

## Sample CR Eval Accept

[Date]

[Name]

Psychiatric Security Review Board  
610 SW Alder St Ste 420  
Portland, OR 97205

**NOTE: Address this evaluation to State Hospital Review Panel (SHRP), if SHRP ordered your agency to evaluate the OSH patient for possible conditional release**

RE: Gregor Clegane, aka Robert Strong  
[Case No.]

Dear [Addressee],

The circuit court of the state of Westeros for the county of The Westerlands requested that Lannisport Behavioral Healthcare perform an evaluation on Gregor Clegane, pursuant to §161.327(3)(b) to determine his suitability for conditional release into the community. Mr. Clegane was placed under the jurisdiction of the PSRB for the crimes of Assault on [Date] for a period of 10 years. His jurisdiction lapses on [Date]. This evaluation consisted of the following:

1. Comprehensive Psychological Evaluation, Tywin Lannister, PsyD, [Date]
2. WSH Evaluation conducted by Amory Lorch, PhD, [Date]
3. WSH Evaluation conducted by Randyll Tarly, PsyD, [Date]
4. WSH Evaluation conducted by John Qyburn, PhD, [Date]
5. Interview with Mr. Clegane at Lannisport Behavioral Healthcare's Casterly Rock Center on [Date] for approximately one hour with Dr. Mace Tyrell and this evaluator.

### **Section One: Background Introduction and Legal History**

Gregor Clegane, aka Robert Strong is a 35 year old never married Caucasian male standing 2.05 meters (6ft 9in) in height and weighing 175 kg (386 lb). Mr. Clegane is currently living at The Red Keep, a residential treatment house in King's Landing and receiving mental health treatment services through Westeroscare. Mr. Clegane's instant offense, which occurred on [Date], was summarized through various collateral reports in Dr. Tywin Lannister's evaluation. Mr. Clegane was at home with his younger brother, the victim, when he began to experience delusional thoughts that his little brother was evil and "needed to be burned." Mr. Clegane acted on these thoughts when he caught the victim playing with one of his toys. Mr. Clegane responded by beating the victim and shoving his face into a brazier. The left side of the victim's face was severely disfigured.

Mr. Clegane's social and developmental history is well-documented in Dr. Lannister's evaluation and was further explored in this evaluation as documented in Dr. Tyrell's report. The onset of Mr. Clegane's mental health problems appeared to emerge. He had not previously been diagnosed or taken psychiatric medications. Mr. Clegane's report of the onset of his mental health problems was largely consistent with the information that was presented in Dr. Lannister's evaluation. He reported he had been living at Clegane's Keep with his parents and the victim. He described that he had been training as a knight and learning to manage the castle. He explained he was "tired," and had "lots of stress." He explained that he began to develop auditory hallucinations and paranoid thoughts. The main theme of most of these thoughts was that the victim, his younger brother Sandor, was evil. This led him to committing the instant offense. Mr. Clegane was hospitalized at Oxcross Medical Center following the instant offense. He transferred to the Lannisport Campus of the Westeros State Hospital in [Date], where he was diagnosed with and treated for Bipolar I Disorder, Most Recent Episode Manic, Severe, with Psychotic Features. He was placed at The Red Keep in King's Landing and began receiving mental health treatment with Westeroscare's ACT program in [Date].

According to the available records, it does not appear that Mr. Clegane meets criteria for a substance-related disorder. He reported in this interview that he used to drink Milk of the Poppy for headaches, but had not used any other illicit substances or misused any prescription medications.

## **Section Two: Cause**

This evaluator shares the opinion that was well-formulated in Dr. Lannister's evaluation regarding the cause of the instant offense, namely that Mr. Clegane was experiencing severe manic and psychotic symptoms. Mr. Clegane reported progressive difficulties in his ability to manage his current stress levels and workload demands. In the weeks leading up to the incident, his father reported that he had "trashed the castle, threw all the tapestries into the fire, removed all the banners from the poles and took all the shields off the walls," In addition, several manic and psychotic symptoms emerged over the two weeks prior to and following the incident, including bouts of uncontrolled rage, elevated levels of energy, a diminished need for sleep, hyperverbal, delusional thought content distorted visual perceptions, incoherent speech, bizarre behaviors and auditory hallucinations that were observable by several collateral sources, including his family, the victim, police, a mental health investigator, and subsequent treatment providers.

It is noted that Mr. Clegane's delusional thought content had predominantly focused on his younger brother and that this was not a usual presentation for him. He consistently reported that The Many-Faced God had ordered him to kill his brother that the Drowned God was present and the Silent Sisters were talking to him. He had reported at the time of the crime, had a sincere belief that shoving his brother's face into the brazier would rid House Clegane of "evil." Mr. Clegane reported remorse for the physical and emotional damaged he caused to the victim.

## **Section Three: Risk Factors**

The most predominant risk factor in Mr. Clegane's case appears to be his potential for dangerousness during active episodes of his mental illness. It appears that the instant offense occurred during one of Mr. Clegane's psychotic breaks. In retrospect, there were several warning signs over a three week period that would have indicated to a mental health professional that an intervention was needed. It is a positive sign that his symptoms remitted once he was psychiatrically treated with medications. Prior to the onset of Bipolar Disorder, Mr. Clegane appeared to be living a meaningful, albeit demanding lifestyle and the results of his psychological evaluation suggest that he has a generally stable and positive self-evaluation. It further suggests that he is "resilient in the face of most stressors." This information would support that Mr. Clegane is able to live in the community and that further inpatient treatment may not be necessary at this time.

From consulting with his current treatment team, it does not appear that Mr. Clegane has completely returned to his premorbid level of functioning. In assessing his current daily routine, Mr. Clegane is reported as spending most of the day isolated in his room. His treatment team believes this is partly due to where The Red Keep is located. He currently receives case management services two times a week and also takes passes to attend tournaments one day during the weekend. He has been successfully self-administering his medication since [date]. One area of risk that was identified was Mr. Clegane's behaviors with his peers. Mr. Clegane has been identified as being one of the lower intellectually functioning residents and there was report from at least one resident that Mr. Clegane was threatening to crush his skull. This led to Mr. Clegane not being allowed to go into that resident's room. Mr. Clegane believes that this behavior would significantly diminish if he were in an environment with peers who were similarly aged and more psychiatrically stable than at his present residence.

### **Section Three: Risk Factors**

The following are a summary of risk factors appearing to be relevant to the discussion of the proposed conditional release plan of Mr. Clegane:

- Major mental illness, Bipolar Disorder
- Threatening Behaviors
- Has not returned to premorbid level of functioning

Re-offense risk mitigating factors/protective factors

- Awareness of his mental illness
- Compliance with medications with minimal oversight
- Ability to attend most activities of daily living
- Solid vocational and educational history
- Regained psychiatric stability following treatment and has sustained it since being discharged into the community in [Date]

### **Section Four: Proposal for the Mitigation of Risk/Recovery Environment**

Mr. Clegane appears to have been psychiatrically stable since he was discharged into the care of The Red Keep and Westeroscare. It is recommended that Mr. Clegane be transitioned to Casterly Rock, a residential treatment house that is designed to accommodate knights from noble families

such as Mr. Clegane. Given that Lannispport Behavioral Healthcare does not currently have an open bed at this facility and inconsideration that he has been stable at his current placement, it is recommended that Mr. Clegane remain living at The Red Keep. However, it is recommended that Lannispport Behavioral Healthcare begin to provide more intensive outpatient treatment. Westeroscare is currently providing twice weekly individual case management services and prescriber services, but The Red Keep does not access to developmentally appropriate group therapy services and is limited with peer support. This evaluator had an opportunity to discuss this plan with Westeroscare staff, who agree that Mr. Clegane would benefit from more intensive services at this time. In addition, Lannispport Behavioral Healthcare would take over the monitoring and supervision responsibilities.

The following outlines the interim plan to mitigate risk factors until Mr. Clegane transitions to Casterly Rock:

- **Housing**
  - Mr. Clegane regularly communicates with staff at The Red Keep about any passes he takes into the community.
  - Mr. Clegane's medications are administered by housing staff.
  - Lannispport Behavioral Healthcare communicate with Mr. Clegane on a weekly basis regarding psychiatric or behavioral issues.
  - Any incident reports from The Red Keep are faxed to Lannispport Behavioral Healthcare, who will send these to the PSRB.
  - Housing staff coordinate with Medical transport so that Mr. Clegane may travel to Casterly Rock for treatment 4 days per week.
  
- **Treatment**
  - Mr. Clegane attend treatment at Casterly Rock 3 days per week, during which he participates in at least 3 mental health groups and meets with his case manager for individual therapy.
  - Mr. Clegane meets with our psychiatrist at least one time per month.
  - Mr. Clegane be administered a UA once per week. These would be randomly scheduled on days that he attends treatment at Casterly Rock.

Once Mr. Clegane transitions to Casterly Rock, the details of this plan will be reassessed. It is Lannispport Behavioral Healthcare's ultimate hope to assist Mr. Clegane in achieving his goal of returning to the Kingsguard. His treatment with Lannispport Behavioral Healthcare will take a developmental approach, focusing on increasing his understanding of his mental illness, developing a safety plan around signs that he may be experiencing a manic or depressive episode, how stress can impact his psychiatric stability, assisting his family in understanding his mental illness, developing interpersonal skills, and providing skills training that will support Mr. Clegane to live safely and independently in the community in the future.

### **Section Five: Clinical Opinion on Risk for Re-Offense**

Although a formal risk assessment has not been completed, the available information suggests that Mr. Clegane could continue to be treated in the community setting on an outpatient basis and

would be at a low risk for recidivism. He is suitable for conditional release given our ability to create a plan that will mitigate the risk factors that were summarized in section three.

### **Section Six: Conclusions**

This evaluator believes that Mr. Clegane does suffer from a qualifying mental disorder which, when active, causes him to pose a substantial danger to others. A review of his most recent evaluation indicated that Mr. Clegane's symptoms appear to be well-managed by his current psychotropic medications. He currently meets criteria for Bipolar I Disorder and has no history of a substance abuse related disorder. His symptoms can be adequately managed in the community at this time by residing at Casterly Rock while being provided intensive outpatient treatment services with Lannisport Behavioral Healthcare. The ultimate goal is for Mr. Clegane to transition to Crakehall, which will provide him with an environment of similarly situated peers with similar goals of education and work.

Thank you for the opportunity to provide this evaluation. If there are any questions regarding this report please contact me at 555-555-555 ext. 555.

Sincerely,

Kevan Lannister  
PSRB Program Clinical Manager  
Lannisport Behavioral Healthcare