

RISK MANAGEMENT PROJECT/ TRAINING

Vignette B.

DOB: May 5th 1942

Assessment Context

Mr B. is 57 years old. He has been committed to the hospital since 1992, when he was convicted of two murders and sentenced to forensic psychiatric care. He is currently applying to the County Court to be provisionally released into the care of a private home for psychiatric rehabilitation. This psychological and risk assessment is submitted on request of the court.

Method of Assessment

1. Several interviews with Mr B, interviews with key workers in the clinic.
2. Review of current institutional files and police records.
3. Review of the original National Forensic Evaluation (1992), including neuropsychological tests and the Minnesota Multiphasic Personality Inventory (MMPI).
4. Psychological tests- Neuropsychological screening using (WAIS-NI) and (WCST). Minnesota Multiphasic Personality Inventory (MMPI-2).
5. The Hare Psychopathy Checklist: Screening Version (PCL:SV).

Current Offence

In January 1993 Mr.B. (B) was convicted of the murder of the first degree of Mr Smith and Mr. Harris, two civil service employees who were performing their duty as bailiffs (tax collectors).

The actual offence took place on November 10th 1992. B was a physician (general practitioner) in private practice and also a landowner. In 1971 he inherited a small farm from his parents. After a few years he took out a loan to compensate his only sister and became the sole owner of the farm. In 1990 he administratively merged his farm with his dental practice. This was an advantage for tax reasons. However, the authorities did not accept the business merger until 1992. This meant that B got a tax debt for 1991. He didn't accept this and refused to pay the outstanding tax of about 2.000 Euros. He made an official complaint and the matter was settled in court to B's disadvantage. This debt led to a lot of correspondence with authorities. Finally the tax authority decided to impound farm property to secure the dept. A notification of the arrival of the bailiffs was sent out for the day of the crime. B re-scheduled

dental patients to be able to be home for the appointed time, 10.00 am. The events of the day are reported in a similar way by B and in the Police report. B. gets up early and has breakfast with his wife. He then drives her to work and goes to his medical practice to fetch some things. Driving home he stops at the mailbox, looking for a letter from the tax-office to say that his debt has been cancelled. When there is no such letter, he becomes very worried and thinks about what to do. He feels very threatened by the tax-collectors arrival. The way he sees it he has got two options. He can avoid the threat by not being at home when they arrive or he can stay and protect his rights and property. He considers the first choice to be cowardly and decides to stay and fight for his life and property. "It is the right and duty of every landowner to protect his property".

After making his decision B takes out two hunting rifles that he keeps in a locked cabinet. He also fetches ammunition and loads both weapons with several shots. Shortly before the bailiffs are due to arrive B's wife returns home on foot. She's feeling ill but B insisted that she should go to work in the morning. She says that B is very upset and feels that his life is threatened. He wants her to go somewhere safe and urges her to leave by the backdoor. He locks the door behind her and says that she should take a walk in the forest behind the farm. When he returns to the front of the house he immediately spots "the white enemy car". During later talks with the police B describes himself as calm and goal-oriented from now on. He feels like a soldier whose duty it is to protect himself and his family from the enemy. He also sees the two bailiffs as enemy soldiers, it wasn't their decision but they know they are doing wrong and must suffer the consequences. He feels that any measure of violence is justified in this situation.

As the two men are stepping away from the car B quickly walks out into the yard, gets into shooting position and shoots both men at close range. They are both hit in the chest and falls to the ground. B then returns into the house to collect the second rifle to give the men " a shot of mercy" if they are not quite dead. When he returns out he shoots a bullet in each of the men's heads at a distance of 2-3 metres.

Hearing the shooting B's wife comes running to the scene and witnesses the last two shots. B returns into the house and puts away the weapons. He then drags the bodies away from the house and perhaps with the aid of his wife puts them into the trunk of the car they arrived in. B then cleans up the yard by hosing and raking to get rid of the blood, brain-matter and fragments of bone. All through the incidence B is wearing his green hunting clothes and rubber boots. After cleaning up he changes into his usual clothes and drives to his practice together with the wife. He is still wearing his green hat, dressed with band in the national colours. He felt that he might be at risk of being shot at by other bailiffs but that the token in the national colours somehow could protect him. He arrives at the practice where he sees the only patient that had a morning appointment this day. The wife waits in the staff-room. When B is finished they drive back to the farm. He plans to drive the car away from the locality but there are no keys in the car and he doesn't want to go through the dead men's pockets. Instead he decides to tow the car away with his tractor. B's wife sits in the car to steer it. The towing is problematic and the car bumps into fences along the way. B decides to leave the car in a side alley about 1/2 mile from the farm. B drives the tractor home and parks it while the wife walks back. B then takes a shower while the wife prepares some lunch. B then cleans the weapons out. After this they go back into town. B drops his wife off at her work and goes on to his practice where he has two appointments for the afternoon. They returned home by car at about 5.30 p.m. and were arrested upon entering the farmyard.

Prior Criminal History

Prior to the offence above, B. has no criminal record.

Medical and Psychiatric History

B has been physically healthy all his life. He has no record of drug or alcohol abuse. He has never been on medication, except for a few weeks in the early 70's. B visited a psychiatrist once or twice in connection with the death of his father and a stressful situation at work. He took sleeping pills for a few weeks during a holiday trip abroad. After this holiday B resumed his work and life as usual.

Social History

B was born in small town and raised together with a younger sister. He describes his childhood as happy, uneventful and normal. The parents worked a small farm inherited on the father's side. The family was emotionally warm and supportive, but sometimes lacked money.

B attended ordinary primary school, grammar school and gymnasium (age 16-19). He was happy at school and doesn't recall any problems. He left school 1962 with good grades. He was determined to pursue a professional/academic career as the first person in his family. He was accepted at the medical school at university. He went through the training with a growing interest for the subject. In 1965 he did his national service as a military surgeon's assistant. During this time he met his future wife who was a nurse. She moved with B to the town where he finished his medical training. In 1966 they had a son, M. After completing the training B was offered a position with the national health authority in north of the country and the family moved there in 1967. Two years later they had a daughter, L. B was happy both at home and at work. He had leisure activities in the form of hunting and fishing. In 1971 B's father died after a coronary infarction. B's mother couldn't cope with the farm and B and his family moved back to a house in his native town. He was appointed head of the practice and looked after the farm in his spare time. During this period B experienced some sleeping problems (see above). In 1974 B built a house on the farm to have easier access. His mother moved to an old people's home and the old farmhouse was demolished. In 1973 B set up a private practice with a partner. In 1976, his wife also became involved in the practice. She had stayed at home, but both children were now in school. After some time the partners had more conflicts among themselves and in 1981 they split up and B went ahead with the practice without a nurse. During this time B worked very hard. There were plenty of patients on his list and he ran the farm during moonshine hours. B's wife also worked hard and it wasn't until 1985, when she filed for a divorce that he realised that "he had driven her too hard". B's wife and daughter moved to a flat in town and the son was already living on his own. B went on living on his own on the farm. B's wife also stopped working in the practice and for a time he had temporary staff, but found them demanding and expensive and from 1989 he ran the practice with no assistance as the single practitioner.

In 1990 he started a relationship with a foreign woman, A, one of his patients. They married shortly after meeting to assure a work permit for A. They lived together up to the crime described above.

B describes his work as his main interest. He also keeps sheep on the farm and enjoys the outdoors life. He is a keen hunter.

Financially B has been well off up to 1986. A change in fees for private medical practitioners, together with the divorce meant that he had an economic struggle. He had to take another mortgage and was facing bankruptcy in 1989. This was dealt with by selling a substantial amount of timber. To balance the economy he merged the farm and medical practice in 1990. This caused the tax dispute that procured the crime.

Forensic Evaluation 1992

At the evaluation in 1992 B's first wife and son were interviewed. The wife reports that B's mother was dominating and that his father was a weak person. B was always sensitive about his financially poor background. She never got any insight to the family's economy and B was "tight" with money. He loved his work and had a reputation as a serious and almost pedantically dentist. She thought that he started changing in his personality in his late 30 s. He became more egocentric and rigid in his ways. He worked hard and demanded the same of her. He also began falling out with people and the family became increasingly socially isolated. B was never physically aggressive with his wife, but he would have "temper tantrums" that sometimes were frightening. During the last years of the marriage she urged him to seek psychiatric help but B couldn't see the need for this.

He also felt that the farm was very important, in some respect she felt that keeping it in the family was more important than the welfare of the family. B also had a hostile relationship with his son. He would sometimes wake him up in the middle of the night and be abusive and tell the son that B's obligations towards him would stop when he turned 18 and that B expected him to leave the house. He did this and had no contact at all for the three following years. He feels that B has been mentally ill for a long time. He described the father as living in a world of fantasy, in which he was always right and would not stand for any criticism.

The evaluation stated two psychiatric diagnoses in the DSM system They were Delusional Syndrome on Axis 1 and Narcissistic Personality Disorder on Axis 2.

The IQ is assessed to be 126 and there is nothing to suggest neuropsychological dysfunction. The MMPI response is guarded and defensive. This suggests a sensitivity of a paranoid kind. He is described as suspicious and controlling. Projective testing (DMTm) suggests weak ego-strength, compensated with pathological attachment to persons or objects. In Kernberg's theory the psychologist feels that this is pathological narcissism.

The evaluation concludes that the crime was committed under the influence of a "serious mental disorder" and suggests a sentence of forensic psychiatric care.

Adjustment in hospital

During the first years in hospital B is a model patient. He learns the routine and abides by all the rules. Staff find him rigid and like a robot. He takes walks in the secure area following exactly the same routine every day. If asked, he maintains that he was right to defend his property. He also appeals all the way to the European court, when his weapons licence is withdrawn. He also makes official complaints regarding his psychiatrist. He plans to return to his dental practice when he has finished his sentence. He keeps to himself on the ward and keeps rigid routines. After a few years it is felt that he is not making any progress. If he is under pressure about his behaviour he becomes angry but is extremely controlled and never raises his voice.

In 1995 he is put on a small dose of neuroleptics. Initially B suffers badly from side effects, but after the dose is reduced he seems to respond better and becomes open to psychological

therapy. He starts with this on an individual basis in 1996. After this he seems to become gradually more open to change. He now admits that he misinterpreted the situation at the shooting and that he has ruined his own life and put his family in hardship. He doesn't express any real empathy with his victims but says that he is sorry for their families. In 1997 he is privileged to take unsupervised walks outside the hospital walls. He is exemplary in doing this and staff in the hospital claims to set their watches by his comings and goings. In 1998 he applies to be conditionally released to a rehab facility. The application is turned down on advice of the Attorney General.

Interviews and observations

B is correct and formal in the interviews. He gives little in the way of emotional contact. He is fully aware of the context of the assessment and motivated to present himself as "cured". He answers all questions in an adequate manner but does not volunteer any information about himself. He claims to be remorseful regarding the murders and that he was delusional and psychotic at the time. He feels that the therapy has been very useful. He is more hesitant about the medication. (He is still on a support dose of neuroleptics). Regarding the future he feels that it will be impossible to return to dentistry or his home town. The farm is sold and he claims to have resigned regarding this. He realises that he will need some form of psychiatric care and supervision for some time, but maybe not for the rest of his life. He is divorced from his second wife, who was sentenced to 12 months in prison for helping in concealing a serious crime. He has only birthday postcard contact with his daughter and no contact with family or friends. He doesn't mind being alone and says that he will probably not ever remarry.

Release Plans

B has together with his key-workers at the hospital, contacted a private facility in the north of the country. The facility is a home with 20-beds and specialise in older patients with a long history of hospitalisation and shortcomings in social network. Most clients are schizophrenics and the main focus is on social activities and daily living skills. The facility is not secure but have staff on duty 24 hours. There is a consultant psychiatrist who visits on a monthly basis.

B has no plans for work or occupational rehab. Financially he has a pension. Compensation to the victim's families means that B has no private funds.

He is applying to the County court to have provisional release (meaning he can be readmitted into secure conditions any time by decision of the court).

Psychological Tests and Risk Assessment

Previous testing indicate an above average intelligence and no indications of neuro-psychological problems. There is no need to review this.

On the MMPI-2, B answers in a valid fashion. He answers the questions in an "educated" way, low on the Lie-scale but denying human weaknesses in himself. This pattern is often found in people who are rigid and guarded in their way of thinking. The clinical scales are all within normal limits except a slight elevation on Hysteria social isolation.

When compared to the result from 1992 there is a significant change. He is no longer high on paranoia or schizophrenic scales.

The PCL-SV is a standardised rating scale for psychopathic personality traits. This is based both on B's files and the interviews. The total score is low, (8 points).