

Delusions



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Capital Defense Track

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Dr. Browning's Financial Disclosure

**Georgia RISE Program
(Recovery Solutions)**



**Private
Practice**



**Emory University
School of Law**



Jail based competency to
stand trial restoration at
the Cobb County Jail.

Civil and criminal
evaluations and general
psychiatric treatment.

Mental Health Issues in
the Criminal Justice
System (LAW 622D).

Presentation Goals

BECOME COMFORTABLE IDENTIFYING A DELUSION

CONSIDER THE IMPACT OF DELUSIONS ON

COMPETENCY TO STAND TRIAL

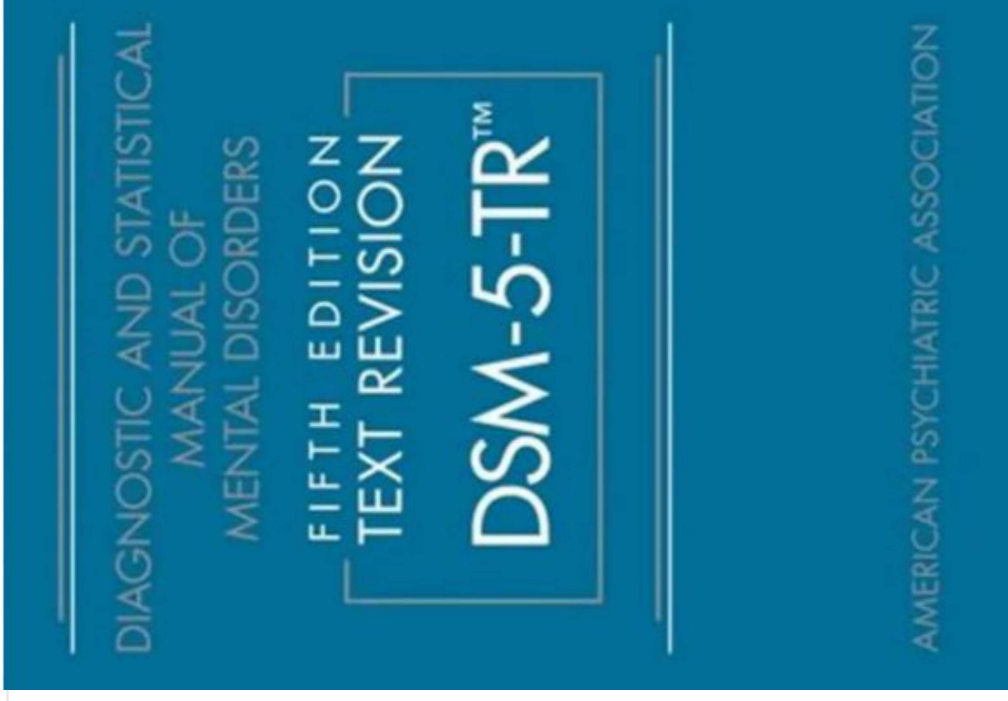
CRIMINAL RESPONSIBILITY

MITIGATION

MANAGE A CLIENT WITH DELUSIONAL THINKING

What is a delusion?

Delusions are fixed beliefs that are not amenable to change in light of conflicting evidence.



Types of Delusions

- **Persecutory** – harm or harassment is coming
- **Referential** – certain cues are directed at oneself
- **Grandiose** – exceptionalism
- **Erotomaniac** – false belief that another is in love
- **Nihilistic** – major catastrophe coming
- **Somatic** – focus on health

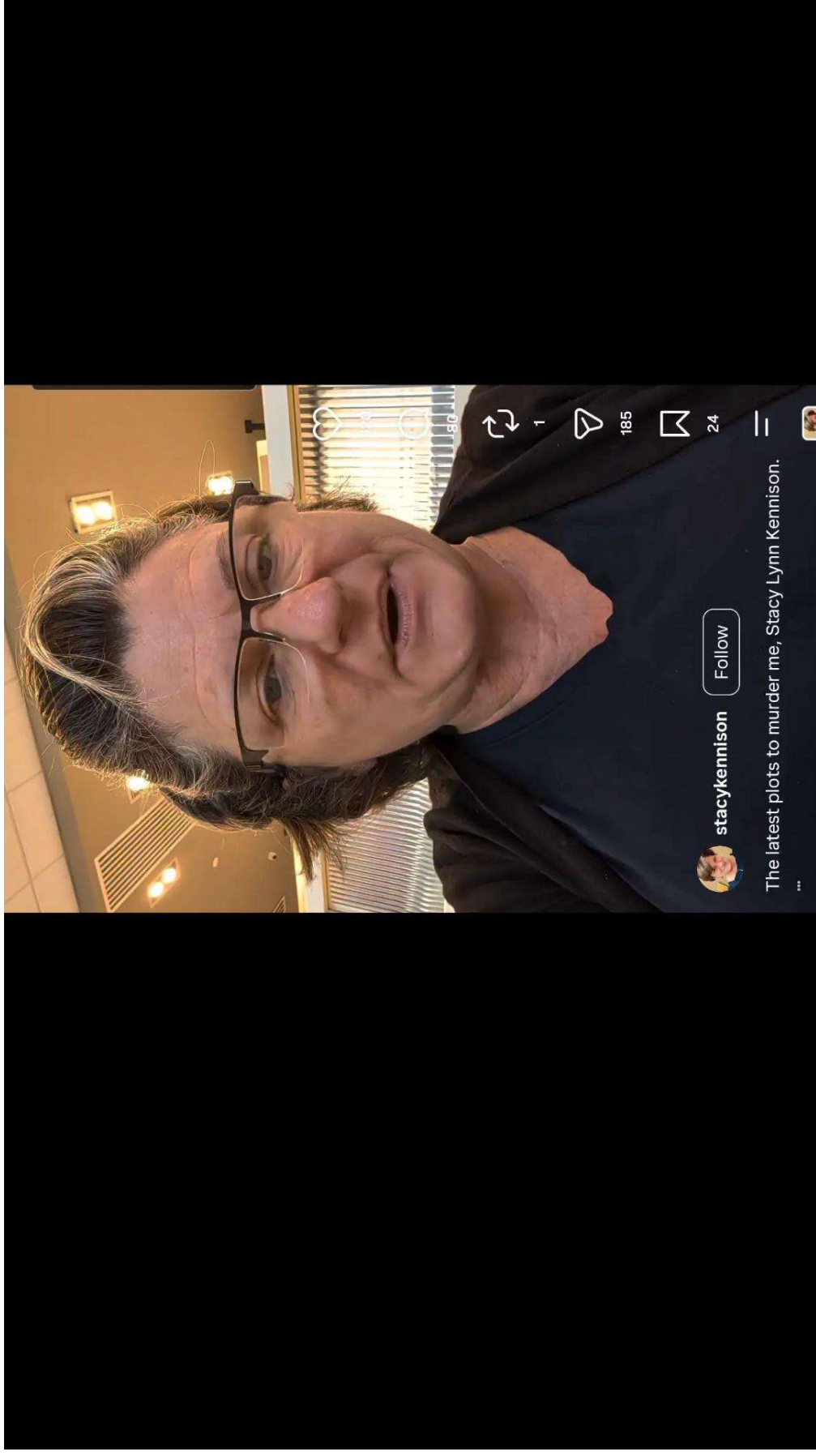
Types of Delusions

- **Bizarre**

- Clearly implausible
- Not understandable to same-culture peers
- Do not derive from the ordinary: thought insertion or withdrawal
- Example:
“My organs have been removed by an outside force and replaced without any evidence or scars.”

- **Non-Bizarre**

- Possibly true
- Experiences people can possibly relate to
- Focus on wealth or fame
- Example:
“I am under surveillance by the police.”



What kind of delusions does Stacy have?

- Persecutory?
- Referential?
- Grandiose?
- Erotomantic?
- Nihilistic?
- Somatic?

- Bizarre or Non-Bizarre?

What kind of delusions does Stacy have?

- Persecutory? Sandy Bullock is a monster!
- Referential? Not in this video, but in others.
- Grandiose? English royal family approved.
- Erotomantic?
- Nihilistic? Cause her to die in a medical emergency.
- Somatic? Burning her pubic mound.
- Bizarre or Non-Bizarre? Victim of the witchcraft crime ring.

Where can we see delusions?

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Substance Use Disorders

- Major Depressive D/O
 - Dementia
 - Delirium
- Honorable Mention*
- Schizotypal Personality Disorder
 - Paranoid Personality Disorder

Competency to Stand Trial

- **Dusky:** “Test must be whether [the defendant] has sufficient present ability to **consult with his lawyer** with a reasonable degree of rational understanding—and whether he has a **rational as well as factual understanding** of the proceedings against him.”
- **Brown:**
 - Understand nature and object of proceedings
 - Comprehend their own condition in reference to the proceedings
 - Capable of rendering assistance to their attorney

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Competency to Stand Trial

Sims:

- Can the defendant adequately consult with others?
- Does the defendant know the names and functions of those involved in the case?
- Does the defendant reasonably understand the rules, the specific charges, and the penalties and consequences of the proceedings?
- Recall and relate facts?
- Assist counsel in locating and examining witnesses?
- Maintain a consistent defense?
- Listen to opposing testimony and inform lawyer of distortions?
- Make simple decisions in response to well-explained alternatives?
- Testify in their own defense?
- To what extent is their mental condition apt to deteriorate under the stress of trial?

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Delusions and Competency to Stand Trial

- Maintain rapport
- Avoid arguing
- Validate feelings and not beliefs
- Focus on safety
- Assess competency
- Support treatment
- A defendant CAN be competent with residual delusions

Criminal Responsibility

O.C.G.A. §16-3-2 says:

- “A person shall not be found guilty of a crime if, at the time of the act, omission, or negligence constituting the crime, the person did not have mental capacity to distinguish between right and wrong in relation to such act, omission, or negligence.”

Criminal Responsibility

O.C.G.A. §16-3-3 says:

- “A person shall not be found guilty of a crime when, at the time of the act, omission, or negligence constituting the crime, the person, because of mental disease, injury, or congenital deficiency, acted as he did because of a **delusional compulsion** as to such act which overmastered his will to resist committing the crime.”

- **Freeman v. State, 132 Ga. App. 742 (1974)**

- “To rely on a delusional compulsion alone, one must show both that the act was result of delusion and also that the delusion was as to a fact which, if true, would justify the act.”

Criminal Responsibility

O.C.G.A. §16-3-4 says:

- Voluntary intoxication shall not be an excuse for any criminal act or omission.

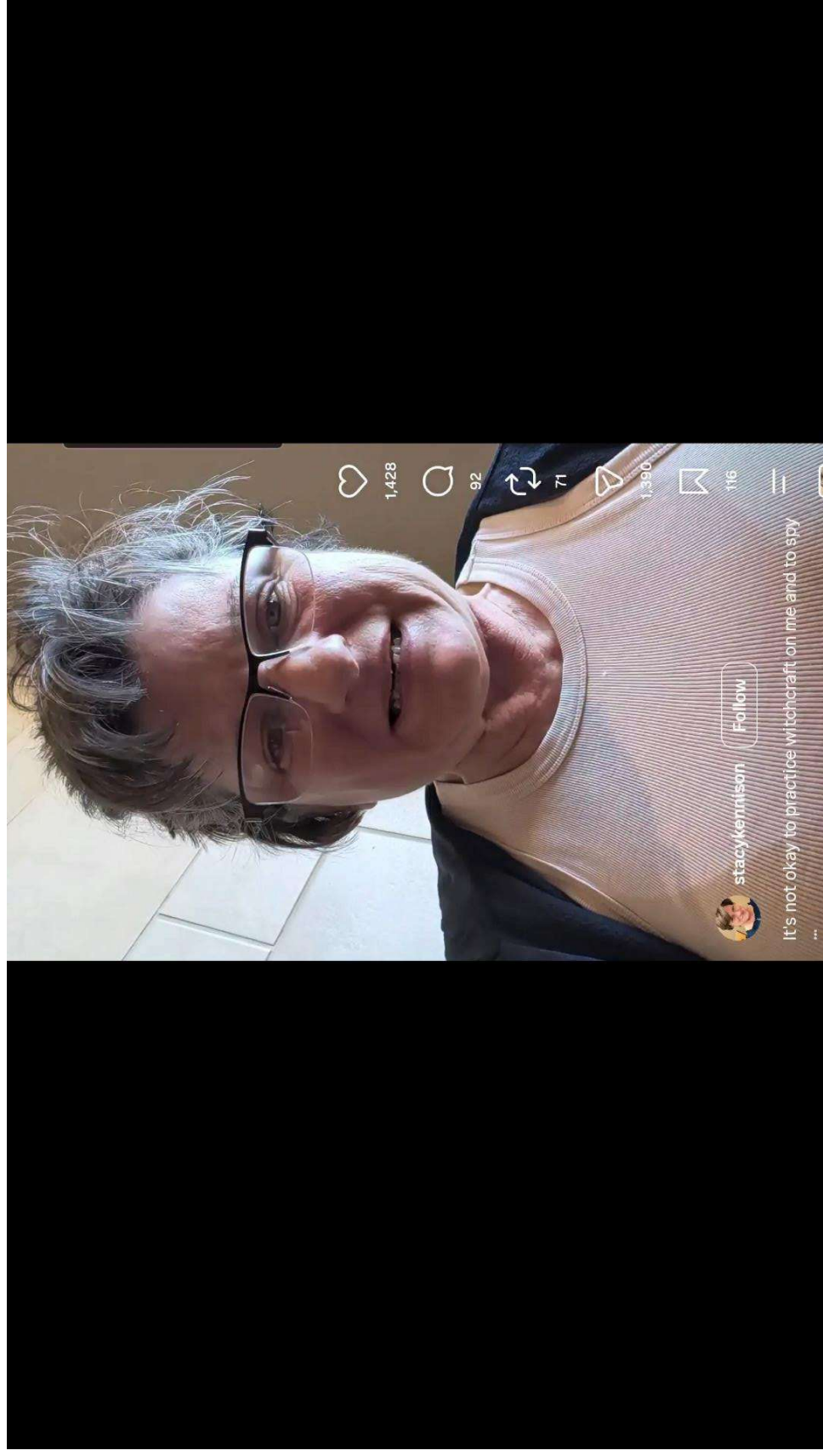
Delusions and Criminal Responsibility

- Delusions are critical here
- Encourage honesty
- The delusion has to justify the act, so we need to know the delusion
- Drug-induced delusions negate the defense

Mitigation

- Insanity defense is rarely successful
- Mitigation reports can help identify state of mind
- Delusions can impair judgment or control
- Leverage for improved plea bargain or sentencing
- Worsen culpability?
- Make a defendant be perceived as scary?

Case Example 1



Case Example 2

30-year-old man who was diagnosed with schizophrenia at age 17 when his mother forced him into the hospital. Over a dozen hospital admissions with multiple trials of involuntary medication never completely resolved his symptoms. He eventually came to live in the community in a boarding house and working at a nearby Goodwill. Parents then retired and downsized to only their lake house. The patient—off meds—killed them both on Thanksgiving Day. He was found IST and hospitalized for competency restoration. He was cooperative with taking clozapine, though he never had great insight into his mental illness and resented taking the medication. He believed he was a multi-million-dollar robot dinosaur and that “Brittany,” a lie detector, screamed in his ear. He blamed his parents for his difficult life.

Case Example 3

29-year-old man who was a college student when his symptoms of schizophrenia began. He developed a delusion that his professor was deliberately trying to give him the flu in an effort to kill him. He repeatedly warned his professor to stop, dropped out of college, moved to FL, repeatedly called the police on his professor, asked his mother to tell his professor to stop, checked himself into a psychiatric hospital twice, and ultimately returned to GA to burn his professor's second home down in an effort to show how seriously he took the harassment and how insistent he was that it stop. He was eventually stabilized with medication in jail, and he expressed interest in a plea of NGRI.

Thank You!

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