



# Psychiatry & Behavioral Sciences Section – 2004

## I1 Delusional Disorder and the Criminal Law: Multidisciplinary Session of Psychiatry and Behavioral Science and Jurisprudence

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After attending this presentation, attendees will become aware of the history, concept, and manifestations of delusional disorder.

- guidelines for distinguishing fantastic but true stories from delusions.
- the clinical and legal issues in effectively treating pure delusions.
- constitutional limitations in involuntarily medicating deluded defendants to restore them for competency to stand trial.
- on a case-by-case basis whether mental health professionals view therapeutic medication in the criminal setting differently than legal professionals.

This presentation will impact the forensic community and/or humanity by clarifying the nature of critical clinical and legal issues presented by deluded criminal defendants. In turn this should provide direction for improved clinical care, useful clinical research, and avoidance of legal pitfalls in achieving justice when defendants suffer from a delusional disorder.

A delusional disorder consists of a system of fixed false beliefs that are logically reasoned and not bizarre. In some cases the delusions can cause the afflicted to harm him/herself, attack others, and violate the law. Competence to stand trial can be compromised by false, persecutory delusions. Yet, because other mental processes remain intact, the individual otherwise functions adaptively and may not appear mentally disturbed to the untrained observer. Similarly, the deluded defendant may be found not guilty by reason of insanity, but, depending on jurisdictional law, fail to meet criteria for court enforced medication. Without effective, voluntarily accepted treatment, the individual could then be involuntarily hospitalized for an extended period.

Professor Koychev will discuss the historical background and phenomenology of delusional disorders. He will present research results in which the paranoia of patients fell into one of the following three categories: 1) Slowly progressive schizophrenia, which is first manifested by pure delusions and then only 15 to 20 years after onset develops into a thought disorder; 2) Paranoid delusions associated with an affective disturbance; and 3) Paranoia with a pre-morbid personality disorder characterized by rigidity, hostility, and assertiveness. Ten case examples of people mistakenly diagnosed with delusional disorder will be presented by Dr. Hempel, who will offer guidelines on distinguishing fantastic but true stories from authentic delusions. Dr. Stanislaus will discuss the challenges of providing effective treatment for deluded individuals, given the dearth of scientific data on treatment and the various legal restrictions. The insufficient consensus among psychiatrists about the efficacy of psychotropic medications in the treatment of delusional disorders poses a significant dilemma when psychiatrists consider petitioning the court to enforce medication. The criminal law attorneys will examine relevant jurisprudence including the recent U.S. Supreme Court decision, *Sell versus the United States* (2003), which delineated constitutional limitations in the treatment and restoration of competence to stand trial.

Case-by-case review to allow both the lawyers and the clinicians to make a determination as to whether or not (a) therapeutic reasons, or (b) legal reasons, and/or (c) a combination of both, would mandate the forcible medication against the will of a criminal defendant in order to be involved in a courtroom proceeding. The panel will discuss specific cases and request audience participation in the review and analysis of individual fact patterns.

The panel will also explore the relationship between medicating and inmate in order that the inmate does not propose a danger to himself/herself and whether or not there could be a bright line between therapeutic medication and the medication of a criminal defendant in order to render the criminal defendant competent to stand trial.

The panel will outline the specific issues posed by the deluded, but otherwise cognitively intact, criminal offender from the criminal act to arraignment, competency to stand trial, the determination of guilt and sentencing, or, alternatively, insanity acquittal and hospitalization.

### **Delusional Disorder, Court-Ordered Medication, Competency to Stand Trial**