



(Ex. A2)

FILED

SEP 16 2015

CLERK OF THE SUPREME COURT
STATE OF WASHINGTON

MENTAL HEALTH UPDATE

OFFENDER NAME: REESMAN, JOEL	
DOC NUMBER: 316821	DATE OF BIRTH: 09/21/1953
FACILITY: CCBC	DATE: 03/11/2015

SECTION 1 - Update

Reason for update (check one):

- Annual update New to institution New to residential treatment Other:

Source and reason for referral:

Mr. Reesman is currently taking psychotropic medications. Most recently, he was assaulted in the unit, which has triggered the intensity and frequency of PTSD symptoms.

Presenting problems (problem development):

Mr. Reesman has experienced an increase in flashbacks, nightmares and hypervigilance since being assaulted on 12/2/14. "The nightmares are waking me up in the middle of the night and pacing and I don't stop." He reports having holes in socks from pacing in his cell. He has flashbacks of his son's autopsy. He described experiencing hypervigilance. "Every time my neighbors' door unlocks, it sounds like a hand gun. It's ridiculous." His bingeing and purging have increased to approximately twice a week. He describes his bulimia as "embarrassing" and avoids talking about it. "I don't want anybody to know I do that." He experiences increased depression annually on the anniversary of his son's death and his son's birthday. He describes feeling excessive guilt about "not being there" for his son while he was growing up. "I basically ignored him for the two years before his murder. I'll never forgive myself for that." He described himself as "a piece of shit", comparing himself to his son's murderer. He reports a lack of pleasure, feelings of worthlessness and hopelessness. He continues to go to gym and yard. "That's my only outlet. I like to go to yard just to get some fresh air." He isolates in his cell most of the time. His review is coming up and he is worried about being promoted out of A Unit. He has his "support group" in A unit. He reports having supportive relationships with staff and two other friends in the unit.

Mr. Reesman was alert and oriented. Affect was anxious and mood dysphoric. Hygiene was wnl. Speech was soft and raspy. He presented with increased agitation during this session. Thought process was organized and content focused on his current emotional state.

Observations / Mental status

<p>Affect-Visible</p> <p><input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Inappropriate <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Expansive <input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> Other</p>	<p>Mood</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Depressed <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Hypomanic/Manic <input type="checkbox"/> Hopeless <input type="checkbox"/> Other</p>	<p>Orientation</p> <p><input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Situation <input type="checkbox"/> Other</p>	<p>Speech</p> <p><input type="checkbox"/> Appropriate <input type="checkbox"/> Poverty of content <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Latent <input type="checkbox"/> Guarded <input type="checkbox"/> Loud <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Other</p>
<p>Thought Process</p> <p><input checked="" type="checkbox"/> Organized <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> Poverty of content <input type="checkbox"/> Paranoid <input type="checkbox"/> Illogical <input type="checkbox"/> Other</p>	<p>Memory Impairment</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Immediate recall <input type="checkbox"/> Short-term <input type="checkbox"/> Long-term</p>	<p>Hallucinations</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Auditory <input type="checkbox"/> Auditory command <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Tactile <input type="checkbox"/> Does not seem to be responding to internal stimuli <input type="checkbox"/> Other</p>	<p>Appearance</p> <p><input checked="" type="checkbox"/> Groomed <input type="checkbox"/> Disheveled <input type="checkbox"/> Poor Hygiene <input type="checkbox"/> Malodorous <input type="checkbox"/> Poor Dentition <input type="checkbox"/> Scars/Tattoos <input type="checkbox"/> Other</p>



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Thought Content <input checked="" type="checkbox"/> None <input type="checkbox"/> Persecutory <input type="checkbox"/> Grandiose <input type="checkbox"/> Somatic <input type="checkbox"/> Phobias <input type="checkbox"/> Themes <input type="checkbox"/> Other	Attention Impairment <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Other	Psychomotor <input type="checkbox"/> Gait <input type="checkbox"/> Tremor <input type="checkbox"/> Fidget <input type="checkbox"/> Catatonia	Interactional Style <input checked="" type="checkbox"/> Pleasant/Cooperative <input type="checkbox"/> Suspicious <input type="checkbox"/> Evasive/Guarded <input type="checkbox"/> Hostile/Aggressive <input type="checkbox"/> Urgency/Aggravated <input type="checkbox"/> Manipulative <input checked="" type="checkbox"/> Withdrawn
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Daily functioning (sleep, appetite, energy):

Sleep: Normal Hypersomnia Insomnia
 Appetite: Normal Increased Decreased
 Weight: Normal Increased Decreased
 Energy: Normal Increased Decreased

Comments: Sleeps well when he does not experience nightmares. This occurs 2-3 x's a week. Describes having "a ton of energy. I don't even drink coffee at all."

Harm to self / others:

History of suicidal ideation History of suicide attempt Current assaultive ideation
 Current suicidal ideation Current suicide attempt Current assaultive command
 Current suicide plan Current suicide command Current self-mutilation (describe)
 Denies current

Current psychotropic medications: No Yes (list)

Prazosin, Citalopram Prescribed by D. Guidry, ARNP

Response to psychotropic medications since last appraisal or update:

Reports and increase in his tolerance and no longer feels they are working.

Other important interim history since last appraisal or update:

Recently assaulted.

Change in Axis I - III Diagnoses: No Yes (if yes, list below)

	DSM IV-TR Code	Diagnosis
Axis I	309.81	Posttraumatic Stress Disorder, Chronic
	296.30	Major Depressive Disorder, Recurrent
	307.51	Bulimia Nervosa, Purging
		304.80 Polysubstance Dependence, In Remission, In Controlled Environment
Axis II	301.7	Antisocial Personality Disorder
Axis III	General Medical Conditions: <input type="checkbox"/> Unknown <input type="checkbox"/> Medical problems denied <input checked="" type="checkbox"/> Other (describe):	
	Strained vocal cords, eczema, severe seasonal allergies, laminectomy, knee surgery, tibia fracture and foot pain, ankle pain, left kidney problem, chronic lower back pain, hypertension. Hep C	

Rationale for diagnostic change: N/A: Presentation is consistent with MHA dx: dated 02/07/14.

Current Axis IV - V (required):

Axis IV Psychosocial and Environmental Problems (check all that apply):

Primary support group Housing
 Social environment Economic
 Educational Access to health care
 Occupational Interaction with legal system



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- Axis V Global Assessment of Functioning = 60**
- | | |
|--|--|
| <input type="checkbox"/> 100-91 Superior | <input type="checkbox"/> 50-41 Serious symptoms |
| <input type="checkbox"/> 90-81 Minimal symptoms | <input type="checkbox"/> 40-31 Reality testing impaired/communication/several areas |
| <input type="checkbox"/> 80-71 Transient symptoms | <input type="checkbox"/> 30-21 Delusions/hallucinations/impaired communication |
| <input type="checkbox"/> 70-61 Mild or some difficulty | <input type="checkbox"/> 20-11 Danger of hurting self/minimal hygiene/grossly impaired communication |
| <input type="checkbox"/> 60-51 Moderate symptoms | <input checked="" type="checkbox"/> Other: Unknown |
- Highest GAF in past year:**

SECTION 2 – Disposition

Service Needs:

- Acute Care and Evaluation** (describe needs)
- Crisis Stabilization** (describe needs)
- Residential Treatment** (describe needs)
- General Population and Outpatient Services** (describe needs)
Continue medication management and counseling support.
- Camp-based Services**
 - Current mental health evaluation reflects a GAF of 60 or more
 - Patient has not committed any self-destructive acts for over one year
 - Offender's mental health needs can be met at camp where mental health staff (non-prescribers) is on-site
 - Mental health issues do not interfere with living under camp circumstances
- Work Release (Rap House or Lincoln Park)** (describe needs)
- Has current needs but refuses treatment** (describe needs)
- No current mental health needs**

Psychiatric prescriber referral: No Yes (give rationale)

Currently under psychiatric care

Priority Level: Urgent/emergent – Contact made with prescriber: _____
 High priority (unstable or Rx expiring) Routine referral

Testing Referral (rationale):

Expedited Medicaid eligibility referral: No Yes

ORCS referral: No Yes

Other reason(s) and/or comments:

Classification information: Custody level: Close "S" code: 2 ERD: 01/01/2099

DATE	SIGNATURE	TITLE	STAMP/TYPED NAME
03/11/2015		Psych Assoc	H. Romero, M.S.