26. CPL 330.20 Examination report by R.P. Singh, M.D., dated 3/17/98.

27. CPL 330.20 Examination report by John Kennedy, M.D., dated 3/19/98.

28. Mr. Saunders' current chart at RRFU starting the day of his admission on 5/23/03.

29. Psychological Evaluation report by Jane DeSmith, Ph.D., dated 8/6/03.

30. Clinical interviews of Mr. Saunders on a weekly basis.

31. Clinical data obtained through observations of Mr. Saunders by RRFU staff including psychologists, nurses, occupational therapists, social workers, and security hospital therapy assistants.

32. Conference interview with Laurence Guttmacher, M.D., (Chief Psychiatrist at RPC), on 6/27/03, lasting approximately one hour.

RE: Saunders, Kevin E.
September 11, 2003

STATEMENT OF NON-CONFIDENTIALITY

Mr. Saunders was repeatedly made aware of the non-confidential nature of this examination in that the results of examination would be made available in a report to the court. He indicated an understanding of this and agreed to proceed with the examination.

STATEMENT OF OPINION

It is this writer's opinion, within a reasonable degree of medical certainty, that Mr. Saunders continues to suffer from a dangerous mental disorder as this term is defined in Article 330.20 of CPL.

Based on the above, Mr. Saunders' treatment team is requesting patient's retention at the maximum security psychiatric facility.

DESCRIPTION OF THE OFFENSE

In the morning of 2/6/97, Mr. Saunders drove to the trailer park where his estranged ex-girlfriend had been living. According to patient's statement, as well as to the police report, he was dressed in a woman's long evening dress with stockings and high heel shoes. He was in possession of four kitchen knives. Patient reports that few days prior to the offense he read the book *The Silence of the Lambs* and began making connections between his life, his ex-girlfriend's life, and some characters in the book. He came to conclusion that his girlfriend, Susan, was a character from the book (Clarice). He was also convinced that FBI was after him. Mr. Saunders was under impression that Hannibal Lector (or a person in real life upon whom the character Hannibal Lector was based) was sending him messages through the radio. Some of these messages were of command nature ordering Mr. Saunders to dance or break into the trailer. According to Mr. Saunders, "on Wednesday night I became convinced that radio messages were directed to me. I was anxious. I wanted to see Susan. I went to bars in downtown Ithaca. I returned home around midnight. I just kept dancing till 3am. I put on Susan's clothes. Some critical comments were coming from the radio. I felt that someone might be coming to my house to kill me. That night they played a lot of things about burning: "Smoke on the Water," "Burning Down a House." I was afraid of being "jumped" upon exiting the house. I took knives to protect myself. I got in the car and had no plan where I was going to. I decided that I had to find Susan. I decided to go to her trailer. When I came there I was surprised that her car was there, so I thought she was there. I wanted to talk to her. I absolutely did not want to hurt Susan." Mr. Saunders broke in through the window of the trailer and using lighter fluid (which he found in the trailer) and his own lighter, set the trailer on fire. He left the scene and took off in his car, but was stopped less then a mile down the road by the State Police who had been alerted by the next door neighbor. According to Mr. Saunders' statement provided to the police on 2/6/97, "I believed that I was receiving messages through the radio telling me to kidnap my estranged

girlfriend, Susan Hamann, who I thought was living in the above mentioned address. I brought along with a butcher knife and another kitchen knife to use in my attempt to "kidnap" my estranged girlfriend. Upon entering the trailer I was thinking that I had to hurry because I had to kidnap Susan, so I went through the all the rooms in the trailer looking for her. I saw a bunch of cans in the kitchen that I thought to be paint (unclear), skirt pocket and lit the liquid. A fire started on the kitchen so I quickly left the trailer out the trailer door." (sic) In his 330.20 CPL Examination report, John Kennedy, M.D., wrote "upon his arrest, he stated that he felt that his life was in danger if he did not follow these commands, and after spending 30 minutes to an hour with the investigating officers after the incident, he stated that his reality testing returned to him and that he realized that his beliefs were not true.

PSYCHIATRIC HISTORY

Mr. Saunders has a long-standing history of emotional difficulties.

Patient reports that in 1979 when he attended a graduate school at Cornell University studying economics, he suffered from symptoms of moderate depression. For approximately two to three months he was in outpatient counseling at Family and Children Services. Patient recalls that he attended approximately three sessions, felt better, and decided to leave the graduate school "because I realized there was no way to get a degree from this department."

Patient's next encounter with mental health took place in 1992 at the Family and Children Services upon referral from Cornell University EAP. From 1/29/92 - 6/11/92, Mr. Saunders was seen by Ellen Stotz for 12 sessions while he was placed on administrative leave at the Cornell University.

In May of 1993, patient was seen by Ms. Micki Goldstein, in two sessions for marital counseling with his then wife, Ann Marie Whelan.

From 5/17/93 - 1/31/94, patient was in treatment with psychiatrist Anna Matusiewicz, M.D. Patient was seen in 17 sessions secondary to "depression, marital/divorce issues, HIV possible exposure."

According to Mr. Saunders, in February of 1993, he was raped by male acquaintance of his wife. Patient admits that him and his wife had an agreement for an "open marriage" where both of them were free to participate in sexual relationships outside of the marriage. However, their sexual partners should have been approved by the spouse. Mr. Saunders reports that the person who raped him was initially sexually involved with his wife. Prior to that, Mr. Saunders has had sexual encounters with males. After being submitted to unconsensual sexual contact with his individual, Mr. Saunders became extremely concerned about contracting HIV. He was also concerned about his wife's health as well because she was sexually involved with the same

individual. In order to deal with his anxiety, he sought psychiatric counseling with Dr. Matusiewicz. According to Mr. Saunders, the psychiatrist offered him a trial of Lithium in order to "put me on Prozac." However, he declined to accept any of those medications and continued to see psychiatrist for psychotherapy. He recalls that he terminated therapy after feeling much better. He was also less concerned about his health after having negative HIV test within six months of the alleged rape.

Dr. Matusiewicz suspected that Mr. Saunders suffered from Underlying Affective Disorder, but stated it was hard to determine because of his ongoing cannabis abuse. She prescribed an antipsychotic medication for sleep problems and anxiety. In late October of 1993, Mr. Saunders was struggling to cut down on his cannabis use, and in November described episodes of hitting his wife when he was angry.

In January of 1994, patient called Dr. Matusiewicz saying that he was doing well and didn't feel that he needed further services.

From May 1996 - January 1997, Mr. Saunders was seen for 29 sessions by Amari Meader, MSW, at Family and Children Services. Mr. Saunders indicates that he sought counseling for "relationship issues." Mr. Saunders is still angry with Ms. Meader for "lying to me." According to the patient, she told him that his diagnosis was Dysthymia, however, in the treatment plan she documented that his diagnosis was Borderline Personality Disorder and Cannabis Dependence. He also reports that he was referred to Fran Markover, CSW, for drug and alcohol abuse evaluation. This evaluation was requested by Ms. Meader because "we can't diagnosis cannabis dependence." Mr. Saunders was seen by Ms. Markover in three sessions - in 12/96 and 1/97.

In January 1997, his case at Family and Children Service was terminated by his therapist for refusal to stop smoking cannabis and lack of compliance with the treatment plan.

The following information is the excerpts from Dr. Singh's report: "Patient was seen by psychiatrist again on 1/7/97 who prescribed Trazodone, continuing with presumed course of Prozac. Patient reports feeling better and calmer. In this session he had let go of the police conspiracy explanation, now believes Susan to be responsible for setting him up for both arrests. On 1/11/97, patient reported that he developed sensation loss in hands, heart palpation, dry mouth, foot pains, urination problems and shortness of breath in the early morning for which he went to the hospital for evaluation. He complained that the physician in ED had the attitude that "I was a mental case." On 1/14/97, patient quit trazodone believing that it was responsible for the panic-like symptoms he was experiencing. He had resumed smoking pot, wants to quit cigarettes but feels it's unlikely given the stressful factors in his life. He is now preoccupied with finding a physical answer for all his anxiety and other symptoms and finding the right medication to alleviate his symptoms so that he can quit pot altogether. It was further stated that patient was actively depressed and unable to stay focused enough to work at present but his mood appeared

more stable. On 1/18, telephone call over the weekend to another therapist where the patient claimed he had been infected with HIV by Susan but he is suffering primarily from the effects of neurological disorder, Guillain-Barre Syndrome. By 1/19, his therapist starts pressuring him to get into a detox program so that he can be evaluated without the impact of cannabis on his presentation. On 1/21, patient appeared slightly more agitated and geared up about Guillain-Barre Syndrome, convinced that the condition lies at the heart of his difficulties. In this session, the therapist discussed termination issues and patient interprets it as a fundamental difference of opinion. 1/30/97 is the last session. Patient talks about having resumed pot smoking and his unwillingness to participate in any detox program. The last note, 2/6/97, states client arrested for allegedly having set fire to Susan's residence.

Mr. Saunders presented to Cayuga Medical Center Emergency Dept. on 1/11/97 at 5:00 a.m. complaining of being awakened by sensation of palpation in chest associated with sensation of numbness in the face, hand and feet. He also complained of chills and shortness of breath. He was seen by Lawrence Sheiman, M.D., who thought that most of his somatic complaints are probably stress related. Dr. Sheiman wrote "with his history of depression, I think that now he is in a state of agitated depression with substantial denial of the gravity of his problems. Though he is amenable to speaking to our mental health workers now, and I have summoned one of them to come and evaluate him, I doubt very much there is an organic basis for these sensations of palpations and/or hand numbness." Patient was seen by mental health team and diagnosed as dysthymia. It was noted that he has been under increased stress for the last three weeks after being charged with DWI on 12/22/96 and harassment of girlfriend after assaulting her on 12/26/97. At that time, patient was taking Prozac 20 mg. and had also been started on Trazodone 50 mg. in the last few days. Mental status examination was characterized as mildly fidgety, fully oriented, mood mildly elevated, thought process illogical and organized, thought content was characterized as "emphasizing irrelevant history rather than current stressors." Judgment and insight good. It was noted that patient has 20 years history of cannabis abuse but had stopped abusing it three weeks ago and intended to stop it for good.

Patient was next seen by Jody Stackman, M.D., for neurological evaluation. She noted "this gentleman is a difficult historian, rambling on with what seems like loose associations, indicating to me that he was seen at the CCC on 1/11 secondary to palpation and numbness, describing a six to 12 month history if not longer of numbness involving his feet, hands and legs." She noted that patient was presenting with six to 12 month history of numbness, weakness, visual spot in front of his eyes, possibly some balance difficulties, and does not have any history of progressive neurological symptoms/signs prior to this to suggest demyelinating disease. The neurological exam was normal. Nonetheless, Dr. Stackman suggested further medical workup to find etiology of patient's complaints. Mr. Saunders had the following tests which were all normal: neuroconduction EMG report dated 3/26/97, MRI of head dated 5/7/97, and numerous chemistry studies done on 5/7/97."

As it was mentioned above, on 2/6/97, Mr. Saunders was arrested on the charges of Burglary, 2nd Degree; Arson, 3rd Degree, two counts; Criminal Mischief, 2nd Degree; Criminal Contempt, 1st Degree. He was released on bail of $50,000 on 3/20/97 posted by his mother. Mr. Saunders was examined by Dr. Brink on 4/8/97, and Dr. LeVerrier on 4/11/97 in regards of his mental capacity to proceed with the trial. On 6/14/97, he was evaluated by Normal J. Lesswing, Ph.D., (regarding the question of criminal responsibility). Patient received Not Responsible by Reason of Mental Disease by plea on 6/28/97 in the court of Judge William C. Barrett, County Court Judge, County of Tompkins. A CPL 330.20 Examination was ordered on 8/4/97. Patient remained at RRFU from 1/30/98 - 3/31/98 for dangerousness examination. Both examiners (Drs. Singh and Kennedy) concluded that at that time Mr. Saunders did not suffer from dangerous mental disorder.

The Order of Conditions was issued and Mr. Saunders was ordered to attend an outpatient mental health treatment program at Tompkins County Mental Health Center. From May 1998 until May 2002, Mr. Saunders was followed by Ms. Linda Riley, CSW, at Tompkins County Mental Health Center. However, due to ongoing noncompliance with and violations of his Order of Conditions (ongoing use of cannabis and refusal to comply with urine toxicology screens), his treatment was transferred to EPC Outpatient Clinic on 5/8/02, by request of Mr. Anthony B. DeLuca, Commissioner, Tompkins County Mental Health Services.

While in outpatient treatment at Tompkins County Mental Health Center, patient also attended 22 private psychotherapy sessions with Ronald Leifer, M.D., from 1/99 - 6/00 (records are not available at this time).

In his letter dated 6/12/02, Mr. Fred Manzella, EPC Forensic Coordinator, writes to the Attorney General's Office: Since his admission to EPC Services, Mr. Saunders has reported for his appointments as scheduled, but has been noncompliant to treatment and monitoring recommendations developed by his treatment team. Specifically, Mr. Saunders is refusing to submit to prescribed medication therapy and drug/alcohol testing.

On 4/27/02, Mr. Saunders was admitted to the Cayuga Medical Center due to psychotic decompensation. He remained in the hospital until 5/2/02. According to the admission and discharge summaries completed by Arthur F. Roemmelt, M.D., Mr. Saunders was brought to the emergency department by his friend in the evening of 4/26/02. At that time he reported an alarm at waking up and believing that he was Hitler. However, throughout most of the interview, he was more coherent and did not at the time represent a danger to himself or others, and did not wish to stay. His friend then brought him back in the morning, at which time he was grossly delusional, not only claiming to be the reincarnation of Adolf Hitler, but stating that he had a mission. His judgment was deemed to be grossly impaired by his presentation of psychosis and he was admitted at that time. He was also agitated, even prior to the recommendation that he be admitted. On 4/27/02, patient's mental status examination was significant for "he's physically

and mentally agitated, and spews out continuous grandiose and illogical ideas. His thoughts are both pressured and loosely associated. While he's talking, he works with a pen to take words that he has uttered and looks at them forwards and backwards to decipher their inner meaning. He states that he has been informed or in some other way instructed that he needs to save the world. It is very unclear because of his illogical speech as to what we are to be saved from. He answers no questions in a simple or coherent fashion. He states that he doesn't like psychiatry because of medications he has been given before, but will not be specific even on that matter." Dr. Roemmelt's impression was "he's clearly quite paranoid in the hospital at this time." During this hospitalization the only medication accepted was prn Haldol shots. He refused other medications. Dr. Roemmelt ordered Zyprexa. which patient didn't take. Over the few days patient's thinking cleared dramatically. Loose associations disappeared. There was no longer flight of ideas that were almost impossible to follow. Mr. Saunders was discharged on no medications with recommendations to follow up with his outpatient provider.

On 5/8/02, Mr. Saunders had an intake appointment at EPC Outpatient Clinic with Janet L. Stevens, CSW, Social Worker I. On 5/23/02. outpatient psychiatric evaluation was conducted by Dr. Belsare, psychiatrist at EPC Outpatient Clinic. In her note, Dr. Belsare describes Mr. Saunders as "congenital, excessive attention to detail. Believes himself to be the victim of malpractice in the past. Believes all psychiatrists, including myself, to be incompetent. He believes that his experience with Trazodone. Prozac and Vistaril is due to the interaction of these medications on his liver enzymes and that the psychiatrist who allegedly prescribed them did so intentionally to do him harm. He believes that his current anger is due to the outrage he has over this injustice. He states he can stay on topic. but does not do so because it is boring." Mental status examination was significant for "speech is pressured. Attitude is hostile and accusatory. Psychomotor agitation present. Eye contact is intense. Mood is labile. Affect is irritable and expansive. Thought content is tangential and leads to extraneous detail. For example, when asked how much he sleeps, client proceeds to talk about how he gets his daughter to school three times per week, which keeps him on a schedule. At other times, she walks to school because it feasible to do so from her mother's home. He continues to elaborate some extraneous thoughts until redirected to the subject at hand. Thought processes are disorganized and somewhat incoherent without frank confusion. Flight of ideas and tangentiality present." By the conclusion of this meeting, Dr. Belsare ordered urine toxicology screen which Mr. Saunders flatly refused. She also ordered a Trileptal titration and discussed common side effects with the patient. Mr. Saunders complained about cost, but was unwilling to consider less costly alternatives. He did put the prescription in his briefcase.

→ and states: "I would not be doing this if you were a private patient."

On 6/21/02, Mr. Saunders saw Dr. Belsare for follow up appointment. In her note on that day, Dr. Belsare writes "client has not gotten previously prescribed medication filled because he believes it would not be effective. He agrees that based on his history of medication refusal, it is unlikely that he will accept any prescription." Dr. Belsare concludes "delusions continue. Writer expressed to client that medication continues to be recommended. However, in light of client's

refusal, there is no utility in pursuing further attempts at psychiatric treatment. Client is in agreement with this."

On 4/4/03, Mr. Saunders was brought to the emergency department at Cayuga Medical Center by the ambulance. He was accompanied by his housemate, Alice Richardson. The note by Owen Cleary, RN, indicates "Alice Richardson reports patient has been increasingly agitated since forensic review at EPC Outpatient Services. She relates patient has not been eating, has not been sleeping, and has been running around outside for 5-6 hours without no clothes on. Patient has been making threatening statements toward self and others, making statements that he is Hitler. She also states that patient has disconnected all electrical appliances in his home, has left running water for hours. Patient has been exhibiting rigid, compulsive type behavior such as running hands under scalding hot water, burning hands and scratching self. Alice voices grave concern for patient's safely and for other people including herself. She relates there was a loud verbal altercation last night in which patient became threatening and Alice was fearful for her safety. She also relates patient has been experiencing panic attacks in which he becomes very agitated and out of control. She feels patient is a danger to himself and is not safe to return home. In the same note, Ms. Clearly continues "patient is unable to provide any detailed information. Patient denies auditory/visual hallucinations, but appears to be responding to internal stimulation. Patient describes an increase energy level which has caused him to run excessively. Patient admits he has been sleeping poorly and hasn't eaten very well. He appears preoccupied and seems to be experiencing thought blocking. Admits to daily marijuana use, last use reported to be "few days ago." Ms. Clearly describes patient's affect as "inappropriate, " his mood as "elevated," and notes "bizarre" delusions. Patient was administered Lorazepam and transferred to EPC by ambulance. Upon patient's presentation to EPC, he was evaluated by Dr. April Roberts. In her screening/admission note, Dr. Roberts writes "the patient is very disheveled and wild appearing. Attitude is uncooperative and hostile. Speech was pressured. There was also abundance of speech. Psychomotor activity was increased. He was very fidgety and moved around the chair during the entire interview. Thought processes were nonsensical, illogical, tangential, and evasive. He had flight of ideas." According to the note, patient's thought content was significant for grandiose delusions. Patient denied hallucinations and illusions, however, based on his thought processes and behavior, he appeared to be responding to internal stimuli. His impulse control appeared to be impaired. Patient's affect was unstable with inappropriate smiling and laughter for no apparent reason. Mr. Saunders was disoriented to place, city, month, date, and year. His attention span was markedly impaired. His insight and judgment were markedly impaired. He adamantly refused to take any medication unless it was marijuana.

In the morning of 4/6/03, Mr. Saunders became aggressive and physically assaulted the staff. He was medicated with Haldol, 5 mg., and Ativan, 2 mg. IM stat at 7:15am. Patient was placed in 4-point restraint at 7:30am. Since he was thrashing and spitting at staff, he was placed in 5-point restraint at 7:45am. The note entered in the chart on 4/6/03 at 8:15am by the nurse indicates,

"continues with delusional statements, i.e., spiders are from Mars." "what is the future manifestation of our fusion?"

In the evaluation for treatment over objection completed by Dr. Roberts on 4/16/03, she describes Mr. Saunders' behavior as "Mr. Saunders refuses to remain clothed in public areas of the ward. He requires constant instruction from staff to put his clothes back on. Other patients have complained about Mr. Saunders entering their rooms at night. He stalks female patients, including a young teenage female patient he chases around the ward. They have complained about him following them into the bathroom. Male patients have also complained about Mr. Saunders stalking them at night. He threatens staff who direct him away from rooms of other patients and the areas of the ward which are restricted to women (bathroom, sleeping area). He refuses to take medication of any kind, including an antibiotic for an infection of the leg."

PAST MEDICAL HISTORY

The following information is an excerpt from John Kennedy, M.D., 330.20 Examination report dated 3/19/98: "Patient had an episode of mycoplasma pneumonia treated with erythromycin as a teenager. He's had a lipoma removal and a history of one patch behind his left ear that was reported at one time to be psoriasis by his primary care physician. Mr. Saunders has had an extensive neurological workup consisting of examinations by his primary care physician as well as at Cayuga Medical Center Emergency Department. In addition, he has been referred to two specialists: Dr. Jodi Stackman, a neurologist in Ithaca, and Dr. Tawil, a neurologist sub-specializing in neuromuscular disorders, at the University of Rochester. Examinations by every physician involved have indicated no neurologic deficits whatsoever and a normal neurologic exam, even in the midst of complaints of symptoms. In addition, Mr. Saunders has had routine laboratory studies, advanced laboratory studies, nerve-conduction velocity tests, X-rays and MRI's of his brain, which have all been within normal limits. As a part of his examination while on the inpatient unit at the RRFU, he had a routine EEG, which showed mildly slowing in one temporal region upon sleep. This was followed-up with a 72-hour video monitored EEG at the University of Rochester's Comprehensive Epilepsy Program. Results of this were reviewed with the entire neurology team. It was noted that Mr. Saunders indicated through several episodes that he was having neurologic symptoms. Despite this his EEG was perfectly normal and there was no clinical evidence of any abnormal seizure-like movements or other brain dysfunction. The conclusion of the neurologic team at the University of Rochester was that Mr. Saunders has absolutely no neurologic deficits. He does not suffer from CIDP or from temporal lobe epilepsy. In addition, they felt that the use of marijuana was neither an immuno suppressant sufficient to treat CIDP nor was it an anticonvulsant sufficient to treat temporal lobe epilepsy. Further, they stated that there is no laboratory testing such as what Mr. Saunders is requesting in terms of blood work that would either prove or disprove his claims of having an autoimmune disorder. Their conclusion was that given all the testing and examinations there is simply no evidence of any neurologic dysfunction in Mr. Saunders."

RE: Saunders, Kevin E.
September 11, 2003

Mr. Saunders denies any acute physical problems/complaints. He suffers from mild obesity and mild essential hypertension. Patient is allergic to Ampicillin.

FAMILY HISTORY

Mr. Saunders denies any history of mental illness in his family. However, he describes his mother as "kind of obsessive," and recalls that she attempted suicide "when I was fairly young." He denies any psychiatric issues with his father. Patient's mother is currently in her 80's and resides in Little Rock, Arkansas. His father suffered from CVA at the age of 60 and died in 1977.

SOCIAL HISTORY

The following is the excerpt from Dr. Singh's report: "Mr. Saunders was born and raised in Little Rock, Arkansas. His father was a commercial photographer who died of a stroke in 1977 at age 60. His mother, Jean Saunders, is 80 years old, is an ex-administrator for a security company, and lives in Little Rock (telephone # 501-663-2121). He is the younger of two children. His older brother, Mike, is 50 years old and is a hospital accountant. Patient graduated from Hall High School in Little Rock, Arkansas. He reported "People said I was weird because I had ideas about philosophy, I read quite a bit, and had different political beliefs but I was also socially quite awkward." Patient reported that he was a good student but got only mediocre grades (3.2 average) as he did not apply himself very well. When asked about his childhood and family life, patient replied "It was okay." When asked about the positive and negative aspects about his childhood, he said he had reliable parents and felt he was well taken care of. The negative aspects he characterized as parents being too argumentative and his mom being verbally mean. Patient graduated from high school at age 18 and subsequently attended the University of Texas for the next three years. He graduated with a Bachelor's Degree in Economics and Philosophy with high honors. At age 21, after graduation, he worked for one year for the University of Arkansas as a computer programmer. Patient reports that he took a few courses in college but mostly learned about computers by self-teaching. At age 22, patient moved to LA to live with his brother and work as a bookkeeper in the same hospital. He also played guitar in a rock band with his brother. In 1979 at age 23, he moved to Ithaca as he had been accepted in a graduate school in economics. He stopped going to school within two months after moving to Ithaca as he lost interest in math and there were no history or philosophy courses in the program.

He met his ex-wife, Annemarie Whelan (telephone # 607-273-6552) soon after he moved to Ithaca and lived with her for 14 years and they were married for seven years. She was also at Cornell studying soil microbiology. They together have a daughter, Rachel, who is now nine years old. From 1979 until 1985, after dropping from college at Cornell, patient did odd jobs of bookkeeping, delivering pizzas, and working at other restaurants. During this period he continued to study computer programming in an informal fashion. In 1985, he was hired by

Cornell University as a computer programmer and worked there until 1992. In 1993, patient quit his job at Cornell and started working for a company in Rochester called Millennium Computing, however, due to his poor relationship with his supervisor, he quit the position and went back and started working with Cornell on a contract basis. Over the last few years, he has started his own software company where he is developing software programs and trying to sell them directly to various customers.

Patient's psychosocial history is remarkable for him identifying himself as a female. He described himself as a "transgender guy with feminine identity." He reported that he was described as a cry baby who got along better with females than males as a child. He denied having a gay orientation. Patient could remember when he was eight or nine years old he felt like a girl and started disliking boys' behavior and attitudes. He described himself in some ways to be a lesbian. Patient has been enjoying cross-dressing since his teenage years and reports increased sexual arousal during cross-dressing. He has been to various clubs dressed as a woman but has always been discreet about his sexual orientation with coworkers.

It appears that patient and his wife, at a later stage in their marriage, started experimenting with having other people join them in sexual relationships. There was one incident where they invited another male who allegedly raped the patient during one of their encounters. When asked why he got divorced, patient reported "My wife lost her mind." At this point he also mentioned that he and his wife had been experiencing "tantrik sex" which he described as a unique religious and philosophical experience where one identifies with God and goddesses and experiences ecstasy. He then reported that after that tantrik experience, his wife became promiscuous and started getting involved with the Eastern culture and Buddhism. Patient met his girlfriend, Susan Hamann, through his ex-wife from a soup kitchen in 1994 and they allegedly became close soon after patient's divorce.

Prior to his admission to Cayuga Medica Center on 4/4/03, Mr. Saunders lived in his own house in the Ithaca, NY, area with his housemate, Ms. Alice Richardson (phone # 607-277-5808). Mr. Saunders describes her as "she's a friend of mine and I allowed her to stay with me due to her disability." He denies any romantic involvement with Ms. Richardson.

WORK HISTORY

Please refer to Social History section of this report.

Prior to his latest hospitalization, Mr. Saunders was self-employed as a computer analyst at Data Beast Software Company. Patient is the only owner of this company. Among his clients he indicated Alaskan Airlines and NASA.

Records indicate that before starting the company in 1998 while in outpatient treatment at the Tompkins County Mental Health Center, Mr. Saunders was seriously considering an option of applying for SSDI.

According to Mr. Saunders, the highest annual income obtained over the past few years was in the neighborhood of $35,000.

MILITARY HISTORY

Mr. Saunders has never served in the military.

LEGAL HISTORY

On 12/22/96, Mr. Saunders was arrested on DUI charges. He was convicted by plea bargain in October 1997, paid a $500 fine. and his license was suspended for 90 days.

An arrest on 12/29/96 in Tompkins County for Criminal Possession of a Weapon, 4th Degree (Mr. Saunders in illegal possession of his father's guns), no disposition has been reported.

On 2/6/97, Mr. Saunders was arrested and charged with the crimes of Burglary, 2nd Degree; Arson, 3rd Degree, two counts; Criminal Mischief, 2nd Degree; Criminal Contempt, 1st Degree (instant offense). Adjudicated as Not Responsible by Reason of Mental Disease by plea on 6/28/97.

DRUG AND ALCOHOL HISTORY

The following is an excerpt from Dr. Singh's report: "Patient reported that he started abusing marijuana in his late teens and has been using "controlled amount of" marijuana ever since. Patient also experimented with mushrooms in his early 20's but denies ever abusing cocaine, heroin, LSD or other substances. He reported that he developed mild visual hallucinations when he abused mushrooms. Patient stopped abusing cannabis for six months in 1994 after his girlfriend, Susan, asked him to do so. However, it's unclear whether he was totally abstinent or had significantly decreased the usage. He also decreased his use in 1996 from July until December, while he was in therapy. There are also reports suggesting that patient had completely stopped using marijuana a few weeks prior to his instant offense. Patient clearly did not use marijuana for almost three months after the instant offense. He has recently started abusing marijuana again and smokes about .25 grams a day divided into six to eight doses. He uses marijuana in a pipe and claims that it helps him treat his numerous physical problems. He currently believes that marijuana acts as an anticonvulsant and also treats his "auto immune disorder and neurological problems."

RE: Saunders, Kevin E.
September 11, 2003

Despite the issuance of Order of Conditions, Mr. Saunders, while living in the community, had repeatedly violated court's order. He continued daily use of cannabis and made no secret about it. He had repeatedly declined to participate in urine toxicology screens while at Tompkins County Mental Health Center, as well as at EPC Outpatient Clinic.

Records indicate that Mr. Saunders has been using alcohol since his late teenage years. Mr. Saunders admits that in the past he would occasionally abuse alcohol, however, adamantly denies any recent history of alcohol abuse.

HOSPITAL COURSE

Upon his transfer to RRFU from EPC on 5/23/03, Mr. Saunders adjusted to the unit well. He was compliant with all unit regulations and denied any physical problems/complaints. Patient's sleep, appetite, and personal hygiene were good. He reported mild anxiety related to his legal situation, however, denied any panic attacks. In his initial interview with the undersigned on 5/27/03, Mr. Saunders expressed his frustration with OMH and mental health system. He called many of his past mental health care providers "incompetent" and "liars." Patient insisted that his psychotic decompensation in February 1997 was caused by the interaction of Trazodone and Prozac and was secondary to mCPP formed from Trazodone after he took Fluoxetine. Mr. Saunders' thought process was circumstantial with occasional tangentiality. He clearly indicated that he was not going to accept any antipsychotic or mood stabilizing medications. His physical examination was noncontributory. EKG revealed normal sinus rhythm. Urine toxicology screen was negative. Thyroid studies were within normal limits. RPR and Hep profile were non-reactive. Urinalysis was within normal limits. Lipid profile revealed mildly increased cholesterol - 206 (127-200), and mildly increased triglycerides - 205 (44-200). CBC with differential was within normal limits with exception of mildly increased WBC count - 12.5 (4.0-11.0). However, patient was afebrile and asymptomatic. Serum electrolytes were within normal limits. Liver function test was within normal limits with the exception of slightly increased alkaline phosphatase - 145 (38-126).

In individual sessions with nurses, social worker, and the undersigned, Mr. Saunders would frequently complain about being hospitalized and mistreated by OMH. Talking to Mr. Saunders during the first few weeks of his hospitalization was very difficult since he would not provide a direct answer to the questions asked, but would become circumstantial and occasionally tangential. His affect would be mostly appropriate with occasional angry undertones and mild hostility. Frequently Mr. Saunders would exhibit mannerisms, dramatic tone of voice, and body posturing. Overall, he would come across as very feminine. While discussing the circumstances surrounding his DUI arrest in 12/96, Mr. Saunders would come across as somewhat paranoid, insisting that he was set up by the police.

Mr. Saunders would refuse to recognize the fact that over the years he has been suffering from symptoms of psychotic illness and insist that his condition was "an acute rejection sensitivity." In our discussions on previous psychiatric evaluations completed by Drs. Singh, Kennedy, Lesswing, and Povinelli, Mr. Saunders would call Dr. Kennedy's and Dr. Povinelli's reports "bunch of junk" full of "misinterpretations and fabrications."

Despite the undersign's attempts to convince Mr. Saunders to accept antipsychotic medications, he kept refusing a clinical trial of Zyprexa or Risperidone. Patient frequently talked about his psychotic decompensation in 1997 "caused by mCPP." He insisted "I'm a slow metabolizer....you have to order Cytochrome P450 Isoenzyme test on me..." When confronted, Mr. Saunders would easily become irritable and hostile.

On 6/27/03, patient was interviewed by Dr. Guttmacher, Chief of Psychiatry at RPC. Dr. Guttmacher's recommendation was "I would strongly encourage the use of medication. The aim of this would be to prevent recurrence and to perhaps help with the extent paranoid tinge. Olanzapine, which has FDA indications both for psychosis and for Bipolar Disorder, would be a logical first shot. There may also be the need for a thymoleptic such as Lithium or Valproate in addition. The severity of his episodes, his absent insight, and the developing recurrent nature of his illness, all argue for maintenance treatment."

Despite Dr. Guttmacher's and this writer's recommendation to accept antipsychotic medication, Mr. Saunders declined the offer.

There were no significant changes in Mr. Saunders' condition during the months of July and August. He continued to decline offered antipsychotic medications, exhibited poor insight in his condition, and decided to challenge the Recommitment Order in the court. Occasionally Mr. Saunders would become angry when informed by this writer that one of his diagnosis is Psychotic Disorder, NOS. Patient's response would be "I'm not psychotic, I am in touch with reality..." Occasionally his speech would become of increased volume. Patient would exhibit tense posturing while talking about development of psychotic symptoms in January 1997 due to prescribed Prozac and Trazodone. His thought process would remain circumstantial with occasional tangentiality.

Due to Mr. Saunders' ongoing refusal to accept proposed treatment with antipsychotic agents, on 8/18/03 this writer started an application for Treatment Over Objection. Patient was informed about this new development. On 8/29/03, Mr. Saunders informed the undersigned that he has decided to "try a low dose antipsychotic medication." After benefits, risks, and potential side effects of Zyprexa and Risperidone were explained to Mr. Saunders, he decided to take Risperidone.

Considering Mr. Saunders' concerns about "being a slow metabolizer," his initial dose of Risperidone was 0.25 mg. po qhs.

Mr. Saunders tolerated it well, denied any side effects of Risperidone, and on 9/8/03 his daily dose was increased to 0.5 mg. po qhs.

Overall, during this hospitalization, patient has been compliant with unit regulations, attends significant number of groups/activities on the unit, and as of the day of this dictation is on the highest behavioral level at RRFU (Level III).

Mr. Saunders complied with the psychological evaluation conducted by Jane DeSmith, Ph.D., on 6/21/03, 6/23/03, 6/30/03, 7/2/03, 7/14/03, 7/21/03, and 7/31/03.

In the testing findings section of her report, Dr. DeSmith concluded: "Test data, behavioral observations (cited in Section III of this report), involving history of his condition (also cited in Section III of this report), indicate that this is a patient with a complex array of symptoms. This person is more organized in responding to structured situations, however, when performing unstructured tasks (Rorschach Inkblot, clinical interviews), this person has a tendency to become disorganized. At these times he becomes easily distracted and his behavior becomes guarded, suspicious, impulsive and negative symptoms present. This date is corroborated by unstructured clinical interviews. Data reflect series precipitating factors in the onset, an increase in worry and rumination, and an elevated frequency of frightening thoughts. Psychosis, although at times subtle, was pervasive across psychological tests and testing situations. When stressors are minimal, this patient may withdraw into his dream world, putting his resentments aside and attempting to convey an air of well-being. If these efforts give way under the slightest pressure, regulating his angry dismay, stirring up his dejection and his feelings of being misunderstood and mistreated, leading him to act out momentarily and then to retreat again into fantasy or despondency. Data are significant for recurrent periods of more psychotic functioning. Data illustrate that Mr. Saunders is familiar with Rorschach content. Patient's with protocols such as this have a tendency to use material in their own best interest. The presence of thought disturbance is sufficient to warrant the consideration of psychiatric intervention."

CURRENT MEDICATIONS

Risperidone, 0.5 mg. po qhs.

MENTAL STATUS EXAMINATION

Mr. Saunders is a 37-year-old, short-statured, Caucasian male looking his stated age. He is mildly overweight and has long curly hair. He's usually casually clad in shirt and jeans. He maintains adequate personal hygiene. During the interviews, Mr. Saunders usually extensively

perspires with dark circles under his armpits. Patient is polite and pleasant upon approach. He maintains good eye contact. His speech is of normal rate, tone, and volume. However, when angry and upset, Mr. Saunders exhibits increased rate of speech. Patient's speech is characteristic for him saying "uh" at end of sentences. Mr. Saunders usually describes his mood as "okay," however, upon admission he reported feeling anxious secondary to his legal situation. His affect is euthymic unless he is confronted on his beliefs. Then affect becomes irritable, hostile and angry. Patient frequently takes an assertive approach during interviews and accuses mental health care providers of being "incompetent." While discussing his functioning in the community and noncompliance with the Order of Conditions, Mr. Saunders would frequently blame others for his problems. Patient denies any suicidal/homicidal ideations. He also denies auditory/visual hallucinations. As it was previously described in this report, patient's thought process would frequently become circumstantial with occasional tangentiality. Mr. Saunders' suspiciousness about the circumstances that have led to his DUI arrest in 1996, as well as OMH's handling of his case, borders paranoia. Based on Mr. Saunders' statements, it is also obvious that he is still in love with Susan Hamann and is strongly attached to her. Despite the fact that they have not been in touch since 1997, patient still believes that she is in love with him and one day they might be back together. Mr. Saunders is also somewhat somatically preoccupied with his strong beliefs that he is a "slow metabolizer." His impulse control is fair at this time, however, it is poor by history. There are no abnormal body movements noted. Patient is awake, responsive, and oriented to person, place, and date. He is of above average intelligence as evidenced by the fund of general knowledge, his level of education, and Full Scale IQ (according to the records it is 131, however, Mr. Saunders insists that it is much higher).

Patient's insight and judgment are poor based on his limited understanding of his mental illness and long-term decline to accept treatment.

DIAGNOSIS

Axis I:	Psychotic Disorder, NOS Atypical Bipolar Disorder, most recent episode manic with psychotic features Cannabis Abuse, in forced sustained remission Gender Identity Disorder
Axis II:	Personality Disorder, NOS, with Narcissistic and Borderline Traits
Axis III:	HTN, currently in remission Obesity, mild

RE: Saunders, Kevin E.
September 11, 2003

SUMMARY AND RECOMMENDATIONS

Mr. Saunders is a 47-year-old, divorced, Caucasian male with a long-standing history of psychiatric problems. As it was previously reflected in this report, since January 1997, Mr. Saunders has had at least three major psychotic decompensations. It is this writer's opinion that in between psychotic episodes Mr. Saunders' functioning in the community was marginal, given his intellectual potential.

Despite intensive involvement with outpatient mental health and psychiatric treatment during the time of his admissions to Cayuga Medica Center, Mr. Saunders has not accepted the fact that he's been suffering from mental illness. Up until two weeks ago he would adamantly refuse offered antipsychotic medications.

Records indicate that upon psychotic decompensations Mr. Saunders' condition was so severe that it warranted admissions to the inpatient psychiatric facility.

On 2/6/97 while acutely psychotic, Mr. Saunders committed crime of Arson.

On 4/6/03 while acute psychotic again, Mr. Saunders assaulted female staff at EPC.

On 5/22/03, Honorable John Rowley, Judge of the County Court, Tompkins County, found Mr. Saunders suffering from a dangerous mental disorder and ordered him to be committed to the custody of the Commissioner of Office of Mental Health for confinement in a secure facility for care and treatment. Since the issuance of this Order, Mr. Saunders' condition has not changed much. He still lacks insight in his illness, exhibits poor judgment and believes that he's been victimized by OMH. Recently after finding out that the undersigned has started an application to the court for Treatment Over Objection, Mr. Saunders agreed to accept a low dose of antipsychotic medication. However, it is this writer's opinion that Mr. Saunders' decision to take medication is driven by his desire to win an appeal hearing which is scheduled on 9/19/03, rather then by his true understanding of the need for treatment.

Based on the mentioned above, it is the opinion of the undersigned, within a reasonable degree of medical certainty, that Mr. Saunders continues to suffer from a dangerous mental disorder as this term is defined in Article 330.20 of CPL. Patient requires ongoing pharmacotherapy combined with psychotherapies and psychoeducation, as well as cannabis abuse education and treatment to lessen the risk of dangerous behaviors. Given Mr. Saunders poor insight and limited judgement,

affective instability, and propensity to psychotically decompensate under stress, Mr. Saunders should remain in treatment in the forensic hospital setting. I do not believe a lesser restrictive alternative will suffice his treatment needs at this time.

Prepared by,

Igor Kashtan, M.D.
Psychiatrist I
Rochester Regional Forensic Unit

IK/lb