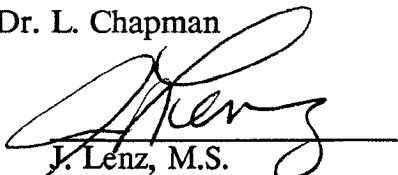


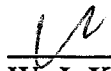
CONSULTATION REPORT

PATIENT NAME: GAO, Feng
D.O.B.: 29 Jan 1959
ATTENDING PHYSICIAN: Dr. L. Chapman

MED. REC. #: 196329
2 WEST

SIGNATURE


J. Lenz, M.S.
Intern in Psychology


W. J. Koch, Ph.D., R.Psych., A.B.B.P.
Supervising Psychologist

COPIES TO: Dr. L. Chapman

REFERRING PHYSICIAN: Dr. L. Chapman
CONSULTANT: J. Lenz, M.S./Dr. Koch
TYPE OF CONSULTATION: Psychology

REFERRAL DATE: 03 Dec 1992
CONSULTATION DATE: 15 Dec 1992

DATE OF 2 WEST ADMISSION: November 30, 1992

REASON FOR REFERRAL:

Feng Gao is a 33-year-old single male who is a Canadian citizen of Chinese origin. He was brought to University Hospital UBC Site on the 30th of November by R.C.M.P., and is an involuntary patient at this time. His hospitalization resulted from numerous complaints of phone calls, letters, and press releases from Mr. Gao alleging unfair and conspiratorial attempts to abridge his rights, impede his career, and to promote an unfair style of leadership. He was referred to Psychology for assistance in clarifying his diagnosis.

SOURCES OF INFORMATION:

The sources of information used in generating this report include an interview with the patient, chart review, MMPI-2, structured Clinical Interview for DSM-III-R (SCID), and the Personality Disorders Examination (PDE).

PRESENTATION AND INTERVIEW OBSERVATIONS:

Mr. GAO was appropriately dressed and adequately groomed. He was fully cooperative with the assessment process. His speech was of normal rate and volume with no evidence of psychomotor retardation.

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He spoke English with a Chinese accent, but his grammar was impeccable, and his vocabulary was extensive. His presentation and his history both indicated a man of very high intelligence, and he demonstrated a good understanding of differences between Chinese and North American cultures.

Mr. Gao's emotional expression during the interview was somewhat flat by North American standards, and he described himself as "reserved". He described a low mood for approximately the past six months. Symptoms of this mood include reduced concentration and workability, some loss of interest in both work and leisure activities, and some impairment of sleep, primarily initial insomnia. He reported no change in appetite but indicated that he had lost approximately 6 lbs. during the past two or three months. He was moderately concerned about these changes in his affect, but hesitated to refer to himself as depressed.

Mr. Gao evidenced no disorder of thought process. He denied hallucinations or perceptual abnormalities, and he was able to converse on most subjects without any indication of psychopathology. However, when discussing his former job or the university or Canadian politics, his conversation strongly indicated the presence of a nonbizarre delusional system involving his persecution by the Chair of the Computer Science Department subsequent to disagreements over departmental hiring practices. Mr. Gao alleges that he was unfairly terminated from contract within the Computer Science Department and that his former chair has subsequently led him to be persecuted by the university administration by various elements within the news media and finally by the 'Mulroney administration'. He reported that he believes his current hospitalization has been brought about by his enemies in order to discredit him and encourage him to withdraw his lawsuit against the university. Mr. Gao evidenced an ability to listen to alternative points and alternative explanations concerning his difficulties; however, he is deeply convinced that his interpretation is correct, and he remains certain that he is suffering from no mental disorder.

PERSONAL HISTORY:

Mr. Gao's mother and father are in Canton, China, where his father is a philosophy professor and his mother is a retired schoolteacher. His sister is studying medicine in the Eastern U.S., and she is his primary contact within the family. Gao left China approximately 12 years ago to attend graduate school at the University of California at Berkeley where he earned a Ph.D. for studies in mathematical modelling of computer algorithms. He moved to Canada approximately seven years ago and has since become a Canadian citizen. His most recent work was for the U.B.C. Department of Computer Science where he was on a fixed contract and

had hopes of eventually attaining a tenure track position. Gao described himself as a loner and an intellectual who was often uncomfortable in social settings, primarily due to boredom with generally inane social conversation. He has only very few friends, and is generally inactive socially. He reports even less social contact during the last eight to nine months. He tends to spend his time working on his mathematical and computer research, and reports that he reads heavily in subjects such as history and philosophy of science.

TEST RESULTS:

The MMPI-2 is an empirically-derived measure in wide usage for assessing numerous dimensions of personality and psychopathology. Mr. Gao's responses produced a valid and interpretable profile. There was a strong tendency towards answering false on questions, but this tendency did not invalidate his profile. The overall profile indicated that he is experiencing a moderate degree of distress at this time. The highest point score in the test makes a strong indication of the presence of active psychosis, particularly delusional disorder. He endorsed items indicating that he feels mistreated and persecuted. He endorsed relatively few items that would be obviously associated with paranoia, but a large number of items with subtle associations - a pattern most likely indicating an attempt to cover or to downplay a strong tendency in his own interpretation of reality. It is suggested that he relies heavily on projection as a defense mechanism. In addition, the MMPI-2 corroborates Mr. Gao's self-report of obsessive and compulsive personality traits including perfectionism, high performance standards, and preoccupation with adherence to ethical standards. Introspection and shyness were also evident in his profile. He indicated concern with health and with physical symptoms, and a content analysis indicates a tendency (noted in interview) to experience depression and other emotional turmoil in somatic symptoms. If Mr. Gao were to enter psychological treatment, the MMPI-2 indicates that he would be likely to make slow and steady progress.

The SCID is a structured clinical interview used for DSM-III-R diagnosis. Although Mr. Gao indicated on the SCID concerns with decreased concentration and increased apathy, he fails to meet criteria for either a current or a recent episode of affective disorder. He accurately describes his affective difficulties as situational, and it must be considered that any mood disturbance is secondary to his primary diagnosis. There was strong evidence in his answers to the SCID questions that he is experiencing limited psychotic symptoms. He denied hallucinations in all modalities, and there is no indication of formal thought disorder. He repeatedly denied that his thinking was delusional or even inaccurate. However, his discussions of recent events clearly

indicated a firmly held delusional belief which entailed conviction that others were talking about him, that his department chairman had instructed and perhaps even hired people to harrass him, that the Dean had arranged for someone to harrass him over E-mail channels in order to develop grounds for denying his E-mail privileges, and that the university, the news media, and the 'Mulrone administration' were conspiratorial in efforts to deny him a forum to express his maltreatment. In summary, the SCID results indicated a diagnosis of delusional disorder - persecutory type. No other diagnosable Axis I disorder was in evidence: He denied current or past suicidal ideation; he denied a tendency towards violent acts past or present; he denied making threats, or intending to make threats against others' well being in the future.

The PDE is a structured interview used for diagnosis of personality disorders. As with the other tests, Mr. Gao was quite cooperative with the PDE process, and he indicated good insight into own personality and work style. His answers to the PDE indicate that he meets criteria for obsessive/compulsive personality disorder. Most notably, he reports the following characteristics:

An excessive devotion to work and productivity, perfectionism that interferes with task completion, indecisiveness, excessive scrupulousness, restricted expression of affection, and a lack of generosity in sharing his time with others.

CONCLUSIONS AND RECOMMENDATIONS:

Because Mr. Gao was both articulate and cooperative and because the assessment data are unusually convergent, the following diagnoses can be offered with a high degree of confidence:

DSM-III-R: Axis I: 297.10 - Delusional Disorder - Persecutory
Type.
Axis II: 301.40 - Obsessive/Compulsive Personality
Disorder.

Mr. Gao denies suicidal ideation, and the MMPI-2 offers no reason to disbelieve his assertion. He also denies violent actions and intent; however, he does admit to smashing a coffee mug on a wall in order to convince a "stranger hired by the department chair" to leave him alone. Given this history and his unrelenting conviction that he is in fact being persecuted, the prediction would be for risk of future explosive episodes. There is no indication of planned or systematic danger to other people.

Mr. Gao's personality style has clearly predisposed him to emphasis on societal rules and thereby to his conviction that leaders who harm others must be confronted. In addition, it has been described that immigrants have an increased risk of developing delusional

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disorder. These two factors argue against a good prognosis; however, there are many other indicators that Mr. Gao's prognosis may be excellent. His intelligence, his articulateness, and his understanding of cultural issues would all be indicators of a good therapeutic outcome. In addition, although often shy in formal social settings, he obviously has excellent social skills, and is likely to be openly interactive in therapy and able to implement changes in his social life should he find that necessary or desirable. It is quite apparent that Mr. Gao has recently been seriously under-socialized and that increased social contact may be helpful in diffusing his extreme preoccupation with the injustices he feels that he has been experiencing recently.

Thank you for the opportunity to see this very interesting patient.

JL/jr/4


d & t: 16 Dec 92

DISCHARGE REPORT

PATIENT NAME: GAO, Feng
D.O.B. January 29, 1959
ATTENDING PHYSICIAN: Dr. L. Chapman

MED. REC. #: 196329
WEST TWO

SIGNATURE


L. Chapman, M.D., F.R.C.P.(C).

COPIES TO: Dr. L. Chapman/Dr. Ron Remick/Dr. James Lai/Dr. Peter Chan

ADMISSION DATE: November 30, 1992
DISCHARGE DATE: December 21, 1992

ADMISSION DIAGNOSIS:

Axis #I - Psychosis, NOS
Axis #II - No diagnosis
Axis #III - No diagnosis

DISCHARGE DIAGNOSIS:

Axis #I - Delusional disorder - persecutory type.
Axis #II - Avoidant, schizoid, and obsessive personality traits.
Axis #III - Temporomandibular joint pain.

HISTORY OF PRESENTING ILLNESS:

This thirty-three year old, single, former computer science professor who is currently unemployed, was admitted to hospital under Section 24 and certified in the Emergency Department. The RCMP had attended his apartment because of a call from Madam Justice Kirkpatrick who had received a phone call from Feng stating that he was convinced that the head of Computer Science was involved in a conspiracy against him, and indicated that he may "create an incident" in order to disclose this. He also claimed that Prime Minister Mulroney was directly involved in the conspiracy against him, and he wished to have his views aired on the National News as a way of exposing the corruption both in the Conservative government and the Department of Computer Science. He had launched a court case against the University, as well as the RCMP, and was considering launching a suit against the Government of Canada and the hospital.

Feng had been employed as a sessional lecturer in the Department of

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Computer Science, and in fact, had been hired on a time-limited, three year contract. His contract had been extended for a one-year period when funds became available. Feng maintained that his department had conspired with others so that he could not apply for tenure tracked positions, and also was engaging in other corrupt hiring procedures. His research had apparently progressed fairly satisfactorily until approximately eight months prior to admission. He had also completed his teaching assignments quite satisfactorily until his job ended on June 30. At that time he refused to leave his office and the RCMP were called because of the concern about potential violence. In early July he was seen by Dr. Remick and stated that he was prescribed sleeping pills. Since that time, he has spent most of his time attempting to contact the CBC and gain an interview. He had not applied for unemployment insurance, and in fact, was in debt approximately \$5000, as he had made an advance to his lawyer as well as paying off some of his credit cards and his typical expenses.

There was no evidence of a significant change in his mood, either depressed or elevated, although he did have increased reports of somatic symptoms such as jaw pain. He had not been over-spending, nor did he have an increased level of activity, increased energy, or engaging in behavior of potential self-harm other than the somewhat veiled threats to members of the university department. He was not involved in a relationship, nor did he abuse alcohol or drugs. He was on no medications.

Past psychiatric history is essentially negative except for a couple of visits with Dr. Remick this past summer in the context of this episode of illness.

There is no history of family psychiatric illness and the past medical history is essentially negative.

PHYSICAL EXAMINATION:

Vital signs were normal. The general physical examination was within normal limits. There was a very mild degree of crepitus and decreased range of motion of the TM joint.

LABORATORY TESTS:

Routine lab work including CBC, sed rate, electrolytes, urea, creatinine, fasting glucose, liver enzymes, bilirubin, TSH and urinalysis, were all within normal limits. A CT scan of the head without contrast was normal. An EEG done with the patient on 10 mg Haloperidol and 2 mg Lorazepam, demonstrated paroxysmal beta activity over the right posterior quadrant. This activity spread to the contralateral hemisphere at times. Impression was of a focal but nonspecific disturbance. A repeat, sleep-deprived EEG

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was done and this revealed a similar abnormality. Psychodiagnostic testing, including an interview, MMPI-II, SCID, and the Personality Disorders Examination were administered. Diagnostically, the impression was of a delusional disorder, persecutory type, as well as an obsessive-compulsive personality disorder. There was a very mild elevation of the somatic subscales, suggesting a mild degree of secondary depression. It was noted that his personality style would predispose him to emphasizing societal rules and the conviction that leaders who harm others need to be confronted. It was also noted that immigrants have an increased rate of delusional disorder. His intelligence was felt to be extremely high and well preserved. Risk of violence was held to be low.

CONSULTATIONS:

Dr. Feldman of Neurology was consulted regarding the abnormality on the EEG. He recommended the repeat, sleep-deprived EEG and, after examination and reviewing the test, it was felt there was no specific neurological diagnosis. It was suggested that another EEG be done in approximately six month's time. He did not recommend an MRI at this point.

MENTAL STATUS ON ADMISSION:

Feng was quite cooperative and reasonably accessible. He had quite a forthright manner and talked with great conviction about his concerns of corruption in the government and the university. There were no abnormalities of speech, eye contact, or psychomotor activity. He described his mood as being mildly anxious and irritable, and he demonstrated a full range of affect. Thought form was slightly concrete although quite goal-directed and without any loosening of associations or flight of ideas. As mentioned, he expressed persecutory delusional ideas for which there was no evidence in reality. There was no perceptual disturbance and he had minimal insight and somewhat impaired judgment. Cognitively, he was well oriented, had good immediate and longterm memory, and demonstrated a degree of abstractness on similarities.

MENTAL STATUS EXAMINATION ON DISCHARGE:

This was essentially unchanged.

COURSE IN HOSPITAL:

Feng was initially certified because of the concern regarding dangerousness, particularly to faculty members. When first admitted to the ward, Feng stated that he would "create a disturbance" on the ward by yelling and disrupting the other patients. He was therefore placed in seclusion and given one dose of intramuscular neuroleptic. The following morning he was more

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subdued and cooperative, and was able to come out of seclusion after approximately twelve hours. He was treated with liquid Haloperidol at a dosage of 10 mg h.s., as well as Lorazepam 1 mg b.i.d. initially. This was reduced to 0.5 mg h.s. due to his complaints of daytime sedation. Benztropine was added as prophylactic because of a concern of EPS in this Oriental man. He did tolerate these dosages of medication quite well. There was some diminution in the intensity of his delusions conviction, and particularly in his insistence of continuing to contact the CBC. He applied for a Review Panel hearing and as this date approached there was some escalation in his behavior. Where he had been quite cooperative on the ward, two days before the hearing he eloped from hospital, returned to his apartment and called the Head of Computer Science saying that he "was on the edge" and insisted that the Department Head send a CBC reporter immediately. He was returned to hospital by the RCMP and was cooperative with this. The Review Panel hearing was held on Friday, December 18, however, the decision was postponed due to a submission by the university lawyers that weekend. Feng again eloped from hospital and returned to his apartment to continue placing calls to the CBC. He continued to express the idea that if he were only persistent enough, he would be able to get a National News interview as well as organizing an emergency sitting of Parliament to review the Mulroney government's corruption.

The following Monday, the Review Panel hearing sat again and the decision was made that Feng could not be detained. The Friday before discharge, I contacted his sister by telephone. She is a graduate student in New York. Feng had not earlier given me permission to contact her. She had been very concerned about Feng, having thought he might have committed suicide. She was well aware that he was expressing ideas that were not reality-based, and appeared to be quite supportive of him. She suggested she may encourage him to move to New York State. She is prepared to assist him financially as well as in finding work. I also contacted Dr. Remick and he has indicated that he would be prepared to see Feng in follow-up. Feng is aware that Dr. Remick will return on January 4 and has his phone number to arrange an appointment.

DISCHARGE MEDICATIONS:

Haloperidol 10 mg h.s.
Lorazepam 0.5 mg q.h.s.
Benztropine 1 mg p.o. b.i.d.

He was given a one-month supply of these medications.

RECOMMENDATIONS:

1. Given the lack of insight, his prognosis is somewhat guarded at

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this point.

2. Feng has been given Dr. Remick's number for out-patient follow-up. I have also given him the number of SUCCESS, a Chinese service organization who may be able to assist him with practical matters such as obtaining his UIC benefits and providing some cultural assistance.

3. His sister will be in touch with him and I have recommended she encourage him to focus his energy on reality-based issues such as finding himself a job and dealing with his financial situation. It may be favourable for him to move to New York as a way of diminishing the intensity of his delusional convictions. He will certainly benefit from ongoing psychiatric treatment and may, in fact, require readmission to hospital at some point.

LC:hg:8
D.22/12/92
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