

State of Minnesota
Hennepin County

District Court
Fourth Judicial District
Probate/Mental Health Division

In the Matter of the Civil Commitment of:
Matthew David Guertin, Respondent

**EXAMINER'S REPORT FOR PROCEEDING FOR
COMMITMENT AS A PERSON WHO POSES A
RISK OF HARM DUE TO A MENTALLY ILLNESS**
(Minn. Stat. § 253B.02, subd. 13)

Matthew David Guertin

Respondent (DOB: 07/17/1981) Age: 42

Court File Number: **27-MH-PR-23-815**

1. Examiner's Name: Michael Robertson PsyD, LP

2. Date of Examination: **08/01/2023**

3. Location of Examination: HCGC video/phone interview:

2:30 MI: Exam 1: 160 162 2355 457186 :-: 3:30: Hon. Judge Gearin 160 121 9402 941267

4. Persons present at the examination:

Michael Biglow Resp/Def Atty; Lea De Souza Hosp/Hen Atty; Nadia Garavito

5. Documents reviewed:

Pre-petition Screening Report (PSR), Keith Moore, RN, 7/17/23

Forensic Evaluation Report, Rule 20.01, Jill Rogstad, PhD., LP, ABPP, 3/10/23

Findings of facts and Order regarding incompetency to proceed, Hon. M. Browne, 7/13/23

Copy of a Letter from California Psychiatrist Dr. Shuster, 4/7/23

Guertin HC Sheriff Forensic Exam Rpt #2 1.21.23

23-815 Guertin - photos of exterior, interior, person 1.21

Guertin Crystal PD Rpt 08-015226 7.15.08

Guertin HC Sheriff Forensic Exam Rpt #1 1.21.23

Email with photos directly from Mr. Guertin on 8/4/2023 around 12Noon.

Records from: Hennepin County Adult Detention Center.

6. Time spent interviewing Respondent: 45 minutes

7. What was the Respondent's level of cooperation with the examination?

The respondent was cooperative and pleasant. He responded to all the interview questions. He appeared on from tele-video connections from a relatives home but within a room which was appeared to be a multimedia center and included what appeared to be many computer monitors. He described numerous events with rational and logic explanations but through the exam is speech and was often mildly rapid, mildly pressured and constantly involved Mr. Guertin inserting extraneous detail and unnecessary elaborations as if they might be relevant to answering the questions. Early on the undersigned began to interrupt his descriptions and redirect him to try to not add all the extra unnecessary details. He was unable to easily or quickly get the point of most of the exam questions but with regular prompting and re-direction he was able to provide more relevant information. Mr. Guertin's extraneous detail and tangents were notable in that they typically and repeatedly included numerous self-aggrandizing references to his many sophisticated projects and the prestige, notoriety and fame within his area of expertise. He references being CEO and various projects such as one in Vietnam and another Saudia Arabia where he displayed some sort of system he reportedly developed and engineered. He spent much more time detailing his various acclaims and accomplishments, with fragmented and rapid descriptions which were difficult to understand, due to his fragmented and rapid descriptions, which were disjointed. Beyond his hypomanic to manic presentation, there was no evidence of overt symptoms of psychosis or delusions, unless his various descriptions of his hugely successful and sought after patent, turns out to be a delusion itself, but there was no current evidence provided which would suggest any of Mr. Guertins' claims of his engineering prowess and development are false.

Mr. Guertin essentially described he had filed a patent for a program and or something he developed, and he began to believe that through the use of "AI", these large software companies (such as Netflix and others) were conspiring to

steal his “program” he described he connected the dots to realize what they were doing and reported he shot his firearm off to get the police to come to his home. When asked why he did not simply call the police on the phone he reported that he thought they were monitoring his electronic through AI.

He reports a history of problematic substance abuse which no longer exists. He described that since 2016 he has been taking two different medications, reporting that for several years the dosages have been Adderall ~~xx~~mg per day and Klonopin ~~xx~~ mg as needed. He denied the possibility that his Adderall or Klonopin use might have contributed to his symptoms at the time police were called to his home. He reported he was incarcerated for several days and released to the community and for the last 7 months has been living in the community. He reported that he sees Dr. Schuster via tele-video for psychiatric follow-up and saw Dr. Schuster over a tele-video appointment a couple weeks ago.¹

8. Was the Respondent told that the examination was part of the judicial commitment process; that the examiner would be making a diagnosis and treatment recommendation to the Court; and that the information Respondent divulged in the interview was not confidential and could be disclosed in Court as part of the commitment proceedings.

☒ **Yes** ☐ **No** ☐ **Not Applicable** (e.g., report completed from records)

ANSWER THE FOLLOWING QUESTIONS BASED UPON A REASONABLE DEGREE OF PSYCHOLOGICAL CERTAINTY:

9. Summary of relevant psychiatric history:

10. DSM-5 diagnosis:	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (primary).
A. Per Med Records:	Forensic Evaluation Report, Rule 20.01, Jill Rogstad, PhD., LP, ABPP
B. Per the examiner:	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (primary), versus Medication induced bipolar disorder versus Stimulant use disorder (prescribed stimulants-Adderall).

11. Respondent suffers from ☐ an organic disorder of the brain or ☒ substantial psychiatric disorder? ☒ **Yes** ☐ **No**

12. Respondent’s disorder manifests by instances of grossly disturbed behavior or faulty perception? ☒ **Yes** ☐ **No**

13. The specific facts that support your opinion (including the specific facts that support your opinion):

- A. ☒ Thought -highly distractible; prominent delusional beliefs that include persecutory & referential themes
- B. ☒ Mood - mood-related disorder, namely mania or hypomania,
- C. ☒ Perception - Mr. Guertin’s delusional beliefs are inextricably linked to his perceptions and they obstruct his ability to apply knowledge in a a rational manner devoid of delusional reasoning
- D. ☐ Orientation - grossly intact
- E. ☒ Memory - grossly intact intermittently impaired by delusional reasoning and impaired insight

14. Does Respondent’s disorder grossly impair (including the specific facts that support your opinion):

- A. ☒ Judgment - Same as “C. Perceptions above”
- B. ☒ Behavior - Dangerous Weapons-Reckless Discharge of Firearm Within a Municipality (FEL), (multiple others)
- C. ☒ Capacity to recognize reality- Same as “C. Perceptions above”
- D. ☒ Capacity to reason or understand – Same as “C. Perceptions above”

15. Does Respondent’s disorder pose a substantial likelihood of physical harm to self or others? ☒ **Yes** ☐ **No**

As a result of the impairment the Respondent:

- A. failed to obtain necessary food, clothing, shelter, or medical care? ☐ **Yes** ☒ **No**
- B. has an inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care and it is more probable than not that the Respondent will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided? ☒ **Yes** ☐ **No**
- C. Respondent made a recent attempt or threat to physically harm self or others? ☒ **Yes** ☐ **No**

¹ When telehealth is used, it is considered to be rendered at the physical location of the patient, and therefore a provider typically needs to be licensed in the patient’s state. A few states have licenses or telehealth specific exceptions that allow an out-of-state provider to render service and to prescribe.

16. If “yes” to A, B, or C describe: Court File Number: 27-MH-PR-23-815

27-CR-23-1886 ; Dangerous Weapons-Reckless Discharge of Firearm Within a Municipality
on or about January 21, 2023, in Hennepin County, Minnesota, MATTHEW DAVID GUERTIN recklessly discharged a firearm within a municipality... .. Upon arriving in the area officers heard shots and were able to confirm where the apartment shots were coming from, and that the occupant of the apartment was MATTHEW DAVID GUERTIN, dob 7/17/1981, "Defendant" herein. Defendant was yelling "I'm going to die because they stole my patent" and repeatedly yelled a Minnetonka Police Department case number. Defendant spoke with a negotiator and after some time threw two firearms out of the window: an automatic rifle and a pistol in a case. Defendant eventually came out of the apartment and was placed under arrest. In a post-Miranda statement Defendant reported

Dr. Rogstad testified that misuse of Adderall could account for some of Mr. Guertin's symptoms... ..Despite reporting this possibility, Dr. Rogstad opines Mr. Guertin is not competent.

4/7/23 copy of a Letter from California Psychiatrist Dr. Shuster, (provided by the respondent): I reviewed the letter (April 7 2023) from Dr. Schuster, with an odd type-set change from page one to page two, and see that Dr. Schuster confirms "There have been times in recent months that he verbalized concerns about his being 'scrutinized' and maybe sabotaged by enterprises in the scale of Microsoft and Netflix" Dr. Shuster also asserted "In summary. Mr. Guertin is not at risk of harming anyone."

17. Is the impairment solely due to epilepsy; developmental disability; brief periods of intoxication caused by alcohol, drugs, or other mind-altering substances; or dependence upon or addiction to any alcohol, drugs, or other mind-altering substances? ☐ Yes ☒ No

18. Will Respondent agree to participate in that treatment voluntarily? ☐ Yes ☒ No

19. Do you believe that Respondent will follow through with treatment on a voluntary basis? ☐ Yes ☒ No
Why or why not?

No the respondent does not believe he has a mental illness or symptoms of a mental illness. He believes he has ADHD and some OCD related symptoms and anxiety. He does not believe he needs oversight or treatment and he believes that since he has been living in the community for several months without close oversight or additional mental health interventions, that he does not require any oversight or treatment.

20. Would a guardianship/conservatorship be an appropriate alternative to commitment? ☐ Yes ☒ No

21. What is the least restrictive, appropriate treatment for Respondent and why?

Whether due to an underlying independent schizophrenic and or psychotic spectrum disorder or to a psychotic spectrum disorder that is substance induced, it seems more likely than not that Mr. Guertin's current symptoms of serious mental illness will continue if not treated. Mr. Guertin symptoms will likely intermittently become more acute and contribute to symptoms which more substantially impair his perceptions, reasoning, and behaviors – and pose a substantial risk to harm self and others without treatment. Therefore, without the ability to differentiate or resolve Mr. Guertin's mental health diagnosis with more clarity due to the confounding from his prescribed medications, the undersigned opines that Mr. Guertin meets criteria for civil commitment as person with a serious mental illness.

In the undersigned's opinion, the Respondent does not have adequate appreciation or insight to appraise or notice the functional impact (e.g., cognitive, perceptual, emotional, behavioral) of their symptoms of mental illness, their need for treatment, the risks their symptoms pose to self and others; this impairs the Respondent's decisional capacity related to major treatment decisions pertaining to the Respondent's mental illness and or substance use disorder, including medications.

The undersigned would suggest/recommend a voluntary trial period (an evaluation period) of 6 months without the current class of medications (i.e., stimulant and benzodiazepines), and a method to verify or corroborate the absence of the substances such as UDS and re-evaluation – (this is simply a suggestion and would be up to the respondent and the treatment team to determine if this might be agreeable). However, considering that a more definitive opinion is expected, the following is my opinion.

In the undersigned's opinion less restrictive alternatives may be available and appropriate, the undersigned suggest others might consider the following issues to be considered as part of any possible agreement to less restrictive alternatives. Such as **if**

a) the Respondent's symptoms continue to resolve/improve and stabilize,
b) recommended supportive services such as case management, psychiatric management, other needed treatments (e.g., CD, individual counseling, independent psychiatric evaluation of psychiatric medications and need for them, etc.) housing, and supportive treatment plan can be agreed upon,
c) the Respondent demonstrates substantial engagement with and adherence to an agreed upon treatment plan,
d) the Respondent agrees to voluntarily follow-through with the agreed-upon treatment options,
e) the Respondent has a reasonable likelihood of being able to voluntarily follow-through.
f) specifically, there is an agreed upon, time-limited plan regarding use of firearms, and purchasing or access to, etc.
g) agreement as to whether there is benefit of the back-up of court oversight were he to drift from the treatment plan.
If any of "a, b, c and d, e f and g", cannot be reasonably agreed upon or do not appear likely the respondent will be able to or willing to adhere to the agreements, the undersigned would support full civil commitment as Mentally ill, with substantial concerns for chemical dependency.

The Respondent is diagnosed with (*Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (primary), versus Medication induced bipolar disorder versus Stimulant use disorder (prescribed stimulants- Adderall)*) which is or includes an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which is manifested by instances of grossly disturbed behavior or faulty perceptions and poses a substantial likelihood of physical harm to self or others. For example: in the Forensic Evaluation Report, (March 2023, by Jill Rogstad, PhD., LP, ABPP) And the during testimony pertaining to the competency hearing, as outlined in the Findings of facts and Order regarding incompetency to proceed, overseen by the Honorable Judge, Michael Browne, (July 2023) there was substantial evidence for ongoing flight of ideas, and either hypomania or mania in Mr. Guertin's presentation, consistent with ongoing serious mental illness. Moreover, during the current exam, there was evidence for ongoing hypomania to mania and substantially distorted thought processes which verge of delusional, though remained within logical and rational limits during the exam. Separately regarding the letter from Dr. Schuster. The letter is a very nice clinical letter and helps maintain the Doctor/patient clinical relationship, Dr. Schuster has with his patient, Mr. Guertin. Although Dr. Schuster appears to have been provided with a copy of Dr. Rogstad's Forensic report (March 2023), it is somewhat concerning and surprising that Dr. Schuster as the prescribing provider of two controlled substances to the respondent, did not comment on the well-known adverse psychotic-spectrum side effects to the medications he is prescribing, particularly when there is credible evidence of psychotic-spectrum symptoms (i.e., a well-credentialed and regarded forensic psychologist's report to the court – Dr. Rogstad's report). the undersigned would expect most psychiatrist with such information would take step to mitigate their patients risks to psychotic spectrum events due to medications and take steps to mitigate their own liability in prescribing these medications, after being informed of these types of events (maybe this was done separately). Dr. Schuster, is not in the role of properly evaluating this situation and did not appear to have access to all the available information to formulate his conclusion. For example, were he to have seen the extensive, hypergraphia-like, writing on Mr. Guertin's apartment walls (some patients with schizophrenic spectrum symptoms evidence hypergraphia), which include paranoid self-reminders and descriptions which clearly convey that Mr. Guertin was frightened, distressed, and believed large enterprises such as "Microsoft and Netflix", were using Artificial Intelligence (AI) and had infiltrated his home electronics and he was being conspired against and risked to being harmed due to the revolutionary software patent he developed; the writing on the apartment walls and similar writing on his body (noted when he was booked into the jail) suggest Mr. Guertin knew or believed that he was unable to rely on his own mental status and wrote reminders to himself and/or possibly messages to others in the case he might have been harmed and his patent stolen. Regardless, his inflexible beliefs are conveyed in the writing, Dr. Rogstad's evaluation, and during the current exam and consistently indicate he held paranoid, grandiose, and delusional beliefs which substantially impaired his perceptions, reasoning, and behaviors, even if there were some elements of the history based in fact.

Mr. Guertin's conclusion (which he described during the exam, were based on his "connecting all the dots") and belief that these large companies might specifically know about his revolutionary and highly sought software, is plausible if he actually had developed this, and still it is somewhat grandiose to believe these companies know about his patent, without any evidence. Mr. Guertin's conclusion that these large companies would try to steal his revolutionary patent,

is also plausible yet rather grandiose to conclude these companies would engage in clandestine illegal activity using AI, to steal his patent rather than simply approach him to purchase it. Mr. Guertin's conclusion, claim, or belief he needed to fire-off a firearm(s) within the city from his apartment to alert the police, is a frightening conclusion and belief which evidences the degree to which he held paranoid, grandiose, and delusional beliefs which substantially impaired his perceptions, reasoning, and behaviors, even if there were some elements of the history based in fact. The veracity of Mr. Guertin's explanation for firing off the fire-arm, is at least questionable. Whichever thought processes and events led Mr. Guertin to fire-off the firearm several times, they appear far more likely than not to indicate he held paranoid, grandiose, and delusional beliefs which substantially impaired his perceptions, reasoning, and behaviors, even if there were some elements of the history based in fact. He could have easily walked to the police station if he did not trust his home electronics and the phone lines. He now admits his decision was a reflection of poor judgment and emphasizes he had not intended to harm others. The problem is that his delusional beliefs substantially impaired his perceptions, reasoning, and behaviors, and influenced him to take these extreme and dangerous actions because he was unable to differentiate what was real or not real at the time; this poses a substantial risk to harm self and others.

Whether his delusional thought processes were aggravated by substance misuse/abuse or an independent psychotic spectrum disorder is less clear. During the exam he presented as hypomanic to manic and reportedly continues to be prescribed and take xx mg of Adderall per day, which substance is well-known to induce clinically significant symptoms consistent with hypo-mania and mania in some patients; it is also a controlled substance, precisely because of its potential for misuse, abuse, and risk to harm. If Mr. Guertin's hypomanic to manic symptoms and delusional beliefs which substantially impair his perceptions, reasoning, and behaviors, are substance induced (or prescription substance induced – i.e., iatrogenic) then there are likely simple interventions to treat and resolve these symptoms which would very effectively mitigate his risks to harm. For example, discontinuation of the class of prescribed substances known to contribute psychotic spectrum symptoms specifically Adderall and Klonopin (both abuse and withdrawal from each can contribute to severe distress, agitation, and distorted and psychotic thinking). However, if Mr. Guertin's hypomanic to manic symptoms and delusional beliefs which substantially impair his perceptions, reasoning, and behaviors represent an independent schizophrenic and/or psychotic spectrum disorder, the treatment interventions of choice initially include but are not limited to antipsychotic medications and/or a mood stabilizer if there is stronger suspicion of a bipolar affective disorder. Notably, there is substantial evidence that Mr. Guertin's underlying symptoms of a serious mental illness persist, though they appear to have recently remained attenuated, regardless of the cause.

Capacity to Waive Rights Based on the information in the records and the interview, the Respondent appeared to have an adequate understanding of situation the choices available to him/her to waive his/her right to a trial in this matter and enter into treatment agreements with defense attorney assistance.



Michael Robertson PsyD, LP

(Exam Date: 8/1/23)

Report Date: 08/04/2023

253B.02 Subd. 13. A "person who is mentally ill poses a risk of harm due to a mental illness" means any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory which that grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which that is manifested by instances of grossly disturbed behavior or faulty perceptions and who, due to this impairment, poses a substantial likelihood of physical harm to self or others as demonstrated by: (1) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment; (2) an inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care as a result of the impairment and it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided; (3) a recent attempt or threat to physically harm self or others; or (4) recent and volitional conduct involving significant damage to substantial property.

ADDITIONAL NOTES