

Sample CR Eval Accept but No Space

[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: Lysa Arryn, aka Lysa Tully
[Case No.]

Dear [Addressee]

The Westeros State Hospital Review Panel (WHRP) requested that Pyke Behavioral Healthcare perform an evaluation on Lysa Arryn, aka Lysa Tully in order to determine her suitability for a conditional release into the community from the Westeros State Hospital. Mrs. Arryn was placed under the jurisdiction of the PSRB for the crime of Murder on [Date] for a period of 50 years. Her jurisdiction lapses on [date]. This evaluation consisted of the following:

1. WHRP Exhibits 1-131
2. Psychiatric Assessment dated [Date], authored by Dr. Aeron Damphair, treating psychiatrist at Pyke Behavioral Healthcare.
3. Interview with Mrs. Arryn at Pyke Behavioral Healthcare's Drowned God Center on [Date] for approximately one hour.

Section One: Background and Legal History:

Lysa Arryn is a 35 year old widowed Caucasian woman with one son. She was admitted to the Eyrie Campus of the Westeros State Hospital on [Date] and is diagnosed with Psychotic disorder Not Otherwise Specified and Mood Disorder Not Otherwise Specified. Mrs. Arryn's instant offense took place on [Date]. According to Kinsguard reports, Mrs. Arryn was seen putting poison into the wine of her husband, Hand of the King Jon Arryn.

Lysa Arryn was born in Riverrun. She has one older sister and a younger brother. Her mother died when she was approximately four years old. Lysa was raised by her father along with her sister, brother and foster brother. According to her father, there is a family history of mental illness which includes schizophrenia and bipolar disorder.

Mrs. Arryn reported mental health problems emerged when she was seventeen. She began to hear voices in times when she experienced stress or anxiety. She recalled getting depressed and

would have paranoid thoughts that others were talking about her behind her back. Reportedly there were problems arranging a marriage for Lysa, while her older sister was engaged to a great lord in the North. Her father has reported that around this time, Mrs. Arryn had once reported that her foster brother was madly in love with her and that “the voices told her so” but this was dismissed at the time because it was an isolated incident. In [date], Lysa married an ally of her father’s, Jon Arryn. Their marriage was reportedly unhappy mainly due to Mrs. Arryn’s continued fixation on her foster brother.

Mrs. Arryn’s first intervention with mental health treatment was following her instant offense. She was admitted to the King’s Landing County Jail and, upon examination, was started on psychotropic medications. She continued to experience hallucinations of her foster brother and paranoid ideation four days later when she was evaluated to determine whether she met legal criteria for a GEI plea. It was recommend that she would benefit from more intensive, inpatient assistance, and she was transitioned to the Eyrie Campus of the Westeros State Hospital on [Date]. By the time of this transition, Mrs. Arryn had reported that her symptoms had resolved and she was able to meaningfully participate in group programming without any problem. During her course, she consistently demonstrated non-violent behavior and a focus toward treatment, medication adherence, and stable work participation. During this evaluation, Mrs. Arryn was able to discuss how she handles conflict in group and roommate settings, and was able to provide examples and demonstrate the steps she has taken in the past to resolve interpersonal conflict.

Mrs. Arryn denied having any problems with alcohol or drugs. Her ISURF indicates that she does not meet the criteria for a substance-related disorder and has not been referred for addictions treatment.

Section Two: Cause

Mrs. Arryn’s instant offense appears to have been caused by a psychotic break that took place in the context of several stressors related to her unhappy marriage and family pressures. During this interview, Mrs. Arryn explained that she experienced overwhelming pressure to take care of everything for her family. Records indicate that she began writing increasingly frantic letters to her foster brother. After a few days she reportedly experienced hallucinations of her foster brother imploring Mrs. Arryn to kill her husband so that she could marry her foster brother. Her moods were described as “horribly depressed,” and the voices were telling her that to make everything better she needed to “poison Jon and blame it on the Lannisters.” After about one week, the voices became so overwhelming that Mrs. Arryn decided to do as they said in order to get them to stop.

During this evaluation, Mrs. Arryn presented in an articulate manner and was able to discuss her goals for living in the community. She was reportedly apologetic for what she had done, thankful that she hadn’t gone on to poison more people. She reported her ultimate goal was to “prevent another incident” from occurring the in the future. Other goals that Mrs. Arryn reported included getting back with her son, returning to her family’s home at Riverrun, and volunteering at schools where she can talk to students about mental illness, and being stable. She reported progress towards these goals while at WSH, for instance, through completing a relapse

prevention plan where she could learn about her warning signs. These included “paranoia, a change in my demeanor, and having a loss of interest or less interest in doing things.” He reported speaking with members of her family on a daily basis (her father, sister, brother and foster brother), so if she were not open with them, this would be a warning sign as well.

Section Three: Risk Factors

Summary of Risk Factors:

- History of and current family stressors
- Lack of experience living independently
- Stalking behavior toward Foster Brother

Summary of Individual Mitigating Factors

- Engagement in intensive early intervention services immediately following onset of first psychotic episode
- Positive response to psychotropic medication
- Family support
- Active engagement in mental health treatment
- Good ADLs
- Vocational History
- No major legal problems prior to instant offense

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

At this time, it is opined that Mrs. Arryn is suitable for hospital discharge to Pyke Behavioral Healthcare’s program. Pyke Behavioral Healthcare offers supervision and monitoring services that are sufficient to support Mrs. Arryn in living safely in the community. Great Wyk House is a single-staffed (24 hours per day) Residential Treatment House designed specifically for individuals who are high born and under the jurisdiction of the PSRB. Daily skills training related to independent living are provided, including meal planning, grocery shopping, and community outings, with an emphasis on achieving educational and vocational goals. This program has the capacity to administer random, observed UAs 7 days per week, during business hours, as well as unobserved UAs 24 hours per day. Pyke Behavioral Healthcare will also require Mrs. Arryn to participate in our money management program, including the management of any financial aid that she obtains from her educational endeavors.

Pyke Behavioral Healthcare also provides a structured day treatment program with a mix of treatment supports to assist her with her recovery goals, community integration, and preparation for independent living. In general, Mrs. Arryn will benefit from once weekly case management and individual therapy that focuses on connecting her to educational goals and addressing vocational issues; daily treatment in mental health, skills training, and activity therapy groups focused on healthy relationships, stress management, mental health awareness and management, medication management and relapse prevention. Mrs. Arryn will be required to meet with our prescriber once per month for ongoing monitoring and discussion of her medication regimen.

An additional service that Mrs. Arryn can access is our Employment Specialist, who can assist her in identifying and connecting with employment opportunities. In addition, given that Mrs. Arryn's aspirations to continue her relationship with her family and child, Pyke Behavioral Healthcare would work with her to connect her to mental health and support groups that will assist her in building her parenting skills and understanding the impact her disorder may have on her family. Pyke Behavioral Healthcare can also provide family or collateral sessions with her father, sister, and foster brother to assist in identifying relationship stressors and planning for them living together in the future. Given the nature of her current diagnosis, Mrs. Arryn may also be a candidate for psychological testing to clarify her diagnosis. We can refer her to this service in the outpatient setting.

Section Five: Clinical Opinion on Risk for Re-Offense

It is this evaluator's opinion that Pyke Behavioral Healthcare offers supervision, monitoring and treatment services that are sufficient to support Mrs. Arryn in living safely in the community. According to her risk assessment, Mrs. Arryn is considered to be "very low risk for violence and aggression both in the hospital and the community setting." Mrs. Arryn has been a "calm, cooperative, and a positive model during her hospitalization at WSH and her transition is supported by her treatment team." As summarized, she has several protective factors that mitigate her risks to live in the community setting and has good insight into the stressors that led to her mental health episode and instant offense. These factors support that she would be suitable for conditional release with Pyke Behavioral Healthcare.

Section Six: Conclusions

This evaluator believes that Mrs. Arryn does suffer from a qualifying mental disorder which, when active, causes her to pose a substantial danger to others. Currently, she meets criteria for Psychotic Disorder Not Otherwise Specified and Mood Disorder Not Otherwise Specified, with a Rule Out for Bipolar I Disorder. As supported by her psychiatric team and the exhibit file, Mrs. Arryn's symptoms appear to be well-managed by her current psychotropic medications. It is opined that her risk and symptoms can be adequately managed in the community through her attending treatment with Pyke Behavioral Healthcare's Drowned God Center and residential placement at Great Wyk House. Given there are no current residential openings in our program, Pyke Behavioral Healthcare would like to consider and recommend that Mrs. Arryn be screen to temporarily reside at an alternative residential treatment home if one should become available before Great Wyk House.

Thank you for the opportunity to provide this evaluation. If there are any questions regarding this report, please contact me at 555-555-5555.

Sincerely,

Asha Greyjoy
PSRB Program Manager
Pyke Behavioral Healthcare