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PSYCHOLOGICAL CONSULTANT



PSYCHOLOGICAL EVALUATION

Client:	Name:	Kevin Saunders	Birthdate:	May 1, 1956
	Education:	College Grad +	Occupation:	Computer Programmer
	Marital Status:	Divorced, one child	Age and Sex:	47 Male
	Attorney	Richard Wenig		

Evaluation Date: May 8, 2003

Purpose of Evaluation: Richard Wenig of the NYS Mental Hygiene Legal Services requested an independent evaluation of Kevin Saunders (a.k.a. Bonze Blayk), an involuntary patient of Elmira Psychiatric Center. Mr. Saunders is being evaluated with respect to treatment over objection and possible transfer to the Rochester Psychiatric Center Forensic Unit. Mr. Wenig and Mr. Saunders were informed that the evaluation might or might not be of use to them in a retention hearing, and they requested that I proceed with that understanding.

Assessment Procedures:

- Clinical Interview
- Review of Saunders Medical Records
- Review of Saunders "Selections from a Literature Search on the Effects, Mechanism of Action, and Metabolism of mCPP, the Principal Metabolite of Trazedone, with References (5/22/2000)
- Review of Saunders "Literature Search on Side Effects, Drug-Drug Interaction, and Metabolic Deficiencies in CYP2D6 Activity Relating to Fluoxetine, Norfluoxetine, Trazedone, and mCPP, with References" (5/24/2000)
- Review of 6 page "To Whom It May Concern" letter by Kevin Saunders (6/2/2000)

Appearance, Mannerisms and Behavior: Kevin E. Saunders is a heavysset 47 year old white male with long black hair which is beginning to turn grey, and glasses. He wore a long-sleeved dress shirt, worn black jeans, and casual shoes. His grooming and general appearance were slightly unkempt. He maintained eye contact throughout the 2 hour interview, and was consistently smiling and friendly. Mr. Saunders provided a rambling account of events, diagnoses and treatment he has received, and his attitudes and opinions. When asked structuring questions, he was able to provide relevant and coherent responses. At no time during the 2 hour interview did he manifest any threatening or aggressive verbal behavior. He was oriented with respect to person, place, and time. There were no indications of hallucinations during the interview. He

admitted to being delusional at times in the past; it was difficult to determine if he was continuing to express delusional material from those episodes.

**Summary of
Record Review:**

Mr. Wenig provided the application for an order authorizing involuntary treatment of Kevin Saunders, affidavits in support of the application by Dr. Carlos delos-Reyes and Dr. April Roberts, the current Quarterly CPL 330.20 Monitoring Report dated March 28, 2003, Clinical Summary by Dr. Roberts dated 4/9/03, Elmira Psychiatric Admission and Progress Notes 4/4/03 to 4/23/03, Screening/Admission Note and Psychiatric Evaluation by Dr. Roberts dated 4/7/03, Initial Psychological Assessment and Mental Status Examination by Dr. Povinelli dated 4/8/03, Core History by Meghan Lawrence, SWI dated 4/9/03, Discharge Summary from the Cayuga Medical Center at Ithaca by Dr. Roemmelt dated 5/3/02.

Mr. Saunders' record establishes, and he does not dispute, that he was admitted to Elmira Psychiatric Center of 4/4/03 at a time when he was agitated, doing bizarre things, and delusional (e.g. claiming to be Hitler). The affidavits state that he was threatening to others, but Mr. Saunders maintained, and it is supported in the progress notes, that his housemate, Alice Richardson contacted staff to state that although he was agitated and upset, he was not threatening to anyone (4/11/03 progress note, signature illegible). Both prior to his admission to Elmira Psychiatric Center and after, he refused to take prescribed medications or to provide results of drug tests. The affidavits assert that Mr. Saunders is dangerous to others, citing the 1997 arson and "a history of rape and assaultive behavior in the past and recently at the hospital he tried to assault the staff." He is also considered dangerous to self citing self-abusive behavior and abuse of alcohol and drugs. Although the affidavits appear to imply that Mr. Saunders was aggressive and assaultive throughout his stay, the progress notes report problems the first two days, during which Mr. Saunders was placed in restraint, and after that "He has only the one incident of being aggressive and assaultive that I know of. Has always been pleasant and friendly to me and has done what was asked of him." (Judy Natebaert, TA, Weekly SOAR note). He did continue to refuse to take the medication prescribed for him, and to tell staff who attempted to "teach" him that he considered the medication harmful to him. All of the inappropriate and aggressive behavior reported in the affidavits occurred during the first 3 days of his admission to Elmira Psychiatric Center. I found no reports of Mr. Saunders undressing or being naked, following other patients, requiring restraint, or being assaultive after 4/7/03; to the contrary, the common phrase regarding Mr. Saunders was "pleasant and cooperative" by a variety of staff.

The CPL 330.20 Outpatient Quarterly Monitoring Report noted that Mr. Saunders

attended his monthly appointments with his Personal Service Coordinator/Therapist (PSC), and was cooperative and pleasant, with no reports of violent acting out behaviors. The Forensic Committee recommended transfer of the case back to the Tompkins County Mental Health Clinic for followup. Mr. Saunders continued to refuse medication and urine drug screen, and to admit to regular marijuana use. Mr. Saunders was considered appropriate for community placement and not dangerous to himself or others at that time (March 28, 2003).

In the Psychological Assessment by Dr. Povinelli, it was reported that Mr. Saunders was found to be of Superior Intelligence in 1997 (Wechsler Adult Intelligence Scale Full Scale IQ of 127). Also, "He has periods of hypersexuality, sexual ambivalence and he is a devout cross dresser....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." Dr. Povinelli diagnosed him Bipolar disorder with psychotic features exacerbated by alcohol and cannabis abuse.

A year before the current episode, Mr. Saunders suffered a brief psychotic episode and took himself to the Cayuga Medical Center. The Discharge Summary by Dr. Roemmelt of the Cayuga Medical Center at Ithaca reported that he came in an acutely psychotic state. He was given 2 doses of Haldol and his thinking cleared dramatically, perhaps too quickly to be a drug effect rather than placebo. He was discharged on no medication and given an appointment at the clinic where he had been seen for several years. Dr. Roemmelt pointed out to Mr. Saunders that there was no chemical involved this time or apparent explanation other than a sore throat and elevated white count (which would not precipitate an event in an ordinary person), that Mr. Saunders has "an underlying predisposition to deterioration into psychosis."

**Patient
Perspective:**

Kevin Saunders provided his perspective on the key events in his life, diagnosis and treatment in a 2 hour clinical interview, and 2 literature searches and a "To Whom It May Concern" letter in May/June of 2000. In January of 1997, Mr. Saunders was experiencing neurological symptoms, including numbness, paresthesias, balance difficulties, and vision disturbances. He was also experiencing psychiatric symptoms including confusion, delusions, paranoia, and hallucinations. He believed in 1997 that these were symptoms of a neurological or autoimmune disease.

In May of 2000, however, on the basis of reviewing the literature on the 2

medications he was taking in January, 1997, Trazedone (for sleep) and Prozac, he concluded that he was suffering from an adverse drug reaction. The primary metabolite of Trazedone is mCPP, an anxiogenic agent which can produce depersonalization and hallucinations. Excretion of mCPP was prolonged by urinary retention, constipation, and hypophagia caused by Fluoxetine (Prozac). Mr. Saunders concluded that his neurological and psychiatric symptoms in January and February of 1997 were best accounted for by this adverse drug reaction.

Mr. Saunders considers himself a "transgendered lesbian," a woman in a man's body who is sexually attracted to women. He identified with women from a young age, was uncomfortable with "male dominance games," and "the male attitude toward sex." Mr. Saunders cried easily and was expressive emotionally. When he moved into a dorm at the University of Texas, he experienced his first male bonding experience, and felt that his dormmates were tolerant of his being different. He believes that he is beautiful as a woman, and could pass as a woman with hair removal, makeup, and woman's clothing. He has never affiliated with any transgender or transvestite group, and was offended when Dr. Belsare suggested a transvestite program in Pennsylvania; the brochure for the program had a picture of a man in a dress on a tractor which is obviously an inappropriate place to wear a dress. Mr. Saunders was deeply attached to his wife, and persuaded her to go out together socially on occasion as 2 women; she was not comfortable with such activity, however, and his gender identity disorder was a major factor in their divorce. They have remained friends, and prior to his hospitalization, Mr. Saunders cared for their daughter several days a week. When he committed the arson in 1997, he was dressed in an evening gown and high heeled shoes.

Mr. Saunders began smoking marijuana as a college student at the University of Texas, and believes that it helps him focus in his work. He has gone periods of up to 2 years without marijuana, smokes only a small amount each day when he is using it, and experiences no withdrawal symptoms when he does not use it.

After finishing college, Mr. Saunders came to Ithaca for graduate school in Economics at Cornell. However, he did not find the courses interesting, and became a computer programmer for the university from 1986 to 1994. He developed the Cornell Macintosh Emulation Terminals software (COMET), which is still used at Cornell. In 1994, he worked for 9 months for Millennium, a Rochester firm, negotiated an agreement with Cornell allowing him to market COMET, and started his own business. Last year he grossed \$25,000 in his business, which he operates out of his home.

Mr. Saunders was extremely critical of the reports by Dr. Singh and Dr. Kennedy of the Rochester Forensic Services, and of his treatment by the Office of Mental Health. He did have a good relationship for 4 years with Linda Riley (6/98 to 4/02), who was Forensic Coordinator for Tompkins County and his therapist especially for gender identity issues. He stopped providing drug screen test reports because they cost him \$45 each, and he didn't think it was fair that he had to pay for them. Mr. Saunders felt that the Elmira Forensic Coordinator tried to "threaten me into conformity" and he was transferred from Linda Riley and Tompkins County to Elmira Psychiatric Center Outpatient Services in March, 2002. Mr. Saunders acknowledged that he was delusional on admission to Elmira Psychiatric Center on May 4, 2003, but he felt he was ready to leave on May 8, 2003.

Diagnosis:

- Axis I 302.85 Gender Identity Disorder, sexually attracted to females.
- 298.8 Brief Psychotic Disorder without marked stressor, in remission.
- Axis II 301.9 Personality Disorder NOS with borderline and narcissistic features
- Axis III Transient hypertension
- Axis IV Track 3 CPL 330.20 legal status, divorced
- Axis V Current GAF 55 circumstantial speech and moderate difficulty in social and occupational functioning
 Highest GAF in past year 55

Conclusions:

1. With respect to diagnosis, the primary (active) psychiatric diagnosis is Gender Identity Disorder, a diagnosis agreed to by the patient and a variety of staff who have evaluated Mr. Saunders, including his treating psychiatrist, Dr. Roberts.
2. A secondary diagnosis, which appears to be most consistent with the three psychotic episodes described in the medical record and by Mr. Saunders (2/97, 4/02, 5/03) is Brief Psychotic Disorder, currently in remission. Mr. Saunders concluded in May of 2000 that the first episode was an adverse drug reaction, but the episodes of 4/02 and 5/03 are not consistent with that conclusion. There is support for Dr. Povinelli's diagnosis of Bipolar Disorder in the medical record, but Mr. Saunders rejected that diagnosis. Dr. Roberts, his treating psychiatrist, diagnosed him Psychotic Disorder NOS.
3. From review of the medical record and Mr. Saunders' report, it was concluded that although Mr. Saunders admits to use of alcohol and cannabis on a regular basis, the criteria of clinically significant distress or impairment for diagnosis of abuse or dependence were not met; Mr. Saunders believes the cannabis helps

him in his work, and reported no distress associated with either cannabis or alcohol. The medical record does not document clinically significant impairment associated with either alcohol or cannabis. Therefore no diagnosis of substance abuse or dependence was made.

4. Mr. Saunders is not psychotic or dangerous to himself or to others at this time. The medical record and Mr. Saunders' report are consistent that he was psychotic for a few days to two weeks in January-February of 1997, the end of April, 2002, and the beginning of May, 2003. The medical record, Mr. Saunders' report, and my observation during the 2 hour interview with him on May 8, 2003 are consistent that his behavior when he is not in a brief psychotic episode is not aggressive or self-destructive, bizarre, delusional, or hallucinatory. The most recent outpatient quarterly CPL 330.20 monitoring report prepared at the end of March, 2003 reported that Mr. Saunders was suitable for community placement and not dangerous to himself or others. There have been no reports of violent behavior since 1997 when the arson occurred.

Recommendations:

1. It is recommended that Mr. Saunders be discharged from Elmira Psychiatric Center and referred to Linda Riley of the Tompkins County Mental Health Center for outpatient treatment. His psychotic episode is considered to be in remission. It is recommended that Mr. Saunders be monitored, weekly initially and eventually monthly for signs of decompensation. If there are particular stresses on Mr. Saunders, the monitoring should be close (weekly).
2. It is recommended that Gender Identity Disorder be considered the primary psychiatric disorder, and that treatment specific to that condition be provided. Also, it is recommended that Mr. Saunders be strongly encouraged to explore affiliation with individuals and/or groups in the transvestite/transgender community. Such affiliation would be expected to provide him with a sense of community and belonging.

Submitted By:

William H. Connor Ph.D.

**William H. Connor, Ph.D.
Clinical Psychologist**

May 12, 2003

Date