

Sample CR Eval Denial

[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: Jamie Lannister
[Case No.]

Dear [Addressee]

The Circuit Court of the State of Westeros for the County of The North requested that Winterfell Behavioral Healthcare perform an evaluation on Jamie Lannister pursuant to §161.327(3)(b)(c) to determine his suitability for a conditional release into the community. Mr. Lannister was placed under the jurisdiction of the PSRB for the crimes of Murder, Attempted Murder, Assault, and Incest on [Date] for a period of 1,000 years. His jurisdiction lapses on [Date]. This evaluation consisted of the following:

- WSH Evaluation conducted by Bronn O. Blackwater, PhD, [Date]
- WSH Evaluation conducted by Barriston Selmy, PsyD, [Date]
- WSH Evaluation conducted by Brienne O. Tarth, PsyD [Date]
- WSH Evaluation conducted by Vargo Hoat, PhD, [Date]
- WSH Evaluation conducted by Petyr L. Baelish, PhD, [Date]
- King's Landing Police Bureau Records (Custody Report, Special Report, Forcer Data Collection Report, After Action Report)

Summary of Instant Offense and Interim History

A review of the available records identifies Jamie Lannister as a thirty-year-old never married Caucasian male with only one hand. On [Date], Mr. Lannister pushed the victim out of a tower window after the victim witnessed Mr. Lannister committing an incestuous act with his twin sister, Cersei Lannister. The victim was paralyzed from the waist down. Subsequently, Mr. Lannister stabbed and killed police officer Jory Cassel, and assaulted Eddard Stark, Lord of Winterfell, by stabbing him in the leg with a spear. Consequently, officers required the use of nonlethal intervention, including a Taser and pepper spray, to restrain and arrest Mr. Lannister.

After his arrest, Mr. Lannister was found unfit to proceed in his case and was transferred to the Westeros State Hospital on [Date]. While there, he was evaluated on four occasions to determine if he was competent to proceed with his trial, and his competence was determined to be restored a year later in Dr. Peter L. Baelish, PhD evaluation dated [Date]. He was then discharged and transferred back to the King's Landing County Detention Center where he awaited pretrial detention. During that time, his criminal responsibility was evaluated by two forensic evaluators, Dr. Varys T. Spider and subsequently Dr. John Qyburn. Dr. Spider's report was not available to this evaluator; however, was well-summarized in Dr. Qyburn's report. According to Dr. Qyburn, Dr. Spider concluded that due to symptoms associated to symptoms associated with Schizoaffective Disorder, Bipolar type, Mr. Lannister lacked substantial capacity to conform his conduct in a lawful manner. Dr. Qyburn similarly concluded that at the time of the instant offense, Mr. Lannister exhibited acute manic and psychotic symptoms "such that he lacked substantial capacity to conform his conduct to the requirements of the law (i.e. make reasoned and planned decisions, consider alternative actions, or delay his reactions)."

Risk Factors Related to Conditional Release

- Major Mental Illness, Chronic and Treatment Resistant
- History of Medication Non-Compliance
- Comorbid Substance Use History, namely Milk of the Poppy
- Symptomatic at Baseline
- History of Recent Assaultive Behaviors
- Well-documented History of Regicide
- History of Long-standing Incestuous Behavior with Twin Sister

To evaluate whether Mr. Lannister is suitable for conditional release, this evaluator reviewed the record to assess the prominent risk factors in Mr. Lannister's case and determine whether there are sufficient supports and services in the community to mitigate those risks. The most prominent risk factor at this time is the severity and chronicity of Mr. Lannister's symptoms related to his diagnosis. In the most recent evaluation [Date], Dr. Baelish's reports that the chronicity and treatment resistance of his symptoms are "of primary clinical concern, particularly as it relates to his impulsive and unprovoked aggression." During that evaluation, Mr. Lannister "exhibited several underlying delusions of paranoia and grandiosity...insisting that his brother is an 'imp' who 'poisoned my son on his wedding day' and that 'under Targaryen Law' he and his twin sister are married and there's nothing wrong with their sexual relationship and that he 'is the Kingslayer' and has 'special Kingslayer powers' and he 'fought and killed a bear' with a tourney sword, despite only having one hand." His insight into his thought content and mental illness was described as "poor," based on his ability to recognize symptoms of low self-esteem, racing thoughts, confusion and auditory hallucinations; he did not appear to recognize his level of delusional thought content, ongoing paranoia or grandiosity.

As indicated in Dr. Blackwater's evaluation, his treatment condition has been described by community and OSH treatment providers as "treatment resistant and thus chronically present." For instance, Mr. Lannister's symptoms have been so chronic and treatment resistant that, despite psychotropic treatment in a high structured setting, he was required to remain at WSH for a year in an attempt to restore his competency to stand trial. Not only did Mr. Lannister continue

experiencing symptoms over the course of his hospital stay, but he also continued to engage in several incidents of assaultive and threatening behaviors toward staff and peers related to ongoing paranoia, persecutory delusions and concerns that the Stark family were raising an army to kidnap him and his brother murdered his father with a crossbow and was scheming with evaluator Dr. Varys T. Spider to destroy the Lannister family. Several of these episodes resulted in the need for use of physical restraints. The record indicates that these types of episodes have been common throughout Mr. Lannister's history in the community. Dr. Selmy's points to "unprovoked attacks on family, treatment staff, kingsguard, and law enforcement officers." His active symptoms present a clear danger to others, as evidenced by his instant offense, which occurred while receiving residential support and outpatient treatment in the community setting. Dr. Tarth explained that treatment providers in the community setting have described Mr. Lannister as being 'highly dangerous' and 'highly unpredictable.' Of more pressing concern, his symptoms and behaviors have persisted and continued to present a danger to others, even while receiving psychotropic medications and residing in the highly structured, inpatient setting at WSH.

Another risk factor is Mr. Lannister's history of non-compliance with his medications, which puts him "at heightened risk of quickly decompensating and exhibiting delusions, paranoia, impulsivity, agitation, grandiosity, and incestuous behavior." According to Dr. Baelish, his most recent rationale for discontinuing his medications "was based on an irrational belief that staff at WSH were conspiring with his brother to kill him...[and] he felt betrayed by his twin sister who has rejected his sexual advances."

Proposal for the Mitigation of Risk/Recovery Environment

Dr. Tarth's presented information in her report related to mitigating factors that would support Mr. Lannister living in the community on conditional release. For instance, she recognized that he lived in the community in group home settings for over a decade, that he had only one known prior regicide charge during that time, and that his heightened aggression in the past year occurred within the context of re-stabilizing him on medications and placement in a restrictive setting.

While these mitigating factors will provide support for Mr. Lannister's eventual conditional release into the community, it is opined that, given the severity of his current condition, his recent episodes of aggression, and his history of medication non-compliance, the least restrictive setting and most suitable placement is a forensic, inpatient hospital. At WSH, Mr. Lannister's risk factors will be formally assessed to enable a future community provider to better detect warning signs of decompensation and dangerous behaviors, and respond to them accordingly to mitigate risks for decompensation and to public safety and recidivism. In addition, the inpatient environment will provide an opportunity for Mr. Lannister's medications to be evaluated and adjusted so that he may achieve the best outcome for managing his symptoms and behaviors related to impulsivity and aggression. Mr. Lannister will also have access to comprehensive assessment and treatment services to assist him in gaining some awareness of the circumstances leading up to his instant offense, psychoeducation about the warning signs related to his mental illness, skills to successfully cope with his symptoms in the community, and evaluation and treatment of any comorbid substance use problems.

Clinical Opinion on Risk for Re-Offense

Although a formal risk assessment has not been completed, the available information supports that Mr. Lannister could not continue to be treated in the community setting on an outpatient basis and would be at a high risk for recidivism. It is recommended that his risk be formally evaluated and that treatment recommendations are implemented in an inpatient, forensic setting. In that setting, Mr. Lannister will have an opportunity to progressively transition to lower levels of care and receive treatment and resources to assist him to safely reintegrate back into the community.

Conclusions

This evaluator believes that Mr. Lannister does suffer from a qualifying mental disorder which, when active, causes him to pose a substantial danger to others. He currently meets criteria for Schizoaffective Disorder, Bipolar Type, which is the qualifying diagnosis for his PSRB jurisdiction. A review of his most recent evaluation indicated that Mr. Lannister's symptoms are not well-managed by his current psychotropic medications and he continues to exhibit impulsive and aggressive behavior, even in a highly structured setting. Further psychiatric stabilization, medication evaluation, assessment of risk and treatment services are recommended and it is opined that these recommendations can best be employed in a forensic inpatient setting. Depending on his progress with recovery in that environment, Mr. Lannister can be referred for an evaluation for a conditional release placement in the future.

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,

Roose Bolton
PSRB Clinical Program Manager
Winterfell Behavioral Healthcare