

William Bruce: Chronology of His Diagnosis and Treatment

2/06/06 – William Bruce is admitted to Riverview Psychiatric Center; initial nursing assessment states “poor impulse control”, “delusions”, “agitation”, “noncompliance with meds”, “isolative”, “guarded”, “assaultive.” (Tab 1- Initial Nursing Assessment signed by RN Cecelia Garrett, see page 10, pages 1-5 are missing from our folders)

2/06/06 – “Pt has paranoid ideations w/ delusional thought process. Pt is on an involuntary 90 day court commitment.” “Patient lacks ability to control impulses.” “Patient is threatening and assaultive.” (Tab 2 - Admission Note signed by RN Cecelia Garrett)

2/10/2006 – “Due to recent violence associated with current hospitalization, Mr. Bruce continues to meet medical necessity criteria.” He is refusing to take medication. “Observation in a secure setting is crucial at this time” for this patient who has a history of violent potential. “Schizoaffective disorder, bipolar-type, alcohol and polysubstance abuse (marijuana and cocaine).” No overt threatening behavior. (Tab 3 - Progress Note signed by Jeffrey M. Fliesser, MD, the patient’s psychiatrist)

2/14/06 – “[D]angerous to others if discharged to a less restrictive setting at this time.” William has a history of recent violence and “he continues to have some evidence of paranoid thinking on mental status examination.” Not a management problem so far but his mental status examination notes show he has “ongoing paranoid thinking.” William insisted people made things up about his history, including the treatment team at the hospital from which he was transferred to Riverview. This in conjunction with his recent history of violence against his father “continues to make him dangerous to others.” He has no insight into his illness and refuses medication. (Tab 4 - Progress Note signed by Jeffrey M. Fliesser, MD)

2/23/06 – “Due to ongoing paranoid symptoms, and the patient’s recent history of violence towards his father, he is dangerous to others without additional observation, and active attempts to treat him.” William suffers from paranoid schizophrenia and remains guarded, often hostile and has no insight into his mental illness. When Dr. Fliesser tried to supportively confront him with the symptoms he called him an “Asshole.” “Although he has not had behavioral problems on the unit so far, he has a serious history of violence and ongoing paranoid symptoms and marked guardedness.” (Tab 5 - Progress note by Jeffrey M. Fliesser, MD)

3/01/06 – William continues to have no insight into his illness, resists taking any medication, but is observed with paranoid symptoms and some threatening behavior at times. For example, he was observed whispering to another patient “What would happen if I punched you in the head.” While there have been no overt acts of aggression observed on the unit so far, these threatening statements “in the context of some paranoid symptoms and his recent history of violence prior to admission, make him dangerous to others without additional observation and treatment.” (Tab 6 - Progress Note by Jeffrey M. Fliesser, MD)

3/07/06 – Dr. Fliesser “strongly encourages” William to consider taking medication to feel more comfortable around others and diminish his paranoid thinking. “It is my clinical opinion that

without such treatment, he would remain dangerous to others if released to the community without treatment.” “Mr. Bruce continues to have paranoid symptoms evident, and is refusing pharmacotherapy at this time.” He continues to be “markedly guarded.” He denies having pointed a loaded AK47 at two of his friends when target practicing even though there is documentation this incident did occur. William misattributes hostile intentions to doctors, his parents and anyone who has reported he had symptoms of mental illness. This is consistent with paranoid schizophrenia. (Tab 7 - Progress Note by Jeffrey M. Fliesser, MD)

3/13/06 – William was caught smoking in the bathroom today and he apologized. William is pleasant on approach. (Tab 8 - RN Note signed by RN Cecelia Garrett)

3/14/06 – William said “he’d like to get out of here but somebody has it in for me.” He was assured by a MHW that if he kept up his good behavior he would be able to leave soon. (Tab 9 - MHW Note signed by MHW whose name appears to be Judy Ferris and a RN whose name is illegible)

3/14/06 – “Due to ongoing paranoid symptoms, evident on recent mental status examinations coupled with the patient’s poor insight into his mental illness and with a history of dangerousness in the context of his mental illness, the patient remains dangerous to others without treatment.” William declined to speak to Fliesser on this day. Another patient told Dr. Fliesser that William made an obscene gesture towards him as Dr. Fliesser was talking with that patient. (Tab 10 - Progress report by Jeffrey M. Fliesser, MD)

3/17/06 – William is quiet and visible on the unit, and is sociable with select peers. He said that he has yet to get free time “because he refuses to take meds,” and he says “There’s a law that says I don’t have to take meds.” (Tab 11 - RN Note, appears to be signed by Valerie Files)

3/18/06 – William continues to harass clients for cigarettes. William denies taking a cigarette but he was observed doing so by two MHWS and when approached to return the cigarette he said “whatever and gave the middle finger repeatedly.” (Tab 12 - Progress Note, note type is labeled nursing but signature is illegible)

3/19/06 – Mood is okay but his “delusional material comes out.” William said he is of Scottish descent and his great ancestors were royalty and he wants to be called ‘Wilhelm’. (Tab 13 - RN Note, signature illegible)

3/20/06 – “Due to ongoing paranoid symptoms, history of dangerousness in the context of symptoms of his mental illness, the patient’s lack of insight into his illness and unwillingness to take any medication treatment for it, he remains dangerous to others if released without additional treatment and stabilization from the hospital.” William has ongoing paranoid symptoms of hostility, making obscene gestures, cursing at Fliesser and displaying hostility and other paranoid symptoms to the staff. Pharmacotherapy is crucial to ameliorate paranoid symptoms. William is “dangerous indeed for release to the community without pharmacotherapy and decrease in paranoid symptoms.” (Tab 14 - Progress Report by Jeffrey M. Fliesser, MD, pages 1-2)

William hid silverware and was seen speaking to another patient who has a history of self injury and secreting dangerous items on the unit just before this missing silverware incident. William said he innocently placed them in his pocket and forget they were there. Dr. Fliesser was of the impression that William was attempting to conceal the utensils but not attempting to use them as a weapon. (Tab 14 - Progress Report by Jeffrey M. Fliesser, MD, pages 2-3)

3/23/06 – William was seen today by Dr. Fliesser along with his advocate Helen Bailey and his disability rights advocate Trish, his community case manager, and the regular treatment team. Dr. William Nelson, the medical director, was also present. Fliesser's note states "I repeatedly emphasized to the disability rights advocate my clinical opinion that the patient's paranoid psychosis is not likely to improve without pharmacotherapy. Nonetheless, William continues to refuse pharmacotherapy and, in my clinical opinion, at this time remains competent to give or refuse informed consent." (Tab 15 - Incidental Note by Jeffrey M. Fliesser, MD)

William has an emergence of paranoid symptoms including hostility, cursing at staff, accusing staff of stealing from him, accusing Dr. Fliesser of being jealous of him and reportedly harassing clients for cigarettes. Advocates asked for explanation of his treatment program to secure his release. Ms. Bailey asked if a second opinion from another psychiatrist could be obtained. Dr. Nelson is considering this but pointed out the patient will get a second opinion because Dr. Fliesser is leaving and Dr. Daniel Filene will take over. (Tab 15 - Incidental Note by Jeffrey M. Fliesser, MD)

3/23/06 – Helen Bailey verbalized concern that she reviewed the record and saw no documentation to support William having to remain at Riverview. Patient advocate Callahan suggested that William may actually be getting worse by remaining at Riverview. (Tab 16 - Progress Note from the Treatment Team Meeting, note type is nursing, appears to be signed by Colleen Cutler)

3/24/06 – When asked if he would like lunch William stuck up his middle finger. William looked at a MHW and said "I've got your number." (Tab 17 - Progress Notes signed by MHWs, signatures are illegible)

3/25/06 – William said "I'm just going to do my time here, until my commitment is up, not taking meds." He states he "only has a few more weeks before his discharge." (Tab 18 - RN Note, appears to be signed by Valerie Files)

3/27/06 – Dr. Nelson examined William at Dr. Fliesser's request in order to "ensure continuity of care" when Dr. Daniel Filene takes over. William refused evaluation by Dr. Fliesser but agreed to speak with Dr. Nelson on an individual basis. According to Fliesser's progress note, the treatment team reports "that the patient has continued to exhibit paranoid and hostile behaviors," including sticking up his middle finger at a mental health worker and telling another staff member "I got your number." (Tab 19 - Progress Note by Jeffrey M. Fliesser, MD, page 1)

Fliesser's progress note states that in light of ongoing paranoid symptoms, which include suspiciousness, guardedness and evasiveness on questioning, hostility towards the staff (as evidenced by making obscene gestures, telling the staff, for example, "I got your number"), and delusional beliefs that Dr. Fliesser and a number of other people are lying, "I believe he remains

dangerous if released to the community without pharmacological treatment of these paranoid symptoms.” (Tab 19 - Progress Note by Jeffrey M. Fliesser, MD, page 2)

Dr. Fliesser stated in his notes that he “emphasized” to both William and William’s advocates that William requires pharmacotherapy to treat these paranoid symptoms and be able to be safely discharged to the community. William continues to refuse to take medication. William’s worrisome violent history (pointing a loaded AK47 at two of his friends as well as a physical altercation with his father) in conjunction with paranoid symptoms, “makes him a serious risk to harm himself if released to the community.” (Tab 19 - Progress Note by Jeffrey M. Fliesser, MD, page 2)

3/30/06 – Psychologist notes that “William remains guarded and suspicious.” She spoke to him about how suspiciousness/lack of trust hinders self-disclosure and mentioned her understanding of his eagerness to leave and reluctance to disclose information he believes may interfere with getting out of the hospital. William said he viewed the therapist client relationship as predator-prey. (Tab 20 - Progress Note by psychologist, appears to be signed by Janie, last name illegible)

3/30/06 – Dr. reviewed William’s prior records from Acadia Hospital related to the patient’s admission there on March 27, 2005 and summarizes certain sections in this incidental note. The Dr. noted that when he reviewed the records he saw “striking similarities in the patient’s presentation then as well as the attending psychiatrist’s great concern about the patient’s dangerousness.” Dr. said “I am in clear concurrence” with the other psychiatrists who treated the patient at Acadia Hospital “in that the patient is presenting now with very similar symptoms, and I agree that he is at high risk of being released to the community if he does not receive pharmacotherapy to ameliorate his paranoid and other psychotic symptoms.” (Apparent typo here Dr. must mean to say he is at high risk if released to the community) (Tab 21 - Incidental Note Signed by “William Nelson, MD for Jeffrey M. Fliesser, MD”)

Dr. Fliesser stops seeing William on March 30th 2006

4/5/06 – William told his psychologist he is a distant relative of President Bush and the psychologist noted that when he mentions subjects typically kept concealed he becomes guarded about discussing the topic further. (Tab 22 - Progress Note by psychologist, appears to be signed by Janie, last name illegible)

4/6/06 – Dr. Filene’s notes begin. William’s “case currently is in a high state of contention.” William will not allow contact with his parents or others in the community who might know him well. William says he will decline appointments to see a psychiatrist in the community. While at Riverview, William has reportedly had no serious, overt acts of aggression but there have been a variety of instances which, taken together, may be worrisome. For example, instances documented in the record include frightening staff by putting his arm around them; attempting to bring contraband metal objects back to the unit; making threatening statements toward peers (on 4/3 he was reported to have told a peer he would put a pillow over his face). (Tab 23 - Progress Note by Daniel R. Filene, MD, page 1)

Dr. Filene's progress note mentions that Dr. Fliesser's notes indicate patient "has a serious but subtle, psychotic disorder, which he often effectively masks" and Fliesser made repeated notation that he believes William "poses a serious danger of violence to himself and others." Dr. Filene states that Dr. Nelson believed William has a "significant psychotic illness and may be at some risk for adverse event if discharged" but "he feels the risk is somewhat lower than Dr. Fliesser's assessment." Dr. Filene states that Dr. Gregor, unit psychologist, reports that William has "notable paranoid and disorganized features, but was uncertain whether these represented short-term dangerousness." Many of the nursing staff think he should be discharged. Review of past records in the chart shows assessment by two psychiatrists at Acadia both of whom felt that "Mr. B represented a serious, though subtle, danger if symptoms remain untreated." Disability Rights Center is assisting patient. (Tab 23 - Progress Note by Daniel R. Filene, MD, pages 1-2)

At Treatment Team Meeting on 4/6 patient was joined by his ICM, Andy Davis and Patient Advocate, Trish Callahan. Callahan instructed William in the meeting and repeatedly interjected on behalf of him. William deferred to Callahan and was much less interactive than on the previous day. Callahan focused on attempting to define a date of discharge. She redirected the discussion away from exploring William's mental status and treatment. She stated the prospects of his summer employment would be impaired the longer he stays. Meeting had a tone of "legal antagonism." When Dr. Filene asked William about his activity level being increased so he could access the community he hesitated, "Ms. Callahan then stated, 'They want to see that you can play nicely in the community. Just say yes,' after which Mr. B stated 'Yes.'" The Dr. asked William whether there was any risk he'd refuse to return to the hospital from a community trip; "Ms. Callahan told him 'Just say no,' after which Mr. B stated 'No.'" (Tab 23 - Progress Note by Daniel R. Filene, MD, pages 3-4)

Dr. Filene asked William about speaking with outpatient providers, Ms. Callahan responded that there would be no benefit in obtaining their opinions and William declined consent. When Dr. Filene asked if he could speak with William's mother, Ms. Callahan responded that his parents are a negative influence in his life and William decline consent. William said he would not undertake psychological testing with Dr. Gregor. When the Dr. inquired about his misgivings, "Ms. Callahan responded 'He said no, he doesn't have to answer anything else.'" "William is innately guarded about his mental state, and is further urged in this direction by his advocate who urges him to avoid revealing personal information. The opinions of those who know him best in the community are not available to me, again with the advocate's concurrence." Dr. Filene said he believed patient "most likely does have a psychotic illness" and would benefit from medication but will not take it. (Tab 23 - Progress Note by Daniel R. Filene, MD, pages 3-4)

Objective risk assessment elements: "Mr. B has psychotic thought patterns, which are not noticeably improved since admission and not currently treated with medication; Mr. B makes efforts to minimize these patterns and avoid their assessment/treatment; two hospitalizations in a year have been precipitated by reported violence or threatening behavior; a variety of incidents on the unit while not individually dramatic, suggest that Mr. B has underlying tendencies towards aggression and violation of societal norms." "Overall, as a best estimate, I currently feel Mr. Bruce represents an intermediate level of safety concern." (Tab 23 - Progress Note by Daniel R. Filene, MD, pages 4-5)

4/11/06 – Dr. Filene meets with William and says that he “continues to make a variety of grandiose, disorganized and likely delusional statements.” For example, he states he is from a close-knit family, but he has over 200 relatives he’s close to and then later he states he wants no contact with anyone in his family except possibly one uncle. (Tab 24 - Progress Note by Daniel R. Filene, MD, page 1)

William states his advocates are stating “he is not ill, not a danger and should be released.” Dr. Filene notes that William feels these opinions have the same or more weight than that of mental health professionals. William continues to refuse medication. Dr. Filene informed William that the plan of his previous psychiatrist was, if his mental status remained the same, to reinstate Emergency Involuntary proceedings at the end of his commitment, but that Filene would not do this assuming William’s behavior did not worsen. (Tab 24 - Progress Note by Daniel R. Filene, MD, page 2)

Filene observed that William had no insight that he might have a mental illness. During the interview William appeared distracted by internal stimuli. Filene noted that Dr. Fliesser felt the patient was a serious risk, but this opinion was not held by most other staff. “Overall, as a best estimate, I currently feel Mr. Bruce presents an intermediate level of safety concern, and, given another week without incident, slightly lower than my initial assessment.” (Tab 24 - Progress Note by Daniel R. Filene, MD, pages 2-3)

4/20/06 – “No recent threats/declined medication.” “Since last review; in your clinical opinion does this patient pose any danger to self/or others? No.” He will be discharged on 4/20 to a motel in Bingham, coverage will be with Andy Davis and will have a referral to Capitol Community Clinic for psych coverage. (Tab 25 - Service Plan Review signed by Treatment Team Members which include the client William Bruce, continuity of care manager whose name appears to be Kathryn (last name illegible), peer specialist whose name appears to be Heidi Smith, RN whose name is illegible, psychiatrist whose name is Daniel Filene, recreation therapist whose name appears to be Dan (last name illegible), Community support worker whose name is illegible, Treatment team coordinator whose name appears to be Larry Hayward, family member whose name is illegible and the patient advocate Patricia Callahan added a place for her name and signed her name)

4/20/06 – Meets criteria for acute hospitalization. “In ongoing review of Mr. Bruce’s case with other staff, there were no particular concerns about his immediate safety.” William and Patient Advocates continue to push for his release in advance of the expiration of his court commitment. Client, ICM, social worker, and Advocate continued to reiterate that patient had a secure discharge plan including housing with his friend Jesse. Dr. Filene said that “Although I continued to feel that Mr. B would benefit from additional treatment, specifically antipsychotic medication, it had become very clear to me that he would not accept this recommendation.” “Mr. B appeared very unlikely to meet criteria for re-initiation of Emergency Involuntary status at the end of his court commitment on 4/30. Also it seemed extremely unlikely that any material change in his mental status or social situation would occur in the remaining time on his court commitment.” Dr. Filene discusses plan of discharging patient on 4/24 but this date did not work for ICM Andy Davis who requested it be moved to 4/20 and Filene agreed to the advancement. (Tab 26 - Progress Note by Daniel R. Filene, MD)

After discussing this plan with William, Filene was informed Jesse was out of state until early May but Andy Davis arranged for William to stay at a hotel. Filene noted that “he weighed the potential increased risk of social isolation while using a hotel, against the importance of promoting the patient’s trust in the mental health system by not reversing my agreement to discharge.” At the team meeting Dr. Filene discussed the plan with ICM Davis who was comfortable with it and indicated he was nearby and could check on William frequently. Dr. Filene also discussed the situation with Dr. Nelson who felt it was reasonable under the circumstances to continue with discharge. Plan is for social work to schedule follow up with psychiatrist at Capitol Community Clinic. (Tab 26 - Progress Note by Daniel R. Filene, MD)

Amy Bruce killed on 6/20/06

7/31/06 – Transferred from the Somerset County Jail today for a Stage 3 evaluation. William is charged with his mother’s murder. A significant portion of this Psychiatric admission assessment “is gleaned from his January 2006 Acadia hospital record and the subsequent transfer to RPC in February 2006.” (Tab 27 - Psychiatric Admission Assessment by psychiatrist Carolyn Criss, page 1)

The admission assessment discusses William’s past psychiatric history (left a suicide note as a late adolescent; last summer shot 30 rounds from an AK47 into the trees and then pointed it at his two friends and asked them if they knew anything about boys being sexually molested; admitted to Acadia hospital last January after an altercation with his father; had his mother in a judo type headlock to demonstrate he could break her neck, etc.) and discusses his past problems/diagnoses. (Tab 27 - Psychiatric Admission Assessment by psychiatrist Carolyn Criss, page 1)

William has delusions about his role as a CIA operative and is focused on the world problems. He mentioned it was not a coincidence his mother’s death was the day before the current Israel war with Lebanon (actually those dates are 3 wks apart). Lacks capacity for insight and judgment is impaired. Appears to be able to understand risks and benefits of treatment. Criteria for discharge is no evidence of danger to self or others and demonstrated ability to care for self sufficient to meet daily basic needs, estimated time 30-60 days. “Medical necessity for Hospital Admission: Meets on basis of significant risk to seriously harm others.” (Tab 27 - Psychiatric Admission Assessment by psychiatrist Carolyn Criss, pages 2-3)

8/07/06 – Upon admission the individual is not a danger to self but is a danger to others, meets medical necessity criteria for inpatient hospitalization. (Tab 28 - Individual Treatment and Discharge Plan signed by William Bruce, Carolyn Criss, continuity of care manager whose name appears to be Kate Leonard, nurses whose names appear to be Kim (last name illegible) and Patrick (last name illegible), community support worker whose name is illegible, peer support specialist whose name appears to be Eric (last name illegible), and a patient advocate whose name is illegible)

8/07/06 – William spoke about “delusions about being an undercover operative and expressing his desire to ‘defect’ to Russia. He believes his desire to defect will take precedence over any legal issues he may be facing at present.” Staff observed him scanning the fence, there are real concerns about elopement risk. Psychological testing is needed to examine his symptoms

objectively. He is refusing scheduled medications and maintains good control on the ward so he does not meet criteria for a psychiatric emergency. (Tab 29 - Progress note by Dr. Criss)

8/17/06 – “He denies psychotic symptoms but is easily distracted.” He reports joining the army but could not give the rank he achieved and he said his father was in the military and his father is like “Joseph Stalin,” which Dr. Criss found interesting given his motivation to defect to Russia and his report that his relationship with his father is not repairable. Psychological testing is needed and he continues to be considered an elopement risk and is restricted to the ward. He had his first session with State Forensics Service this week and another scheduled for next week. (Tab 30 - Progress note by Dr. Criss)

8/22/06 – William is discharged back to Somerset County Jail. He states that his mother was “assassinated” due to her connection with Hamas which started the current Israeli/Lebanese conflict. He was seen by the state forensic service and the psychiatric center was advised he was to be released to the Somerset County Jail. “He declined medications and treatment for the duration of his admission and never met criteria for a psychiatric emergency.” (Tab 31 - Inpatient Discharge Summary by Dr. Criss)

10/4/06 – Court determined defendant is currently incompetent to stand trial and committed William to be placed in a mental institution. (Tab 32 - Order and Finding of Incompetence)

10/11/06 – 25 year old William was transferred to Riverview from Waldo County Jail after he was found to be incompetent to stand trial. “He is charged with the murder of his mother last June and was at Riverview this past August for a Stage III evaluation to determine his competency to stand trial. At that time he did not want treatment and did not believe he had a psychiatric illness. His focus was primarily invested in delusions that he is involved in espionage as an agent for Russia and voicing his plan to defect. He returns today complaining of feeling depressed for the past week and is willing to discuss medications. He is resolved to being here for a year.” Medical Necessity for Hospital Admission: “Meets on basis of psychotic delusions which make him a significant risk to seriously harm others.” (Tab 33 - Psychiatric Admission Assessment by Dr. Criss)

10/13/06 – “He has delusions of working with the KGB and is planning to ask for asylum from the Russian Embassy.” (Tab 34 - Progress note by Dr. Criss)