

PSYCHIATRIC EVALUATION

March 29, 1991

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IDENTIFYING INFORMATION:

Mr. Brent Brents is a 21-year-old, single, White male, who was admitted to the Colorado State Hospital for the first time on December 12, 1988. He was found Not Guilty by Reason of Insanity for the charge of sexual assault on a child. Coincidentally, during the same trial, he was found guilty to another count of sexual abuse on a child and was sentenced to 20 years in the Department of Corrections. Consequently, he has a dual commitment. Mr. Brents is currently a patient on ward F-1. This evaluation is in response to an internal request for a Disposition Committee review.

SOURCES OF INFORMATION:

I have reviewed Mr. Brents entire medical record. Included in this is the initial treatment plan formulation, a social history performed by Mary Garcia on January 4, 1989, psychological testing performed by Dr. Douglas Fancher on December 13, 1988 and also the initial Sanity Evaluation performed by Seymour Sundell, M.D., and Jeffrey Metzner, M.D. In addition to this, I have been Mr. Brents treating psychiatrist for most of the past nine months, either on ward F-12 or ward F-2. In this context, I have observed and treated Mr. Brents in group therapies, treatment plan reviews, individual meetings and in the ward milieu. I also conducted a one and one-half hour interview with Mr. Brents specifically for the purpose of this report on March 27, 1991.

PAST HISTORY:

Mr. Brents has a very chaotic and traumatic past history and I refer the reader to a social history performed by Mary Garcia on January 4, 1989. In summary, Mr. Brents was born in Locknee, TX on May 12, 1969. He has a younger brother and a younger sister. The family apparently moved frequently and lived in numerous states during his early childhood. According to the history, Mr. Brents' father began sexually abusing him at the age of four and continued this abuse until the age of eight. This included forced fellatio. The father also physically abused him and, on more than one occasion, threatened him with a gun or a knife. He also apparently beat him to the extent that he fractured the orbit of one of his eyes. Mr. Brents was also sexually abused by his mother from the age of four until the age of 13. Mr. Brents also had sexual interactions with his younger brother and younger sister and, finally, there were also neighbors who reportedly sexually abused him.

Mr. Brents attended school through the age of 13 at which time he dropped out. He eventually received his GED in 1987. Mr. Brents had difficulty in

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ST HISTORY: (cont'd)

chool with truancy and fights which resulted in numerous suspensions and at least one expulsion. Mr. Brents began having legal difficulties at an early age. At age six, he was reportedly arrested for vandalism and destruction of property. At age nine, he was again arrested for burglary, destruction of property and vandalism. At age 13, he was arrested for arson and for killing two dogs with a .45 caliber pistol. At age 12, he was charged with sexual assault on a seven-year-old girl. He was placed in the Wyoming Children's Home. One year later, he was again charged with sexual assault, robbery, theft and breaking and entering. He was transferred to the Adams County Detention Center. Again, at the age of 13, he was charged with sexual assault on a six-year-old child. At the age of 14, he was charged with theft. Also, at the age of 14, he was charged with second-degree burglary of a dwelling. At the age of 16, he was charged with sexual assault on a peer while serving time at a youth detention facility. Mr. Brents, himself, has admitted sexually assaulting between 15 to 25 children.

Finally, at the age of 19, Mr. Brents was committed to the Colorado State Hospital with the legal status of Not Guilty by Reason of Insanity for two incidents of sexual assault on children that occurred on February 20 and 28, 1988. Mr. Brents was evaluated by Jeffrey Metzner, M.D., and also by Seymour Wendell, M.D.. Both psychiatrists found that Mr. Brents suffered from a severe personality disorder, as well as sexual perversions, including pedophilia and sadism. They did not, however, consider Mr. Brents to be insane at the time of the commission of the crimes. Nevertheless, Mr. Brents was found Not Guilty by Reason of Insanity and was sent to the Colorado State Hospital.

HOSPITAL COURSE:

Mr. Brents' hospital course has been characterized by a poor treatment alliance, lack of accepting responsibility for his behavior, impulsivity and inappropriate sexual relationships with other patients. Mr. Brents was initially admitted to ward F-4 where he stayed for approximately one month before being sent to ward F-1. While on ward F-1, he had at least two episodes of physically acting out.

In March 1989, he apparently had a physical altercation with another patient while playing basketball, although the documentation in the chart is somewhat vague. In October 1989, he had an episode where he was frustrated and angry and he hit and broke the water fountain. He remained on ward F-1 for 10 months and was transferred to ward F-12 on November 16, 1989. He remained on F-10 for only about two months at which time he got involved in a sexual relationship with another patient which resulted in quite a bit of emotional turmoil and Mr. Brents eventually threatened to harm this other patient. He

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HOSPITAL COURSE: (cont'd)

was regressed back to ward F-2 where he stayed for approximately two months and he was progressed back to ward F-12 on March 22, 1990.

He remained on F-12 for approximately three months and was regressed back to ward F-2, after he allegedly sexually assaulted another patient. Charges were ultimately dropped and Mr. Brents was transferred back to ward F-12 a month and one-half later on August 2, 1990. He remained on F-12 for approximately seven months and then was regressed back to ward F-1 on March 9, 1991, after again allegedly sexually assaulting a patient on ward F-12. Mr. Brents currently resides on ward F-1. Mr. Brents has uniformly denied these charges of sexual assault and, thus far, there has been inadequate evidence to prosecute him. Mr. Brents does admit to sexual involvement and does acknowledge this as inappropriate behavior, however, he denies that he forced or threatened his sexual partners.

Over the past nine months since I have known Mr. Brents, his commitment to treatment has been minimal. Examples of his lack of commitment to treatment are as follows: For many months, on ward F-12, Mr. Brents was involved in an inappropriate sexual relationship with another patient. This relationship was chaotic, unhealthy and, at times, destructive. For example, he was once regressed to Maximum Security after he threatened this patient. The problem became so extreme that Mr. Brents spent most of his day following this other patient around, trying to get attention and trying to please this other patient. It resulted in disruptions in the ward milieu to the extent that the patients themselves addressed this issue in community therapy because of the constant bickering and fighting between Mr. Brents and the other patient occurring in the day hall.

Many measures were attempted to remedy this situation. A communication ban was instituted. Privileges were suspended and treatment contracts were formulated. However, these efforts were not successful in discouraging this destructive relationship. Mr. Brents was counseled repeatedly about the fact that this relationship was interfering with his treatment and causing disruption to other patients' treatment. However, Mr. Brents continued with his behavior until finally this other patient was transferred to a different ward.

In the last couple of months since this other patient was transferred to a different ward, Mr. Brents has not significantly improved. He has been counseled repeatedly about the need to take a more active role in his treatment. He typically makes conciliatory and ingratiating comments to the staff, however, he continues to test limits and break rules. Examples include: Smoking in his dormitory, tearing out wires from the telephone system and more recently being involved in an inappropriate and, perhaps, abusive sexual relationship with another patient.

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HOSPITAL COURSE: (cont'd)

Mr. Brents has difficulty regulating his affect. He has difficulty identifying his affect and, consequently, has difficulty dealing with his feelings in a verbal fashion. He has a tendency to act out his feelings impulsively. He has recently stated that one method he uses to cope with painful feelings within himself is to inflict pain on other people.

On January 8, 1991, Mr. Brents suddenly became out of control and assaultive with staff after staff had confronted him about his inappropriate relationship with another patient. At that time, Mr. Brents was threatening to kill staff members and staff assistance from wards F-9 and F-11 was required to restrain him.

Mr. Brents has difficulty with problem solving tasks. He has made some improvement recently due to the fact that he has been performing a daily exercise where he identifies a problem and writes down practical solutions that he can practice during the day for each specific problem. One reason for his difficulty with problem solving is that he has a tendency to avoid responsibility for his behavior and for his life. He often assumes a passive and helpless attitude and demeanor in an attempt to persuade others to assume responsibility for him and take care of him. Often, while talking, he speaks in a very soft voice with his head tilted downward avoiding all eye contact. He often plays the role of a victim and seems to try to convince others to collude with him regarding this role. Although Mr. Brents does act helpless when he is faced with taking responsibility for his behavior, at other times, he is quite aggressive at pursuing what he desires.

Recently, Mr. Brents explained to me why he became involved in an inappropriate sexual relationship. He stated, "I was tired of the same old daily routine. I didn't have anything to do. I've got to have change. I started feeling anxious and pent up. I needed something more challenging. I had done everything there was to do in groups." Thus, it seemed there was insufficient excitement on ward F-12 for Mr. Brents. He also felt frustrated that the staff on F-12 did not have a more favorable attitude toward him. He stated, "I felt that people weren't going to move me no matter what I did. I felt frustration about enduring the same groups on F-12 for another six months. I was tired of kissing the staff's ass."

PATIENT'S CURRENT UNDERSTANDING OF THE CRIME:

Mr. Brents accurately describes the crimes that he committed. He stated that just prior to both of these sexual assaults, he had been having difficulties with his girlfriend. He was also heavily abusing heroin and amphetamines. He stated that his girlfriend began not showing up at the house where they were living together. She began lying to him about her absences. Finally, he caught his girlfriend having sex with one of his friends approximately one

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PATIENT'S CURRENT UNDERSTANDING OF THE CRIME: (cont'd)

week before he sexually assaulted one of his victims. The day before he sexually assaulted his first victim, he found his girlfriend having a sexual relationship with another woman. The day of the first sexual assault, he had a verbal argument with his girlfriend and he stated he felt like killing her. He stated he was full of rage because "I would have done anything in the world for her." He also stated, "I began to wonder if she really loved me like she said, or whether she just wanted to get away from her parents." Thus, he was full of anger and feelings of rejection, so he went to a convenience store and saw Jeremy, the six-year-old boy he subsequently assaulted. He stated that he knew Jeremy's mother because he had made her acquaintance at previous parties. He gave Jeremy money for video games and then led him out into the alley and sodomized him in a trash bin.

About one and one-half weeks later, Mr. Brents sexually assaulted a nine-year-old girl. He stated that prior to this incident he continued to feel a lot of pain and had not reconciled his relationship with Paula. He was contemplating killing Paula. An additional stressor was that a neighborhood woman who had a dubious reputation began accusing Brents of having an affair with her. Apparently, Mr. Brents felt insulted by this and retaliated by shooting her dogs, vandalizing her car and contemplating killing her husband. Finally, he stated, "I had to do it again. I just wanted somebody to hurt. It was a decision." He saw the daughter of the woman who was making these false accusations. He led the daughter into a garage and then raped her in the back of a truck. He did this in order to get back at her mother, but he stated it only made him more angry.

Mr. Brents explains that his behavior would be different now. He stated he would terminate his relationship with his girlfriend if it was not satisfying and if it was detrimental to him. He stated he would channel his energy in a more productive direction. However, at the same time, he stated he realizes he has an addictive personality and that now he might just kill his girlfriend. He stated if he were to be released into the community, he realizes that he would still be at risk of taking out his anger and pain on helpless victims. He stated he would avoid this by guarding against being alone with helpless victims. He also stated he would seek professional help if he began feeling angry and out of control. Also, if he felt like hurting someone, he would go to a gymnasium and box or play basketball. He might also lock himself in his bedroom and try to lose the feelings by going to sleep.

MENTAL STATUS EXAMINATION:

By appearance, Mr. Brents is a young, healthy, 21-year-old, White man, with long, brown hair and a brown mustache. He typically avoids eye contact and tends to talk with his head tilted downward. He often speaks in a very soft

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MENTAL STATUS EXAMINATION: (cont'd)

voice which makes it difficult to hear him. His speech is of a normal rate. His mood is described as "angry." He currently does not exhibit vegetative signs of depression. His affect appears euthymic with good range. His thinking is well organized. There is no evidence of delusions. Specifically, he denies paranoia, grandiosity, thought control, thought insertion, thought broadcasting and ideas of reference. He also denies auditory and visual hallucinations. He denies suicidal or homicidal ideation.

On formal cognitive testing, he is oriented times three. He can remember 6 out of 6 objects after 5 minutes. He can name the current President and the past three Presidents. He is aware of the war occurring in the Middle East. He is aware of 3 out of the 4 teams that are in the final 4 basketball championship right now. He performed serial 7's easily and without any mistakes. He can perform simple calculations. His comparisons are abstract and appropriate. His proverb interpretations are somewhat concrete, for example, the proverb about glass houses, he replied, "Don't do things that can break it." Regarding the proverb about spilled milk, he said, "Don't cry over unimportant things."

DIAGNOSES:

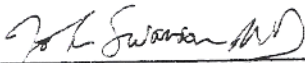
- Axis I - Opioid dependence. 304.00
Amphetamine dependence. 304.40
Alcohol dependence. 303.90
Cannabis dependence. 304.30
- Axis II - Antisocial personality disorder. 301.70
Personality disorder, NOS, with sadistic, paranoid and
borderline features. 301.90.
- Axis III - Status-post resection of a ganglion cyst on right wrist.
Status-post blowout fracture of left orbit.

Mr. Brents clearly meets the diagnostic criteria for antisocial personality. He has the following symptoms occurring before the age of 15: Truancy, physical fights, forced sexual activity, cruelty to animals, destruction of property, lying and stealing. As an adult, he exhibited the following antisocial behavior: Lack of significant employment, repeated criminal activity, repeated assaults on defenseless victims, no regard for the truth, and disregard for the personal safety of himself and others. Mr. Brents has not shown evidence of a psychotic disorder. Furthermore, he has not shown significant signs of depression or mania. The diagnosis of pedophilia was dropped two years ago because of lack of evidence of sexual arousal by children.

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SUMMARY:

Mr. Brents is a 21-year-old, White man, with a severe personality disorder. It is primarily antisocial and is characterized by exploitation and abuse of others, impulsivity, avoidance of responsibility, seeking excitement through breaking rules, lying and poor affect regulation. He is prone to develop intense and chaotic interpersonal relationships which are often destructive. Mr. Brents has made little progress while in the hospital and exhibits very little insight into his illness. At this point, he has not developed effective techniques for controlling his behavior. The lack of progress in treatment is in part due to Mr. Brents unwillingness to accept responsibility and become more invested in treatment. I do consider Mr. Brents to be a danger to himself and to others at this time. He has a very extensive past history of violence and, thus far, has not made significant progress in learning more adaptive coping mechanisms.



John Swanson, M.D.
Staff Psychiatrist

JS:dr
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