

# When Experts Disagree: Evaluation of Psychosis in a Forensic Setting

Patricia Winters MD  
Forensic Psychiatrist  
Sonoma County Mental Health

1

---

---

---

---

---

---

---

---

---

---

## Go To Jail

- Go directly to jail
- Do not pass "Go"
- Do not collect \$200

2

---

---

---

---

---

---

---

---

---

---

## Factors affecting behaviors in custody

- Age/maturity
- Other demographic variables: race, gender, education, intellect
- Previous experience with incarceration
- Influence of substances
- Medical problems
- Other psychosocial stressors, including poverty, job/financial, personal, legal
- Mental illness

3

---

---

---

---

---

---

---

---

---

---

## Abnormal behaviors (Problematic behaviors in custody)

- Disrobing
- Playing with urine and/or feces/becoming incontinent
- Drinking from toilet
- Refusing food/fluids
- Continuous yelling or other noisemaking
- Continuous crying/sobbing

4

---

---

---

---

---

---

---

---

---

---

- Masturbation (excessive and/or public)
- Self-injurious behavior
- Muttering
- Hallucinating
- Hostile and oppositional behavior
- Passive-aggressive behaviors, i.e. refusal to follow orders; refusal to speak, refusing meds for idiosyncratic reasons

5

---

---

---

---

---

---

---

---

## What is psychosis?

- out of touch with reality/loss of reality testing
- presence of certain symptoms (hallucinations, delusions, thought disorder)
- behaving abnormally (see previous 2 slides)
- failure to respond in a predictable manner

6

---

---

---

---

---

---

---

---

## Distinguishing between psychosis and other acute mental states

- acute anxiety
- intense anger/frustration
- grief and despair

7

---

---

---

---

---

---

---

---

### Reasons why people might be exhibiting abnormal behaviors

- chronic psychotic disorder (chronic schizophrenia, chronic delusional disorder, chronic paranoia)
- acute psychotic disorder
- acute intoxication
- delirium

8

---

---

---

---

---

---

---

---

Reasons why people might be exhibiting abnormal behaviors

- acute withdrawal delirium
- dementia
- history of a traumatic brain injury
- developmental disability
- other more acute insults to the brain

9

---

---

---

---

---

---

---

---

What's Missing?

10

---

---

---

---

---

---

---

---

Axis II Disorders

- Schizoid
- Schizotypal
- Paranoid
- Borderline
- Histrionic
- Narcissistic
- Sociopathic
- Obsessive-Compulsive
- Dependent
- Avoidant

11

---

---

---

---

---

---

---

---

Psychosomatic  
Psychosis

- role of dissociation
- role of volition, or choice
- set and setting

12

---

---

---

---

---

---

---

---

## Role of Fantasy

- Many, if not all, Axis II disorders contain an element of fantasy, or "pretend."
- In the Cluster B disorders, this fantasy has a lot to do with self image and self concept.
- In sociopathy, 2 things occur: the patient has an artificially inflated sense of self, AND the patient has a lot of fantasies about who YOU are.

13

---

---

---

---

---

---

---

---

- Fantasy starts out as a protective mechanism, to help people avoid painful reality (Childhood)
- Budding Axis II (Adolescence) people often engage in behaviors which blur the line between fantasy and reality; adopting roles/ costumes, playing at being grownups, and engaging in substance abuse
- Initially, they know the difference, but as time goes on, the fantasy may be preferable to reality, making it harder to find one's way back to consensual reality
- Eventually, the fantasy can replace reality
- If you truly believe your own fantasy, you are by definition psychotic

14

---

---

---

---

---

---

---

---

## Complaints that borderlines have about therapy

- It costs too much
- It's too hard to develop the necessary relationship (trust)
- It's unavailable when I really need it
- It takes too long to see benefits

15

---

---

---

---

---

---

---

---

## Why behave psychotically?

- in hopes of being sent to a hospital
- to avoid prison
- to get housing changed
- to get meds
- to be declared IST
- to allay boredom

16

---

---

---

---

---

---

---

---

## Tantrums in adults

- Jail may be conducive to provoking tantrums in some individuals
- Often younger inmates, if not chronologically, then emotionally
- Often coddled prior to incarceration
- May be exacerbated by drug use/ withdrawal

17

---

---

---

---

---

---

---

---

---

---

## People use what they have

- And can't use what they don't have
- Axis II individuals will use regression, dissociation, acting out, aggression, i.e. whatever they have available
- Many of them truly do not have the skills and coping mechanisms that healthier people take for granted

18

---

---

---

---

---

---

---

---

---

---

## "Let's Pretend"

- Let's pretend we're suicidal and see what happens
- Let's pretend we're crazy and see what happens
- Let's pretend to be in terrific pain (or have some other acute medical problem) and see what happens

19

---

---

---

---

---

---

---

---

---

---

## How to make borderlines worse

- co-depend any comorbid behaviors, such as substance abuse or eating disorders
- set no limits (or few limits) on inappropriate behavior
- reward inappropriate behavior
- lower one's expectations
- cast all misbehaviors in terms of "mental illness"

20

---

---

---

---

---

---

---

---

---

---

## Hallmarks of Sociopathy

- two affective states: boredom and excitement
- no loss of reality testing, BUT
- live in a world of make-believe, where others are more objects than persons
- pleasure generally sadistic

21

---

---

---

---

---

---

---

---

## Why do so many inmates complain of anxiety?

- Incarceration begets anxiety
- Incarceration also begets boredom
- Anxiety and boredom are mutually exclusive affective states (you can't be both at the same time)
- Anxiety meds are more pleasurable drugs
- Anxiety meds treat boredom too

22

---

---

---

---

---

---

---

---

## Some Features of the Axis II Disorders

- nature vs nurture argument: perinatal harm
- learned behaviors (tantrums, dissociation)
- volitional component
- cultural components (learned helplessness, psychosomatic symptoms, prejudice)

23

---

---

---

---

---

---

---

---

## Improper Diagnosis: Why is this a problem?

- Overdiagnosis of Axis I Disorders, such as bipolar, schizoaffective, and even schizophrenia leads to lifelong overmedication of these individuals
- Underdiagnosis of Axis II individuals deprives our entire system of the data it needs to be responsive to real needs of the Axis II population, who are also mentally ill.

24

---

---

---

---

---

---

---

---

## Why we see more Axis II people in custody

- Harsher arrest patterns (terrorist threats)
- Longer stays
- Fewer ISTs go to hospitals
- Some contrive to get arrested, and stay incarcerated, due to fewer other options

25

---

---

---

---

---

---

---

---

---

---

- PDIs are very ambivalent about meds and are often looking to upgrade
- Axis II disorders do not respond as well to any kind of medication as do Axis I disorders
- PDIs are more likely to develop side effects and complications
- PDIs are more likely to sue
- The healthier the PDIs get, the fewer meds (and lower doses) they are likely to need

26

---

---

---

---

---

---

---

---

---

---

## Forces that Contribute to Misdiagnosis

- Insurance companies (and state and federal programs) will pay to treat Axis I Disorders, but not Axis II
- Medications are intended to treat Axis I Disorders (but not Axis II)
- Standard of care increasingly implies medication
- Lack of therapy (esp in custody)
- Changing parameters for diagnosis
- Expectations of the patient

27

---

---

---

---

---

---

---

---

---

---

## Some consequences of underdiagnosis

- Since we're institutionally ignoring their existence as much as possible, the costs of taking care of them are "off-budget"
- Routinely excluding them from all drug testing (which we do, to the extent that that is possible) skews available data
- If we offer them only meds, then meds is what they'll get (remember, they're looking to upgrade)

28

---

---

---

---

---

---

---

---

---

---

## Identifying the Axis II Individual in Custody

- Self-defeating behaviors
- Many are substance abusers who want a substitute
- Decompensation/ Regression
- Dynamics (attention-seeking behavior)

29

---

---

---

---

---

---

---

---

---

---

## Treating the Axis II individual in custody

- First things first: violence, suicide, assaultive behavior: Safety must come first
- After acute medical needs met, address:
- Addictions (and other self destructive behaviors)
- Desires and beliefs about medication in the context of addiction

30

---

---

---

---

---

---

---

---

---

---

- Behavior in the context of choice
- Wider life choices
- Goals for treatment, long term as well as short term
- Limitations and realities of treatment behind bars
- Hold a vision of hope
- Empathize with their suffering

31

---

---

---

---

---

---

---

---

---

---

## Realities of cost-containment efforts

- more inmates with MH issues
- longer stays
- fewer alternatives to incarceration

32

---

---

---

---

---

---

---

---

---

---



## Not a treatment facility

- in general, psychotherapy is not available
- inmates may not get the meds they want, or have gotten in the past
- therapeutic measures cannot always be done

33

---

---

---

---

---

---

---

---

---

---

## What We Do Right

- Save lives
- Reduce suffering
- Occasional breakthroughs
- Behavior modification
- Increase safety for all in our workplace
- Save money
- Reduce risks associated with medication

34

---

---

---

---

---

---

---

---

---

---

## Cutting the costs

- fewer meds
- cheaper meds
- shorter periods of time on meds
- more judicious use of meds
- may have to give more attention in form of MH visits

35

---

---

---

---

---

---

---

---

---

---

## Future Trends

- Finding alternatives to incarceration
- Reducing the use of meds in custody, especially expensive meds
- Probably means more nonpharmacological modalities, such as classes, handouts, etc.
- Aging jail population is more expensive to take care of

36

---

---

---

---

---

---

---

---

---

---