A Successful Reintegration into the Community: One NGRI Acquittee's Story

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[*Editor's Note: Randy Starr's reentry story is unusual because of the circumstances of his crime, the court verdict of Not Guilty by Reason of Insanity, and the journey he has traveled since then. In 1979, Randy Starr was charged with the murder of his mother. Found not guilty by reason of insanity, he was hospitalized for five years, during which his condition was treated with psychiatric medications and intensive counseling. "I cannot remember when I have last seen a person use a period of enforced hospitalization as effectively for his own benefit as you have done," the director of his inpatient unit wrote him after his release.*

Though Mr. Starr's path within the criminal justice system was uncommon, he faced many of the standard issues on reentry into the community under conditional release: finding a job and suitable housing, establishing responsible habits and a healthy lifestyle, dealing with loneliness, judging whom to confide in, etc. Released in 1984, Mr. Starr is employed as a staff training and development instructor, and has been married for over 15 years.]

REINTEGRATION INTO the community as a "Not Guilty by Reason of Insanity (NGRI) "conditional-releasee" is a particularly challenging procedure. Most of those in this classification make it, but there are many that don't. This article is written with the intention of lending insight into some of the components that helped me successfully run this gauntlet of reentry.

The 50 states in the U.S.A. have their own uniquely distinct ways of addressing how best to deal with their forensic populations. The legal and political atmosphere constantly changes. The pendulum swings back and forth from the left to the right. Counting the Federal system, imagine 51 pendulums in motion, at different points, regarding how strictly or liberally the laws deal with these forensic individuals. A friend of mine who works as an administrator in the mental health field compared this dynamic to a helix. We need to consider these constantly changing times and political and legal climates, and their accompanying philosophies on treatment and release.

The Federal Court System has its own related trials and tribulations. Thus, what might appear to be a single theme of how to best contend with the delicate issue of appropriately monitoring the conditional-release of the Not Guilty By Reason of Insanity (NGRI) acquittee has 51 opportunities for variation. Presumably, the similarities will predominate over the numerous and distinct differences. There are specific desired ingredients required to make a successful conditional release, though, and I'll try to list some of those that worked for me. But first, let me briefly describe the unfortunate details of my case history.

In the latter part of 1979, while in a demented rage, I murdered my mother. My mental illness led me to believe that she was an evil person and that she was going to somehow hurt me. At the time I thought my attack on her was self-defense. I was wrong. In fact, she was a good person and innocent of any wrong-doing toward me. Both my paranoia and my twisted thinking had become overwhelming. Nearly five years earlier, I had been diagnosed as being schizophrenic of an undifferentiated type. Retrospectively, however, there were clearly a host of other behavioral maladjustments figuring in there, including but not limited to: 1. My inclination toward mania; 2. My growing paranoia; 3. My poor impulse control and growing tendency toward violent outbursts; 4. My inability to appropriately deal with stress; and 5. My life-learned pattern of seeing the world with an anti-social slant. After a brief hospitalization on a psychiatric ward in a general hospital, during those years I had received very unsuccessful and sporadic outpatient treatment. My maladjustments had merely worsened as my abuse of alcohol, prescription medications and street drugs increased. My mother's trust of me, her ignorance of mental illness and the innate vulnerability of being alone with a mentally ill person prone toward outbursts of violence all combined to put her in harm's way.

After a three-month stay in a horrendous county jail, I was found Not Guilty by Reason of Insanity. Both a psychiatrist and a psychologist had examined me and agreed that I was, in fact, insane at the time of the crime. At a bench trial, all parties in the courtroom agreed on this insanity ruling. I was quickly sent to our maximum security psychiatric facility in Chester, IL, where I spent the next

I would like to dedicate this article to James L. Cavanaugh Jr., M.D. and the staff at the Isaac Ray Center of Chicago, IL and to the memory of my mother. I would also like to thank Migdalia Baerga, MSW, Mental Health Administrator with the Office of Probation and Pretrial Services, Administrative Office of the U.S. Courts, for her encouragement and suggestions for this article, Ellen Fielding for her editorial support, and my wife for ongoing support and belief through over fifteen years of marriage. Email can be sent to me at: randy.starr@worldnet.att.net

seven months under their intense watch. Afterwards, I was transferred to what was to be one of three other lesser security state psychiatric facilities I would eventually be housed at.

For over a year I didn't realize the wrongness of what I had done. With the appropriate psychiatric drugs, which were to lessen my problems with anxiety, agitation, and distorted thinking, and both excellent one-to-one counseling and group therapy, I started responding to treatment. One day the reality of my mother's murder fully set in, and I broke down in tears. We had finally reached a major turning point in the course of my inpatient treatment. Much challenging work, of course, remained, but at this point I quit nagging at the staff about when I might be discharged and started actively participating in the treatment plan being formulated for me.

I'd grown up in a family that didn't trust authority figures. We had warped family values and put too much focus on the merit of the big-eat-the-little mentality. Alcohol abuse was the norm, not the exception. When mental illness struck me a few years before my NGRI crime, I was ill prepared to cope appropriately with anything remotely challenging in life. My recovery started with my hesitant steps at trusting others—a select few staff members to begin with. Later, I gained insight into my mental illness, and later still started better understanding the nature of my alcohol and drug abuse. This was a difficult process, requiring a lot of hard work on my part and on the part of many supportive staff members. Initially, I resisted the notion that I had both a mental illness and a serious alcohol and substance abuse problem. They call it being dually diagnosed and that's what I was. As time passed, I was to gain much appreciation of the merits of Alcoholics Anonymous.

My case was monitored by a prestigious internationally acclaimed outpatient forensic-oriented facility located on the near West side of Chicago. During my five years of inpatient treatment, I progressed a long way from being that demented and out-of-control person that I'd become. I learned how to better trust and how to more positively communicate and interact with others. Finally it was time for all of us involved to start preparing to reinforce the excellent treatment I'd received as an inpatient with outpatient treatment once I was back out in the community.

The trust given to me by the Isaac Ray Center staff meant a lot to me, because they were a winning team and I wanted to be one of their winners! Dr. James Cavanaugh, the medical director of this facility, was also the primary psychiatrist assigned to monitor my case. When I was first interviewed by him (to see if this program would accept me), I was impressed with his forthrightness and his expertise in interviewing. Let's face it—after a few years a person who has been receiving a lot of psychiatric treatment, especially the more intense forensic inpatient sort of treatment, can easily become a bit of a professional patient. With that professionalism can come a bit of a ho-hum attitude at meeting with yet another psychiatrist, psychologist, etc. Then, along came this high-impact and intense guy, Dr. Cavanaugh!

He reminded me of Sergeant Friday off the old Dragnet series. It was clear that he was a no-nonsense interviewer and certainly not there to cater to any nurturing needs that I might have. He talked a lot about the legalities involved in the conditional-release process, the legal accountability all parties were subject to. Dr. Cavanaugh explained that the Isaac Ray Center had to take account of both the patient's concerns and societal concerns. Non-compliance with their program on my part would also be viewed as contempt of court. He was clear about the consequences of non-compliance. He elaborated on the legal leverage that his agency would have over me. He reviewed my entire case with me. We discussed my descent into the throes of mental illness, various dynamics pertaining to my extended history of alcohol and substance abuse, my propensity toward violence, the crime itself, the treatment I'd received since my crime, and where both he and I stood in regard to our diagnostic and prognosis concerns.

The multiple diagnostic labels I'd accrued over the years of both out-patient and inpatient treatment were at least partially acknowledged. There had thus far been numerous such speculative attempts at diagnosing my mental illness, including (and again, not limited to) 1.paranoid schizophrenia; 2. bipolar; 3. borderline personality disorder. It was, of course, a very intense two-hour session. He reviewed various medication issues with me and talked of what might await me in outpatient treatment with the Isaac Ray Center. A couple of times, when he brought up issues of concern he wanted to explore further and I tried to evade his questions, he would bring me right back to the point several minutes later. It was clear this guy was good at what he did. He reminded me more of a highly seasoned cop than a psychiatrist. Overall, however, he and I got off to a very favorable start.

The only things remaining between me and court-mandated outpatient treatment by Dr. Cavanaugh and his staff were the judge presiding over my case, the state's attorney, a court-appointed psychologist, angry family members of my mother, community protest and the local TV media shoving their camera into my face and the local reporters writing less than accurate accounts of the procedure in the newspaper. My first attempt to gain conditional-release was denied by the court. At my second such attempt, about a year and a half later, I received the sought after approval.

In Illinois, no probation officer is assigned to the conditionally released acquittee during the initial court-mandated period of time (which is typically a minimum of five years, but can be extended to a greater length of time if indicated). On the other hand, accountability to the court of origin continues to be a paramount factor during this delicate time period. In my case, for example, if at any time I had been uncooperative, in particular regarding the expectations placed upon me by the outpatient facility, and the original court stipulations set upon release, I could have quickly found myself once again as an inpatient psychiatric patient, facing the original maximum date of hospitalization first set in my case of a total of twenty years. Therefore, with the serious legal leverage still hanging over me, I had that additional (and sometimes needed) incentive to keep following the conditional-release stipulations and conditions.

Both the overseeing psychiatric administrative staff (and the therapist responsible for the individual case) are held to a very high degree of responsibility to the legal system regarding closely monitoring the individual's continued behavior and mental status. As is the case for the NGRI inpatient in Illinois, mandatory supervisory reports continue to be sent to the court on a regular and frequent basis, and are often required as regularly as every 60 days.

House visits weren't ever initiated by the staff accountable for my continued compliance with their outpatient program. They at all times, however, could have easily showed up at my doorstep, my place of employment, etc., and with no questions asked by me either. Had I been in violation on any level and in any manner, they could have had me cited with contempt of court, sending me, perhaps, first to the local county jail, then back into the forensic psychiatric facility. Psychiatric decomposition would have likely quickly had me appropriately routed back into an inpatient status, too.

Late in 1984, I once again hit the street. Al-

though my ex-wife had been relatively supportive during this challenging ordeal, she had divorced me about a year and a half before I was conditionally-released. That was after five years as an inpatient NGRI patient in the state of Illinois. Considering the increasing political and legal heat threatening the NGRI ruling in general, I was very lucky to have gotten out when I did. While still an inpatient (with a primary focus on transitional concerns), I'd been hooked-up with the Isaac Ray Center nearly three years at this point. I was older and much wiser than when I'd committed my NGRI crime. Still, there remained much for me to learn. My primary redeeming characteristic was that I was eager to keep on learning. I'd learned the merit of shutting up and listening when the occasion merited such a response. My period of enforced hospitalization had taught me a valuable lesson on how to be patient. I now believed in both my own self worth and the presumptive worth of those I met. I needed to accept responsibility for both my NGRI crime and the need to actively participate in my treatment program. I had, of course, come a long way over the recent years. I had learned to walk a straight line regarding my behavior. I no longer was prone to impulsive and illogical violence. Further, quoting an old co-worker's favorite saying, "I don't smoke, drink nor chew nor associate with those who do." I'd learned to trust the professionals who administered this valuable psychiatric treatment, and to play my part as a key participant on this team. Ostracized by all of my biological family, except for my son because of continued ties with my ex-wife, I drew on the care and concern of well-meaning staff members, focusing on what I had to be grateful for rather than on what I didn't have. This arena of my life was just one example of the success of that newly developed philosophy toward life I was now taking. Further, I progressively learned how to put myself in other people's shoes and to see things from their perspectives.

The ease of the transition from inpatient to outpatient was largely the result of effort and good planning on the part of the inpatient facility I'd been at, and the outpatient facility I'd be linked to, and my willingness to cooperate with those efforts. While I was hospitalized, some solid aftercare plans had been put together, but for them to have any value I would have to use good old common sense and follow these plans.

First, my living situation. I'd found a little studio apartment a couple of weeks before my conditional release. The court had given its okay for the conditional release and now I had to find a suitable place to live before the hospital staff could okay the discharge. I quickly hit the bricks in search of an affordable and acceptable apartment, which posed a challenge because of my limited funds. There was also the reality of how and where I was going to find anyone who would rent to someone with a several year gap in their life history. The standards I set for my apartment were marginal at best. It couldn't be a flophouse, but I couldn't afford anything nice either.

I walked the streets of north side Chicago, in an area known for affordable and plentiful lodging—Rogers Park and surrounding areas. The windows of the various apartment buildings having current rentals would display information about what was available and for how much. I kept my psychiatric history to myself as I interviewed for the couple of places I'd narrowed my choice down to. The first property manager pretty much said, "I don't know what you're hiding, but I smell a rat as I look at the way you filled this application out." I had been too honest about the gaps of time listed. The next rental application I filled out wasn't nearly as accurate with the dates, times, places, etc. The property manager didn't seem the sort of guy who cared a lot about details like that. We hit it off from the start. Bingo! I got the apartment. Finally, I had the key to my own residence again!

It was a rat hole and roach infested but it was a starting point for my new life. Though I could tell it wasn't going to be the safest place to live, it was marginally acceptable. I could tolerate its shortcomings by seeing it honestly, as just another stepping stone toward better times and better things. With the benefit of liberal pass privileges, a sincere drive to do well, and some street smarts, I'd managed to land myself a pretty good job at a large natural history museum as a cashier-clerk about six months before my actual release. It paid just a few cents above minimum wage, but the money allowed me to scrape by. I was proud of the place I was working at, and having my freedom counted for a whole lot to me.

During the first year of my outpatient treatment I was required to attend a minimum of one weekly session with a therapist at the Isaac Ray Center, the primary agency monitoring my case. During that first year I also was required to go twice monthly to an alcohol and substance abuse counselor. I was also committed to attend a minimum of three A.A. meetings per week for at least the first three months of my reintegration period. In addition, for those first three months I was required to show up at least once weekly at a neighborhood drop-in center. The first two stipulations—the weekly therapy session and the twice monthly visit to the substance abuse counselor—were strictly monitored. The latter requirement of attending the three A.A. meetings per week and the once-a-week drop-in center participation, however, were monitored far more casually, though there was always the chance that I'd be given a spot-check analysis which would catch any alcohol or other substance abuse. I was never given such a spot-check, but I was doing what I was supposed to with those requirements. Quite frankly, a lot of good faith and trust were given to me by the Isaac Ray Center staff. With much pride and cooperation, I always tried to live up to the faith and trust they had in me. I was on a court-mandated outpatient conditional-release status with them for five years, but on my own chose to continue our ties for an additional year. It was in 1990 that I quit receiving outpatient treatment from them. Our joint mission, commitment to the legal system, and our successful partnership had been accomplished. Admittedly, however, I took comfort in the fact that my treatment staff made it clear to me that if anytime in the future I needed their assistance, they would be available for me. Fortunately, however, I've never needed it.

The challenges facing me during those first few months of my conditional release were plentiful. I was 34 years old and living independently. You need to understand that I'd left home and gotten married when I was just 16 years old. After 12 years of marriage to an often well-intentioned yet enabling spouse, I'd been hospitalized because of my NGRI crime. Here I was, however, living independently—earning my wages, paying my bills, buying and cooking my own food, cleaning my own home and clothing, furnishing my apartment the best I could, keeping my appointments, figuring out my transportation needs, staying away from bad people, booze and street-drugs, and potentially compromising situations, and, perhaps, most stressful of all trying to keep the roach infestation problem under control. (The bugs were driving me nuts!) My frequent solitude and loneliness were also challenges. The stress level after just the first few weeks had me feeling as if my eyes were starting to bulge and my hair stand on end. I became far more understanding (even sympathetic) about other recently discharged patients I'd seen over the years,

who had failed shortly after their return to the community. In the past I had reacted with some arrogance to their failure. I was no longer so arrogant now.

All of the insight and coping skills I'd learned while in the hospital were being reinforced by my outpatient treatment with the Isaac Ray Center staff. These professionals expected sincere and conscientious participation on my part, while at the same time providing the utmost quality in their own services. The staff wanted me to dot my every "i" and cross every "t," and this was the high quality of service they were providing. Neither of us gave the other any lame or bogus excuses. They gave me their 100 percent and I gave the same to them. It wouldn't have worked any other way! The academically acclaimed and extensively published Dr. Richard Rogers, who had been my therapist during those three years of transitional treatment before my actual conditional release, had taken a job elsewhere, which broke my heart. He was replaced by a well-educated though inexperienced young psychologist who seemed too young and too inexperienced with forensic issues. I enjoyed talking with her, though, and in keeping with the Hippocratic Oath, she did no harm, but I sorely missed the rapport that Dr. Rogers and I had established. He had been to me a therapist, job coach, academic advisor, positive role model, mentor and even friend. After another couple of years, the young doctor moved on and was replaced by an insightful and somewhat nurturing registered nurse with much expertise in working with violent forensic offenders, Ms. Sue Liles, who had years of experience working with forensic patients. I once again felt like I was in good hands. Still, I missed Dr. Rogers and at times felt like I was just trying to hold onto the valuable insights I'd gained through my beneficial therapeutic affiliation with him.

While hospitalized, I'd learned the importance of focusing more on what I had and less on what I didn't have. Once out I had my freedom to focus on and the pride of having done all that it takes to gain a conditional release. I learned to accept and expect that I'd be doing without a lot of the simple pleasures of life, while at the same time appreciating and savoring that which I did have in life. A genuine positive attitude adjustment had been achieved over the years. It's true that I was barely making enough money to pay my expenses. It's true that I was living in an impoverished setting. It's true that at times I barely had enough to eat. It's also true, however, that I was a very fortunate individual who had gone through some extremely challenging times and weathered them. Sure, my little studio apartment was a real dump. On the other hand, I lived just a half mile or so from a nice public beach on the shores of Lake Michigan. It didn't cost a nickel for me to walk along the beach, sucking in some fresh air while I enjoyed the sunshine and the majestic view afforded to all by the powerful Lake Michigan. I didn't dwell on what I didn't have but on what I did have.

Once, one of my museum co-workers paid a brief visit to my apartment. (I rarely had any company over.) She was clearly aghast at the dirty and barren look it had, and said so: "What are you, a Buddhist monk or something like that? Hey guy, don't you have any furniture?" With a smile I responded, "Come back in five years and I'll be doing much better." It was that confidence (which grew from my newfound belief in God, my fellow-man and myself) and willingness to be patient at achieving my goals that kept me in the winning track. My goals were both realistic and attainable. At the same time, my standards had become high. I was "sick and tired of being sick and tired!" There was no longer any room in my life for self-destructive losers. I figured that associating with negative people would be worse than just being by myself at times. This proved to be a valuable perspective, although I also avoided merely isolating. With therapeutic help, I'd established a sufficient support network to get me by.

My support network had some significant strengths and weaknesses. For example, as a part of my conditional release, I'd relocated to Chicago, Illinois, nearly 200 miles from the much smaller city where I'd grown up. Except for my son and my ex-wife, I was completely estranged from all of the people I'd grown up with—relatives, friends, neighbors, former classmates, co-workers, etc. These dynamics lent unusual and sometimes demanding components to my reintegration into the community. On the other hand, talk about an opportunity to start fresh! Aside from the Isaac Ray Center's staff, I kept my NGRI-related business to myself. This wasn't an easy task, but I felt it was necessary at the time.

The NGRI element of my background was never discussed at the Substance Abuse Center. Their staff never specifically mentioned it nor did I. We dealt with issues directly associated with my staying away from alcohol or other substance abuse. That was okay with me. In A.A. I shared freely of my alcohol and other substance abuse-related problems, but always stayed away from sharing information about my history of mental illness or any of the NGRI stuff. Again, it was a choice I'd made, and no, I never got close enough to any other A.A. member for them to be my sponsor or vice versa. The Isaac Ray Center staff sort of filled that role capacity for me. Sometimes with A.A. members, I'd test the waters to get a better feel about where they stood on forensic-related dynamics. For example, I might bring up a current media topic dealing with mental illness and criminal behavior, asking, "What do you think of that?" If the person I was talking with went off on a vindictive tangent, I'd know not to let my guard down about this element of my life. I always figured we've all got our secrets and crosses to bear. On the other hand, if the response was more liberal and upbeat, I'd be more likely to get closer to him or her. At work, I was even stricter with what I would share. I got along fine with my superiors and coworkers, and even received a couple of significant promotions over the five years I worked at my first "reintegration period" job. Still, I kept my cards close to my chest.

All the while, I kept the content and quality of my interactions with the Isaac Ray Center staff realistic and honest. I trusted their staff. In this therapeutic context, we were clearly working together very well as team members. This was a worthy and positive partnership that we had cultivated over the years. Although the nature of my NGRI crime (matricide) will always bear heavily on me, having received treatment from this outstanding forensic facility I can easily say that I'm very proud to have received my five years plus court-mandated outpatient treatment from such a high-caliber facility!

I completed treatment with the Isaac Ray Center over a decade ago. At about that same time I entered into the field of social services myself, but this time as a provider of services, not a recipient. While hospitalized, I had completed the requirement for a long-sought-after Associates in Arts degree. About a year after my reintegration into the community, I started studies toward earning a Bachelor of Arts degree, with a major in human services. Soon afterwards, once working in the field of additions, I became certified with the state of Illinois as an addictions counselor. These accomplishments all took a lot of time and hard work. Initially, I worked with inpatient alcoholics and drug addicts. After that, I went

on as a field worker with an internationally based mental health organization. Next, in 1996, and perhaps most significant in my continued pursuit to "give back," I was hired as a consumer specialist working with primarily forensic patients at the largest psychiatric facility in Illinois, Elgin Mental Health Center. I played a non-adversarial role, helping to instill a sense of personal responsibility in the patient, while always advocating the merit of a non-adversarial partnership between both staff and patients. I was instrumental in developing, implementing and co-leading (with various unit-based clinicians) motivational and educationally oriented groups that I named Responsibility Groups. A primary goal of mine has revolved around sharing successful experiences and insights I've gained over the years with others, both patients and forensic staff in particular. Sometimes people listen and my message seems to be well received, other times I have faced much adversity and rejection. There is personal risk involved when one shares so openly such an unfortunate and dastardly violent and mentally ill past as mine. Still, it's more than worth the risk to me. I greatly enjoy my work.

After working as their consumer specialist for over three years, I applied for the position I hold currently (for over three years now), of a staff training and development instructor. In this current position, my history isn't a focal point, although it is a commonly known reference point.

When I'm not working, I do a lot of networking throughout the mental health community, both in the United States and Canada, in the field of forensics. I find this exchanging of information, experiences, and insights very rewarding, and my efforts seem to be appreciated by many mental health administrators and clinicians around the country. In my continued pursuit to give back to the society that has been so good to me, these past five years I've presented at mental health conferences, mostly of a forensic nature, and I've written much of a mostly narrative nature. A few years ago, through an opportunity offered to me by Dr. Pat Corrigan, Robert Lundin, and the staff at the Psychiatric Rehabilitation Center of the University of Chicago, I wrote and published a book, *Not Guilty by Reason of Insanity: One Man's Recovery*.

Years ago I first heard a quote that grabbed my attention, although I have no idea of its origin: "You alone can do it, but you can't do it alone!" Partnership and reaching out to one another in the spirit of bettering that which has already been achieved in the area of mental health services is our worthy goal. Life continues to go well for me, and I'm a contributing member of society, thanks be to God!