EXHIBIT IV.

Dr. Blood Psychological Risk Assessment

November 26, 2019

EXHIBIT FACTS/INFO SHEET

The following is a "Risk Assessment" performed at Michaels previous treating facility Clifton T. Perkins Hospital Center (2019). It should be stated for the sake of today's Conditional Release Hearing, that historical factors do not change over time. Plainly said, they are static. Clinical factors on the other hand are dynamic, indicating that they have the ability to change and subsequently increase or decrease one's risk of future danger to self or others.

With the above noted, please see the evaluator Dr. Rebecca Bloods empirical perception at that time of Michael's **Mental Status and Behavioral Observations** (highlighted in yellow). Hospital records will confirm that nearly all of Michaels (12+) treating psychiatrists at CTPHC as well as SGHC align with the above noted presentation delineated in their **Mental Status and Behavioral Observations**. With the above stated, Michael has displayed a continued state of mental stability throughout his hospital course. Chiefly, never exhibiting psychosis, mania, delusional thinking, unrepressed paranoia, hallucinations, suicidal or homicidal ideations. In short, Michael has never had a psychotic break due to his Bi-Polar illness and for that reason was transferred to Spring Grove Hospital Center (a minimum-security facility).

CLIFTON T. PERKINS HOSPITAL CENTER

Patient's Name: KAPNECK, Michael
Hospital Number: 11816
Date of Admission: July 23, 2019

Evaluator: Rebecca [redacted] Ph.D.
Date of Report: November 26, 2019

PSYCHOLOGICAL RISK ASSESSMENT

IDENTIFYING INFORMATION

Name:	KAPNECK, Michael
Date of Birth:	[redacted]
Age:	47 years old
Charges:	Burglary - First Degree
Legal Status:	Adjudicated Not Criminally Responsible in October 2019
Jurisdiction:	Baltimore County
Date(s) of Evaluation:	November 7 and 8, 2019

REASON FOR REFERRAL

Mr. Michael Kapneck is a 47-year-old Caucasian male who was charged with one count of First Degree Burglary. He was adjudicated Not Criminally Responsible on October 18, 2019. He is currently housed on 2-West, a maximum-security ward at Clifton T. Perkins Hospital Center (CTPHC). His treatment team referred him for a Psychological Risk Assessment to determine his current risk of violent recidivism for discharge to the community. Mr. Kapneck is scheduled for a 5O-day hearing on December 5, 2019.

NON-CONFIDENTIALITY STATEMENT:

Mr. Kapneck was informed of the non-confidential nature of the evaluation. He was informed that a written report of findings and opinions would be shared with his treatment team and with the Clinical/Forensic Review Board, and that a copy of the final report would be placed in his medical chart. He understood that his CTPHC record and all of its contents could be used in a court proceeding, and that the evaluator may be asked to testify. He was informed that Dr. M[redacted] would supervise this risk assessment. Mr. Kapneck understood these limits to confidentiality and agreed to participate in the evaluation.

SOURCES OF INFORMATION

1. Clinical interview with Mr. Kapneck on 11/07/2019 and 11/08/2019.
2. Review of CTPHC records (2006-2007)
3. Review of Springfield Hospital Center records (2007-2010)
4. Review of Atlantic County Justice Facility (2017)
5. Review of Suburban Hospital records (2011-2017)
6. Review of Mr. Kapneck's CTPHC medical chart (07/23/2019-present)
7. Clifton T. Perkins Hospital Center Pre-Trial Evaluation completed by Ronald [redacted] M.D. dated June 20, 2019.
8. Clinical/Forensic Review Board Case Report completed by Kathleen [redacted] M.D. dated August 22, 2019.

Patient's Name: KAPNECK, Michael
Hospital Number: 11816
Date of Admission: July 23, 2019

Evaluator: Rebecca[redacted] Ph.D.
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DESCRIPTION OF THE INSTANT OFFENSE:

Official Version:

[Excerpted from the Pre-Trial Evaluation completed by Ronald[redacted] MD. dated June 20, 2019]

On November 27, 2017, at 7:48 a.m., Michael Kapneck called Clara[redacted] Ms.[redacted]works for Pre-Trial Services in Montgomery County, Maryland. Ms.[redacted]is Mr. Kapneck's case manager to whom he reports. Mr. Kapneck left a voice message on Ms.[redacted]work phone and advised her that he was being admitted to Sheppard Pratt Hospital. Ms.[redacted]looked at her caller ID and called the number back. When the telephone was answered, Ms.[redacted]asked where it was, and the person stated that it was Sheppard Pratt Hospital at 6501 North Charles Street in Towson, Maryland. Ms.[redacted]spoke with Ms. Barbara[redacted]of admissions at Sheppard Pratt to confirm that Mr. Kapneck was not a patient there and had not been admitted there, but it was obvious that he had been there based upon the call location.

Mr. Kapneck left Sheppard Pratt Hospital in an unknown direction. Less than a half mile from Sheppard Pratt Hospital, an unknown suspect proceeded to[redacted] Malvern Avenue in Towson, Maryland. That address was the residence of Mr. and Mrs.[redacted]and[redacted] The suspect proceeded to the side kitchen door and used bolt cutters to shatter the glass. The suspect entered the residence and cut himself on the glass windowpane of the door. The suspect put the bolt cutters in the kitchen sink. The suspect then stole the Bose stereo and 20-inch flat screen television and key fob from the kitchen counter. The suspect proceeded through the residence, leaving blood on the handrail leading to the second floor of the residence. Mr. Kapneck fled the residence and used the key fob to steal a black, 2017, Ford F150 XLT truck. The license plate reader showed that the vehicle was heading southbound on I-95 towards Montgomery County at 3:06 p.m. The tag reader captured the yellow shirt that the suspect was wearing in the robbery noted below.

Patient's Version at the time of the Instant Offense:

[Excerpted from the Pre-Trial Evaluation completed Ronald[redacted] M.D. dated June 20, 2019]

Mr. Kapneck was asked to provide details regarding his activities and potential mental health symptoms around the time of the crime. He estimated that he began having problems in September 2017. He had been released from jail and was hoping that pre-trial services would establish outpatient mental health services for him upon release. They failed to do so. He soon required hospitalization due to acute mental health symptoms, and after release again, he relied upon pre-trial services to establish mental health services for him. He was told by pre-trial services that he would be placed on a wait list. He emphasized his need for treatment and potential instability, but services were not established.

Mr. Kapneck noted that he began becoming acutely mentally-ill. He began thinking that his family was being prostituted in Baltimore. He drove to Baltimore and explored neighborhoods, asking if his wife had been seen. He abandoned his car somewhere in Baltimore City. Eventually, he ended up in the emergency room due to apparent mental health symptoms and was admitted to Sheppard

Pratt Hospital for treatment. He was discharged from Sheppard Pratt after an altercation with another patient. After his discharge, he recalled hearing a radio message coming from a car saying, "Michael Moore. They need more." He explained that this is a common hallucination that he has when he is becoming severely ill and symptomatic. He heard his son screaming from a home that he passed. He broke into the home via breaking the glass door. He smashed a TV and radio because he thought he was being filmed. He thought he needed to rescue his son. When he discovered that his son was not in the home, he began to think that his son was being detained at the Montgomery County Detention Center.

Mr. Kapneck took the keys for the vehicle that he found in the home in which he had entered. As he drove the truck, he listened to the radio that told him he needed to go to Rockville. He heard his son crying, and his wife laughing.

Mr. Kapneck was involved with several other offenses in another jurisdiction subsequent to the aforementioned incident. He was apprehended, transferred to Riker's Island, and placed in a psychiatric hospital after being found incompetent to proceed with trial. He was hospitalized at Mid-Hudson Psychiatric Center before being transferred to Maryland.

Patient's Current Version of the Instant Offense:

Mr. Kapneck explained that he was experiencing psychiatric difficulties in September 2017. He said he was recently released from jail and expected pre-trial services to initiate outpatient mental health services for him. He said the services were not initiated, and he required hospitalization due to acute symptoms. Pre-trial services told him that he would be placed on a wait list. Mr. Kapneck stated that he attempted to communicate the importance of treatment but services were not initiated.

Mr. Kapneck reported that he started experiencing thoughts that his family was being enslaved in Baltimore, and he drove to different neighborhoods in Baltimore looking for his family. He abandoned his Mercedes E Class sedan in one of the neighborhoods and ended up in the emergency room. When he was discharged due to an altercation with another patient, he said he heard a radio message. He said he thought he heard his son screaming from inside a home, and he broke into that home to find his son. He also destroyed a TV and radio because he thought he was being filmed. Mr. Kapneck asserted that he believed he needed to rescue his son. When he discovered that his son was not in the home, he said that he thought his son was at the Montgomery County Detention Center. As a result, he took vehicle keys from the home and drove to another location to find his son.

Patient's Name: KAPNECK, Michael
Hospital Number: 11816
Date of Admission: July 23, 2019

Evaluator: Rebecca [redacted] Ph.D.
Date of Report: November 26, 2019

BACKGROUND INFORMATION

[The information contained below was obtained from direct interview with Mr. Kapneck and his Pre-Trial evaluation with Dr. Means (excerpted and paraphrased) where noted]

Family History

According to the Pre-Trial Evaluation by Dr. M[redacted] Mr. Kapneck was born and raised in Montgomery County, Maryland. His parents were married but separated after seventeen years of marriage when Mr. Kapneck was 5 years old. He reported having one older brother and one older sister but noted his sister is deceased. He has one younger sister and four paternal half-siblings. After his father separated from his mother, his father was not actively involved. His father was a successful businessman but did not provide financial support for Mr. Kapneck or his siblings. Mr. Kapneck's mother is currently in her mid-80s and has a limited education. She is diagnosed with Schizophrenia and has a long history of numerous hospitalizations. She worked as a housekeeper when she was employed. She does not have drug or alcohol problems. Mr. Kapneck's father is also in his mid-80s. Mr. Kapneck believes his father has a college education. His father owned a real estate business and was not diagnosed with mental illness or substance abuse disorders.

Mr. Kapneck's mother was a Holocaust survivor, and when Mr. Kapneck was approximately ten years old, she began having symptoms of severe mental illness. He described that she had a "nervous breakdown" and began displaying psychotic symptoms. Worsening matters, after his parents separated, his father restricted their access to his assets. His mother required numerous psychiatric hospitalizations, but after hospitalization, would often stop her psychiatric medication, resulting in a return of mental health symptoms. His older brother, who was also diagnosed with Schizophrenia, was physically and sexually abusive to Mr. Kapneck. The family was very poor, and there were utility outages often due to financial limitations. He often slept at various friends' homes.

During the current evaluation, Mr. Kapneck revealed that his bedroom was also the laundry room, suggesting the impoverished nature of his childhood after his parents separated. He indicated that his older sister and brother cared for him when his mother was intermittently hospitalized. Mr. Kapneck related that he was often embarrassed by his mother's mental illness when he was a child. He described his home as "dysfunctional" and expressed an ongoing desire to be "normal" and have a "normal family." He said his Aunt Ima (his mother's sister) occasionally stopped by the house to check on the children. He frequently stayed overnight at his Aunt !ma's house or various friends' homes. He reported currently having a close and supportive relationship with his younger sister, Bianca. He noted that Bianca attended one of the treatment team meetings. He does not have a relationship with his father, mother, or brother. He expressed some resentment toward his father, as he stated that he watched his family suffer over the years (specifically, his mother and brother) without much income while his father "took it all."

Social and Sexual History

During the current evaluation, Mr. Kapneck indicated he is single, never married and has one daughter and one son, [redacted] and [redacted] who are 16 and 19, respectively. He reported having a

good relationship with [redacted] visits him regularly, and they talk nearly every day. Mr. Kapneck expressed regret over missing much of [redacted]s life and conveyed a desire to spend more time with his son and be a "good" role model for him.

Mr. Kapneck stated that he has been in a relationship with his son's mother, Nubia, for twenty-eight years, and suggested they have a "common-law" marriage. They were intermittently involved early in the relationship but have since been committed to each other. He stated that he wants to marry Nubia but that she is not "interested" in marriage. With regard to his daughter, Mr. Kapneck has not talked with her since she was 12. He stated he does not have good relationship with the mother of his daughter.

Mr. Kapneck reported having several friends from high school. He said his friends have never been involved with drugs. He typically plays golf and chess with them. Mr. Kapneck indicated that his friends are aware of his mental illness and when he is experiencing manic symptoms, his friends "ignore" his messages to them.

Educational and Occupational History

During the current evaluation, Mr. Kapneck reported being a "good" student throughout school. He described himself as the "teacher's pet" and did not receive detention, suspension, or expulsion. Mr. Kapneck stated that he was not the "class clown" and was not disruptive in class. Around age 10, he stated that he started to have difficulty in school. He explained that family issues started at that time, as his mother's illness progressed. He explained that he was distracted in class and was unable to provide answers to questions he would typically be able to answer. Mr. Kapneck explained that he was "just like Matilda, the book character," and he said he hated home but loved school because he was not at home. Due to his attention difficulties in class, he was tested for ADHD. He believed that the doctor recommended Ritalin, but he was not prescribed this medication. He stated that he was prescribed Adderall several years ago and noted he felt more "focused" on this medication.

Mr. Kapneck reported graduating from Wooten High School in 1991. He attended Montgomery Community College and University of Maryland. He noted that his classes focused on a double major degree in Business and Engineering. Mr. Kapneck also completed specialized training in Electrical Engineering from the Lightning Protection Institute in 2007.

Mr. Kapneck stated that he founded a company, Universal Lightning Protection, Incorporated, one year after high school. He stated that he dissolved the business in 2003, when he was first in "serious" trouble. The company reopened in 2005 under Nubia and Mr. Kapneck's brother-in-law. Mr. Kapneck has received social security disability income for Bipolar Disorder since 2005. He estimated his monthly payments to be $800.

Medical History

According to a Pre-Trial Evaluation on June 20, 2019 by Dr. Ronald [redacted] Mr. Kapneck was born on time and without complication. He reported that to the best of his knowledge, his mother

did not use any illicit drugs or ingest alcohol during her pregnancy. He did not know if he met developmental milestones on time; however, he stated that he had trouble in school beginning at a young age.

Substance Abuse History

According to a Pre-Trial Evaluation on June 20, 2019 by Dr. Ronald [redacted] Mr. Kapneck began smoking marijuana when he was 13-years-old but denied a regular pattern of marijuana use. He started drinking alcohol at 13-years-old but also denied a regular pattern of alcohol use. He stated that cocaine was his most problematic drug. He started snorting cocaine as a teenager but began using crack cocaine at the age of 18. When he was in his 20s, he used the drug on the weekends. His use escalated until he stopped regularly using cocaine in his 30s.

Mr. Kapneck stated that he used Ecstasy (MDMA) in his 20s while attending raves on the weekends. He denied using the drug in the past fifteen years. He used LSD and mushrooms while he was in high school but has not used either drug since that time. He tried Xanax in the past but denied any regular pattern of abusing the drug. He denied the abuse of synthetic drugs, prescription opiates, or PCP.

Mr. Kapneck reported that he started using heroin in 2013 but described the use as intermittent. He started taking Suboxone for a period of two years in 2013. In 2017, he resumed heroin use, and while he was admitted for inpatient hospitalizations in that year, he was placed on methadone for treatment. He has also participated in drug treatment at Mountain Manor, Gaudenzia, Avery Road, and Second Genesis.

Legal History

Mr. Kapneck has a long history of legal issues. There was no evidence of a history of juvenile legal charges. He was first charged with Controlled Drug Substance (CDS) Possession in 1992. During the current evaluation, he explained that he went to Jamaica with several friends and upon re-entry to the United States, it was discovered that his friends were in possession of marijuana. He said his entire group of friends were charged with possession, and he spent three months in jail. Between 1992 and the current NCR offense, Mr. Kapneck had 39 active and closed legal cases. The charges for these offenses included Theft Less than $300, Disturbing the Peace, Controlled Drug Substance (CDS) Possession, Unauthorized Removal of Property, Disorderly in Public Place, Second Degree Assault, Fourth Degree Burglary, Telephone Misuse: Repeat Calls, Violate Exparte/Protective Order, Misuse of Telephone Facilities/ Equipment, Harassment, Robbery, First Degree Assault, Motor Vehicle Unlawful Taking, Attempted Theft Auto, Attempted Carjacking, Theft Under $500, Theft Greater than $500, Carjacking, Kidnapping, False Imprisonment, Use of a Handgun in the Commission of a Felony, and Possession of Contraband in a Place of Confinement.

In 2003, Mr. Kapneck was deemed Not Criminally Responsible (NCR) for a crime, but he instead decided to take a plea. He was jailed for one year after engaging in high-speed chase with police. During the cun-ent evaluation, he explained that he believed the police wanted to harm him. In

2006, he was found NCR by Dr. C[redacted]t CTPHC on a second occasion after becoming acutely mentally ill and being charged in 2005 with carjacking, kidnapping, false imprisonment, first-degree assault, use of a handgun, second-degree assault, misuse of telephone facilities and equipment, and fourth-degree burglary. A Pre-Trial Evaluation dated August 18, 2006 by Dr. S[redacted] stated that Mr. Kapneck entered a taxi cab, produced a gun, and ordered the driver to an address "with the intent to do harm, threatening to kill a woman and her boyfriend." He was not stable on medication at the time. Dr. S[redacted] diagnosed him with Bipolar Disorder and substance use problems, to include cocaine, alcohol, and marijuana.

He was hospitalized at both CTPHC and Springfield Hospital Center (SFHC) for one and a half years between 2006 and 2008. He was released for long term substance abuse program at Mountain Manor and Gaudenzia. In February 2012, he violated probation from his 2003 charge and was sentenced to five years in prison at Patuxent Institution, Eastern Correctional Institution, Maryland Correctional Institution - Jessup and Roxbury Correctional Institution. His third NCR was adjudicated on July 10, 2019, related to multiple events that occurred on November 27, 2017. He was accused of participating in bank robberies in Montgomery County, Maryland. His fourth NCR was October 18, 2019, related to events that also occurred on November 27, 2017. He was accused of entering a home and taking a speaker and car in Baltimore County, prior to the bank robberies that same day. A pre-trial evaluation was not completed prior to the fourth NCR adjudication.

Psychiatric History

During the Pre-Trial Evaluation with Dr. M[redacted] Mr. Kapneck reported that when ill, he had persistent delusions and hallucinations that he was being monitored. He had a recurrent hallucinatiop. during which a voice told him that he was Michael Moore. When he heard this hallucination, he was generally at the height of his psychosis and mania. He also had a recurrent delusion that his family was being kidnapped and forced into sex trafficking. Mr. Kapneck indicated he had severe insomnia when he was manic. He reported, "staying awake for days." He also believed that he was "invincible." He believed that he was able to "learn things" endlessly, had racing thoughts, and erratic behaviors. Mr. Kapneck also admitted that at times, he became severely depressed. He felt like the "whole world was crashing down."

The following information was collected from Mr. Kapneck during the current evaluation and from a review of his medical records. Mr. Kapneck first received psychiatric services in elementary school when he was diagnosed with Attention Deficit Hyperactivity Disorder. When he was 16-years-old, he overdosed in an attempted suicide and was placed in a psychiatric hospital. He explained that he attempted suicide due to his mother's institutionalizations, being destitute, and sexual abuse. In addition to attempting suicide as an adolescent, he also attempted suicide as an adult when placed in correctional facilities. He noted that, while at the Patuxent Institution and at Riker's, he attempted to hang himself but was unsuccessful. Following the treatment during his teenage years, he did not receive additional treatment until his early 30s, when he was hospitalized at Springfield Hospital Center (SFHC) and CTPHC on numerous occasions in connection to legal charges.

During the current evaluation, Mr. Kapneck denied beliefs that he has special powers, talents, or abilities. He denied experiencing hallucinations or delusions since being hospitalized at CTPHC. Mr. Kapneck believes he has a mental illness and articulated the importance of taking medication for his illness. He related, "having a mental illness sucks, and it's like being in an invisible wheelchair." He reported a past history of suicidal ideation but has not had any recent mood symptoms. At the current time, Mr. Kapneck believes he is psychiatrically stable. He expressed decreased motivation toward engaging in treatment, as he believes he has been through years of treatment and confinement without improvement. He identified one previous doctor from Springfield who he believes provided him with beneficial therapy. Mr. Kapneck repeated a phrase that suggested, "Your day of death will be easier in life." He explained that, "no one knows how hard this life has been" [for him]. He likened his mental illness to an addiction that he understands requires complete commitment and abstinence, or in this case, complete, 100% adherence to medication and treatment.

Medical records from Clifton T. Perkins Hospital Center, Dated 2006 to 2007

Mr. Kapneck initially presented to CTPHC for an order to assess his competency to stand trial in 2005. He was opined competent to stand trial but returned for an assessment of his criminal responsibility in 2006. He underwent a pretrial evaluation by psychologist Caitlyn [redacted] Ph.D. Ultimately, Dr. S [redacted] concluded that Mr. Kapneck was NCR for the offenses of which he was accused including carjacking, kidnapping, false imprisonment, first-degree assault, use of a handgun, second-degree assault, misuse of telephone facilities and equipment, and fourth-degree burglary. Dr. S [redacted] diagnosed him with Bipolar Disorder and substance use problems, including cocaine, alcohol, and marijuana. She cited numerous examples of psychotic behaviors that led up to the offense and described a psychotic motivation for his commission of the crime.

Mr. Kapneck was adjudicated NCR on one count of second-degree assault. After adjudication, he returned to CTPHC for treatment. He remained hospitalized at the facility for one month due to the low severity of the charge and his symptom remission. He was resistant to taking psychiatric medications while in the hospital but ultimately agreed to take Lithium to prevent future manic episodes. He was transferred to SFHC in 2007 for further treatment.

Medical records from Springfield Hospital Center, dated 2007 to 2010

Mr. Kapneck was admitted to SFHC on numerous occasions, dating back to 2007. His initial admission occurred in 2007 when he was transferred from CTPHC on a NCR status. His initial charges involved the assault of his girlfriend and carjacking. He was found NCR for the assault charges and mandated to treatment. He was discharged on conditional release on August 29, 2007.

Mr. Kapneck was repeatedly admitted to the hospital after his initial release for violation of the terms of his conditional release. This first re-admission occurred in December 2007 when he was found to be in possession of cocaine and intoxicated on alcohol. His conditional release was not violated, and he was released to residential drug treatment. He returned in 2010 under similar circumstances of drug use problems that violated the terms of his conditional release. Instead of his conditional release being revoked, the terms of his plan were revised, and he was discharged.

Throughout his hospitalizations, a diagnosis of Bipolar Disorder and ADHD were maintained in addition to substance use problems. It was also noted that he had dysfunctional personality traits and was diagnosed with both Narcissistic and Antisocial Personality Disorders.

Medical records from the Atlantic County Justice Facility, dated February 2017 to April 2017

While detained at the Atlantic County Justice Facility in early 2017, opiate and benzodiazepine abuse were both noted, in addition to Mr. Kapneck's diagnoses of psychotic and mood disorders. When evaluated by psychiatry, he was delusional and agitated. He expressed that his family had been kidnapped and that his "wife" was being forced into prostitution. He reported hallucinations of hearing his children being raped. He accused the Montgomery County police of coordinating a prostitution ring. He was noted to have symptoms of psychosis and mania. He was initially started on the antipsychotic medication Zyprexa, but it was subsequently changed to Risperdal and he showed improvement.

Medical records from Suburban Hospital, dated 2011 to 2017

Mr. Kapneck presented to Suburban Hospital for treatment on numerous occasions over the years. Documentation of his medical and mental health treatment dates back to 2011, and it notes recurrent delusional thinking that his children have been kidnapped. Hallucinations and cocaine use were also noted.

In November 2017, Mr. Kapneck presented to the emergency room with complaints of auditory and visual hallucinations. He reported believing that others were trying to kill him. He was described as tangential and made random, nonsensical statements. He also reported suicidal and homicidal thinking. He denied drug and alcohol use, and a negative toxicology screen supported his self-report. Mr. Kapneck was recommended for inpatient treatment and presumed to be in a manic episode of Bipolar Disorder. An inpatient bed was difficult to find, but after two days in the emergency room, he was transferred to Southern Maryland Hospital for inpatient psychiatric care. As he waited for admission, aggressive outbursts were noted in his record.

COURSE OF HOSPITALIZATION AT CTPHC (July 23, 2019 - Present)

Mr. Kapneck was admitted to CTPHC on July 23, 2019, subsequent to transfer from Montgomery County Detention Center. He was found Not Criminally Responsible on several charges, to include two counts of armed robbery and second degree assault. The admitting physician noted that Mr. Kapneck was euthymic to mildly euphoric. He was opined as suffering from grandiosity when he reported to have a chemical engineering degree from University of Maryland. No other symptoms of mania were noted on admission. The staff continued his medication regimen from the detention center, and he was prescribed fluoxetine (20 mg), clonidine (0.4 mg), and trazodone (50 mg), which he refused to take, stating that he did not need it. He was placed on ward observation (15 minute checks) and restricted to the ward.

One week later, Mr. Kapneck was advanced to Silver status, allowing him to leave the ward unaccompanied. The ward psychologist, Dr. T[redacted] noted that the patient had some

difficulty adjusting to the ward. Notes indicated that he made racist statements toward staff members of color relating to being angry about ward rules and regulations. Dr. B[redacted] reported, "Mr. Kapneck's irritability and anger appeared to be related to his diagnosis of Bipolar Disorder. He presented as euthymic to expansive." The treatment team discussed possible medication options with Mr. Kapneck, and he asserted that he did not prefer a long acting injectable medication. He did not want to initiate risperidone or divalproex sodium, as be was concerned about sedation and lack of creativity. He agreed to consider taking olanzapine but was worried about sedation. Despite concerns about sedation, Mr. Kapneck asked if clonazepam could be added to his medication to help with anxiety.

Between August 1, 2019 and August 9, 2019, the patient was noted to be irritable, "highly oppositional," and challenging toward staff. The medical chart documented difficulty adjusting to the unit, adhering to rules, and being respectful toward staff members. Items that are considered to be off-limits were found in the patient's room to include small pieces of electrical tape, caffeinated coffee, and chess pieces inside of a sock. Mr. Kapneck's level was dropped from Silver to Bronze due to verbal abuse and threats to staff.

On August 13, 2019, Mr. Kapneck's level was increased to Silver again after consistently following ward rules and exhibiting appropriate behavior. During a treatment plan meeting on August 14, 2019, Mr. Kapneck did not exhibit symptoms of depression or psychosis. It was noted that he was irritable and angry toward the treatment team. He demonstrated poor frustration tolerance at times. It was noted that the etiology of the symptoms could be hypomania or personality characteristics. Mr. Kapneck continued to be resistant to taking a mood stabilizer or antipsychotic.

Between August 15, 2019 and August 26, 2019, it was reported that Mr. Kapneck continued to make racist comments, suggest that African American patients received preferential treatment, justify his actions, and display rude behavior toward staff. A treatment plan note dated August 28, 2019 indicated that Mr. Kapneck continued to exhibit predominantly antisocial and narcissistic personality traits without psychotic symptoms. He continued to show limited insight into his illness, was defensive, and deflected blame when confronted about maladaptive behaviors.

During September 2019, Mr. Kapneck's medical record documented continued behavioral issues. His status level was dropped twice and reinstated once during the month and records indicated that he was verbally aggressive toward staff and other patients. It was noted that he was transferred from ward I West to ward 2 West. Mr. Kapneck complained about ward rules to include shower time and a lack of soap in the bathroom, while displaying rude and hostile behavior toward staff members. On September 24, 2019, Mr. Kapneck met with the treatment plan team, and he was described as well mannered, calm, and cooperative. His speech was reported as normal speed, animated, and verbose. Insight was repo1ted to be limited and judgement was reported to be poor due to impulsivity and irritability. He was reported to be adherent with quetiapine and somatic medications. It was documented that be politely reported instances where he felt staff were not professional. He admitted to "pushing back" when he believed he was being mistreated by others.

Patient's Name: KAPNECK, Michael
Hospital Number: 11816
Date of Admission: July 23, 2019

Evaluator: Rebecca [redacted] Ph.D.
Date of Report: November 26, 2019

On November 5, 2019, Clifton's Comer staff contacted the treatment team to inform them that the previous Monday, Mr. Kapneck went to Clifton's Comer and "had an issue with turning out his pockets." He told the staff that they could "trust" him. He also attempted to circumvent several other rules at Clifton's Comer. Mr. Kapneck was subsequently restricted from visiting Clifton's Comer for two weeks.

Mr. Kapneck's current medications, both psychiatric and somatic, are as follows:

Quetiapine 100 mg at 5pm and 300 mg orally for psychosis/mood
Quetiapine 50 mg PO Q6 hours PRN for insomnia/agitation

Somatic medications
Gabapentin 2400 mg in 3 divided doses for muscle/skeletal pain
Atorvastatin 10 mg at bedtime for hypercholesterolemia

Mental Status and Behavioral Observations

Mr. Kapneck is a 47-year-old Caucasian, single male who appears younger than his stated age. He is of average height and build. He was alert, engaged, and oriented to person, place, and time. He established socially appropriate eye contact with the examiner. His emotional expressiveness was occasionally animated. He was neatly dressed and presented with appropriate grooming and hygiene. He was calm, polite, and cooperative during the evaluation, easily building rapport. He reported no difficulties with his hearing or sight. He asked to use his eyeglasses for the testing portion of the evaluation, as he stated that he required the glasses for reading. No gross or fine motor abnormalities were noted.

Mr. Kapneck spoke at normal rate, volume, and fluency. His memory for immediate, recent, and remote events was intact; however, he was a poor historian for remote details. He described his mood as "okay" due to :frustration with his present hospitalization. He appeared euthymic and affect was congruent. On several occasions throughout the interview, Mr. Kapneck was appropriately tearful, as he reflected on his absence from his son's life and discussed the difficulty of suffering from a severe mental illness. His thought process was logical and goal-directed. He did not express overt delusional thinking. When challenged about prior events, there was some evidence of externalization of blame and minimization of his role in the event. He did not endorse any perceptual disturbances. Mr. Kapneck denied current suicidal or homicidal ideations. He also denied currently experiencing depression, mania, hallucinations, or delusions. Insight was fair and judgement was good.

PSYCHIATRIC DIAGNOSIS (by treatment team)

Below are Mr. Kapneck's current diagnoses per the latest ITP note completed by E[redacted] M.D. dated 09/24/2019.

Patient's Name: KAPNECK, Michael
Hospital Number: 11816
Date of Admission: July 23, 2019

Evaluator: Rebecca [redacted] Ph.D.
Date of Report: November 26, 2019

Psychiatric:
Bipolar I Disorder, Most Recent Episode Manic with Psychotic Features
Antisocial Personality Disorder
Narcissistic Personality Disorder
Opioid Use Disorder, In Sustained Remission, In a Controlled Environment
Stimulant (Cocaine) Use Disorder, In Sustained Remission, In a Controlled Environment
Cannabis Use Disorder, In Sustained Remission, In a Controlled Environment

CURRENT PSYCHOLOGICAL TESTING

Intellectual and Achievement Test Results

On July 29, 2019 during the initial psychology intake, Mr. Kapneck was administered the Wechsler Abbreviated Scale Intelligence-II (WASI-II) by Dr. D[redacted] Psy.D. Mr. Kapneck's IQ was estimated to be 101, 53rd percentile (confidence interval 95%), with an estimated range of 94 of 108. These results are commensurate with Mr. Kapneck's self-report of education level.

Personality Test Results

Mr. Kapneck completed the Personality Assessment Inventory (PAI). This measure is an objectively scored, self-report instrument that assesses response style, clinical syndromes, and personality functioning. His results were considered to be valid; however, his score on the INF (Infrequency, T= 71) scale was slightly elevated, suggesting that there were some unusual responses to particular items. Some potential reasons for scores in this range include confusion, reading difficulty, random responding, idiosyncratic interpretations of individual items, or failure to follow the test instructions. Thus, the interpretive hypotheses in this report should be reviewed cautiously.

Mr. Kapneck's clinical profile was marked by a significant elevation on the DRG (Drug, T= 84) scale, indicating that this area may be a particular area of difficulty. He indicated that his use of drugs has had many negative consequences on his life. This pattern indicates that his drug use has had numerous ill effects on his functioning. He likely experiences problems associate with drug abuse across several life areas, including strained interpersonal relationships, legal difficulties, vocational failures, financial hardship, and/or possible medical complications resulting from prolonged drug use. He reports having little ability to control the effect that drugs are having on his life. He also reported that alcohol use caused occasional problems in his life. Mr. Kapneck reported some difficulties consistent with relatively mild depressive symptomatology. His self-concept appears to involve a reasonably stable and positive self-evaluation that may be occasionally punctuated by periods of self-doubt or pessimism. His interpersonal style seems best characterized as self-assured, confident, and dominant. He is likely to be described by others as ambitious and having a leader-like demeanor. He appears to be motivated and interested in treatment. His responses suggest an acknowledgment of important problems and the perception of a need for help in dealing with these problems. He reports a positive attitude towards the possibility of personal change, the value of therapy, and the importance of personal responsibility.

Patient's Name: KAPNECK, Michael
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Other Test Results

Mr. Kapneck was administered the Integrated Visual and Auditory 2 Continuous Performance Test (IVA-2 CPT), as he was previously diagnosed with Attention Deficit Hyperactivity Disorder. While his childhood history did not support a diagnosis of ADHD, the symptom presentation and potential complexity with a diagnosis of Bipolar Disorder prompted IVA-2 CPT administration to clarify this previous diagnosis. The IVA-2 CPT is a test of attention and impulsivity that measures responses to 500 intermixed auditory and visual stimuli. Mr. Kapneck's test results were deemed to be valid, and there was no indication of symptom exaggeration.

Mr. Kapneck's score on the global measure of the overall ability to regulate his responses and respond appropriately fell in the average range (SS= 106). Both his auditory response control and visual response control scores fell in the average range. Of note, he showed some slow-down in his response time to visual stimuli over the course of the test, falling in the mildly impaired range. This impairment would likely have some effect on his ability to quickly complete any written items. He is likely to tire when presented with repetitive visual stimuli. The test results did not support the diagnosis of ADHD. These findings in conjunction with Mr. Kapneck's childhood history likely suggest that he does not suffer from ADHD.

CURRENT DIAGNOSES (by this evaluator):
Psychiatric:
Bipolar I Disorder, Most Recent Episode Manic with Psychotic Features
Cluster B personality traits (antisocial and narcissistic)
Opioid Use Disorder, In Sustained Remission, In a Controlled Environment
Stimulant (Cocaine) Use Disorder, In Sustained Remission, In a Controlled Environment
Cannabis Use Disorder, In Sustained Remission, In a Controlled Environment

METHODS OF ASSESSMENT

1. Violence Risk Appraisal Guide-Revised (VRAG-R)
2. The HCR-20 Version 3 (HCR-20-V3)
3. The Hare Psychopathy Checklist-Revised 2nd Edition (PCL-R)

Actuarial Assessment of Violence Risk: VRAG-R

The Violence Risk Appraisal Guide-Revised (VRAG-R) is an assessment tool that is widely used to predict all types of violent recidivism as outlined in Violent Offenders: Appraising and Managing Risk, Third Edition, authored by G. Harris, M. Rice, V. Quinsey, and C. Cormier (2015). The VRAG-R is used to predict the likelihood of violence over a relatively short-term (5 years) and long-term (12 years). These predictive values are based on static risk factors, in that these items do not change over time without additional information available. The VRAG-R is an updated version of the Violence Risk Appraisal Guide (VRAG). The VRAG is an actuarial schema, and it is one of the most robustly researched schemas for evaluating general risk for future violence. It was designed using a nonnative sample of inpatient maximum-security subjects in Canada similar to the male cohort at Clifton T. Perkins Hospital Center. The VRAG-R was

designed using a larger normative sample including the original sample and subsequent participants in VRAG validity studies. All participants were males with a history of committing an index offense, subsequent incarceration or hospitalization, and an opportunity to re-offend. The VRAG and VRAG-R consist of historical variables that are relatively stable as they are based largely on unchangeable aspects of the individual. Additionally, the VRAG-R exhibited stronger predictive validity compared to the VRAG in general, but particularly for groups of individuals including murderers, offenders with Schizophrenia, and individuals with moderate psychopathy (PCL-R score greater than or equal to 25).

In general, historical factors anchor overall level of risk, especially over a long period of time, because the literature suggests that historical factors have more robust predictive validity compared to clinical factors. Scores on the VRAG-R fall into nine increasing categories of risk, the lowest three representing low risk for future violence, middle three moderate risk, and the upper three the highest risk.

Mr. Kapneck's overall score places him in the sixth of nine categories of ascending risk. Regarding offenders in this category, **34% recidivated within five years, 60% within twelve years.** Mr. Kapneck's score of 6 on the VRAG-R was in the 61st percentile, indicating that 61% of individuals obtained scores of equal or lesser value than him. The factors that contribute to Mr. Kapneck's ranking include: not living with both biological parents, history of alcohol or drug problems, criminal history for violent and non-violent offenses, failure on conditional release, prior admissions to correctional institutions, and antisociality (as measured by the PCL-R Facet 4). The factors which did not increase Mr. Kapneck's risk include: elementary school maladjustment, marital status, age at index offense, no conduct disorder history and no sex offense history.

Mr. Kapneck was also scored on the Psychopathy Checklist, Revised, 2nd Edition (PCL-R-2), which is the preferred tool for the assessment of psychopathy. Psychopathy is characterized by a selfish and callous attitude toward others, often accompanied by a chronically unstable, deviant, and antisocial lifestyle. These personality characteristics when present in sufficient enough numbers can contribute to violence recidivism. Mr. Kapneck's total score on the PCL-R is 12 out of a possible 40. The recommended cutoff score for a diagnosis of psychopathy is 30. Therefore, Mr. Kapneck does not fit the *diagnostic category* of a psychopath; however, this score indicates a low to moderate level of psychopathy. Psychopathy is a robust predictor of violence.

Structured Assessment of Risk Factors

The HCR-20 Version 3 (HCR-20-V3) was also used to evaluate Mr. Kapneck's risk for future violence. The HCR-20-V3 is a structured professional judgment instrument which examines an individual's risk for violence anchored around 10 historical factors, 5 clinical factors, and 5 risk management variables. It does not provide a score, but rather qualitative data to identify the most relevant, prevalent, and impacting variables on an individual's risk for violence. As previously mentioned, historical factors do not change or decrease over time. Clinical factors are dynamic, indicating that they have the ability to change over time and subsequently increase or decrease

one's risk. As a result, risk management variables are identified in order to evaluate the likelihood of destabilization and to mitigate the risk posed by other variables.

The following **historical factors** increase Mr. Kapneck's risk for violence recidivism:

• *Violence* - Mr. Kapneck has a history of violence while being symptomatic beginning in adulthood. He has been charged with several violent crimes to include kidnapping and assault. While Mr. Kapneck denied a history of fighting and described himself as a "peaceful" person, his history suggests that he resorts to violence during periods of active psychological symptoms.

• *Other Antisocial Behavior* - Mr. Kapneck does not seem to have a history of antisocial behaviors as a child. However, as an adult, he has a history of exhibiting antisocial behaviors. He has had numerous arrests and legal charges related to drugs, theft, and assault. He has repeatedly failed to conform to social norms with respect to lawful behavior. At CTPHC, he has had multiple incidents of failing to follow ward rules, often citing unfairness or that he is an exception to the rules. He has also engaged in some subtle antisocial behaviors including contraband violations and making threatening statements to others.

• *Substance Use* - Mr. Kapneck has an extensive history of alcohol and drug abuse. He reported that he began using both alcohol and cocaine prior to 18 years of age. He reported using a variety of illicit substances including Ecstasy, LSD, heroin, and crack cocaine. His substance use impacts his ability to adhere to his medication regimen, implement good decision-making habits, and control characteristics of impulsivity. He admitted that stress is often a catalyst for him and acknowledged that using drugs exacerbates the issue. Mr. Kapneck has several prior arrests for illicit substance possession. Of note, caffeinated coffee was found in Mr. Kapneck's room, which is a contraband violation. Given Mr. Kapneck's history with substance abuse, it will be important to continue to monitor his relationship with caffeine, as caffeine can have a negative impact on mood disorder symptoms. He expressed awareness that any mood altering drug is a compounding problem for him. He stated that he must be entirely abstinent from substances in the future in order to be successful.

• *Employment* - Mr. Kapneck has a history of inconsistent and unreliable employment due to multiple hospitalizations and incarceration terms. Prior to hospitalization, it appears that he held several steady jobs and reported that he owned a self-established business; however, he has not been a reliable employee for the business in the last ten years when he has been noncompliant with medication. Mr. Kapneck worked daily at the business when he was available. While his history is positive for inconsistent employment, it appears that he likely has the capacity for stable employment if he remains compliant with medication.

• *Major Mental Disorder* - Mr. Kapneck is diagnosed with Bipolar Disorder. He has a well-documented history of paranoid delusions (e.g., his family being kidnapped or harmed) that underscore many of his past legal issues. He has a history of cyclical mood instability, as evidenced

by his long history of legal offenses. He reported periods of hyperactivity, insomnia, feeling full of energy, and sometimes feeling out of control. Mr. Kapneck's mental illness has directly contributed to his history of legal problems. He acknowledges the role of his mental illness in his past behavior; however, he tends to minimize the negative effects of his mania.

• *Personality Disorder* -Mr. Kapneck was diagnosed with both Antisocial Personality Disorder and Narcissistic Personality Disorder by previous providers. Individuals with antisocial features display a pervasive pattern of disregard for and violation of the rights of others since the age of 15. Such individuals are typically described as failing to conform to legal and societal norms, are deceitful and conning, impulsive, irritable and aggressive, reckless, irresponsible, and lacking remorse. In addition, there must be evidence of Conduct Disorder prior to age 15. Conduct Disorder is described as repeated acts of aggression, destruction of property, deceitfulness or theft, and serious rule violations all occurring in childhood. There is no evidence to support that Mr. Kapneck met criteria for Conduct Disorder. Therefore, Mr. Kapneck does not meet diagnostic criteria for Antisocial Personality Disorder. As an adult, he exhibits difficulty with conforming to legal and societal norms and displays behaviors that are reckless, impulsive, and irresponsible. Individuals with narcissistic features display a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts. Mr. Kapneck exhibits a sense of entitlement, as evidenced by his expectation that others will comply with his requests. There is also some evidence of an arrogant attitude, as indicated by his interactions with staff. These examples have occurred while he has been hospitalized at CTPHC. Further, psychological testing did not provide support for symptoms consistent with either of these diagnoses. As such, Mr. Kapneck exhibits Cluster B personality traits (antisocial and narcissistic) but does not meet diagnostic criteria for either of these personality disorders.

• *Traumatic Experiences* - Mr. Kapneck reported repeated childhood sexual abuse by his older brother. He indicated that he has not received any therapeutic treatment for his history of sexual abuse. Unresolved trauma could be affecting Mr. Kapneck's current ability to cope with new stressors.

• *Treatment or Supervision Response* - Mr. Kapneck violated his probation in 2011 and was subsequently sentenced to four years of jail. Following his incarceration, he was released to the community in 2016 and failed to complete recommended substance abuse treatment. His medication and treatment compliance within the community has been inconsistent, particularly during times when he is not being monitored.

Patient's Name: KAPNECK, Michael
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As previously stated, **clinical factors** are dynamic and change over time. Given the fluctuation in one's clinical presentation, these variables will be considered for the last six months. The following clinical factors increase Mr. Kapneck's risk for violence recidivism:

- *Insight* - Insight is a global concept, and it is not something that an individual can wholly possess or not possess. It is more beneficial to examine insight related to specific prompts, as encouraged in the HCR-20-V3. The specified categories include mental disorder, violence risk, and need for treatment.
  Regarding mental illness, Mr. Kapneck's insight is fair. Mr. Kapneck acknowledges that he has a mental illness, he can describe what the illness is, as well as the symptoms that he has exhibited in the past. He is moderately compliant with medication; however, he is resistant to taking a mood stabilizer despite recommendations from the treatment team. He acknowledges the importance of being 100% compliant with medication. Despite his awareness of the importance of medication, he continues to make decisions that include discontinuing his medication when he is not closely monitored, as evidenced by the ongoing pattern of legal issues, NCR determinations, incarcerations, and hospitalizations.
  Regarding violence risk, Mr. Kapneck's insight is good. He acknowledges past violent behavior and the impact of his mental illness on his behavior. He seems to understand the association between the symptoms of his mental illness and the likelihood that he will respond to situations in a violent manner.
  Regarding the need for treatment, Mr. Kapneck acknowledges the need for continued treatment. While he indicates the importance of treatment, as previously stated, he is resistant to some treatment recommendations (e.g., medication changes). He agrees that continued therapy and medication is important but does not seem to acknowledge the need for additional medication changes or recommendations.

- *Symptoms of Major Mental Disorder-* According to Mr. Kapneck's Individual Treatment Plan (ITP), since July 2019, his symptoms have not been well controlled. The treatment team continues to document behaviors that are described as argumentative and antagonistic. He denied any overt psychosis or mood symptoms such as depression or mania in the last four months; however, it is possible that Mr. Kapneck continues to exhibit symptoms of hypomania.

- *Instability* - Since his admission in July 2019, Mr. Kapneck has continued to exhibit a pattern of irritability and reactivity. Mr. Kapneck asserted that he is not irritable; rather he is frustrated with his hospitalization and some processes within CTPHC. He acknowledged that he is reactive when he believes he is being provoked or when he perceives he is being treated unfairly. While he has awareness of his reactive behavior, he continues to

demonstrate an inability to control this subsequent behavior. Cognitively, he appears to be intact, as he has not displayed inconsistent or distorted thoughts.

- *Treatment or Supervision Response* - In the past, Mr. Kapneck has been compliant and responsive to treatment when under direct supervision. While his compliance decreases his overall risk level, the fact that he likely requires continued supervision in order to do so would increase his overall risk level. Mr. Kapneck has the requisite level of intelligence and awareness to adhere to his treatment plan; however, his historical pattern suggests that he inevitably makes decisions that derail his treatment adherence. Prior to any changes in hospitalization level or setting, it will be imperative for Mr. Kapneck to ascertain some level of intrinsic motivation to adhere to his treatment plan, separate from any external factors that may aid him with adherence and compliance. Mr. Kapneck expressed a strong desire to be present for his son's life. This could serve as a strong motivator for Mr. Kapneck with regard to future treatment adherence. However, as previously stated, long term therapy would facilitate Mr. Kapneck's understanding of the connection between his symptomatic behaviors and consequences (e.g., not seeing his son).

Risk Management factors are identifiable psychosocial variables which are likely to have an impact on an individual's stability and risk for future violence. These variables are dynamic as well, and can change over time. Given that Mr. Kapneck is asking for a less restrictive setting, the evaluator considered these variables in the context inside a hospital. The following risk management variables are likely to increase Mr. Kapneck's risk for recidivism:

- *Stress or Coping* - It is evident from Mr. Kapneck's history that he has a number of traumatic stressors that have occurred throughout his lifetime. It is likely that this history of accumulated stress (or traumatic incidents) contributes to his entitled personality characteristics and results in the current presentation of increased irritability and decreased frustration tolerance. On the other hand, Mr. Kapneck was able to identify ways to mitigate stressors. He indicated that he uses exercise to decrease his stress, distraction through activities, but he also stated that he addresses the stressor rather than avoiding it.

- *Personal Support*- Mr. Kapneck has a number of individuals who contribute to his support network. He identified his sister, Bianca, and his partner, Nubia, as two individuals who are emotionally supportive of him. While Bianca and Nubia both advocate for Mr. Kapneck, it is possible that they have a limited understanding of the seriousness and severity of his illness and symptoms. As a result, it seems that Bianca and Nubia may in fact unintentionally be enabling Mr. Kapneck's poor behavior and reduce the amount of treatment progress that he has been able to make historically and while at CTPHC.

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Given his current placement at CTPHC, the following Risk Management variable(s) is/are not considered to increase Mr. Kapneck's risk at this time:

- *Professional Services and Plans* - Mr. Kapneck is currently involved in a substance abuse group and other treatment programs within CTPHC. He would likely benefit from long-term individual therapy to address his prior traumatic experiences and personal stressors. Additional treatment to aid in Mr. Kapneck's understanding of the severity of his symptoms would be necessary prior to a change in environment. Creating a future plan for continued treatment would be imperative prior to any change in environment.

- *Treatment or Supervision Response* - Mr. Kapneck's commitment to treatment is inconsistent, as he is amenable to some recommendations by the treatment team but not others. Despite the possible benefit from a mood stabilizing medication, Mr. Kapneck has been particularly resistant to this recommendation. While he has attempted several mood stabilizers in the past with undesirable side effects, it is possible that he believes there is some benefit from experiencing mild hypomanic symptoms. Mr. Kapneck understands the importance of treatment and medication and can articulate the consequences of straying from these things; however, his past behavior suggests otherwise. Further, Mr. Kapneck's lack of trust for treatment providers will likely impede his ability to work with providers in a healthy manner or to comply with recommendations.

- *Living Situation* - Currently, Mr. Kapneck is appropriately placed. He has demonstrated success with community placements in the past. With a period of continued psychiatric, emotional, and behavioral stability, he will be appropriate for movement to a less restrictive environment, such as a medium security environment where patients exhibit a slightly higher level of functioning. Prior to release to the community, creating a plan for his living situation will be integral to his success, as returning to home has not previously resulted in positive outcomes.

CONCLUSIONS AND RISK MANAGEMENT RECOMMENDATIONS

The question addressed in this evaluation concerns Mr. Kapneck's risk for future violence. Risk assessment is one source of information in a determination of dangerousness, but ultimately a judgment of dangerousness is to be made by an authority, such as a judge, who compares known risk with a normative standard of acceptable risk. This judgment is made given consideration to all relevant factors including the public's need for safety, resources available for confinement and treatment, the patient's rights, etc.

Based on actuarial data and scores on a structured clinical assessment, Mr. Kapneck is currently considered to be in the **moderate risk range** for violent reoffending. The historical factors placed Mr. Kapneck in the highest of three categories in the moderate range of violence risk with individuals with similar scores recidivating at the rate of 34% within five years and 60% within 12 years. The factors that contribute to Mr. Kapneck's ranking include: not living with both

biological parents, history of alcohol or drug problems, criminal history for violent and non-violent offenses, failure on conditional release, prior admissions to correctional institutions, and antisociality. These factors will not decrease over time.

With consideration of Mr. Kapneck's current clinical and risk management risk factors, his risk remains the same, as it does not seem that his symptoms and behavior have stabilized. He verbalized the importance of adhering to treatment and medication but has not been able to articulate a future plan of doing so. Mr. Kapneck does not have a long history of overt violence or violent thoughts; however, his previous legal charges suggest that his past behavior certainly has the potential for unintentional violence. He admitted the potential for harming someone else during his most recent NCR charge and was visibly tearful and upset about the possibility of harming another individual. Despite his awareness of the seriousness of his actions, there does not seem to be understanding of the linkage between past negative behavior, current negative behavior, the seriousness of his mental illness and symptoms. To a degree, this has been a failure of the system, not solely placed on Mr. Kapneck as a failure, as Mr. Kapneck's presentation when medication compliant is fairly asymptomatic. The lack of active, visible symptoms combined with a lack of negative symptoms as well as Mr. Kapneck's articulate nature, has resulted in a cycle of hospitalization and release without the in-depth treatment and development of genuine insight into his symptomatology necessary to avoid continued repetition of subsequent behaviors. If Mr. Kapneck is able to demonstrate understanding of this linkage in the future, his risk will likely decrease in the future. Therefore, at present, he is believed to fall in the highest category of the moderate range of violence risk.

The following table includes a number of risk factors, with current status and recommended risk management strategies.

History of violence	1. Educate patient about mental illness and the relationship it has to his impulsive and violent behavior. 2. Optimize medication regimen.	No recent charges of physical aggression. No recent incidents of physical aggress10n.
History of substance abuse	1. Attend substance abuse treatment/groups prior to discharge 2. Attendance at AA/NA meetings. 3. Random urine toxicology.	Mr. Kapneck is currently compliant with substance abuse treatment; his period of demonstrated abstinence has been almost three years due to incarceration.

History of poor medication compliance	1. Continue to educate patient regarding the importance of medication compliance. 2. 2. Monitoring of medication compliance via directly observing therapy screening or serum blood levels when appropriate.	Mr. Kapneck is compliant with medication when under supervision but unreliable with compliance when not being monitored.
Lack of Insight	1. Continue to educate patient regarding the symptoms associated with his mental illness 2. Group and individual therapy to assist patient in gaining insight about his mental illness.	Mr. Kapneck has a limited understanding and awareness regarding the linkage between his mental illness, symptoms, and subsequent behavior.
Lack of a personal support system	1. Attend groups designed to improve social interactions. - Utilize therapy to explore and understand both the positive and negative impacts of family interactions.	Mr. Kapneck has a support system to include family and friends; however, it will be imperative to reframe the ways that his family and friends can most effectively align their support for his successful treatment and continued recovery.

[redacted]
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11/26/19
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