

RAPID CLASSIFICATION OF THE FUNCTIONALLY PSYCHOTIC INDIVIDUAL IN CUSTODY

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A simple typology is presented for the rapid classification of the functional genetically psychotic individual in custody. The three-type model is based on the author's evaluation of 2000 adult male individuals in a local custody setting. Based on psychodiagnostic impression and criminal history, eight criterion variables are described. For clarity and simplicity, the types are labeled the Sunshine Chronic (I), the Mentally Disordered Offender (II), and the Failed Schizophrenic (III).

The growth of acute psychiatric services in local detention facilities has prompted a need for the rapid identification of the psychotic individual upon arrest. The differentiation of functional-genetic psychosis from organic-toxic psychosis can usually be done with great acumen by a well-trained psychiatric and medical staff. Several texts have been devoted to this issue in the conventional psychiatric emergency setting (Bassuk & Birk, 1984; Bellak & Siegel, 1983).

But how is this individual classified, and consequently managed, once the differential diagnosis has been made and emergency psychiatric treatment has begun? Many time factors impede the use of standardized assessment instruments, such as the Minnesota Multiphasic Personality Inventory, that have been

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shown to be quite successful in the classification of long-term prison inmates (Megargee, 1979). In our local custody setting, the San Diego County Central Detention Facility, 95% of the misdemeanants arrested are released on their own recognizance within three hours unless they pose an imminent danger to the community; 75% of all individuals arrested on felony charges are released within three days; individuals appearing bizarre or uncooperative at arraignment within three court days of arrest are referred for 72-hour evaluation and treatment to the forensic psychiatric inpatient unit within the jail; a report on this court-ordered evaluation is due back to the judge within five days.¹ All of these severe time constraints demand a rapid and simple classification system for the chronically psychotic individual in custody. This system would need to be clinically based, parsimonious, easily understood by all mental health staff, reliable, and externally valid. The system should lend itself to the improved treatment and accurate disposition of the psychotic individual in custody.

The three-type classification system presented here is a result of my clinical experience in evaluating approximately 2000 adult male individuals that initially presented psychotic symptoms in a local custody setting. All of these individuals were evaluated within one hour to three days of arrest. Each type comprises one-third of the functionally psychotic individuals that were evaluated. The percentage representation of each type, however, is completely dependent on local crime and arrest patterns and should not be used as an inferentially valid statistic. The typology is empirically derived; due to its clinical and descriptive nature there are as yet no inferential statistics to support its interjudge or temporal reliability. There are also no inferential statistics to support its convergent or discriminant validity. It has yet to meet any psychometric standards of classification or standardized psychological measurement. It does, however, have both content and face validity; and its construct validity has been supported by the ease with which it aids the psychiatric program and the courts in understanding the individual, and placing him into existing institutional and noninstitutional settings.

This simple typology is based on a psychodiagnostic impression and a criminal history. The psychodiagnostic impression uses the behaviorally descriptive criteria of the *Diagnostic and Statistical Manual of Mental Disorders III* (APA, 1980). The criminal history is gathered from the individual's self-report and confirmation or disconfirmation from a local "rap sheet" furnished by the law enforcement agency. These two initial variables function as the predictor variables and subsequently are used to hypothesize the eight remaining criterion variables: formal education, employment history, object relations, drug of choice, grave disability, treatment issues, violence potential, and institution of choice.

TYPE I: THE SUNSHINE CHRONIC

(1) *Psychodiagnosis*: schizophrenia, chronic, undifferentiated. If this individual has had prior contact with mental health facilities, the chronicity of the schizophrenia can usually be confirmed. A diagnosis of chronic schizophrenia, however, should never be made without historical documentation of a two-year course of illness. There is usually no additional personality disorder diagnosis. If there is, it is most often schizoid, schizotypal, or avoidant.

(2) *Criminal history*: a lengthy misdemeanor history, usually the result of a transient and impoverished lifestyle. The charges often include trespassing, defrauding an innkeeper, malicious mischief, and resisting arrest. Felony charges, if present, are rare and almost invariably dismissed or result in misdemeanor convictions.

(3) *Formal education*: the individual has usually completed primary, but failed secondary, education. This is typical of a process, rather than reactive, course of schizophrenic illness.

(4) *Employment history*: transient, unskilled jobs. There may be a pattern of brief work as a day laborer or restaurant dishwasher. The individual may give blood for remuneration. Government subsidy of this individual's disability has never been considered because he has not bothered to apply.

(5) *Object relations*: there is a dearth of significant interpersonal relations and intrapsychic representations of others that usually provide both social and emotional stability for an individual:

- (a) biological family—no contact at present and for several years.
- (b) marital family—usually never married, or a failed marriage after several years.
- (c) social—occasional street contact with another transient, but generally an isolated existence.

(6) *Drug of choice*: alcohol.

(7) *Grave disability*: the individual is capable of providing for his own food, shelter, and clothing.

- (a) food—streetwise; knows where to locate a free meal.
- (b) clothing—barely adequate per middle-class standards, but resourceful, "the goodwill look."
- (c) shelter—city and county parks, rescue missions, churches.

(8) *Treatment issues*: denial of any mental or emotional disorder; noncompliance with psychotropic medications; no public or private health insurance; transient lifestyle so no treatment continuity can be established.

(9) *Violence potential*: very low probability; usually only when frightened or in self-defense; an affective rather than predatory response.

(10) *Institution of choice*: none. This individual usually does not belong in either a medical-custodial or correctional-punitive

institution. He will probably not cooperate with a public conservator.

Case example 1:

Mr. S.C. is a 28-year-old caucasian male who sleeps near the entrance to the county jail. He can be seen sharing a bottle with fellow transients on the park benches, and is distinguished by his deep tan, matted hair and beard, and disheveled clothes. Mr. S.C. has been arrested thirty times in the past three years for trespassing, disorderly conduct, and defrauding an innkeeper. Following his last arrest he was admitted to our forensic inpatient unit, detained and certified as gravely disabled, and medically treated for his chronic schizophrenia. He was always polite and cooperative, but his thinking remained very disorganized. A temporary conservatorship was granted, he was released from custody, and was transported to a local residential home. One day later he called a taxi and had himself taken back to the entrance to the county jail. The cab driver was furious when he realized he would not be paid. The temporary conservatorship was dropped.

TYPE II: THE MENTALLY DISORDERED OFFENDER

(1) *Psychodiagnosis*: the Axis I clinical picture is either one of the bipolar disorders or one of the schizophrenias. In addition, there is always an Axis II personality disorder, either antisocial, narcissistic, histrionic, or borderline. The personality disorder may not be fully evident until the acutely psychotic condition has remitted, but it is always present in this type. All four personality disorders are extremely egocentric and manipulative, with the antisocial personality being the most destructive toward others and the borderline personality being most destructive toward self. Quite often a personality disorder is foreshadowed during the acute psychotic episode when the latter is expressed, in the absence of substance abuse, in an unusually dramatic and violent fashion. It can often be quickly confirmed in the records of previous hospital admissions.

(2) *Criminal history*: a lengthy felony history, usually including burglary, robbery, assault and battery, and occasionally sexually

violent crimes such as rape. A weapon was used in one or more felony charges. The criminal history began during adolescence.

(3) *Formal education*: the individual has completed high school, with some grade failures and perhaps a graduate equivalency diploma.

(4) *Employment history*: multiple terminations from a variety of semiskilled and unskilled jobs. The individual would prefer to receive a government subsidy instead of employment, and will manipulate and deceive psychiatric and social welfare professionals to be found eligible.

(5) *Object relations*: there is a superficial and manipulative quality to all interpersonal relations. Intrapsychic representations of others are either idealized or devalued:

- (a) biological family—usually in contact with the parents, but they are hurt and angry due to the manipulation and deception of the individual.
- (b) marital family—has never been married, or only very briefly.
- (c) social—extensive and superficial contacts with others, usually drug related.

(6) *Drug of choice*: prefers sympathomimetics; cocaine, methamphetamine, phencyclidine.

(7) *Grave disability*: the individual is capable of providing, albeit antisocially, for his own food, clothing, and shelter.

- (a) food—will steal if convenient or necessary.
- (b) clothing—may appear strikingly neat and clean despite a lack of resources.
- (c) shelter—stays briefly with friends and parents; may be forced by others to “live on the street,” but prefers a more comfortable and social environment.

(8) *Treatment issues*: manipulative and destructive, due to narcissistic psychopathology, when not psychotic; may be com-

pliant with medications when psychotic if he perceives an immediate benefit; a behavioral management problem both inside and outside a locked facility; denial of any mental or emotional disorder.

(9) *Violence potential*: very high probability, especially if confirmed by history; suicide attempts are usually attention-seeking, but may result in accidental death; violence toward others is usually predatory rather than affective.

(10) *Institution of choice*: correctional-punitive setting. This individual will virtually always exploit a public conservatorship or civil commitment. He may pose a substantial danger to society.

Case example 2:

Mr. M.O. is a 32-year-old black male with a lengthy history of felony arrests, including rape and assault. He also was diagnosed as paranoid schizophrenic in late adolescence, and following his most recent release from prison and placement on parole, he was granted a public conservator to live in a board and care facility. Although very compliant with his medications, he increasingly demanded his conservator's attention, a rather petite, but very feisty, caucasian female. The demands became increasingly sexual and racial in nature, frightening and infuriating the conservator. A week after the conservator demanded that the parole agent do something, Mr. M.O. was arrested for indecent exposure toward another female. His explanation was that "my penis accidentally slipped out of my shorts . . . I couldn't help it." While in local custody he remained on his medication and did not need inpatient care. He attended twice weekly psychotherapy groups and was always very neatly groomed. He denied any past or current criminal behavior and adopted a very detached and quietly arrogant attitude toward other members of the group. He professed a deep commitment to an amalgamation of Eastern and Western religious principles. The parole board returned Mr. M.O. to the California Medical Facility at Vacaville.

TYPE III: THE FAILED SCHIZOPHRENIC

The third type of functionally psychotic individual in custody deserves a note of clarification before the ten criteria are described.

This individual is a failure in two senses. First, he has failed himself by not recognizing his psychotic disorder in its prodromal stage and consequently not seeking professional help. Second, the community has failed him by not providing adequate inpatient and outpatient treatment support for both the acute and maintenance treatment of his schizophrenic disorder. This may have resulted from a variety of factors, such as the family's denial of the nature of the disorder, insufficient local funding for public mental health services, or patients' rights statutes that are so protective that they deny a decompensating schizophrenic individual the right to treatment.

(1) *Psychodiagnosis*: schizophreniform disorder; schizophrenia, paranoid, disorganized, catatonic, or undifferentiated types. There is no personality disorder. Premorbid functioning usually reflects an adaptive personality style.

(2) *Criminal history*: there is no history of criminal behavior other than the instant offense. This charge may vary from a misdemeanor to a serious felony, such as murder of one's parents or spouse.

(3) *Formal education*: the individual has completed high school, but may have left college after several semesters.

(4) *Employment history*: responsibility for attendance is apparent, but job is below expected level of achievement given knowledge of individual's intelligence. He is a very good candidate for local, state, and federal disability income.

(5) *Object relations*: there are indications of a capacity for both empathy and sustained intimacy with at least one other individual. There is a continuity of relationships that is absent in the other two types. Interpersonal relationships, when the individual is not psychotic, are both realistic and adaptive; they reflect intrapsychic representations of self and others that are reality-

based and organized by higher level defensive operations such as repression and intellectualization.

- (a) biological family—parents are very involved; they are usually supportive and helpful, but may be disruptive and intrusive if symbiotic wishes are being sought.
- (b) marital family—is married, or wishes to be.
- (c) social—at least one caring relationship with a peer.

(6) *Drug of choice*: if any, it is usually marijuana.

(7) *Grave disability*: the individual is capable of providing for his own food, clothing, and shelter when not psychotic.

- (a) food—from parents or spouse, usually at home.
- (b) clothing—may be quite bizarre and inappropriate when psychotic; at other times is neat and appropriate.
- (c) shelter—lives with parents or spouse in a relatively stable environment.

(8) *Treatment issues*: a lack of adequate outpatient support; an overworked public conservator; ambivalent about taking medications; intrusive, disorganized parents; a symbiotic relationship with a spouse; chronic depression due to insight into the nature and consequences of his schizophrenic disorder.

(9) *Violence potential*: very low probability toward others; considerable risk of suicide attempts that express a genuine wish to die; if violent toward others, it is usually limited to one episode, is motivated by persecutory delusions or command hallucinations, and is directed against a parent or spouse.

(10) *Institution of choice*: a medical-custodial setting. This individual does not belong in a correctional-punitive institution. Public conservatorship and return to the community is a viable plan. If convicted of a criminal act, he is most likely of all three types to be found Not Guilty by Reason of Insanity due to the

unambiguous nature of his psychosis and a capacity to arouse empathy in either a judge or jury.

Case example 3:

Mr. F.S. had completed junior college, was married, and had no criminal history. At the age of 22 he began hearing the "voice of Satan" and sought the help of his wife and minister to eradicate this troublesome experience. For a brief two months he also visited a psychiatrist and was given medications, but his wife and their entire congregation, a Christian fundamentalist group, persuaded him that only prayer would be effective. He stopped the psychiatric care, and despite a worsening of psychotic symptoms, embarked on a futile journey to exorcise the demons through daily prayer meetings with his wife and church members. Two years after the onset of the acute paranoid schizophrenic symptoms he developed a delusional identification with the Devil. The command hallucinations intensified. One evening he heard the voice of "Satan" tell him to "kill the one you love most." In a frightened and extremely agitated state, he ran into the bedroom. His wife screamed, "In the name of Jesus Christ, Satan be gone!!" He assaulted her and strangled her to death. Mr. F.S. was admitted to our forensic inpatient unit in an acutely psychotic state. He responded well to treatment, but became increasingly depressed as he realized the gravity of his situation. He was found Not Guilty by Reason of Insanity and was committed to a state regional hospital for treatment and custody.

CONCLUSION

A simple typology has been presented for the rapid classification of the functionally psychotic individual in custody. It is not to be used in the differentiation of organic-toxic psychoses from functional-genetic psychoses; the former must be ruled out before the typology can be applied. It is not a comprehensive system for the classification of all mentally and emotionally disordered inmates. As yet there is no inferential statistical support for the typology.

It is, however, very useful as a clinical predictor of individual behavior, environmental variables, and treatment issues in a

custody setting. When time is of the essence the psychologist or psychiatrist will find it a remarkably helpful tool in his treatment planning and dispositional recommendations to the court.

NOTE

1. The California Penal Code, Section 4011.6, specifies that a judge may order an individual to be transported to an involuntary psychiatric treatment facility for evaluation if he has probable cause to believe that the individual is a danger to self, others, or gravely disabled as a result of a mental disorder. Criminal proceedings are usually suspended for a period of five days to allow for the evaluation and returned report.

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