☆

W Z (Roberts[?]), S (Belsare Nurse)

Illness as choice: R4 "may": 6,

Gonze Glayk 2014.07.10 06:06:04 -04'00'

①

4/28 Judge Rowley 1:00 PM Monday

Cocchiola: test: Roberts, Povinelli, Belsare, Stevens

Judge Hayden Chemung Cty Court | "preponderance of the evidence"

Roberts: EPC 88-current OMH

reviewed records, incl. CMC '02

bipolar w/ psychotic features, episodic (hypomania)

depression, inability to think/exercise judgment skills

mania – "irritable, or very euphoric" hypersexuality

w/ psychotic features – mood disorder accompanied by delusions or hallucinations

☆R2 > presented: manic w/ psychotic, flight of ideas, disoriented (mildly, could not say where I was!), "he could not ~~[illegible]~~

cf H1 > Identify hospital staff" "responding to internal stimuli"

F > "wild appearing, ... moving around in the chair jumping up & down" ?!] "Zyprexa is the only medication app. by FDA for acute mania"

(LORAZEPAM pre ambulance)

F> "assaultive ..." "biting" staff ? huh? Haldol 5mg, Lorazepam 3mg IM after 5 point restraint

→ (I was coughing out phlegm, not biting!)

F > "yes I have" discussed benefits – FALSE

"he should take the medication", when repeated in front of team "he became angry"

ONE TEAM MEETING

F> "Paranoid by completely avoiding questions when asked about his past history"

another trash document

F> DEMAND DOCUMENTATION

BS F> "Why did you burn down the trailer" "he said 'I was angry'" FALSE

HS ☆ HP

FS> "MJ would exacerbate condition" FALSE
"MJ would exacerbate symptoms" of psychosis

F> "He would not allow me to meet with him today"
4/4/03 – 4/7/03 appeared to be somewhat improved
NORMALITY there does not appear to have been any additional improvements

CMC – "episode" "overlap between presentation"

CC: "severe episodic events"

MANIA? "Said he was tired & needed sleep" ~~[illegible]~~
~~[illegible]~~ "medical team said wound insignificant"

Fever > CC: "excuse or explanation" : "he had a minor fever"

F> "he said he does not have a mental illness" —

F> "no mental illness at all" "he does not understand the need for medication"

"there is a possibility of improving on medication"
"normalize his mood so he is neither manic depressed irritable .... preoccupation w/ being persecuted, &
F> his violence"

AMBULANCE: "violent shaking", "only recollected running ~~around naked~~" | MJ talk "I ~~[illegible]~~ tried ... like many people say he made a statement that it helped him work" |

WORK

Explains PD-NOS as asked whether I had

☆R1 > used mushrooms ... | "presented as delirium" | not mania!

F> — ~~[illegible]~~ "tried to injure himself" at hospital

inpatient care & treatment "benefits"

CC: "length of stay" : "adequate trial of medications is 4 to 6 weeks ... wise to withhold discharge if
> patient has a history of arson & violence & assaults"

-6-

CC "is to be restricted" "to be remain restricted because he is not treated" "in an untreated state, he has been violent"

RW: Ignacia: no TCMH knowledge

"many diagnoses"

→ Dr Roemmelt "discharged him because he wouldn't take the Zyprexa"

Why not now?

"try to educate him about his mental illness while [redacted] engaging his interests"

hallucinations etc. "just on 4/6" "he's no longer having an acute manic episode"

~~ZYP IS FOR ACUTE~~

"help his family recognize symptoms"

> FALSE "housemate took him in after... he was trying to hurt himself" / Secure institutionalization

"this is his choice ... when he refuses to take medication & continues smoking marijuana" "It's

40 mn. eval on admission, 4/7 spoke about meds,

± 4/13 4/24 team meeting? treatment planning meeting

CC:

"Sometimes episodes are predictable" "02 & "03

Roemmelt: OMH is a stressor!

P. Povinelli: 80-85 Willard 95- EPC NY, NJ, PA, MA

"EPC where I came into contact w/ him for the first time"

– "symptoms of mania in '97" pressured speech flight of ideas, (Prozac)

F >

"directed by H Lecter to burn the house down"

★ F > LIE!? medicated at that time – "I don't recall"

★ H2 PP: Diagnosis – "bipolar" NOT MOOD DISORDER

smoking daily at first exam ? (yes)

F >

★ cf H1 admission 1 hr. – heard voices directing me to hurt myself & did hurt himself ???

ASSAULT SPIT morning after admit –

"he's brilliant there's no question about that"

LIE!?

FALSE "In 1997 said he thought psychosis due to drug reaction"

★ H1 cf polyneuropathy and/or TLE

Drug MJ abuse / GID

MJ BS → risk factors: "not taking medication", ergo DMD

"as the MJ clears his system he improved substantially"

"mood stabilizers" Δ perhaps anti-psychotic

. Belisare Berkeley maybe Utown EPC 1 year

funny! "Saunders referred from Schuyler County on CPL status"

met – 3 months eval, share findings,

TCMH Bez only Schizoaffective / Bipolar Affective

Narcissistic PD "injured ego" imagines own performance greater than reality – psychotic symptoms even between episodes

WORK

Legal v Medical standard

"not believing he was mentally ill"

"medications were ordered under CPL ... word may in Order of Conditions" Trileptal med which is anticonvulsant & also has mood stabilizing properties, free of annoying side effects"

"may" >

F> "he said he was interested in trying MAOB inhibitor that's only available in Canada"

SELEGILINE

"N) to keep him calm, I believe" "N) a vicious cycle, more & more is required" FALSE

FS>

F> "refused urine screens" "no reason" [redacted] FALSE

1/16 no psychotic symptoms

RW: "5/21/02 suspected bipolar" arrived at diagnosis

"people are not seen as diagnoses"

"would have discussed bipolar when prescribing"

CC: "discrepancies in record"

F> Paranoid Schiz: "don't think he responded"

F> "runway for 4 days drinking nothing but milk & OJ"

DMD! Again!

Stevens: EPL C.S.W.

F> initially weekly, talked about T Plan, monthly for monitoring 1 hr. most of his time discussing business, daughter, "superficial conversation" perspires if discussing ~~need for~~ treatment?

(NEVER has been a treatment plan) "would bring in info on legalizing MJ"

~~3/13~~ 3/13 forensic meeting extend due to noncompliance

"did Belsve discuss need for medication to address his mental illness"

RW 3/20 "issues w/ treatment increase anxiety, tried to explain importance of complying"

F > compliance — compliance — compliance [redacted]

LIE F > "encourage me to discontinue drug abuse"

legal standard "he wasn't mentally ill"

"perspiring"

IS A MENTAL ILLNESS?

Rowley 5/14

Annemarie

CC: "Talking irrationally about Science, rape, violence..."
order of Protection —
—

Twice to CMC — last year!

Dr Connor UIUC U.Wisc Int. UCSF Med School
Vanderbilt 3 years
Bmg Psych 16 years Drn Qual Assurance

5/8 interview "little over 2 hours"

DSM: Tangential? "no, he was certainly circumstantial"
"people react to these features in ways that are negative"
Personality PNOS, Borderline/Narcissistic

GID the primary Psych disorder.... encourages participation in groups to overcome negative attitudes from society

CC: no inpatient treatment since 1981, on forensic committee (contacted 5/2 or 5/3) marital counseling —
RRFH recommendations not reviewed?
5/2000 Dr. B eval not aware of recommendations
were you aware "grabbed her hair & dragged her in the shower"
one of the policemen lied on the stand
"one policeman grabbed him from behind" after DWI?

"reincarnation of Adolf Hitler"
Dr. Powell's report, ? 1997 ? "not reviewed"

Dr Smyth — "closely monitored" Lanner recommends G.I.D.
power struggle ?

"if the patient isn't cooperative it's not going to be effective ?"
[2 CARE visits this time according to CC]
BS —— "didn't he tell you he can go w/o sleep for days on end ?"

TRO Judge Hayden 5/19 Monday 3:30 pm

proposed consolidation of ~~[illegible]~~ retention / TRO on 5/29 morning

otherwise 6/10 morning (6/3 60-day PC expires)

D. Connor available on 5/29