Successfully Working With Physicians for Your CCP 46B and 46C Clients

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Agenda

01	Case Discussion
02	46B
03	Best Practices
04	46C
05	Best Practices

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

FIFTH EDITION
TEXT REVISION

DSM-5-TR™

AMERICAN PSYCHIATRIC ASSOCIATION

Texas Code of Criminal Procedure

(2025 Edition)





OVERVIEW OF THE COMPETENCY PROCESS Preponderance of the Evidence Defense Burden

CRIMINAL CHARGE

- FELONY
- MISDEMEANOR PUNISHABLE BY CONFINEMENT

COMPETENCY ISSUE RAISED BY

- ANY PARTY
- THE COURT

FINDINGS

- COMPETENT
- INCOMPETENT LIKELY RESTORABLE IN THE FORESEEABLE FUTURE
- INCOMPETENT UNLIKELY RESTORABLE IN THE FORESEEABLE FUTURE

DISPOSITION

- ORDER FOR TREATMENT (OUTPATIENT, JAIL-BASED, INPATIENT)
- CIVIL
 COMMITMENT

Appointment of Experts

CCP 46B.021

- Must be a disinterested party and not the treating provider
- Provide copies of the indictment and any supporting documents used to establish probable cause in the case
- Provide previous competency evaluations
- Provide mental health records

Making the Distinction:

8.7.1.1 Bench Book

Competency to Stand Trial:

Present Mental State and Present Capacity to Stand Trial

Insanity:

Mental State at the Time of the Alleged Crime

Mental Illness:

Impairment of Thought, Perception of Reality, Emotional Process, Judgment, or behavior

Intellectual Disability:

Subaverage Intellectual Functioning

A person may have a mental illness/intellectual disability but still be competent to stand trial and not meet the legal standard for the insanity defense

FACTORS CONSIDERED IN EXAMINATION

CCP 46B.024

- rationally understand the charges and the potential consequences
- disclose to counsel pertinent facts, events, and states of mind
- strategies and options
- engage in a reasoned choice of legal strategy
- understand the adversarial nature of criminal proceedings
- exhibit appropriate courtroom behavior
- Testify

"Verbatim Responses In the Report"

Expert's Report

CCP 46B.025

(a-1) Opinion may not be based solely on defendant's <u>refusal to communicate</u> during the examination

(b) symptoms, severity, <u>likely restorable</u> in the foreseeable future, treatment options, community based, jail-based, or inpatient

(c) Report <u>may not state opinion on</u> <u>sanity</u> if expert opinion is incompetent to stand trial

Commitment for Restoration to Competency

(a) Applies only to a defendant not released on bail

(b) Commit to a mental health facility, residential care facility, or jail-based

(c) If charged with an offense listed in Article 17.032(a)

Murder

Capital Murder

Kidnapping

Child, Elderly, Disabled

Assault and Sexual Assault

Commitment Periods: Maximum Initial Restoration Periods

CCP 46B.073 (b) (1) (2)

120 Days

Class A misdemeanor Outpatient Felony

60 Days

Class B misdemeanor

Class A misdemeanor Jail-Based or Inpatient

One 60-day extension may be granted 46B.079 and 46B.080



Civil Commitment

CCP 46B Subchapter E or F

Subchapter E: Charges Pending

- Article 46B.102 Mental Illness
- Article 46B.103 Intellectual Disability
- Subtitle C, Title 7, Health and Safety Code

Subchapter F: Charges Dismissed

- Article 46B.151 Mental Illness or Intellectual Disability
- Subtitle C, Title 7, Health and Safety Code

Subtitle C, Title 7, Health and Safety Code

Sec. 574.035
EXTENDED INPATIENT

Mental illness expected to continue for more than 90 days

Harm to Self or Others

Deterioration of ability to function independently, and provide for basic needs, including Food, Clothing, Health, or Safety

Unable to make a rational and informed decision about submitting to treatment

Clear and convincing: recent overt act or a continuing pattern of behavior: Harm to Self or Others, Distress, and Deterioration

Sec. 574.0355
EXTENDED OUTPATIENT

Mental illness expected to continue for more than 90 days

Inability to live safely in the community

Prevent a relapse resulting in serious harm to self others

Inability to make a rational and informed decision, and to participate effectively and voluntarily

Actions occurring within the two-year period that immediately precedes the hearing

Clear and convincing: recent overt act or continuing pattern of behavior to the extent of inability to live safely in the community

Inpatient
Competency
Restoration
Program Patient
Quote

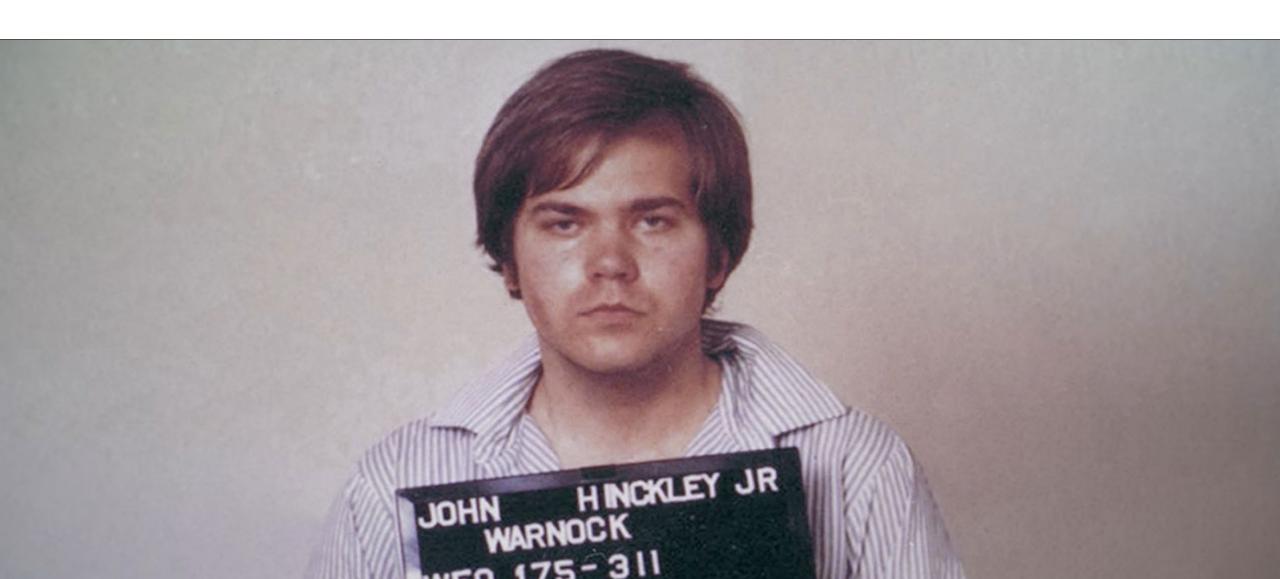
"I'm charged with murder and was in jail before coming to this nice hospital. If I learn this material and get found competent, I go back to jail, face my charges, and go to prison? Oh, ok I see."



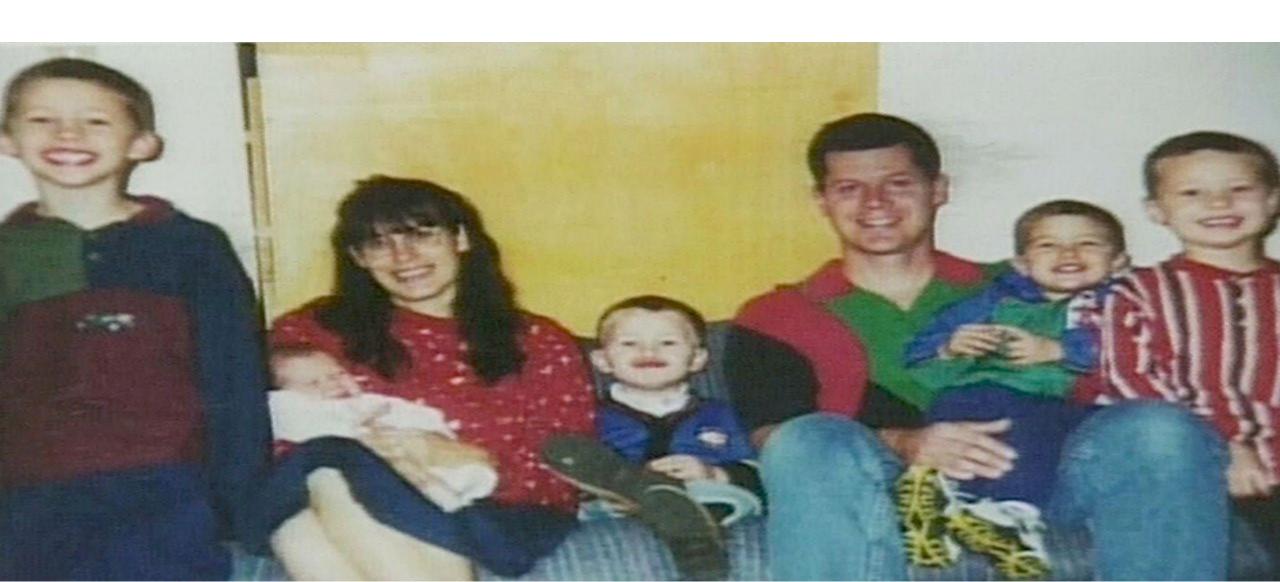
M'Naghten, 1843, "Right-Wrong" Test



American Law Institute, 1973, "Volitional" Prong



Section 8.01, Texas Penal Code, "Right-Wrong"



Severe/Serious Mental Illness

8.8.1.2 Bench Book Bipolar disorder

Major depressive disorder

Obsessive-compulsive disorder

Paranoid and other psychotic disorder

Schizo-affective disorder

Schizophrenia

Differential Diagnosis of Psychosis

DSM-5-TR

Psychiatric

- Schizophrenia
- Bipolar Disorder, Mania
- Major Depressive Disorder, Severe, with Psychotic Features

Medical Conditions

- Brain Tumor
- Infection
- Autoimmune Disorders

Substance Induced

- Methamphetamine (ICE, Crank, Speed)
- Synthetic Marijuana (Spice, K2, Climax)
- Psychedelics/Hallucinogens (LSD, Mushrooms, MDMA)

Information Provided to Experts 8.8.3.4 Bench Book

Defendant Police Reports Police Videos Incident Video Statements Other Defendant Videos before Witness Situational Psych History History and After Statements Incident Family and Defendant Friends Interview

3 Basic Questions During Insanity Evaluation

Did the defendant suffer from a mental disorder at the time of the alleged crime?

Was there a <u>relationship</u> between the mental disorder and the criminal behavior?

If so, were the criteria met for the jurisdiction's legal test for being found not criminally responsible?

Cognition of the Legal Wrong

DID NOT KNOW THAT THEIR CONDUCT WAS LEGALLY WRONG

FACTUALLY KNOWS THAT <u>SOCIETY CONSIDERS THIS</u>

<u>CONDUCT AGAINST THE LAW</u>, EVEN THOUGH DUE TO MENTAL

DISEASE OR DEFECT, MAY THINK THE CONDUCT IS MORALLY

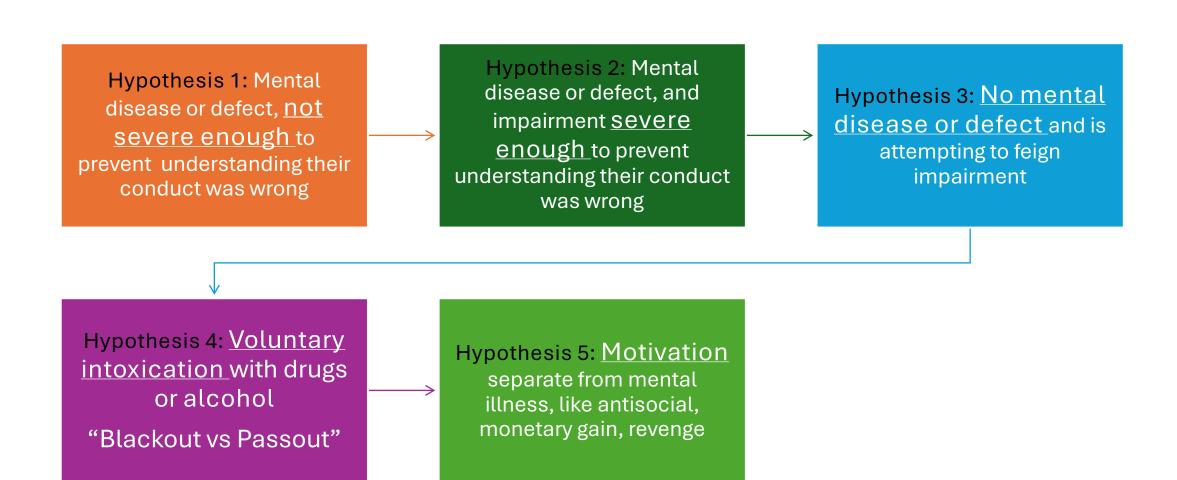
JUSTIFIED= SANE BY TEXAS LAW

AS A RESULT OF THE MENTAL DISEASE OR DEFECT 8.8.1.3.F

OPINION NOT BASED SOLELY ON REFUSAL TO COMMUNICATE DURING THE EXAMINATION. CCP 46B.025(A-1).

8.8.1.3.e Bench Book

Hypothesis In A Valid Insanity Evaluation 8.8.3.8.c Bench Book



Malingering

8.8.3.8.a Bench Book and DSM-5-TR Essential feature is the intentional production of false or grossly exaggerated physical or psychological symptoms

motivated by external incentives like evading criminal prosecution, financial incentives, avoiding work, avoiding military duty

Report on Insanity 8.8.3.11 Bench Book

Includes facts and reasoning

Reproduces data needed to support the opinion

Contains clinical data justifying the "analysis"

Addresses inconsistencies

Complexity of case determines length

Less complex case may require 7-8 Pages

More complex cases may require up to 40 Pages

Writing the report can take 4 to 20
Hours

Pros and Cons of Standard Urine Drug Testing Versus Hair Follicle Drug Testing



NGRI Hearing Disposition Options

Inpatient or Residential CCP46C.256

 Necessary to Protect the Safety of Others

Outpatient or Community-Based CCP46C.257

 Inpatient or Residential not Necessary to Protect the Safety of Others

Subtitle C or D, Title 7, Health and Safety Code

 Not Likely to Cause Serious Harm to Another but Meets Civil Commitment Criteria

Discharged and Immediately Released CCP46C.253

- No Severe Mental Illness or ID
- Not Likely to Cause Serious Harm to Another

8.8.8.2.f Bench Book



Advance
Discharge of
Acquitted
Person

CCP 46C.268

No Severe Mental Illness or Mental Retardation

Not likely to Cause Serious Harm to Another

Man with schizophrenia killed his mother

Dating a prostitute and called her his girlfriend

<u>Upset with mom</u> and beat her to death with a hammer

Called 911

Hid the hammer in the closet

Man with Major Depressive Disorder killed his

Severe with psychotic features

Psychotic behavior a week before the murders

Did not care about the NGRI defense

Wanted to die after psychosis cleared

Man with no mental illness found NGRI

No history of mental illness prior to offense

Facing 6 years in prison if convicted

Learned about NGRI defense in jail

Faked psychotic symptoms and found NGRI

Man with Spice induced psychosis found NGRI

No history of mental illness prior to offense

Long history of Spice use

Urine drug screen negative

Psychotic two months after arrest

Voluntary intoxication with alcohol and no memory of offense

Question of competency to stand trial

<u>Cannot provide details of incident to attorney</u>

Cannot testify about what he does not remember

Friends made him drink



Successful Advance Discharge



