

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

STATE OF DELAWARE : Def. ID# 1106025042
v. :
RONALD W. WILLIAMSON, :
Defendant. :

MEMORANDUM OPINION

Decision After Competency Hearing - Defendant Remains Incompetent
Delaware Psychiatric Center is Ordered to Treat Defendant in Order to Restore His Competency

DATE SUBMITTED: October 27, 2017

DATE DECIDED: November 28, 2017

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Department of Justice, Georgetown, DE.

Thomas A. Pedersen, Esquire, and Michael R. Abram, Esquire, Attorneys for Defendant.

STOKES, J.

This is my decision after the most recent proceedings addressing the competency of Ronald W. Williamson (“defendant” or “Williamson”) to stand trial.¹ The State of Delaware (“the State”) has conceded that no significant change in defendant’s mental status has occurred which would support a conclusion by this Court that defendant now is competent to stand trial. Thus, this Court’s previous conclusion that defendant is incompetent to stand trial stands. However, the recent proceedings did establish that defendant has not been treated for his Delusional Disorder despite this Court’s previous direction that such treatment be administered. Because experts for both the State and defense outlined recognized medical standards regarding treatment for the Delusional Disorder from which defendant suffers, this decision includes directions concerning that treatment.

Procedural History

On June 26, 2011, Mark Anderson, Chief of Police, Greenwood, Delaware, arrived at the scene of a dispute. The dash-cam on the police vehicle, which was running when Chief Anderson arrived, recorded a man later determined to be Williamson. Williamson was holding a woman in a choke hold and had a hand gun in his other hand. Chief Anderson got out of his car and repeatedly ordered Williamson to drop his weapon. After a slight struggle with his victim, Williamson pointed the gun at her forehead and fired one shot. Williamson immediately dropped the gun and ran into a neighboring residence where he was arrested eight hours later after lengthy

¹This decision expands upon my October 25, 2017 Order directing that defendant be transferred to Delaware Psychiatric Center and be treated for competency restoration purposes and improvement of his delusional disorder consistent with the treatment plan outlined by some of the experts who testified in this matter.

negotiations with police officers.

The victim, Connie Breeding, died as a result of a single gun shot to the head. Defendant is charged with two counts of Murder First Degree and numerous additional crimes related to Connie Breeding's shooting death.

Defendant quickly developed a fixed belief that Dean Johnson, Esquire, one of his previous defense attorneys, participated with the State in altering the police videotape that depicted the crime. The videotape is the central incriminating evidence against him. Defendant's belief that a conspiracy exists to convict him has expanded to include some psychiatrists and the Court. He also has extended delusions, which include alleged tampering with items besides the videotape, such as audio transcripts and personal documents defendant had while incarcerated.

Initially, this Court found defendant competent to stand trial.² However, his then counsel sought a reevaluation and a second competency hearing was held on December 14, 2012.

Testifying for the State at this December 14, 2012 hearing were Andrew W. Donahue, M.D. and Stephen Mechanick, M.D.³ Dr. Donahue, a board-certified psychiatrist and a forensic psychiatrist, diagnosed defendant with a Delusional Disorder, Unspecified Type. He found defendant to be competent to stand trial. Stephen Mechanick, M.D., a board-certified psychiatrist, found Williamson competent to stand trial. Dr. Mechanick diagnosed Williamson with a Delusional Disorder, Persecutory Type. Dr. Mechanick also concluded defendant was competent to stand trial.

Susan E. Rushing, M.D., J.D., a forensic psychiatrist, testified for the defense at the first

²*State v. Williamson*, 59 A.3d 490 (Del. Super. 2012).

³Dr. Mechanick also testified at defendant's first competency hearing.

and second hearings. At the first hearing, she did not find defendant competent for a capital trial;⁴ however, she did not have as firm of an opinion regarding his competency for standing trial on less serious cases. At the second hearing, she found Williamson to be incompetent for trial without any reservations. Her opinion at the second hearing resulted from additional information provided in her reevaluation and the fact that Williamson was more enthralled in his delusions that a jury would acquit him because of tampered evidence. Dr. Rushing agreed with Dr. Mechanick's opinion that defendant's belief about manufactured, tainted evidence is a delusion and could be classified under the psychotic disorder labeled Delusional Disorder.

In its decision of January 23, 2013,⁵ this Court concluded as follows. Williamson is not competent to stand trial. Defendant genuinely holds delusions about falsified evidence and systemic corruption. These are fixed false beliefs and are not manipulative attempts to avoid a murder conviction. These beliefs prevent him from cooperating and communicating with his attorneys. Defense lawyers must provide the best defense consistent with the client's direction. However, in this case, the delusions would infect the process and the trial would be a mockery of justice. The Court will not subject defendant to trial where his psychotic disorder precludes a meaningful defense because a fair trial cannot be had.

The Court instructed that Williamson was to remain at Delaware Psychiatric Center (“DPC”) “where measures to restore his competency shall be taken.”⁶

⁴This case no longer is a capital one. *See Rauf v. State*, 145 A.3d 430 (Del. 2016) (holding the death penalty statute in effect at the time of defendant’s arrest to be unconstitutional).

⁵2013 WL 268981 (Del. Super. Jan. 23, 2013) (“January 23, 2013 Decision”).

⁶*Id.* at *9.

Although the Court did not appoint new counsel when it issued the January 23, 2013 Decision, it ultimately did appoint other attorneys to represent defendant.

May, 2017 Hearings

In May, 2017, another competency hearing, extending over several days, was held. The following was established.

During the time between January 23, 2013, and May, 2017, DPC did not undertake any measures to restore defendant's competency other than to allow him to participate in some group activities. Mustafa Mufti, M.D., the Clinical Director of Forensic Services at DPC, testified that he did not see any symptoms which would call for the administration of psychotropic medications. However, by his admission, he never discussed with defendant the facts of this case in depth.⁷ The Court extrapolates from Dr. Mufti's testimony that he never explored defendant's delusions regarding the videotape and the conspiracy theories he held. That would be why he never observed any psychosis. Dr. Mufti diagnosed defendant with Narcissistic Personality Disorder. Dr. Mufti did not medicate defendant because he did not believe defendant had a condition which required the administration of medication.⁸

⁷According to Dr. Mufti, he did not go into as much detail with defendant as did those psychiatrists evaluating defendant's competency because he considers the role of a treatment provider to differ from that of a competency examiner. Transcript of the May 1, 2017 Proceedings, Vol. A at A-70-72.

⁸The defense's expert, Steven Ciric, M.D., testified as follows as set forth in the Transcript of the May 30, 2017 Proceedings, Vol. C at C-59-60:

[A] significant omission is that the case wasn't appropriately worked up and that Mr. Williamson's delusional — potentially delusional thinking was not fully explored and not addressed in an individual therapeutic context in a more

The DPC professionals treating defendant concluded he was competent and that there was nothing they could do for him.

Dr. Mechanick, again testifying for the State, stood by his diagnosis of Delusional Disorder, Persecutory Type. Dr. Mechanick again concluded that defendant is competent to stand trial in that he continues to demonstrate a sufficient factual and rational understanding of the charges and proceedings against him and he has sufficient ability to assist his attorneys in the preparation and conduct of his defense.

Gregory Saathoff, M.D., a forensic psychiatrist, also testified for the State. Dr. Saathoff concluded that defendant does not suffer from a delusional or other psychotic disorder. Instead, he suffers from a personality disorder with paranoid and narcissistic and borderline features. He concluded defendant is competent to stand trial as he is capable of understanding the legal proceedings against him and is capable of assisting attorneys in his defense.

Testifying for the defense was Steven Ciric, M.D., a forensic psychiatrist. He diagnosed defendant with a Delusional Disorder, Persecutory Type and concluded defendant's delusional thinking interferes with his competence to stand trial. Defendant will not work with his attorneys unless they present his theories of conspiracy and tampered evidence. Dr. Ciric, contrary to Dr. Mechanick, is of the opinion that defendant cannot work through this issue with his attorneys. The delusion is core to the legal proceedings; the delusion directly impacts defendant's ability to

intensive way which would allow not only for the increased assessment and ability to analyze the content of his thinking, but, at that point, be – start the inroads toward a therapeutic approach, including individual psychotherapy; cognitive behavioral therapy, as has been described for psychosis; and a more concerted consideration of medication options as might be appropriate.

possess rational as well as factual understanding of his legal situation and interferes with his ability to assist in his defense and consult with defense counsel with a reasonable degree of rational understanding. Thus, he is of the opinion that defendant is incompetent to stand trial.

Dr. Ciric explained that treatment exists which can reduce the intensity of delusion(s) so that improvement in defendant's functioning occurs:

Specifically, a model of therapy that has shown some benefit with respect to the treatment of individuals with psychosis and delusional thinking – for example, cognitive behavioral therapy as applied to psychosis – as well as the consideration of antipsychotic medication options to address the psychotic belief system.⁹

After the May hearings, a confidential informant approached the State with the following information, some of which was known, some of which is new. Defendant believes that the videotape is doctored and maintains the man on the videotape does not even look like him. Defendant claims he did not recognize the police officer as a police officer; the victim grabbed the gun and it went off in her face. Defendant maintains the Public Defender's office conspired to fabricate the videotape and the Court is trying to protect the integrity of that office. Defendant's entire defense will hinge on the videotape not being authentic. Also, defendant has developed a hit list of people he plans to kill if he is released from incarceration. The lists targets individuals associated with his legal proceedings, mental health issues and incarceration.

All of the experts testifying as to defendant's competency were provided with this information. They then submitted addendums to their previous reports.

⁹Transcript of May 30, 2017 Proceedings, Vol. C at C-77. *See also* Transcript of May 30, 2017 Proceedings, Vol. C at C-59-60 (discussing the benefits of medication, Cognitive Behavioral Therapy as has been described for application to psychosis, and individual therapy).

Dr. Ciric's opinion remains unchanged.¹⁰ Dr. Ciric notes that the additional information strengthens his previous diagnosis and conclusions.

The new information did not change Dr. Mechanick's opinion that defendant's Delusional Disorder does not impair him to the degree that it causes defendant to lack competency to stand trial. Dr. Mechanick did state that if the Court deems defendant to be incompetent, then he "would recommend that a treatment plan be instituted to treat Mr. Williamson's delusional disorder that would [include] individual therapy and antipsychotic medication and possibly other psychotropic medication."¹¹ He further opined that it was his "opinion that Mr. Williamson's delusional disorder has a reasonable likelihood of improvement with medication."¹² Dr. Mechanick referenced a 2015 article¹³ discussing the use of psychotropic medication to treat delusional disorders. He noted that the article also discussed a study evaluating the effectiveness of Cognitive Behavioral Therapy for treating these disorders as well as the value of behavioral principles and social skills training. He further recommended:

Mr. Williamson's individual counseling should include monitoring of whether the intensity of Mr. Williamson's unrealistic beliefs about the videotape being altered is reduced with medication. Individual counseling should also work with Mr. Williamson on helping him to have a more realistic perception of his case, and with coming to terms with the possibility of receiving a sentence that could result

¹⁰September 29, 2017 Letter from Steven Ciric, M.D., attached as exhibit to Court's October 25, 2017 Order (Docket Entry 183).

¹¹September 21, 2017 Letter from Stephen Mechanick, M.D., at 4, attached as exhibit to Court's October 25, 2017 Order (Docket Entry 183).

¹²*Id.*

¹³Drs. James Burgeois, *et al.*, "Delusional Disorder," *Medscape* (May 18, 2015).

in substantial additional time in prison.¹⁴

Dr. Saathoff revised his earlier assessment in light of the new information and concluded defendant was not competent to stand trial.¹⁵ In his opinion, the new information showed entrenched delusions to the extent that defendant has begun to act upon them. The new information also showed that defendant either had hidden his psychosis from his treatment team or his condition has deteriorated. The new information “reveals a presentation consistent with psychosis, in the form of a delusional disorder.”¹⁶ He opined that defendant’s “symptoms and lack of insight that he suffers from a major mental illness would likely improve with antipsychotic medication, although this medication may need to be provided over objection in order to attempt restoration to competency.”¹⁷ Dr. Saathoff further advised that his “own experience in treating patients with delusional disorder as well as ... [his] review of the treatment literature indicates that delusional disorders often do respond to antipsychotic treatment.”¹⁸ He explained that defendant’s psychotic delusions are treatable only with antipsychotic medication and concluded that “Mr. Williamson is quite likely restorable to competency if provided with antipsychotic medication in accordance with the law, over objection via court order, if

¹⁴*Id.* at 5.

¹⁵October 16, 2017 Competency Assessment Addendum, attached as exhibit to Court’s October 25, 2017 Order (Docket Entry 183).

¹⁶*Id.* at 8.

¹⁷*Id.* at 2.

¹⁸*Id.* at 8, citing to Manschrek, T., Kahn, N., “Recent Advances in the Treatment of Delusional Disorder,” 51:114-19, *Can J Psychiatry* (2006) and Munro A., Mok H., “An overview of treatment in paranoia/delusional disorder,” 40:616-22, *Can J. Psychiatry* (1995).

necessary.”¹⁹

Thereafter, the State informed the Court that it is unable to establish there has been a significant change in defendant’s mental status which would justify the Court in altering its January 23, 2013 Decision finding defendant incompetent to stand trial. The State expressed a desire that DPC provide treatment for defendant so that he might be rendered competent to stand trial.

Discussion and Order

The State has the burden of proving defendant competent²⁰ and it has conceded that it cannot do so at this time. Thus, the Court’s previous ruling that defendant is incompetent to stand trial stands.

The applicable statute, 11 *Del. C.* § 404(a), provides that in this situation, “the court may order the accused person to be confined and treated in the Delaware Psychiatric Center until the accused person is capable of standing trial.” The Delaware Psychiatric Center, not the Department of Correction, must treat defendant.

The Court now addresses what treatment must be provided. Unlike the experts at DPC, the experts who have testified regarding defendant’s competency have delved into the area where his delusions exist. They have testified that these delusions are fixed. Defendant suffers from a psychosis in the form of a Delusional Disorder. The testimony of the experts for the State and the defense establish that recognized medical standards show defendant’s Delusional Disorder may

¹⁹*Id.*

²⁰*State v. Williamson*, 2013 WL 268981, * 2.

be improved by treatment which includes the administration of antipsychotic medication and possibly other psychotropic medication, individual therapy, Cognitive Behavioral Therapy, and social skills training.

The Court hereby directs that the professionals at DPC administer this outlined treatment. The professionals at DPC must commence, immediately, giving defendant individual therapy, Cognitive Behavioral Therapy, and social skills training. Williamson's individual therapy should include monitoring of whether the intensity of his unrealistic beliefs about the videotape being altered is reduced with medication. Individual counseling also should attempt to help Williamson have a more realistic perception of his case and come to terms with the possibility of receiving a sentence that could result in substantial additional time in prison. The professionals at DPC must explore the administration of antipsychotic medication and possibly other psychotropic medication. If defendant agrees to their administration, then DPC must administer the appropriate medication. If defendant refuses the medication, then DPC must notify the State of such refusal and the State shall move for a court order to have defendant involuntarily medicated in an effort to restore his competence so that he may stand trial.²¹

The Court's directing the DPC professionals as to the type of treatment to provide defendant is necessary to insure that defendant can be rendered competent to stand trial as soon as possible. In the past, the various psychiatrists disagreed as to whether defendant suffered from a Delusional Disorder. At this point, experts for the State and defense agree that defendant has a

²¹The State will have to meet its burden to establish a basis for DPC to involuntarily administer medication to defendant for competency restoration purposes as required by *Sell v. United States*, 539 U.S. 166, 123 S.Ct. 2174 (2003). *Accord State v. Fairley*, 2012 WL 2464869 (Del. CCP June 29, 2012).

Delusional Disorder which may be treated as outlined above.

On May 31, 2018, DPC will submit a status report 1) outlining the treatment administered; 2) the results of said treatment; 3) detailing whether defendant's delusions concerning the videotape and any other evidence against him have softened; and 4) assessing the current state of defendant's competency.

IT IS SO ORDERED.