

DEPARTMENT OF MENTAL HEALTH
METRO BOSTON AREA
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85 EAST NEWTON STREET
BOSTON, MA 02118

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Aisling M.- Criminal Clerk's Office	Carmen Morales, Forensic/ Administrative Asst
COMPANY:	DATE:
Woburn D.C.	8/11/2020 11:08 AM
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
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781-935-4000, ext. 1	Comm. vs. Bo Shang Docket No.: 2053CR0558

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Hello Aisling,

Attached you'll find the Competency to Stand Trial and Criminal Responsibility Reports, along with the Discharge Summary for Mr. Shang.

Thank you
Carmen

XX Check if protected Health Information is Attached.

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15(b) COMPETENCE TO STAND TRIAL EVALUATION

Presiding Justice
Woburn District Court
30 Pleasant Street
Woburn, Massachusetts 01801

Name: Bo Shang
Date of Birth: June 6, 1988
Docket Number: 2053 CR 0558
Date of Admission: July 24, 2020
Examiner: Amani Wilson, Ph.D.
Date of Report: August 10, 2020

IDENTIFYING INFORMATION

Your Honor, pursuant to an Order issued from the Woburn District Court by Judge Tejal Mehta for competence to stand trial and criminal responsibility evaluations under the provisions of M.G.L., Chapter 123, Section 15(b), Mr. Bo Shang was admitted to the Dr. Solomon Carter Fuller Mental Health Center (DSCFMHC) on 7/24/20. The commitment expires on 8/12/20.

This is the first DSCFMHC admission for this thirty-two year old, single, Chinese man with a college education, who is currently a graduate student at Harvard University studying computer science. Mr. Shang is before the Woburn District Court on complaints of Assault and Battery with a Dangerous Weapon on a Person Over Sixty and Assault with a Dangerous Weapon (To wit: a knife and crescent wrench) related to

alleged events which occurred on 6/23/20. It is alleged that he threatened his father with a knife and struck him with a crescent wrench. He had been living in the community since his arrest. It is further alleged that Mr. Shang flew to London following his arraignment hearing but was stopped by customs in England and returned to the United States. Consequently, the District Attorney's office notified the Court of the potential violation of pre-trial release and a warrant was issued for his arrest on 6/25/20. Mr. Shang's defense attorney, George F. Ohlson, Jr. Esq. who informed the Court of his concern that Mr. Shang had sent fifty or sixty "bizarre text messages to him including copies of the U.S. Constitution with words crossed out. Moreover Attorney Ohlson, Jr. reported that he was unable to discuss Mr. Shang's charges and current legal situation in a meaningful manner. Judge Tajal Mehta ordered an evaluation of Mr. Shang's competence to stand trial pursuant to M.G.L., Chapter 123, Section 15(a).

LEGAL CRITERIA FOR DETERMINING COMPETENCE TO STAND TRIAL

In the Courts of the Commonwealth, the test to be applied in determining the competence of a person to stand trial is, "whether he 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 a factual understanding of the proceedings against him."

Commonwealth v. Vailes, 360 Mass. 522 275 No. E. 2nd 893 (1971)

WARNING ON LIMITS OF CONFIDENTIALITY

Prior to my interviews with Mr. Shang, I informed him that I am a Licensed Psychologist and that I was ordered to examine him to gather information that the Court could use in determining whether he is competent to stand trial and criminally responsible or not for the instant offenses. I told him that I would offer the court an opinion on his need for further care and treatment as well and that his participation could result in further psychiatric commitment.

I informed Mr. Shang that I would be preparing a report of the interviews and my observations to the Court and that I might be asked to testify in Court regarding my report and that the content of the interviews and my observations would not be confidential (private). Further, Mr. Shang was informed that the results and content of the competence to stand trial evaluation report could be used at trial should he decide to place his mental state at trial and offer evidence in support of that issue at trial.

I told Mr. Shang that he did not have to participate in the interviews if he did not want to and that he could refuse to answer any and all of my questions. I informed him that if he refused to participate in the evaluation, I still had the responsibility of providing a report with the available data. I said I am mandated to report abuse or neglect of a child, an elder or a disabled person. I also may take appropriate action if I became concerned he would harm himself or others.

I asked Mr. Shang to individually repeat what I shared with him. He was able to do so accurately. Mr. Shang then agreed to meet with me. In my opinion, Mr. Shang understood the purpose of our meeting, the lack of confidentiality in our communications, my role, the voluntary nature of his participation and that I would be providing the Woburn District Court with reports of my findings.

SOURCES OF INFORMATION

I interviewed Mr. Shang on the Eight East Unit of the DSCFMHC on 8/3/20, 8/24/20 and 8/10/20 on the Five East Unit. I consulted with his treatment team including his attending psychiatrist, Emily Sullivan, D.O. and his social worker, Valencia Reid, LICSW. I consulted via telephone with his defense attorney George F. Oholson, Jr. Esq. on 8/4/20.

In addition I reviewed the following:

1. Mr. Shang's DSCFMHC paper and electronic record.
2. Orders of Examination of a Defendant for Observation Pursuant to G.L., c. 123, s. 15(a) issued from the Woburn District Court by Judge Mehta, 7/24/20.
3. 15(a) Competence to Stand Trial Screening Evaluation, Woburn Court Clinic, signed by Trevor Barese, Ph.D., Designated Forensic Psychologist Candidate, 7/24/20.
4. Burlington Police Department Incident Report on the violent index offenses, submitted by Officer Stephen P. Papagno, 6/23/20.
5. Note on Mr. Shang's personal history prepared by Ms. Gejing Deng, Mr. Shang's mother.
6. Neuropsychological Evaluation Report, Commonwealth Psychology Associates, signed by Adele Haber, Ph.D., ABPP, 9/19/17.

RELEVANT HISTORY

Mr. Shang's history was reported by his mother, Ms. Gejing Deng and supplemented by Mr. Shang. He was born in China and lived with grandparents most of time during his first six years when he came to the United States. Asked to describe his childhood, Mr. Shang recalled that "it was fairly awkward. Family had mental health problems. They were undiagnosed." He is reported to have done well academically. His teacher sent him to a third grade for math classes when I was only a first grader. He was enrolled in middle school in Arlington and continued to do well academically but is reported to show social anxiety and did not participate much in afterschool activities. Mr. Shang

enrolled in Boston Latin high school but became even less social. Mr. Shang was accepted to Notre Dame, NYU, Tufts University and was also accepted by UMass Amherst with a full scholarship. He decided to go to the School of Engineering at Tufts University. He is reported to have not made any friends in college. He received a bachelor's degree in 2010. Mr. Shang has never been married and has no children. He denied having a history of serious medical problems, surgeries, head injury, blackouts or seizures. Mr. Shang has no previous legal problems according to his CORI.

After graduating from Tufts University, Mr. Shang began working in the financial sector, first as an intern in an investment bank in Hong Kong and then as a development manager of a financial tech start-up. In January 2015 he started a MBA program at the University of North South Wales and received a scholarship. Mr. Shang disclosed that he had a panic attack while presenting to a large group then immediately changed his major to computer science. After a little over a year he dropped out of the program due to an anxiety disorder and came back to the United States in the fall of 2016 when his visa expired.

His mother reported that he was depressed and shut himself in a dark room. Ms. Deng shared that he consulted with a primary care physician who prescribed Prozac and Ativan. Shortly after these visits, he was evaluated by a psychiatrist who gave him a diagnosis of ADHD and prescribed 30 mg. of Adderall. In July he had a panic attack. He was worked up at Lahey Hospital in July 2027 but no physical cause was identified for his symptoms.

In September of 2017 Mr. Shang had a neuropsychological evaluation. He reported a pattern of long standing cognitive difficulties that had started to have a negative impact on his academic and occupational performance. It was reported that his higher-order intellectual functioning was superior. On ADHD Inventories, he endorsed clinically significant symptoms of inattention then and during childhood but he only endorsed only borderline significant symptoms of hyperactivity during childhood and clinically insignificant hyperactivity then. It was reported that the findings of cognitive testing in combination with his self-report were consistent with a diagnosis of attention deficit/hyperactivity disorder/inattentive type. Cognitive test findings indicated deficits in sustained attention, processing speed and executive functioning. His responses to an autism questionnaire indicate mild autism spectrum tendencies. His self-report on that questionnaire indicated problems with attention switching, social skills deficits, limited imagination, and intense/ narrow interests.

Since that consultation, he was worked with a variety of health professionals to address his symptoms. In later 2017 he was enrolled as subject in a psychological research program at Massachusetts General Hospital. Ms. Deng reported that she and his father believed that he had become addicted to Adderall because he often consumed his prescription at higher doses than instructed. He developed severe insomnia. He relied on

Valium and Xanax for sleep and was taking one to three benzo pills daily buying them on the internet and was also taking 80 mg. of Adderall daily in addition to his usual dose (45 mg. is reported in the literature to be the maximum dose).

On 11/6/2018 Mr. Shang was admitted to the Lahey Health Hospital and transferred to the BayRidge Hospital. He presented with an acute psychosis with disorganized thinking and behavior. Mr. Shang had persecutory delusions and paranoia. He told his treators that he went to New Hampshire because "someone was playing a prank on him" which was fairly abusive and he believed that the prank was done by a "group of other computer scientists." He was very anxious. Mr. Shang, who was very thin having lost fifteen pounds in two months and was dehydrated. Mr. Shang was also hearing voices. He was treated with a benzodiazepine and released stable after seven days.

In the summer of 2019 his psychiatrist stopped his Adderall prescription aware of his overdose issue and his street drug use. In October 2019 he began to again display psychotic and paranoid behavior. (E.g. talking to himself, hearing voices, thinking that his electronic devices were being constantly being hacked and watched. He thought that he was the victim of many conspiracies. He talked to his mother many times that he wanted to seek asylum in other countries. In December 2019 he asked his mother to go to China with him. However while in China he complained that his parents had kidnapped him. He visited nearby drug stores and hospitals with much success to getting Adderall. Mr. Shang then insisted on travel back to the United States after only twelve days in China.

On January 27, 2020 Mr. Shang is reported that write a disturbing note on a gaming website saying that he would end his life that night. A person who noticed his note called the Burlington police. He was taken to the Lahey ER and then sent to the Arbour HRI Hospital. The psychiatrist concluded that his psychotic symptoms were drug induced and prescribed an antipsychotic medication, Risperdal (3 mg.). He was discharged one week later and it was recommended that he participate in a substance abuse program and see a psychiatrist. Mr. Shang is reported to not agree with the substance abuse issue and failed to go to a program or meet with a psychiatrist. Ms. Deng reports that she and her husband have confiscated nineteen shipments of hundreds of pills of CNS stimulants (Adderall, Procentra and Nigil) as well as Provigil, Sonata and Ambien for insomnia since 2017. Every month this year they have confiscated a total of ten bottles of Adderall and Ambien. The last shipment was intercepted on the day of the alleged offenses.

OBSERVATIONS PRIOR TO ADMISSION

Mr. Shang's competence to stand trial was examined by Trevor H. Barese, Ph.D., a Designated Forensic Psychologist Candidate with the Woburn Court Clinic. The following opinions were offered for consideration by the Court:

“Mr. Bo Shang is a 32 two-year-old, Chinese, male with a history of mental illness and suspected prescription medication abuse (Adderall and Ambien). He reports that he has been diagnosed with ADHD, Autism Spectrum Disorder, Major Depressive Disorder and an unspecified Anxiety Disorder in the past and that he is not been attending any form of outpatient psychotherapy and is not currently prescribed any medications. His presentation during the current evaluation suggests that he is experiencing difficulties with his cognitive processing and reality testing. He seems to have little insight into his symptoms of mental illness, demonstrated through his repeated assertions that he is not in need of mental health treatment. Mr. Shang was cooperative and seemingly forthcoming throughout the interview and denied any thoughts of plans to harm himself or anybody else.”

COURSE OF HOSPITALIZATION

Mr. Shang was admitted to the Eight East Unit of the DSCFMHC on 7/25/20. His chief complaint/reason for hospitalization was “Anxious” and I believe I was false accused.” On arrival Mr. Shang was in good behavioral control. He indicated that he was anxious related to concerns about internet hacking against him and also mentioned that he was being stalked. He denied any hallucinations. Mr. Shang reported that his mood was “a little dejected” with what was going on but in general has been okay because “I have a bright future.” He denied any thoughts of harming self or others. He stated that he was “just misunderstood.” He also reported that his sleep had been disrupted by those concerns lately. His attending psychiatrist reported the following psychiatric formulation:

“On 6/23/20 he was arrested in the context of assaultive behavior related to his delusional beliefs about his computer being hacked and that he was being stalked online. He was arrested and released and father (alleged victim) has a restraining order. Since his release, he reports an increased in alcohol use as noted but denies significant use prior to 6/23/20 and denied drug use other than using Adderall (Substance induced disorder should be explored further).

Mr. Shang was given admission diagnoses of Rule out Delusional Disorder and Rule out Hypertension. There was a revision on 7/27/20 and he was then given a diagnosis of Unspecified Psychotic Disorder and Rule out Amphetamine-Induced Psychotic Disorder. For anxiety, Mr. Shang was prescribed Remeron for anxiety (15 mg. by mouth at bedtime which was subsequently increased to 30 mg. Mr. Shang has been compliant with this regimen and has not complained of any side effects.

Mr. Shang was oriented to the rules/regulations of the milieu, restricted to the unit and placed on fifteen minute safety checks. He was initially on one to one COVID

precautions until his testing was negative on 7/27/20. On 7/25/20 he requested Ativan and Benadryl twice for anxiety and insomnia. He asked for Ativan and Benadryl for anxiety and insomnia on 7/27/20 as well. He reported on 7/28/20 that he was ordered to the DSCFMHC because "They are concerned that I'm not thinking clearly." He denied the accusation that his after was torturing him through the air conditioning ducts and over his computer. Nonetheless, he did say in his psychiatric interview that his computer was hacked and he was being stalked through a "Twitch" platform.

Mr. Shang adjusted well to the milieu. He has had minimal engagement with others but has attended select groups. He has in full behavioral control and has had an adequate food and fluid intake. Mr. Shang has carried out the activities of daily living independently and effectively. Mr. Shang has been agreeable to meeting with his providers. On 8/3/20 he participated in a substance abuse assessment. Jeffrey Hodgson LMHC, LADCI reported the following formulation:

"Pattern of use prior to current period of institutionalization: Mr. Shang reported that before he was admitted to this facility for evaluation, he had been drinking 6-8 cans of beer per day "in order to deal with things"

Intravenous Drug Use/Sharing needles/Associated infectious diseases (HIV, Hepatitis C, etc.): Mr. Shang denied using any substances intravenously.

History of Overdoses/Blackouts (what drugs were used, last occurrence, how many times in lifetime, etc.): Mr. Shang reported that he once used fentanyl by accident (he reported that he had intended on buying Ativan), and that this led to him "passing out".

History of Section 35 commitments: Mr. Shang reported that he has never had a Section 35 commitment.

Past Substance Use Treatment: Mr. Shang reported that the only time that he has had treatment for substance use issues is when he "passed out" from using fentanyl and went to the hospital.

Medication-Assisted Treatment History (methadone/suboxone/naltrexone/Vivitrol etc): Mr. Shang reported that he does not have a history of MAT.

Impact of substance use on mental health: Mr. Shang reported that substances "can be helpful", but wants to be able to address his "mental health issues" through his doctor.

Current Insight into Alcohol/Drug Problems and relationship to violence: Mr. Shang reported that he recognizes that alcohol can cause health problems, such as liver damage, "if people drink enough for long enough". He denied that substances have ever caused him to become violent.

Describe employment or social impairment associated with Alcohol / Drug use: Mr. Shang reported that he has never experienced any social or employment impairment related to his substance use.

Psychosocial Substance Use Issues: (Include substance use by other family members or significant others, substance use related legal problems (DUI, OUI.): Mr. Shang

reported that his father “possibly” has a history of using substances. He denied substance use related legal issues.

Recovery Support: *(Include support systems used by the patient such as AA, NA, DRA, sponsorship.):* Mr. Shang reported that he receives support from his parents, and that he has never attended any 12-step programming.

Tobacco Use History: *(Include amount, frequency, route, treatment history, current motivation to quit, QuitWorks, etc.):* Mr. Shang reported that he is a non-smoker.

Other Addictive Behaviors: *(Including gambling, overspending, eating, etc.):* Mr. Shang reported that he does not have a history of other addictive behaviors.

Longest Period of Abstinence: *(Include when, what helped, what led to relapse)* Mr. Shang was unable to identify his longest period of abstinence.

Triggers and Coping Skills for Substance Use: Mr. Shang reported that he feels triggered to use substances when he is anxious, stressed, and experiencing “ADHD symptoms”. He reported that he is unsure of what coping skills he could utilize to manage these triggers.

Substance Use-Related Treatment Goals: Mr. Shang reported that he is primarily interested in finding a doctor who will prescribe him the medications he believes he needs (including Adderall). He reported that he will continue to use alcohol “as needed” in order to deal with anxiety and to help him sleep.

“Mr. Shang reported that he first used alcohol at the age of 18. He reported that he used alcohol the most when he was 18-19 years old, when he would drink 6-8 beers on a daily basis. He reported that he last used alcohol “the day before I came here”, on 7/23/20. Mr. Shang reported that he first used marijuana at the age of 18. He reported that he used marijuana most frequently at the age of 26, “before the ADHD diagnosis”, when he would use “edibles” on a daily basis. He reported that he last used marijuana “a few months ago”. Mr. Shang reported that he “accidentally” used fentanyl once when he had been intending on buying Ativan. He reported that he had also has a history of buying “amphetamines, because they’re the closest to Adderall I could get”. He was unable to provide any other specific information related to his pattern of use.”

“Per medical records from BayRidge Hospital, in 2018 Mr. Shang had been prescribed high doses of stimulants and hypnotics through a provider at MGH for six months but had also been buying additional medications (benzodiazepines and Adderall) over the internet. Records indicate that during that time, he had been taking 1-3 benzodiazepine pills daily. Mr. Shang had reportedly been taking 80mg of illicit Adderall daily in addition to his usual dose. It should be noted that the FDA-approved maximum daily dose of Adderall is 40mg daily. Overall, Mr. Shang appears to be in the Pre-Contemplation Stage of Change. He does not view his use of substances to be problematic, and intends on continuing his use of alcohol

in the community in order to help him deal with anxiety and to help him sleep. He also reported that he wants to find a doctor who will prescribe him the medications he believes he needs (the same stimulant medications he has a history of misusing)."

CURRENT MENTAL FUNCTIONING

Mr. Bo Shang is a thirty-two year old man who appeared his stated age. He was in no acute physical or emotional distress. He sat in his chair maintaining adequate eye contact. He was well groomed, neat, and clean and showed no signs of self-neglect. He has short black hair, a tan complexion and brown eyes. He was able to understand what was said to him and was able to express his own ideas effectively. His thoughts were logical, organized, goal directed and relevant to the topics at hand.

His speech was marked by normal volume, articulation, rhythm and productivity. He was well spoken and his fund of information and academic background indicate that he is very intelligent. His mood and affect were blunted. He denied being in physical pain or had problems with his hearing or vision. Emotionally, he shared that he was "bored. Frustrated. A lot of evidence that I am not guilty. A little depressed I have to be here." He denied any ideas, intent or plans to harm himself or others. He denied that he made suicidal leading to his January 2020 brief hospitalization. Mr. Shang disclosed that he was "anxious. Case will be dismissed according to my lawyer." He said his thinking was "clear." He thought his greatest concern was that he would "be here nine more days."

Mr. Shang had a normal gait and stance and moved all of his extremities without difficulty. Mr. Shang walked with ease. He showed no abnormal involuntary movements and was not distractible. Mr. Shang was currently oriented and alert and he demonstrated normal consciousness. He was not hyperactive. He was able to focus on the demands of and two and a half hours of interviewing without difficulty and tolerated the procedure well. Mr. Shang was in full behavioral control, socially appropriate, cooperative, candid and forthcoming.

Mr. Shang denied that he was experiencing any auditory or visual hallucinations but admitted that he had been hearing voices a few months ago. He also denied that he was that his thoughts were being read, controlled, inserted or broadcast by others. Asked if he thought his parents were conspiring against him, he replied, "Not really sure." Asked about his beliefs that his electronic devices were being constantly being hacked/ watched and He thought that he was the victim of many conspiracies, he responded, I was exaggerating but I definitely was being hacked. Some of it was definite. There is hard evidence of being hacked."

Mr. Shang has quite limited insight into his mental illness and substance use. Asked if he thought he had a problem with substances, he answered, "Probably more dependent

that I like to be.” Asked if he thought his use of Adderall was harmful, he replied, “Not really sure. I am discovering long term use side effects. No more black market on line. I want to see a psychiatrist. I think the Adderall has allowed me to gain the skills which would be difficult without it.” Asked if he would stop using it, here said, “I will try to find a prescriber that would provide it to me.” Mr. Shang denied that he had a mental illness, insisting, “I don’t. Just ADHD.”

ASSESSMENT OF COMPETENCE RELATED CAPACITIES

Understanding the Charges, Pleas and Potential Consequences

Mr. Shang could cite his charges and understood what the police were accusing him of. He initially thought that the charges were not serious saying, “I don’t think so.” However after some discussion he admitted that all charges are serious. Asked what the worse outcome of his case was, he replied, “Maximum sentence is two and a half years.” H said that the best outcome of his case, “dismissed.” He understood that the difference between an allegation and a finding of guilty was “that I allegedly did an assault and battery and a finding of guilty was beyond a reasonable doubt.” He knew that probation was an “alternative to jail time and I would see a probation officer.” If he violated probation, “I would get a warrant.” Mr. Shang understood that if a person pled guilty it meant, “They did it,” and if a person pled not guilty it meant, “He or she did not do it.”

Understanding the Trial Process

He initially said that there was “No evidence. Nothing at all.” After he was explained about the type of evidence that could be placed against him, Mr. Shang said that he understood this information. He said that the purpose of a criminal trial was to determine if a person was “guilty or not.” Mr. Shang thought the role of a judge in a bench trial was to “look at evidence. Guilty or not,” and if the person was guilty, “sentencing.” Mr. Shang knew that the role of the defense attorney was “to provide legal guidance. Help the accused. Acquittal.” Mr. Shang said that the role of the district attorney was to “serve the best interests of the Commonwealth. Prosecute. Guilty verdict.” He understood that the role of the witness was to “provide evidence under oath.” Mr. Shang thought that the defendant was “the alleged offender.” He said that the role of the jury was to “decide the outcome. Guilty or not.”

Asked who was on his side, he answered, “the lawyer and my witnesses,” and that “the prosecutor” was on the other side.” Mr. Shang could accurately define basic legal concepts. To enter a plea was “guilty or not, confessing was “they plead guilty,” taking the oath was “swear to tell the truth,” perjury was “lying,” and plea bargaining was “to negotiate with the prosecutor and get a good settlement.” Mr. Shang thought that he would be treated fairly by the Court and that he could maintain control during his trial. He understood that the only time he could speak out in Court was when he “was given

permission.” Asked what would happen if he spoke out or moved around the Court without permission he responded that he would be “given a warning at first.” He said he understood when the citation of contempt of court was explained to him.

Ability to Participate in His Defense

Mr. Shang said he could work with his attorney, discuss the evidence of his case and follow his attorney’s advice. He would inform his attorney if a witness said something that he thought was untrue or inaccurate. Mr. Shang knew that he could not be forced to testify against himself. He said he would alert him if he gave him advice he did not understand. Mr. Shang stated that he would tell his attorney everything about how he got into trouble. If he had any legal questions, Mr. Shang said he would ask his attorney. He was asked if there was anyone who would lie about him in this case. He replied, “The No.” Mr. Shang said he had confidence in his attorney and agreed with how he handled his case so far.

Ability to Make Relevant Decisions Autonomously

He was asked which option was better? Plead guilty, plea bargain or go to trial? He answered, “Go to trial I will plead self-defense.” When asked if he would consider other defenses if his attorney recommended them he stated, “Yes.” The NGRI defense was explained to Mr. Shang and he said he would take it if his attorney thought it was the most effective defense.

SUMMARY

CLINICAL IMPRESSIONS REGARDING COMPETENCE TO STAND TRIAL

Mr. Shang presents with historical diagnoses of ADHD, Autism Spectrum Disorder, Major Depressive Disorder and an Unspecified Anxiety Disorder. In my opinion he meets the diagnostic criteria for a Substance-Induced Psychotic Disorder due to his misuse of Adderall for the past two years characterized by disorganized thought processes, persecutory delusions, prior auditory hallucinations, ineffective self-care., compromised judgment, inhibition and impaired insight. With institutional sobriety, his acute symptoms are recompensating and Mr. Shang is no longer overtly psychotic.

In my opinion, Mr. Shang is not at present exhibiting clinically significant impairments in competency related abilities. He had a general understanding of the charges and accusations against him, considered the charges to be somewhat serious, and recognized that he could be incarcerated if he was convicted of one of the alleged offenses. The defendant had a general factual understanding about courtroom proceedings. He understood that that there was an adversarial nature to the proceeding, and that the judge and jury considered the evidence when making a decision. He had a good understanding of the definitions of a plea bargain and NGRI. Any deficiencies surrounding his factual

understanding of the proceedings can be rectified with further education from his attorney.

It is my opinion that Mr. Shang will be able to consult with his attorney and rationally assist his attorney in his defense. He reported that he trusted his attorney and had plans to work with him. His thought process was linear and was not disorganized now, and he did not make any irrelevant interjections. Based on his responses to a hypothetical situation it is my clinical opinion that Mr. Shang has the capacity to weigh the risks and benefits of accepting or rejecting a plea bargain and assist his attorney in developing and implementing a defense strategy. His current decision making abilities did not appear to be influenced by psychotic thought content. He would be able to testify on his own behalf and undergo cross examination.

In summary, with treatment and institutional sobriety, Mr. Shang's mental state appears to be improving. He had a factual understanding of the proceedings against him and would be able to consult with his attorney with a reasonable degree of rational understanding.

CLINICAL IMPRESSIONS REGARDING FURTHER CARE AND TREATMENT

"Likelihood of serious harm" is defined as (1) a substantial risk of physical harm to the person himself as manifested by evidence of, threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that such person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community." **M.G.L., Chapter 123, Section 1**

In my opinion (and the opinion of his DSCFMHC treatment team), Mr. Burgos is not now at a substantial risk of harm to others and himself by reason of mental illness and meets the criteria for involuntary commitment at this time, under the provisions of M.G.L., Chapter 123, Section 1 and the 1.04 Code of Massachusetts Regulations, 27.5. Throughout his admission, Mr. Shang has not threatened to hurt others or himself, and has not required restraints. He has denied any suicidal/homicidal ideas, intent, or plans. His most prominent risk factor for harm to himself and others is his misuse of Adderall which could lead to further psychotic episodes. Moreover, the combination of use of Adderall and Alcohol can lead to serious injury or death. He has indicated persistently that he still does not think his abuse is problematic and does not believe he requires substance use rehabilitation.

Although Mr. Shang's current clinical presentation does not meet the criteria for filing a petition for inpatient commitment, he would benefit from continued mental health treatment as well as a continued period of sustained sobriety from drugs. If Mr. Shang is released, terms and conditions of pretrial probation can include abstinence from substance use, including alcohol, and adherence to mental health treatment.

Should the Court choose to incarcerate Mr. Shang, the mental health team at the site of detention may wish to be notified of his arrival. He would benefit from ongoing treatment with his current psychotropic medication, Remeron. He should avail himself of substance use treatment programs if available at the facility. If he cannot tolerate the correctional setting, Mr. Shang's symptoms should be closely monitored for potential transfer to an inpatient psychiatric facility on a M.G.L. c. 123, § 18 (a) commitment.

The following discharge plan has been developed by Valencia Reid, LICSW, his DSCFMHC social worker:

Discharge Location

Name of Program/Agency: Hilton Garden Inn Boston Burlington

Address: 5 Wheeler Rd. Burlington, MA 01803

Telephone Number: 781-272-8800

Name of Contact Person: Gejing Deng (Mother)

Telephone Number of Contact Person: 978-821-3650

Appointments /Consultations/Outpatient Care Scheduled for After Discharge:

Primary Care Appt. Wed, 8/19/20 @ 9:00am

Lahey Primary Care Burlington

PCP: David Taper

67 South Bedford St.

Burlington, MA 01803

Phone: 781-744-2082

Fax: 781-744-5349

****Upon arrival to the parking lot please call 781-744-5444**

Outpatient Behavioral Health

Arbour Counseling Services-Woburn

10-I Roessler Rd,

Woburn, MA 01801

Phone: 781-932-8114

Fax:

Substance Use /Other Addictive Behavior Treatment: It is recommended that Mr. Shang steps down to a dual diagnosis Partial Hospital Program. He was offered a referral to Arbour Counseling Services Woburn, 10-I Roessler Rd, Woburn, MA 01801, 781-932-

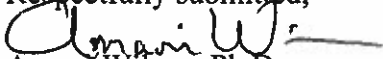
8114, but Mr. Shang declined. He was provided with information on substance use and community-based treatment options.

Guardian: Self

Family & Other Significant Contacts: Gejing Deng, Mother, 978-821-3650

If you have any further questions or comments, do not hesitate to contact me directly (Pager 617-604-0459 Office 617-626-8869).

Respectfully submitted,


Amani Wilson, Ph.D.

Licensed Psychologist

Designated Forensic Psychologist

Assistant Professor of Psychiatry,
Tufts University Medical School



CHARLES D. BAKER
Governor
KARYN E. POLITO
Lieutenant Governor
MARYLOU SUDDERS
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Area Director
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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
Metro Boston Area
Dr. Solomon Carter Fuller Mental Health Center
85 East Newton Street
Boston, Massachusetts 02118

(617)-626-8700
Fax (617)-626-8929
www.state.ma.us/dmh

15(b) CRIMINAL RESPONSIBILITY EVALUATION

Presiding Justice
Woburn District Court
30 Pleasant Street
Woburn, Massachusetts 01801

Name: Bo Shang
Date of Birth: June 6, 1988
Docket Number: 2053 CR 0558
Date of Admission: July 24, 2020
Examiner: Amani Wilson, Ph.D.
Date of Report: August 10, 2020

IDENTIFYING INFORMATION

Your Honor, pursuant to an Order issued from the Woburn District Court by Judge Tejal Mehta for competence to stand trial and criminal responsibility evaluations under the provisions of M.G.L., Chapter 123, Section 15(b), Mr. Bo Shang was admitted to the Dr. Solomon Carter Fuller Mental Health Center (DSCFMHC) on 7/24/20. The commitment expires on 8/12/20.

This is the first DSCFMHC admission for this thirty-two year old, single, Chinese man with a college education, who is currently a graduate student at Harvard University studying computer science. Mr. Shang is before the Woburn District Court on complaints of Assault and Battery with a Dangerous Weapon on a Person Over Sixty and Assault with a Dangerous Weapon (To wit: a knife and crescent wrench) related to

alleged events which occurred on 6/23/20. It is alleged that he threatened his father with a knife and struck him with a crescent wrench. He had been living in the community since his arrest. It is further alleged that Mr. Shang flew to London following his arraignment hearing but was stopped by customs in England and returned to the United States. Consequently, the District Attorney's office notified the Court of the potential violation of pre-trial release and a warrant was issued for his arrest on 6/25/20. Mr. Shang's defense attorney, George F. Ohlson, Jr. Esq. who informed the Court of his concern that Mr. Shang had sent fifty or sixty "bizarre text messages to him including copies of the U.S. Constitution with words crossed out. Moreover Attorney Ohlson, Jr. reported that he was unable to discuss Mr. Shang's charges and current legal situation in a meaningful manner. Judge Tajal Mehta ordered an evaluation of Mr. Shang's competence to stand trial pursuant to M.G.L., Chapter 123, Section 15(a).

LEGAL CRITERIA FOR DETERMINING CRIMINAL RESPONSIBILITY

In the Courts of the Commonwealth, "a person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect, he lacks substantial capacity either to appreciate the criminality (wrongfulness) of the conduct or to conform his conduct to the requirements of the law."

Commonwealth vs. McHoul, 352 Mass, 226 N.E. 2d556 (1967)

WARNING ON LIMITS OF CONFIDENTIALITY

Prior to my interviews with Mr. Shang, I informed him that I am a Licensed Psychologist and that I was ordered to examine him to gather information that the Court could use in determining whether he is competent to stand trial and criminally responsible or not for the instant offenses. I told him that I would offer the court an opinion on his need for further care and treatment as well and that his participation could result in further psychiatric commitment.

I informed Mr. Shang that I would be preparing a report of the interviews and my observations to the Court and that I might be asked to testify in Court regarding my report and that the content of the interviews and my observations would not be confidential (private). Further, Mr. Shang was informed that the results and content of the competence to stand trial evaluation report could be used at trial should he decide to place his mental state at trial and offer evidence in support of that issue at trial.

I told Mr. Shang that he did not have to participate in the interviews if he did not want to and that he could refuse to answer any and all of my questions. I informed him that if he refused to participate in the evaluation, I still had the responsibility of providing a report with the available data. I said I am mandated to report abuse or neglect of a child, an elder or a disabled person. I also may take appropriate action if I became concerned he would harm himself or others.

I asked Mr. Shang to individually repeat what I shared with him. He was able to do so accurately. Mr. Shang then agreed to meet with me. In my opinion, Mr. Shang understood the purpose of our meeting, the lack of confidentiality in our communications, my role, the voluntary nature of his participation and that I would be providing the Woburn District Court with reports of my findings.

SOURCES OF INFORMATION

I interviewed Mr. Shang on the Eight East Unit of the DSCFMHC on 8/3/20, 8/24/20 and 8/10/20 on the Five East Unit. I consulted with his treatment team including his attending psychiatrist, Emily Sullivan, D.O. and his social worker, Valencia Reid, LICSW. I consulted via telephone with his defense attorney George F. Oholson, Jr. Esq. on 8/4/20.

In addition I reviewed the following:

1. Mr. Shang's DSCFMHC paper and electronic record.
2. Orders of Examination of a Defendant for Observation Pursuant to G.L., c. 123, s. 15(a) issued from the Woburn District Court by Judge Mehta, 7/24/20.
3. 15(a) Competence to Stand Trial Screening Evaluation, Woburn Court Clinic, signed by Trevor Barese, Ph.D., Designated Forensic Psychologist Candidate, 7/24/20.
4. Burlington Police Department Incident Report on the violent index offenses, submitted by Officer Stephen P. Papagno, 6/23/20.
5. Note on Mr. Shang's personal history prepared by Ms. Gejing Deng, Mr. Shang's mother.
6. Neuropsychological Evaluation Report, Commonwealth Psychology Associates, signed by Adele Haber, Ph.D., ABPP, 9/19/17.

RELEVANT HISTORY

Mr. Shang's history was reported by his mother, Ms. Gejing Deng and supplemented by Mr. Shang. He was born in China and lived with grandparents most of time during his first six years when he came to the United States. Asked to describe his childhood, Mr. Shang recalled that "it was fairly awkward. Family had mental health problems. They were undiagnosed." He is reported to have done well academically. His teacher sent him to a third grade for math classes when I was only a first grader. He was enrolled in middle school in Arlington and continued to do well academically but is reported to show social anxiety and did not participate much in afterschool activities. Mr. Shang

enrolled in Boston Latin high school but became even less social. Mr. Shang was accepted to Notre Dame, NYU, Tufts University and was also accepted by UMass Amherst with a full scholarship. He decided to go to the School of Engineering at Tufts University. He is reported to have not made any friends in college. He received a bachelor's degree in 2010. Mr. Shang has never been married and has no children. He denied having a history of serious medical problems, surgeries, head injury, blackouts or seizures. Mr. Shang has no previous legal problems according to his CORI.

After graduating from Tufts University, Mr. Shang began working in the financial sector, first as an intern in an investment bank in Hong Kong and then as a development manager of a financial tech start-up. In January 2015 he started a MBA program at the University of North South Wales and received a scholarship. Mr. Shang disclosed that he had a panic attack while presenting to a large group then immediately changed his major to computer science. After a little over a year he dropped out of the program due to an anxiety disorder and came back to the United States in the fall of 2016 when his visa expired.

His mother reported that he was depressed and shut himself in a dark room. Ms. Deng shared that he consulted with a primary care physician who prescribed Prozac and Ativan. Shortly after these visits, he was evaluated by a psychiatrist who gave him a diagnosis of ADHD and prescribed 30 mg. of Adderall. In July he had a panic attack. He was worked up at Lahey Hospital in July 2027 but no physical cause was identified for his symptoms.

In September of 2017 Mr. Shang had a neuropsychological evaluation. He reported a pattern of long standing cognitive difficulties that had started to have a negative impact on his academic and occupational performance. It was reported that his higher-order intellectual functioning was superior. On ADHD Inventories, he endorsed clinically significant symptoms of inattention then and during childhood but he only endorsed only borderline significant symptoms of hyperactivity during childhood and clinically insignificant hyperactivity then. It was reported that the findings of cognitive testing in combination with his self-report were consistent with a diagnosis of attention deficit/hyperactivity disorder/inattentive type. Cognitive test findings indicated deficits in sustained attention, processing speed and executive functioning. His responses to an autism questionnaire indicate mild autism spectrum tendencies. His self-report on that questionnaire indicated problems with attention switching, social skills deficits, limited imagination, and intense/ narrow interests.

Since that consultation, he was worked with a variety of health professionals to address his symptoms. In later 2017 he was enrolled as subject in a psychological research program at Massachusetts General Hospital. Ms. Deng reported that she and his father believed that he had become addicted to Adderall because he often consumed his prescription at higher doses than instructed. He developed severe insomnia. He relied on

Valium and Xanax for sleep and was taking one to three benzo pills daily buying them on the internet and was also taking 80 mg. of Adderall daily in addition to his usual dose (45 mg. is reported in the literature to be the maximum dose).

On 11/6/2018 Mr. Shang was admitted to the Lahey Health Hospital and transferred to the BayRidge Hospital. He presented with an acute psychosis with disorganized thinking and behavior. Mr. Shang had persecutory delusions and paranoia. He told his treaters that he went to New Hampshire because "someone was playing a prank on him" which was fairly abusive and he believed that the prank was done by a "group of other computer scientists." He was very anxious. Mr. Shang, who was very thin having lost fifteen pounds in two months and was dehydrated. Mr. Shang was also hearing voices. He was treated with a benzodiazepine and released stable after seven days.

In the summer of 2019 his psychiatrist stopped his Adderall prescription aware of his overdose issue and his street drug use. In October 2019 he began to again display psychotic and paranoid behavior. (E.g. talking to himself, hearing voices, thinking that his electronic devices were being constantly being hacked and watched. He thought that he was the victim of many conspiracies. He talked to his mother many times that he wanted to seek asylum in other countries. In December 2019 he asked his mother to go to China with him. However while in China he complained that his parents had kidnapped him. He visited nearby drug stores and hospitals with much success to getting Adderall. Mr. Shang then insisted on travel back to the United States after only twelve days in China.

On January 27, 2020 Mr. Shang is reported that write a disturbing note on a gaming website saying that he would end his life that night. A person who noticed his note called the Burlington police. He was taken to the Lahey ER and then sent to the Arbour HRI Hospital. The psychiatrist concluded that his psychotic symptoms were drug induced and prescribed an antipsychotic medication, Risperdal (3 mg.). He was discharged one week later and it was recommended that he participate in a substance abuse program and see a psychiatrist. Mr. Shang is reported to not agree with the substance abuse issue and failed to go to a program or meet with a psychiatrist. Ms. Deng reports that she and her husband have confiscated nineteen shipments of hundreds of pills of CNS stimulants (Adderall, Procentra and Nigel) as well as Provigil, Sonata and Ambien for insomnia since 2017. Every month this year they have confiscated a total of ten bottles of Adderall and Ambien. The last shipment was intercepted on the day of the alleged offenses.

OBSERVATIONS PRIOR TO ADMISSION

Mr. Shang's competence to stand trial was examined by Trevor H. Barese, Ph.D., a Designated Forensic Psychologist Candidate with the Woburn Court Clinic. The following opinions were offered for consideration by the Court:

"Mr. Bo Shang is a 32 two-year-old, Chinese, male with a history of mental illness and suspected prescription medication abuse (Adderall and Ambien). He reports that he has been diagnosed with ADHD, Autism Spectrum Disorder, Major Depressive Disorder and an unspecified Anxiety Disorder in the past and that he is not been attending any form of outpatient psychotherapy and is not currently prescribed any medications. His presentation during the current evaluation suggests that he is experiencing difficulties with his cognitive processing and reality testing. He seems to have little insight into his symptoms of mental illness, demonstrated through his repeated assertions that he is not in need of mental health treatment. Mr. Shang was cooperative and seemingly forthcoming throughout the interview and denied any thoughts of plans to harm himself or anybody else."

COURSE OF HOSPITALIZATION

Mr. Shang was admitted to the Eight East Unit of the DSCFMHC on 7/25/20. His chief complaint/reason for hospitalization was "Anxious" and I believe I was false accused." On arrival Mr. Shang was in good behavioral control. He indicated that he was anxious related to concerns about internet hacking against him and also mentioned that he was being stalked. He denied any hallucinations. Mr. Shang reported that his mood was "a little dejected" with what was going on but in general has been okay because "I have a bright future." He denied any thoughts of harming self or others. He stated that he was "just misunderstood." He also reported that his sleep had been disrupted by those concerns lately. His attending psychiatrist reported the following psychiatric formulation:

"On 6/23/20 he was arrested in the context of assaultive behavior related to his delusional beliefs about his computer being hacked and that he was being stalked online. He was arrested and released and father (alleged victim) has a restraining order. Since his release, he reports an increased in alcohol use as noted but denies significant use prior to 6/23/20 and denied drug use other than using Adderall (Substance induced disorder should be explored further).

Mr. Shang was given admission diagnoses of Rule out Delusional Disorder and Rule out Hypertension. There was a revision on 7/27/20 and he was then given a diagnosis of Unspecified Psychotic Disorder and Rule out Amphetamine-Induced Psychotic Disorder. For anxiety, Mr. Shang was prescribed Remeron for anxiety (15 mg. by mouth at bedtime which was subsequently increased to 30 mg. Mr. Shang has been compliant with this regimen and has not complained of any side effects.

Mr. Shang was oriented to the rules/regulations of the milieu, restricted to the unit and placed on fifteen minute safety checks. He was initially on one to one COVID

precautions until his testing was negative on 7/27/20. On 7/25/20 he requested Ativan and Benadryl twice for anxiety and insomnia. He asked for Ativan and Benadryl for anxiety and insomnia on 7/27/20 as well. He reported on 7/28/20 that he was ordered to the DSCFMHC because "They are concerned that I'm not thinking clearly." He denied the accusation that his after was torturing him through the air conditioning ducts and over his computer. Nonetheless, he did say in his psychiatric interview that his computer was hacked and he was being stalked through a "Twitch" platform.

Mr. Shang adjusted well to the milieu. He has had minimal engagement with others but has attended select groups. He has in full behavioral control and has had an adequate food and fluid intake. Mr. Shang has carried out the activities of daily living independently and effectively. Mr. Shang has been agreeable to meeting with his providers. On 8/3/20 he participated in a substance abuse assessment. Jeffrey Hodgson LMHC, LADCI reported the following formulation:

"Pattern of use prior to current period of institutionalization: Mr. Shang reported that before he was admitted to this facility for evaluation, he had been drinking 6-8 cans of beer per day "in order to deal with things"

Intravenous Drug Use/Sharing needles/Associated infectious diseases (HIV, Hepatitis C, etc.): Mr. Shang denied using any substances intravenously.

History of Overdoses/Blackouts (what drugs were used, last occurrence, how many times in lifetime, etc.): Mr. Shang reported that he once used fentanyl by accident (he reported that he had intended on buying Ativan), and that this led to him "passing out".

History of Section 35 commitments: Mr. Shang reported that he has never had a Section 35 commitment.

Past Substance Use Treatment: Mr. Shang reported that the only time that he has had treatment for substance use issues is when he "passed out" from using fentanyl and went to the hospital.

Medication-Assisted Treatment History (methadone/suboxone/naltrexone/Vivitrol etc): Mr. Shang reported that he does not have a history of MAT.

Impact of substance use on mental health: Mr. Shang reported that substances "can be helpful", but wants to be able to address his "mental health issues" through his doctor.

Current Insight into Alcohol/Drug Problems and relationship to violence: Mr. Shang reported that he recognizes that alcohol can cause health problems, such as liver damage, "if people drink enough for long enough". He denied that substances have ever caused him to become violent.

Describe employment or social impairment associated with Alcohol / Drug use: Mr. Shang reported that he has never experienced any social or employment impairment related to his substance use.

Psychosocial Substance Use Issues: (Include substance use by other family members or significant others, substance use related legal problems (DUI, OUI): Mr. Shang

reported that his father “possibly” has a history of using substances. He denied substance use related legal issues.

Recovery Support: *(Include support systems used by the patient such as AA, NA, DRA, sponsorship.):* Mr. Shang reported that he receives support from his parents, and that he has never attended any 12-step programming.

Tobacco Use History: *(Include amount, frequency, route, treatment history, current motivation to quit, QuitWorks, etc.):* Mr. Shang reported that he is a non-smoker.

Other Addictive Behaviors: *(Including gambling, overspending, eating, etc.):* Mr. Shang reported that he does not have a history of other addictive behaviors.

Longest Period of Abstinence: *(Include when, what helped, what led to relapse)* Mr. Shang was unable to identify his longest period of abstinence.

Triggers and Coping Skills for Substance Use: Mr. Shang reported that he feels triggered to use substances when he is anxious, stressed, and experiencing “ADHD symptoms”. He reported that he is unsure of what coping skills he could utilize to manage these triggers.

Substance Use-Related Treatment Goals: Mr. Shang reported that he is primarily interested in finding a doctor who will prescribe him the medications he believes he needs (including Adderall). He reported that he will continue to use alcohol “as needed” in order to deal with anxiety and to help him sleep.

“Mr. Shang reported that he first used alcohol at the age of 18. He reported that he used alcohol the most when he was 18-19 years old, when he would drink 6-8 beers on a daily basis. He reported that he last used alcohol “the day before I came here”, on 7/23/20. Mr. Shang reported that he first used marijuana at the age of 18. He reported that he used marijuana most frequently at the age of 26, “before the ADHD diagnosis”, when he would use “edibles” on a daily basis. He reported that he last used marijuana “a few months ago”. Mr. Shang reported that he “accidentally” used fentanyl once when he had been intending on buying Ativan. He reported that he had also has a history of buying “amphetamines, because they’re the closest to Adderall I could get”. He was unable to provide any other specific information related to his pattern of use.”

“Per medical records from BayRidge Hospital, in 2018 Mr. Shang had been prescribed high doses of stimulants and hypnotics through a provider at MGH for six months but had also been buying additional medications (benzodiazepines and Adderall) over the internet. Records indicate that during that time, he had been taking 1-3 benzodiazepine pills daily. Mr. Shang had reportedly been taking 80mg of illicit Adderall daily in addition to his usual dose. It should be noted that the FDA-approved maximum daily dose of Adderall is 40mg daily. Overall, Mr. Shang appears to be in the Pre-Contemplation Stage of Change. He does not view his use of substances to be problematic, and intends on continuing his use of alcohol

in the community in order to help him deal with anxiety and to help him sleep. He also reported that he wants to find a doctor who will prescribe him the medications he believes he needs (the same stimulant medications he has a history of misusing)."

CURRENT MENTAL FUNCTIONING

Mr. Bo Shang is a thirty-two year old man who appeared his stated age. He was in no acute physical or emotional distress. He sat in his chair maintaining adequate eye contact. He was well groomed, neat, and clean and showed no signs of self-neglect. He has short black hair, a tan complexion and brown eyes. He was able to understand what was said to him and was able to express his own ideas effectively. His thoughts were logical, organized, goal directed and relevant to the topics at hand.

His speech was marked by normal volume, articulation, rhythm and productivity. He was well spoken and his fund of information and academic background indicate that he is very intelligent. His mood and affect were blunted. He denied being in physical pain or had problems with his hearing or vision. Emotionally, he shared that he was "bored. Frustrated. A lot of evidence that I am not guilty. A little depressed I have to be here." He denied any ideas, intent or plans to harm himself or others. He denied that he made suicidal leading to his January 2020 brief hospitalization. Mr. Shang disclosed that he was "anxious. Case will be dismissed according to my lawyer." He said his thinking was "clear." He thought his greatest concern was that he would "be here nine more days."

Mr. Shang had a normal gait and stance and moved all of his extremities without difficulty. Mr. Shang walked with ease. He showed no abnormal involuntary movements and was not distractible. Mr. Shang was currently oriented and alert and he demonstrated normal consciousness. He was not hyperactive. He was able to focus on the demands of and two and a half hours of interviewing without difficulty and tolerated the procedure well. Mr. Shang was in full behavioral control, socially appropriate, cooperative, candid and forthcoming.

Mr. Shang denied that he was experiencing any auditory or visual hallucinations but admitted that he had been hearing voices a few months ago. He also denied that he was that his thoughts were being read, controlled, inserted or broadcast by others. Asked if he thought his parents were conspiring against him, he replied, "Not really sure." Asked about his beliefs that his electronic devices were being constantly being hacked/ watched and He thought that he was the victim of many conspiracies, he responded, I was exaggerating but I definitely was being hacked. Some of it was definite. There is hard evidence of being hacked."

Mr. Shang has quite limited insight into his mental illness and substance use. Asked if he thought he had a problem with substances, he answered, "Probably more dependent

that I like to be.” Asked if he thought his use of Adderall was harmful, he replied, “Not really sure. I am discovering long term use side effects. No more black market on line. I want to see a psychiatrist. I think the Adderall has allowed me to gain the skills which would be difficult without it.” Asked if he would stop using it, here said, “I will try to find a prescriber that would provide it to me.” Mr. Shang denied that he had a mental illness, insisting, “I don’t. Just ADHD.”

OFFICIAL VERSION OF THE ALLEGED OFFENSES

The Burlington police responded to a call of domestic disturbance on 6/23/20. It is alleged that Mr. Shang threatened his father with a knife and struck him with a crescent wrench. Mr. Fu Shang stated that his son accused him of torturing him and he became upset that he took some medication from him. He reported that Bo Shang purchased two packages of Ambien from the internet. After he took these drugs away from his son he got upset. They began to argue. Mr. Bo Shang went into the kitchen and grabbed a knife and started to swing it at him. Mr. Fu Shag stated that his son walked down the stairs and retrieved a crescent wrench and then walked up and poked him in the right arm with it. The police took photographs of Mr. Fu Shang’s injuries but he declined medical attention. The police went outside to ask Mr. Bo Shang what happened. He explained that his father was torturing him through the air conditioning ducts and over his computer. Bo admitted to me that they were arguing when he grabbed a knife and started to swing at him. Mr. Bo Shang also admitted to getting a wrench and hitting his father with it. Asked why, Mr. Bo Shang said it was due to the torture his father does to him. Mr. Bo Shang was arrested and booked at the Burlington Police Station.

DEFENDANT’S VERSION OF THE ALLEGED EVENTS

Mr. Shang stated, “Basically my dad has control issues. Going through my stuff. My envelopes. Poor communication. He threatened my life in the past year. There was tension in the household for a while due to his psychosis. He didn’t know how to communicate. The morning he opened up a package of a shipment. I wanted it back. He got aggressive and I got annoyed. I poked him with the knife.” Asked why he did so, Mr. Shang replied, “He was being aggressive. I was defending myself.” Asked if he thought what he was doing was wrong, Mr. Shang answered, “I don’t think so. It was responsible self-defense.” Asked if he thought it was illegal, Mr. Shang replied, “No. I was defending myself. I have a lot of evidence on tape that he was unstable. Mr. Shang was asked regarding the allegation that his father was torturing him via the air conditioning and his computer. He denied saying that. “I am going to go the police.” I said “Go ahead,” then they showed up and ended up arresting me.

Mr. Shang was asked what the stressors in his life were and he responded, “Dad didn’t want to communicate.” Asked what he was doing about the stress, Mr. Shang explained that, “I was managing the best I could. I ordered Ambien to help me sleep.” Mr. Shang

Was asked if he was under the influence of alcohol and Adderall and he responded, "I'm not really sure. Don't remember."

SUMMARY

CLINICAL IMPRESSIONS REGARDING CRIMINAL RESPONSIBILITY

Mr. Shang presents with historical diagnoses of ADHD, Autism Spectrum Disorder, Major Depressive Disorder and an Unspecified Anxiety Disorder. In my opinion he meets the diagnostic criteria for a Substance-Induced Psychotic Disorder due to his misuse of Adderall for the past two years characterized by disorganized thought processes, persecutory delusions, prior auditory hallucinations, ineffective self-care, compromised judgment, inhibition and impaired insight. With institutional sobriety, his acute symptoms are recompensating and Mr. Shang is no longer overtly psychotic.

In my opinion this pattern of delusional thinking and psychotic symptoms predisposed Mr. Shang to violent behavior. His hostility towards his father appeared to be rooted in his delusional beliefs and likely animosity fueled by such beliefs as well as his father having confiscated his medications. By all accounts this type of behavior is out of character for Mr. Shang. He does not have a history of violence in the past. The deterioration of her mental state had been observed by his parents for months. There was no clear reality-based motive that caused him to act. The acute nature of his mental deterioration persisted throughout his court appearance on July 24 and continued to be evident in the initial days of this admission. Therefore it is my opinion that symptoms of mental illness did substantially impair Mr. Shang's capacity to conform his behavior to the requirement of the law and his capacity to appreciate the wrongfulness of actions.

CLINICAL IMPRESSIONS REGARDING FURTHER CARE AND TREATMENT

"Likelihood of serious harm" is defined as (1) a substantial risk of physical harm to the person himself as manifested by evidence of, threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that such person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community." M.G.L., Chapter 123, Section 1

In my opinion (and the opinion of his DSCFMHC treatment team), Mr. Shang is not now at a substantial risk of harm to others and himself by reason of mental illness and

does not meet the criteria for involuntary commitment at this time, under the provisions of M.G.L., Chapter 123, Section 1 and the 1.04 Code of Massachusetts Regulations, 27.5. Throughout his admission, Mr. Shang has not threatened to hurt others or himself, and has not required restraints. He has denied any suicidal/homicidal ideas, intent, or plans. His most prominent risk factor for harm to himself and others is his misuse of Adderall which could lead to further psychotic episodes. Moreover, the combination of use of Adderall, Ambien and Alcohol can lead to serious injury or death. He has indicated persistently that he still does not think his abuse is problematic and does not believe he requires substance use rehabilitation.

Although Mr. Shang's current clinical presentation does not meet the criteria for filing a petition for inpatient commitment, he would benefit from continued mental health treatment as well as a continued period of sustained sobriety from drugs. If Mr. Shang is released, terms and conditions of pretrial probation can include abstinence from substance use, including alcohol, and adherence to mental health treatment.

Should the Court choose to incarcerate Mr. Shang, the mental health team at the site of detention may wish to be notified of his arrival. He would benefit from ongoing treatment with his current psychotropic medication, Remeron. He should avail himself of substance use treatment programs if available at the facility. If he cannot tolerate the correctional setting, Mr. Shang's symptoms should be closely monitored for potential transfer to an inpatient psychiatric facility on a M.G.L. c. 123, § 18 (a) commitment.

The following discharge plan has been developed by Valencia Reid, LICSW, his DSCFMHC social worker:

Discharge Location

Name of Program/Agency: Hilton Garden Inn Boston Burlington
Address: 5 Wheeler Rd. Burlington, MA 01803
Telephone Number: 781-272-8800
Name of Contact Person: Gejing Deng (Mother)
Telephone Number of Contact Person: 978-821-3650

Appointments /Consultations/Outpatient Care Scheduled for After Discharge:

Primary Care Appt. Wed, 8/19/20 @ 9:00am
Lahey Primary Care Burlington
PCP: David Taper
67 South Bedford St.
Burlington, MA 01803
Phone: 781-744-2082
Fax: 781-744-5349

****Upon arrival to the parking lot please call 781-744-5444**

Outpatient Behavioral Health

Arbour Counseling Services-Woburn

10-I Roessler Rd,

Woburn, MA 01801

Phone: 781-932-8114

Fax:

Substance Use /Other Addictive Behavior Treatment: It is recommended that Mr. Shang steps down to a dual diagnosis Partial Hospital Program. He was offered a referral to Arbour Counseling Services Woburn, 10-I Roessler Rd, Woburn, MA 01801, 781-932-8114, but Mr. Shang declined. He was provided with information on substance use and community-based treatment options.

Guardian: Self

Family & Other Significant Contacts: Gejing Deng, Mother, 978-821-3650

If you have any further questions or comments, do not hesitate to contact me directly (Pager 617-604-0459 Office 617-626-8869).

Respectfully submitted,



Amani Wilson, Ph.D.

Licensed Psychologist

Designated Forensic Psychologist

Assistant Professor of Psychiatry,
Tufts University Medical School

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH
Dr Solomon Carter Fuller-Inpt
85 East Newton St
Boston, MA 02118
Social Work Discharge Summary**

Name: SHANG,BO
Date of Birth: 06/06/1988

Unit #: BS00005439
Acct#: ED000003779

Gender: M

Race: AS

Marital Status: S

Insurance1: Self Pay

Policy #: ID#:

Insurance2:

Policy #: ID#:

Custody:

Guardianship:

Date Of Admission: 07/24/20

Discharge Date: 8/12/20

Discharge Location

Name of Program/Agency:

Address: 47 Park Ave. Lowell, MA 01859

Telephone Number:

Name of Contact Person: Gejing Deng (Mother)

Telephone Number of Contact Person: 978-821-3650

Appointments /Consultations/Outpatient Care Scheduled for After Discharge:

Primary Care Appt. Wed, 8/19/20 @ 9:00am

Lahey Primary Care Burlington

PCP: David Taper

67 South Bedford St.

Burlington, MA 01803

Phone: 781-744-2082

Fax: 781-744-5349

****Upon arrival to the parking lot please call 781-744-5444**

Outpatient Behavioral Health

Arbour Counseling Services-Woburn

10-I Roessler Rd,

Woburn, MA 01801

Phone: 781-932-8114

Fax:

Substance Use /Other Addictive Behavior Treatment: It is recommended that Mr. Shang steps down to a dual diagnosis Partial Hospital Program. He was offered a referral to Arbour Counseling Services Woburn, 10-I Roessler Rd, Woburn, MA 01801, 781-932-8114, but Mr. Shang declined. He was provided with information on substance use and community-based treatment options.

Guardian: Self

Family & Other Significant Contacts: Gejing Deng, Mother, 978-821-3650

DMH Services/ Case Management/Service Eligibility: Not DMH eligible

DMH Case Manager or ACCS Contact Name: n/a

DMH Case Manager or ACCS Contact Phone Number: n/a

Case Management Site: n/a

Income Sources/ Health Insurance(s): MassHealth (100212775199) Tufts Health Together Insurance

Name: SHANG,BO Unit #: BS00005439 Acct #: ED000003779
Social Work Discharge Summary

Rep Payee: n/a

Day Program: Mr. Shang declined the Dual Diagnosis PHP

Other Programs: n/a

Clinical Considerations for Discharge: Substance Use Treatment

Patient/Family Goals for Discharge: Mr. Shang's goal is to return to school to finish his Master's Degree in Computer Science. He would also like to find employment.

Patient/Family Preferences for Discharge: Mr. Shang would like to receive treatment for ADHD. Mr. Shang's mother would like for him to receive substance use and mental health treatment.

Discharge Plan (include patient/family needs and preferences, resources available including support groups for patients and families, respite services and community resources): Mr. Shang is being discharged back to the Woburn District Court. If released by the court, Mr. Shang will stay with his uncle in Lowell. He will return to Lahey Primary Care-Burlington for primary care and Arbour Counseling Woburn for Outpatient Behavioral Health services.

Discharge Diagnosis: Unspecified psychotic disorder; R/O amphetamine-induced psychotic disorder

Reason for Admission [Why you were admitted]: Mr. Shang was admitted to the DSCFMHC on 7/24/20 referred by the Woburn District Court, Judge, Hon. Tejal Mehta, under a legal section 15(b) Evaluation of Competence to Stand Trial and Criminal Responsibility on charges of Assault & Battery with Dangerous Weapon +60, and Assault with Dangerous Weapon. According to the Burlington Police (6/23/20), it is alleged that Mr. Shang accused his father of "torturing" him and became upset that his father took away the medication (Zolpidem Tartrate 10mg) he purchased online. It is alleged that an argument ensued between Mr. Shang and his father and at that time Mr. Shang threatened his father with a kitchen knife, swinging it at him. Mr. Shang then proceeded to retrieve a crescent wrench and struck his father with it. When police interviewed Mr. Shang on scene, it is alleged that he stated his father was "torturing him through the air conditioning ducts and over his computer". Mr. Shang was arrested and charged; a Restraining Order was also filed against him. He was released on pretrial and had been staying in the community, but violated the pretrial release by allegedly flying to London. He was stopped by customs in England and returned to the United States where a warrant was issued for his arrest. Mr. Shang was referred for an evaluation based on his attorney's concerns with his competency related abilities. Mr. Shang had sent his attorney bizarre text messages and had difficulty engaging in meaningful conversations with his attorney.

Psychiatrist: Sullivan, Emily DO

Smoking Status on Admission: None. (Quitworks referral recommended for heavy and light smokers.)

Quitworks referral made: () Yes (x) No

Reason referral not made (if heavy or light smoker):

() I have a health care proxy.

My healthcare proxy is:

My Healthcare Proxy can be reached at:

Name: SHANG,BO Unit #: BS00005439 Acct #: ED000003779
Social Work Discharge Summary

(x) I do not wish to identify a health care proxy.

Safety Planning

These are my triggers and things that get me very upset or make me feel unsafe: Yelling
Substance Use

These are my my warning signs that I may be at risk: Paranoia and aggression

These are my coping skills that help me feel more in control, calm down or stay safe: Writing in
Diary/Journal
Listening to Music
Calling a Friend

These are People I Can Contact for Help

Name	Relationship/Role	Contact Information
Karen DiRienzo	Burlington Police Department Social Worker	781-238-4693 kdirienzo@bpd.org
Gejing Deng	Mother	978-821-3650

Things I Can Do to Make My Environment Safe:

1. Mr. Shang stated "do things".
2. Mr. Shang could refrain from using substances to ensure safety in his environment

These are Other Setting and Professionals that Provide Support

- **Local Emergency Services Programs**
- **Peer Warm Line:** 1-877-733-7563
- **National Suicide Prevention Lifeline:** 1-800-273-TALK (8255)
- You may contact the **Statewide Emergency Services Program (ESP):** 877-382-1609; enter your zip code to get the toll free phone number for your local ESP provider to request an emergency evaluation.
- **Samaritans Helpline:** 1-877-870-4673 (call or text)
- **Trevor Helpline (LGBTQ Youth and Young Adult):** 1-866-488-7386
- Call 911 or go to your nearest Emergency Department for a life threatening emergency.

Name: SHANG, BO Unit #: BS00005439 Acct #: ED000003779
Social Work Discharge Summary

I have received a copy of the attached Discharge-Planning Summary and to facilitate follow-up care, I authorize and request release of pertinent medical record information from my hospitalization (s) at this hospital to be furnished to the individuals and service providers listed in the Discharge-Planning summary. (See attached)

I understand that I have the right to revoke this authorization in full or in part at any time. If I revoke this authorization, I must do so in writing and present it to this hospital identified on page one. I understand that the revocation will not apply to information that has already been released pursuant to this authorization. The authorization will expire when I cease to receive services from the listed individuals/service providers (and/or if earlier) 2 years from the date I signed this authorization _____ (insert today's date).

I understand that once the above information is disclosed to a person, facility or agency outside of the department of mental health, the recipient may re-disclose it and the information may not be protected by federal and/ or state privacy laws or regulations. I understand that authorizing the use or disclosure of the information identified above is voluntary and that I need not sign this form to receive treatment or services from the department of mental health. However, I acknowledge that the lack of ability to share or obtain information may prevent the department of mental health from providing appropriate and necessary care.

Your Signature or Personal Representative's Signature

Date/Time

Print Name of Signer

THE FOLLOWING INFORMATION IS NEEDED IF SIGNED BY A PERSONAL REPRESENTATIVE

Type of Authority (e.g., court appointed, custodial parent) _____

SPECIALLY AUTHORIZED RELEASES OF INFORMATION (Please initial all that apply)

_____ To the extent that my medical record contains information concerning alcohol or drug treatment that is protected by federal regulation 42CFR, Part 2, I specifically authorize release of such information.

_____ To the extent that my medical record contains information concerning HIV antibody and antigen testing that is protected by MGL c.111 subsection 70f. Or an HIV/AIDS diagnosis or treatment, I specifically authorize disclosure of such information

Your Signature or Personal Representative's Signature

Date/Time

These Discharge Instructions were reviewed with me. () Yes () No
I had the opportunity to ask questions about my discharge instructions. () Yes () No
I understand my discharge instructions. () Yes () No
() Other

Name: SHANG,BO **Unit #:** BS00005439 **Acct #:** ED000003779
Social Work Discharge Summary

Patient Signature

Print Name

Date

Time

Social Worker Signature

Print Name

____/____/____
Date

____:____
Time

FAX QUITWORKS REFERRAL TO: 1-800-261-6259

Name: SHANG,BO Unit #: BS00005439 Acct #: ED000003779
Social Work Discharge Summary

QUITWORKSSM

A Service of the Massachusetts Smokers' Helpline

In Collaboration with the Massachusetts Department of Public Health and Massachusetts Health Plans

- If a patient is interested in quitting smoking, fill out this form with them.
- Fax completed form to 1-866-560-9113
- The Massachusetts Smokers' Helpline will contact the patient, offer free cessation services, and send feedback reports to the provider listed below.
- This program is free for all Massachusetts residents regardless of insurance status.

Patient Stamp, Label or Info (Name, Record Number/DOB, Date)

QuitWorks is moving to e-news updates. Health care providers, please enter your email to receive QuitWorks updates and special offers for your patients!

Provider Email Address

Massachusetts Referral Form

Patients: Complete this section

First Name _____		Last Name _____		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address _____ () _____		City _____	State _____	Zip _____	
Phone Number _____					
When should we call? (check all that apply) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> No preference					
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____					
May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Primary Insurance of Tobacco User: <input type="checkbox"/> Blue Cross Blue Shield MA <input type="checkbox"/> Tufts Health Plan <input type="checkbox"/> Harvard Pilgrim					
<input type="checkbox"/> MassHealth/Medicaid <input type="checkbox"/> Other <input type="checkbox"/> None					
I authorize this provider to release the information on this referral form to QuitWorks so that I may be contacted and participate in the QuitWorks program. I also authorize QuitWorks to disclose information about my progress in attempting to quit smoking to the health care provider listed on this form.					
Patient Signature _____				Date _____	

Health Care Providers: Complete this section

Referring Provider: _____	() _____	
	Phone Number	
Facility: _____	() _____	
	Fax Number	
Address: _____		
Send feedback report to:		
<input type="checkbox"/> Same as above or _____		
Name	Phone Number	Fax Number
PEDIATRICS ONLY:		
Patient's relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____		
Child/Children's name: (to help with recordkeeping) _____		

This form can be downloaded from WWW.QUITWORKS.ORG

Fax this form toll-free to 1-866-560-9113

7/20/2011

Name: SHANG,BO **Unit #:** BS00005439 **Acct #:** ED000003779
Social Work Discharge Summary

Dictated by: Dailey-Reid, Valencia LICSW
Dictation date: 07/27/20

Date and Time Report Signed:
VDR/REIVA