Civil Mental Health Law: A General Practitioner's Practical Guide to Civil Commitment Rules in Virginia

R. Shawn Majette, VSB 19372
Thompson McMullan Professional Corporation
100 Shockoe Slip
Richmond, Virginia 23219
804/698-6233 (V) 804/780-1813 (F)
smajette@t-mlaw.com
www.t-mlaw.com

A. Key Concepts.[1]

1. Procedural.
   a. Advance notice to Community Services Board: minimum 12 hours.[2]
   b. Presence of Community Services Board (personal or electronically).[3]
   c. More intense independent examiner duties and certification requirements.[4]
   d. Community Services Board initiated and supervised outpatient treatment (Assisted or Mandatory Out Patient Treatment).
      (i.) The Community Services Board *which completed the preadmission screening report* must agree to mandatory outpatient treatment as it is the entity which must prepare an initial treatment plan.[5]
      (ii.) The Community Services Board for the *patient's jurisdiction* (which is not necessarily the Community Services Board completing the preadmission screening report) must agree to mandatory outpatient treatment.[6]
      (iii.) Service provider must have agreed to provide the service at the time of the order.[7]

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[1] This is a technical treatment of mental health statutes in the writer's state, the Commonwealth of Virginia. For a general overview of the limits and underpinning of the curtailment of liberty by the process of forced treatment in the United States, please see, *Involuntary Civil Commitment and the Inescapable Wetness of Light*, at http://mysite.verizon.net/shawn.majette/documents/VaCivilCommitment2010.pdf. For an overview of state laws in other jurisdictions, especially as the same pertains to mandatory outpatient treatment, see *Assisted Psychiatric Treatment Inpatient and Outpatient Standards by State*, http://www.treatmentadvocacycenter.org/storage/documents/State_Standards_-_The_Chart-_June_28_2011.pdf.

[2] Va. Code § 37.2-817 B.

[3] *Id.*

[4] Va. Code § 37.2-815. Compare present 1 page independent examination report form with 3 page report published June, 2008, DMHMRSAS Form 1006–IE (http://www.dmhmrsas.virginia.gov/OMH-MHReform.htm).

[5] "Any order for mandatory outpatient treatment shall include an initial mandatory outpatient treatment plan developed by the community services board that completed the preadmission screening report." Va. Code § 37.2-817 F.

[6] "The community services board that serves the city or county in which the person resides shall recommend a specific course of treatment and programs for the provision of mandatory outpatient treatment." Va. Code § 37.2-817 E.

[7] "Less restrictive alternatives [such as mandatory outpatient treatment] shall not be determined to be appropriate unless the services are actually available in the community and providers of the services have actually agreed to deliver the services." Va. Code § 37.2-817 D.

e. Mandatory outpatient treatment following temporary detention order and inpatient treatment for recidivist mental patients (effective July 1, 2012).[8]

(i.) Applicable only to mental patients in a hospital following the issuance of a temporary detention order.

(ii.) The patient must have been the subject of a temporary detention order on at least two previous occasions within the thirty six month period immediately preceding the date of the hearing to determine whether the mandatory outpatient treatment should be ordered.

(a.) Two of the admissions must have occurred within the thirty six months preceding the third admission.

(b.) All of the admissions must have resulted in either an involuntary[9] or a voluntary admission[10] after a hearing before the Court or special justice.

(iii.) Persons and entities entitled to move the Court to order mandatory outpatient treatment are:

(a.) the treating physician

(b.) a family member

(c.) a "personal representative of the person"[11]

(d.) a representative of the community services board serving the area where *the facility is located.* [12]

(iv.) The Court must hold the hearing within 72 hours after receiving the motion for a mandatory outpatient treatment order.[13]

(v.) The maximum *initial* term of the mandatory outpatient treatment order is 90 days from the date of the Order.[14]

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[8] Virginia Code §§ 37.2-805, - 817 (C).

[9] Virginia Code § 37.2-817 (C).

[10] Virginia Code § 37.2-805 is applicable to the process in which the third or subsequent admission is voluntary after a hearing conducted following issuance of a temporary detention order.

[11] This is an undefined term in the context of Title 37.2. It ordinarily refers to an administrator or executor of a decedent's estate in Titles 64.1 and 26. The General Assembly may have intended the reference to a guardian, conservator, trustee (for an incapacitated service person), or committee.

[12] Thus, a patient from Virginia Beach (about 100 miles from Richmond) who is transported to a Richmond hospital under a temporary detention order for hearing can be ordered *upon the motion of the Richmond Behavioral Health Authority* to attend mandatory outpatient treatment in Virginia Beach with monitoring (and expenses incurred) by the Community Services Board for the City of Virginia Beach. However, "[t]he community services board that serves the city or county in which the person resides [Virginia Beach in this example] *shall recommend a specific course of treatment and programs for the provision of mandatory outpatient treatment*. The duration of mandatory outpatient treatment shall be determined by the court based on recommendations of the community services board …." Virginia Code § 37.2-817 E.

[13] Virginia Code § 37.2-817 C. If the 72-hour period expires on a Saturday, Sunday, or legal holiday, the hearing must be held by the close of business on the next day that is not a Saturday, Sunday, or legal holiday.

[14] Virginia Code § 37.2-817 (E). As shown below (see following footnote), the term of supervision by the hospital /Community Services Board/ Court can range from 120 (30 + 90) to 300 (30 day initial treatment followed by recommitment of 180 days followed by 90 days mandatory outpatient treatment order) days.

(vi.) The mandatory outpatient treatment order can be continued to as long as 180 days for patients likely to become ill to the point of dangerousness to themselves or others.[15]

(a.) the community services board required to monitor the person's compliance with the order, the treating physician, or any other responsible[16] person may petition the court to continue the order for a period not to exceed 180 days.

(b.) If the patient objects, the Court must hold a hearing and enter an order upon specified criteria to require treatment for a patient who would likely relapse into a condition which would make the patient dangerous enough to require ***involuntary admission***:

- has a history of lack of compliance with treatment for mental illness that at least twice within the past 36 months has resulted in the person being subject to an order for involuntary admission;
- in view of the person's treatment history and current behavior, the person is in need of mandatory outpatient treatment following inpatient treatment in order to prevent a relapse or deterioration that would be likely to result in the person meeting the criteria for involuntary inpatient treatment;
- as a result of mental illness, the person is unlikely to voluntarily participate in outpatient treatment unless the court enters an order authorizing discharge to mandatory outpatient treatment following inpatient treatment; and
- the person is likely to benefit from mandatory outpatient treatment.

(vii.) Forms for motion for recidivist mandatory outpatient treatment.

(a.) The official form.[17]

(b.) The writer's form.[18]

f. Initial commitment period cannot to exceed thirty days.[19]

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[15] Virginia Code § 37.2-817.4 D provides that a full hearing (with a new independent evaluation and preadmission screening report) is held upon objection and that the extension can only be granted if the patient meets the involuntary admission criteria set forth in Virginia Code § 37.2-817 C1., C2., or D *at the time of the hearing* . Thus a patient who is likely to stop his medicine and relapse, but who would can establish would likely volunteer for treatment after the temporary detention order as he descended into madness, would not would not be covered by this treatment extension.

[16] This is *broader* than the limited class of authorized movants named in Virginia Code § 37.2-817 C. See definition of "responsible person," *infra*.

[17] Official Multipurpose Form DC-4001, Adult Petition for Involuntary Admission for Treatment, http://www.courts.state.va.us/forms/district/dc4001.pdf

[18] Motion with Exhibit to request hearing for mandatory outpatient treatment after discharge from psychiatric commitment, http://www.majette.net/documents/Motion%20for%20Mandatory%20Outpatient%20Commitment%20Hearing%20FINAL.pdf.

[19] Va. Code § 37.2-817 C. The term may be set by the Court but cannot exceed 30 days. See DMHMRSAS Form 1006–CO § C 3. Subsequent commitments are for periods not to exceed 180 days "from the date of the subsequent court order, or such person makes application for treatment on a voluntary basis as provided for in § 37.2-805 or is ordered to mandatory outpatient treatment pursuant to subsection D."

g. Firearms restrictions for voluntary patients.[20]

h. Court may commit in regardless of independent examiner's opinion and certification.[21]

2. Substantive.

a. New test for civil commitment.[22]

(i.) "substantial likelihood" that because of

(ii.) Mental illness the respondent will

(iii.) In the near future either

(a.) **Cause serious *physical* harm**

to himself or

others

(b.) as evidenced by relevant information, which may include recent behavior causing, attempting, or threatening harm; or

(iv.) **Suffer serious harm** [himself] due:

(a.) to his lack of capacity to protect himself from harm, or

(b.) to provide for his basic human needs.

3. More intense independent examiner duties and certification requirements.[23]

4. Community Services Board initiated and supervised outpatient treatment.

a. The Community Services Board *which completed the preadmission screening report* must agree to mandatory outpatient treatment.[24]

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[20] "It shall be unlawful [and punishable as a Class 1 misdemeanor] for any person involuntarily admitted to a facility or ordered to mandatory outpatient treatment pursuant to § 19.2-169.2, involuntarily admitted to a facility or ordered to mandatory outpatient treatment as the result of a commitment hearing pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, or who was the subject of a temporary detention order pursuant to § 37.2-809 and subsequently agreed to voluntary admission pursuant to § 37.2-805 to purchase, possess or transport a firearm," Va. Code § 18.2–308.1:3, incorporated in the advice of rights the Court certifies it has provided at the commencement of the hearing, see DMHMRSAS Form 1006–CO (http://www.dmhmrsas.virginia.gov/OMH-MHReform.htm).

[21] Va. Code § 37.2-817 (C) as amended removes the requirement for a positive certification by the independent examiner under prior law: "After observing the person ~~and obtaining the necessary positive certification~~ and considering *(i) the recommendations of any treating physician or psychologist licensed in Virginia, if available, (ii) any past actions of the person, (iii) any past mental health treatment of the person, (iv) any examiner's certification, (v) any health records available, (vi) the preadmission screening report, and (vii)* any other relevant evidence that may have been ~~offered~~ *admitted*, … the judge or special justice shall by written order and specific findings so certify and order that the person be admitted involuntarily to a facility for a period of treatment not to exceed ~~180~~ *30* days…."

[22] Va. Code § 37.2-817 D. See *Understanding and Applying Virginia's New Statutory Civil Commitment Criteria***,** Cohen, Bonnie, and Monahan (http://www.dmhmrsas.virginia.gov/OMH-MHReform.htm).

[23] Va. Code § 37.2-815. Compare 1 page independent examination report form under prior law with 3 page report required as of July 1, 2008, DMHMRSAS Form 1006–IE (http://www.dmhmrsas.virginia.gov/OMH-MHReform.htm).

[24] "Any order for mandatory outpatient treatment shall include an initial mandatory outpatient treatment plan developed by the community services board that completed the preadmission screening report." Va. Code § 37.2-

b. The Community Services Board for the *patient's jurisdiction* (which is not necessarily the Community Services Board completing the preadmission screening report) must agree to mandatory outpatient treatment.[25]

c. Service provider must have agreed to provide the service at the time of the order.[26]

5. Initial commitment period cannot to exceed thirty days.[27]

6. Firearms restrictions for voluntary patients.[28]

B. Representing The Petitioner In A Civil Commitment Proceeding.

1. Initial petition[29] filed by a responsible person[30] with the magistrate.[31]

2. Request for Community Services Board in–person evaluation.[32]

3. The prescreening form[33] is a useful checklist / client advocacy tool for counsel to the petitioner.

a. ¶ 5 contains "buzz words" for presentation to the pre–screener.

b. ¶ 6 contains reference to the DSM IV listing of mental illness.[34]

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817 F.

[25] "The community services board that serves the city or county in which the person resides shall recommend a specific course of treatment and programs for the provision of mandatory outpatient treatment." Va. Code § 37.2-817 E.

[26] "Less restrictive alternatives [such as mandatory outpatient treatment] shall not be determined to be appropriate unless the services are actually available in the community and providers of the services have actually agreed to deliver the services." Va. Code § 37.2-817 D.

[27] Va. Code § 37.2-817 C. The term may be set by the Court but cannot exceed 30 days. See DMHMRSAS Form 1006–CO § C 3. Subsequent commitments are for periods not to exceed 180 days "from the date of the subsequent court order, or such person makes application for treatment on a voluntary basis as provided for in § 37.2-805 or is ordered to mandatory outpatient treatment pursuant to subsection D."

[28] "It shall be unlawful [and punishable as a Class 1 misdemeanor] for any person involuntarily admitted to a facility or ordered to mandatory outpatient treatment pursuant to § 19.2-169.2, involuntarily admitted to a facility or ordered to mandatory outpatient treatment as the result of a commitment hearing pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, or who was the subject of a temporary detention order pursuant to § 37.2-809 and subsequently agreed to voluntary admission pursuant to § 37.2-805 to purchase, possess or transport a firearm," Va. Code § 18.2–308.1:3, incorporated in the advice of rights the Court certifies it has provided at the commencement of the hearing, see DMHMRSAS Form 1006–CO (http://www.dmhmrsas.virginia.gov/OMH-MHReform.htm).

[29] DMHMRSAS Form 1006–P at (http://www.dmhmrsas.virginia.gov/OMH-MHReform.htm).

[30] A responsible person includes "a family member as that term is defined in § 37.2-100, a community services board or behavioral health authority, any treating physician of the person, or a law-enforcement officer." Va. Code § 37.2-800. Va. Code § 37.2-100 defines a family member as "an immediate family member of a consumer or the principal caregiver of a consumer. A principal caregiver is a person who acts in the place of an immediate family member, including other relatives and foster care providers, but does not have a proprietary interest in the care of the consumer."

[31] The "magistrate shall issue [a temporary detention order], upon the sworn petition of any responsible person, treating physician, or upon his own motion and only after an evaluation conducted in-person or [electronically] … by an employee or a designee of the local community services board ..." Va. Code § 37.2-809 B.

[32] The magistrate will issue a temporary detention order only after "

[33] See UniformPreadmScreen.pdf at (http://www.dmhmrsas.virginia.gov/OMH-MHReform.htm), included in appendix.

[34] The "Diagnostic and Statistical Manual of Mental Disorders, 4th Edition," published by the American Psychiatric Association. A useful presentation of the work online is found at http://allpsych.com/disorders/disorders_dsmIVcodes.html. The utility of the work to Petitioner's counsel is the

c. ¶ 7 contains sequential risk determination analysis for the pre–screener.

C. Four Cases Often Seen.

1. The schizophrenic.

a. Petitioner is often the parent / spouse / assisted living facility staff.

b. Schizophrenia[35]

(i.) A thought disorder.

(ii.) Symptoms of Schizophrenia typically begin between adolescence and early adulthood for males and a few years later for females, and usually as a result of a stressful period (such as beginning college or starting a first full time job). Initial symptoms may include delusions and hallucinations, disorganized behavior and/or speech. As the disorder progresses symptoms such as flattening or inappropriate affect may develop. Paranoid, catatonic, and undifferentiated types are identified in the DSM.

(iii.) Dangerousness to others (from paranoia) or to themselves (to stop the voices) or unable to care for themselves ("self harm"), in the most extreme form (catatonia).

(iv.) Well treated with medicines which must often be administered involuntarily.

c. A Typical presentation.

5. MENTAL STATUS EXAM (***Check*** all that apply and add specific behaviors under findings)

Appearance: ☐WNL ☑unkempt ☐poor hygiene ☑bizarre ☐tense ☐rigid

Behavior/Motor Disturbance: ☐WNL ☐agitation ☑ guarded ☐tremor ☐manic ☐impulse control ☑ psychomotor retardation

Orientation: WNL **disoriented:** ☑ time ☑ place ☑ person ☐situation

Speech: ☐WNL ☑ pressured ☐slowed ☐soft/loud ☐impoverished ☐slurred ☐other

Mood: ☐WNL ☐depressed ☑ angry/hostile ☐euphoric ☐anxious ☐anhedonic[36] ☐withdrawn

Range of Affect: ☐WNL ☐constricted ☐flat ☑ labile[37] ☐inappropriate

Thought Content: ☐WNL ☑ delusions ☐grandiose ☑ ideas of reference[38] ☑ paranoid ☐obsessions ☐phobias

Thought Process: ☐WNL ☐loose associations ☐flight of ideas ☐circumstantial ☐blocking ☐tangential ☑ perseverative[39]

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focus it brings to the client (often the wreck, wrack and ruin of a family member at the end of her rope) to help identify the specific technical language (or "buzz" or jargon) which will help the pre–screener to certify the case for the issuance of the temporary detention order.

[35] Quoted from http://allpsych.com/disorders/disorders_alpha.html.

[36] Sad. Literally, without hedonism; joyless, like the last man in line at the prayer meeting potluck.

[37] "[R]eadily or continually undergoing chemical, physical, or biological change or breakdown, **UNSTABLE** <a *labile* mineral> 2 **:** readily open to change" http://www.merriam-webster.com/dictionary/labile.

[38] The radio is talking *to me* and *not you.*

Perception/ Sensorium: ☐WNL **hallucinations:** ☑ auditory☐ visual ☐olfactory ☐tactile☐ illusions

Memory: ☑ WNL **impaired:** ☐recent ☐remote ☐immediate

Able to provide historical information: Y N If no, explain below in findings.

Appetite: ☑ WNL☐ poor **Weight:** ☐loss ☐gain **Appetite:** ☐increased ☐decreased

Sleep: ☐WNL ☐hypersomnia ☑ onset problem ☑maintenance problem | **Insight:** ☐WNL ☐blaming ☐little☑ none

Judgment: ☐Good ☐impaired ☑ poor

Estimated Intellectual Functioning: ☑ above average ☐average ☐below average ☐diagnosed MR

Reliability of self report (explain below): ☐good ☐fair ☑ poor

Narrative:

Mr. Samuels lives in an assisted living facility. He stopped taking his medicines again.[40] He is hearing voices telling him to kill his roommate, and these are confirmed by the radio. He is afraid to sleep because of the voices; he has not slept in three days. He refuses hospital admission because of the paranoia; he claims his roommate owns the hospital and will have him killed there. He was discharged from ABC Hospital 2 weeks ago.

d. Involuntary judicial consent / forced medication orders.[41]

2. The bi polar.

a. A mood disorder.

(i.) For a diagnosis of Bipolar I disorder, a person must have at least one manic episode. Mania is sometimes referred to as the other extreme to depression. Mania is an intense high where the person feels euphoric, almost indestructible in areas such as personal finances, business dealings, or relationships. They may have an elevated self-esteem, be more talkative than usual, have flight of ideas, a reduced need for sleep, and be easily distracted. The high, although it may sound appealing, will often lead to severe difficulties in these areas, such as spending much more money than intended, making extremely rash business and personal decisions, involvement in dangerous sexual behavior, and/or the use of drugs or alcohol. Depression is often experienced as the high quickly fades and as the consequences of their activities becomes apparent, the depressive episode can be exacerbated.[42]

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[39] The tendency to perseveration, the "continuation of something (as repetition of a word) usually to an exceptional degree or beyond a desired point," Merriam-Webster Online Dictionary, http://www.merriam-webster.com/dictionary/perseveration, as in, "Are we there yet?" from the children in the Greyhound seat behind yours. On the way to Texas. In a local.

[40] See ¶ 10, Pre-admission screening ("Has individual followed recommended medication and recovery plan? ☐Y ☐N ☐NA").

[41] Va. Code § 37.2-1101 as limited by –1102 (3).

[42] This is "Bi-Polar I" type. "In a Bipolar II Disorder, there are periods of highs as described above and often followed by periods of depression. Bipolar II Disorder, however is different in that the highs are hypo manic, rather than manic. In other words, they have similar symptoms but they are not severe enough to cause marked impairment

b. A typical presentation.

5. MENTAL STATUS EXAM (***Check*** all that apply and add specific behaviors under findings)

Appearance: ☐WNL ☐unkempt ☐poor hygiene ☑ bizarre ☐tense ☐rigid *Mr. Billings has shaved his head and coated it in black paint.*

Behavior/Motor Disturbance: ☐WNL ☑ agitation ☐guarded ☐tremor ☑manic ☐impulse control ☐psychomotor retardation

Orientation: ☑WNL **disoriented:** ☐time ☐place ☐person ☐situation

Speech: ☐WNL ☑ pressured ☐slowed ☑soft/loud ☐impoverished ☐slurred ☐other

Mood: ☐WNL ☐depressed ☑ angry/hostile ☑ euphoric ☐anxious ☐anhedonic ☐withdrawn

Range of Affect: ☐WNL ☐constricted ☐flat ☑labile ☐inappropriate *Mr. Billings is alternately loud and louder, more and more expansive and hyper garrulous.*

Thought Content: ☐WNL ☑delusions ☑grandiose ☐ideas of reference ☐paranoid ☐obsessions ☐phobias

Thought Process: ☐WNL ☑ loose associations ☑ flight of ideas ☐circumstantial ☐blocking ☐tangential ☑ perseverative *Mr. Billings owns this hospital, Richmond Behavioral Health Authority, and several million dollars in stocks. He is fixated on Altria and insists that he should not have been evicted from the Company's headquarters this morning*

Perception/ Sensorium: ☐WNL **hallucinations:** ☑ auditory☐ visual ☐olfactory ☐tactile☐ illusions

Memory: ☑ WNL **impaired:** ☐recent ☐remote ☐immediate

Able to provide historical information: Y N If no, explain below in findings. *Could not assess. He would not answer questions (starting with appetite) until I proved that I was not part of the Reynolds conspiracy. When I asked about what the conspiracy was about, he said, "I know you'd play dumb," and asserted his Constitutional rights about discrimination.*

Appetite: ☐WNL☐ poor **Weight:** ☐loss ☐gain **Appetite:** ☐increased ☐decreased

Sleep: ☐WNL ☐hypersomnia ☐onset problem ☐maintenance problem | **Insight:** ☐WNL ☐blaming ☐little☐ none

Judgment: ☐Good ☐impaired ☑ poor

Estimated Intellectual Functioning: ☐above average ☑ average ☐below average ☐diagnosed MR

Reliability of self report (explain below): ☐good ☐fair ☑ poor

Narrative:

RPD[43] *called at 0230 for f-2-f*[44] *to Philip Morris site at biotechnology center, Leigh Street. Mr. Billings had altered his appearance by shaving his head and painting his scalp. He knew that there was a conspiracy to keep him from running his business (he claims he was Mr.*

in social or occupational functioning and typically do not require hospitalization in order to assure the safety of the person." Quoted from http://allpsych.com/disorders/disorders_alpha.html.

[43] Richmond Police Department.

Morris before he changed his name). He owns everything, etc. He refused to leave the premises to return to his group home. The assisted living facility administrator (John Doakes at 804-xxx-xxxx) reported Mr. Billings had been escalating all day and shouting at the television and other residents who smoked generic cigarettes "and killing my business." He stopped taking his medicine when he was discharged last week from St. Mary's hospital. History of two suicide attempts / one self mutilation (he set himself afire).

c. Involuntary judicial consent / forced medication orders.

3. The schizoaffective. [45]
   a. Schizophrenia and bi–polar in one person.
   b. The term schizoaffective implies a combination of schizophrenia and an affective (or mood) disorder, which is actually quite accurate. Symptoms include those for schizophrenia (see above) as well as a Major Depressive, manic, or mixed episode (see mood disorders). The psychotic (or schizophrenic like symptoms) must be present without any disturbance in mood for a minimum of two weeks.
   c. Well controlled by various medicines at address both the delusional and mood components.
   d. A typical presentation is a combination of the schizophrenic and bi-polar cases.
4. The alcoholic / drug addict[46]
   a. Serious self harm from physical abuse of the patient's body.
   b. Serious risk to others (chronic d.u.i.)
   c. Terrible risk of death in alcohol withdrawal.[47]
5. The organic patient.
   a. Petitioner is often the child / spouse / nursing home / assisted living facility staff.
   b. Dementia,[48] Huntington's / Parkinson's Disease,[49] Traumatic Brain Injury[50] cases.

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[44] Face-to-face ("in-person") assessment, see Va. Code § 37.2-809.

[45] Quoted from http://allpsych.com/disorders/disorders_alpha.html.

[46] "For the purposes of this chapter, whenever the term mental illness appears, it shall include substance abuse." Va. Code § 37.2-800.

[47] While only about 5% of patients in alcohol withdrawal progress to delirium tremens, the risk of death in *untreated* cases has been estimated at 35%. "Symptoms may begin a few hours after the cessation of ethanol but may not peak until 48-72 hours. Emergency physicians must recognize that the presenting symptoms may not be severe and identify those at risk for developing DT. For patients in DT, early recognition and therapy are necessary to prevent significant morbidity and death." http://www.emedicine.com/emerg/TOPIC123.HTM.

[48] DSM-IV 294.xx Dementia of the Alzhemier's Type, With Early Onset (also code 331.0 Alzheimer's disease on Axis III)(.10 Without Behavioral Disturbance, .11 With Behavioral Disturbance). The manual instructs that the diagnostician is to "[i]ndicate co-morbid Alzheimer's-induced psychiatric symptomatology by listing the appropriate mental disorder due to GMC on Axis I, e.g., 293.81 Psychotic Disorder Due to Alzheimer's Disease). Http://www.dsm4tr.org/3-2Crosswalkcodes.cfm

[49] DSM-IV 294.xx Dementia Due to Parkinson's Disease (also code 332.0 Parkinson's disease on Axis III) (.10 Without Behavioral Disturbance, .11 With Behavioral Disturbance); **294.xx** Dementia Due to Huntington's Disease (also code 333.4 Huntington's disease on Axis III) (.10 Without Behavioral Disturbance .11 With Behavioral Disturbance). Http://www.dsm4tr.org/3-2Crosswalkcodes.cfm

[50] DSM-IV **294.xx** Dementia Due to Head Trauma (also code 854.00 head injury on Axis III) (.10 Without

(i.) A thought disorder.

(ii.) Symptoms of these disorders often include the root dementia symptoms such as memory loss; trouble naming common items; personality changes; trouble with tasks such as washing dishes or setting the table; wrong dressing for the weather or occasion; careless of hygiene; more argumentative; delusional; wander, often at night; depression; difficulty in eating, speaking, family / friend recognition, excretory function, ambulation) punctuated by behavioral issues associated with resulting frustration and confusion.

(iii.) Dangerousness to others (from mistaken identity (*e.g.* sexual assault of "my wife" in "my home" while in a nursing home / assisted living facility, or of assault of third party for "talking with my wife;" in the home, by leaving the stove on) or to themselves (wandering at night, inviting strangers into the home under mistaken belief that they are family) or unable to care for themselves (*e.g.* APS neglect cases,).

(iv.) Not susceptible to remedial medicines but some medicines are available to halt the progress of the disorder.

c. A Typical presentation.

5. MENTAL STATUS EXAM (***Check*** all that apply and add specific behaviors under findings)

Appearance: ☐WNL ☑unkempt ☑ poor hygiene ☑bizarre ☐tense ☐rigid

Behavior/Motor Disturbance: ☐WNL ☑agitation ☐ guarded ☐tremor ☐manic ☐impulse control ☑ psychomotor retardation

Orientation: WNL **disoriented:** ☑ time ☑ place ☑ person ☑ situation

Speech: ☐WNL ☐ pressured ☐slowed ☑ soft/**loud** ☑ impoverished ☐slurred ☐other

Mood: ☐WNL ☐depressed ☑ angry/hostile ☐euphoric ☐anxious ☐anhedonic[51] ☐withdrawn

Range of Affect: ☐WNL ☐constricted ☐flat ☑ labile[52] ☐inappropriate

Thought Content: ☐WNL ☑ delusions ☐grandiose ☑ ideas of reference[53] ☑ paranoid ☐obsessions ☐phobias

Thought Process: ☐WNL ☐loose associations ☐flight of ideas ☐circumstantial ☐blocking ☐tangential ☑ perseverative *Mrs. Dawson constantly asks me to open the door to let her husband into the room; her husband has been dead for 20 years.*

Perception/ Sensorium: ☑ WNL **hallucinations:** ☐auditory☐ visual ☐olfactory ☐tactile☐ illusions

Memory: ☑ WNL **impaired:** ☐recent ☐remote ☐immediate

Behavioral Disturbance, .11 With Behavioral Disturbance). Http://www.dsm4tr.org/3-2Crosswalkcodes.cfm

[51] Sad. Literally, without hedonism; joyless, like the last man in line at the prayer meeting potluck.

[52] "[R]eadily or continually undergoing chemical, physical, or biological change or breakdown, **UNSTABLE** <a *labile* mineral> 2 **:** readily open to change" http://www.merriam-webster.com/dictionary/labile.

[53] The radio is talking *to me* and *not you.*

Able to provide historical information: Y N If no, explain below in findings.

Appetite: ☐WNL ☑poor **Weight:** ☑ loss ☐gain **Appetite:** ☐increased ☑decreased

Sleep: ☐WNL ☐hypersomnia ☑ onset problem ☑maintenance problem | **Insight:** ☐WNL ☐blaming ☐little☑ none

Judgment: ☐Good ☐impaired ☑ poor

Estimated Intellectual Functioning: ☑ above average ☐average ☐below average ☐diagnosed MR

Reliability of self report (explain below): ☐good ☐fair ☑ poor

Narrative:

Mrs. Dawson lives in a nursing home.[54] She was admitted there after her son (John, 70 himself) could no longer care for her in his home. She is hearing her deceased husband's voice asking her to come to the hall, and then out the door. She is restless and can't sleep. She has wandered outside three times. The facility staff's efforts at redirection have been fruitless and last night she struck one of the nurses, drawing blood. She was screaming, "Let my husband in this house now!" She was confused when I met with her and had soiled herself, but refused to let the staff change her diaper.

d. Involuntary judicial consent / forced medication order may not be helpful here.

D. Judicial Consent To Involuntary Treatment.

1. Emergency, Non-Emergency, and Special Circumstances (Medication, Electroconvulsive Therapy) Forms.[55]
2. A useful exhibit for the lawyer's expert to consider is a grid with various medicines.[56]
3. A useful iPhone app for the lawyer (but, judging from at least one review, not for the psychiatrist) is "Psych Drugs," by Michael Quach.[57]

[54] Note: if Mrs. Dawson is on Medicaid, she has already been found to require this level of care through the prescreening process required for Medicaid qualification. That process has established she is unable to care for herself or to be cared for in any congregate care facility less intensive than a nursing home. See Va. Medicaid Manual § M 1400, *Long Term Care*.

[55] See http://www.majette.net/2judconsforms.htm. For specific forms applicable to psychiatric medicine and electroconvulsive therapy, please see http://www.majette.net/3psychmedicinesect.htm.

[56] See http://www.majette.net/documents/Exhibit.pdf.

[57] See http://itunes.apple.com/us/app/psych-drugs/id330545327?mt=8.