

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**NEWPORT, SC.**

**SUPERIOR COURT**

**(Filed: December 15, 2011)**

**STATE OF RHODE ISLAND**

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**NO. N1-2010-0380**

**v.**

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**JOEL BEAULIEU**

:

**DECISION**

**THUNBERG, J.** This matter is before the Court for decision, after trial without the intervention of a jury, upon the Defendant’s petition to be adjudicated “not guilty by reason of insanity” of the murder of his father, Conrad Beaulieu, and the attempted murder of his mother, Diane Beaulieu. The Trial proceeded on November 29, 2011 and November 30, 2011, and it included the presentation of expert testimony from both the prosecution and the defense. The factual basis for the indictment is undisputed and the parties have consented to the admissibility of all exhibits.

**Factual Background**

At one minute past midnight on September 5, 2010, Corporal Kenneth Cabral, of the Tiverton Police Department, responded to the Beaulieu residence at 31 Woodland Circle “after being dispatched for a domestic in progress.” Corporal Cabral immediately observed Mrs. Beaulieu, covered in blood, lying outside of the home on a walkway near the driveway. Patrolman Jonathan Cunningham entered

the residence with Corporal Cabral and Patrolman Warren Caldwell. They observed Conrad Beaulieu, lying in blood and motionless, in the kitchen. Patrolman Cunningham also observed a knife sheath at the bottom of the stairs. In the Patrolman's presence, Corporal Cabral and Patrolman Caldwell asked Mr. Beaulieu "who did this to you" and he responded three times "son." Simultaneously, Officer William R. Monroe asked Mrs. Beaulieu "who did this to you" and she twice responded "he did it" and gestured toward the Defendant, who was ordered to lie face down on the walkway.

The Defendant was then approached by Officer Louis Farias, Jr., who asked him what his name was and why he was injured. The Defendant responded that "his hand hurt and he [could] feel something on his back." After inspecting him, Officer Farias informed the Defendant that "his back was fine and that he had a cut on his hand." When the Officer asked the Defendant what happened that evening, he uttered that "he had stabbed his parents with [a] knife." After Officer Farias read the Defendant his rights, he inquired why the Defendant would want to stab his parents. The Defendant then responded that "his father sexually abuses him," "he was abused by his father last night while his mother watched," "he was in bed last night and awoke with his father on top of him from behind abusing him," "his mother was watching the act," "he started to vomit in bed," and "he was in fear he was going to be abused tonight and wanted to stop it before it happened again, so

he stabbed his parents.” (Exhibit 1-K at 2.) The Defendant further volunteered that he had purchased a knife in New Hampshire, which he retrieved from the garage. He also admitted that he began stabbing his father in bed and continued to stab him as Mr. Beaulieu ran to the kitchen. The Defendant stated that “he just wouldn’t go down.” (Exhibit 1-K at 3.)

At nineteen minutes after midnight, Little Compton Firefighter, Fred M. Melnyk, Jr., arrived on the scene and was assigned to transport the Defendant to Newport Hospital. Firefighter Melnyk cut off the Defendant’s blood-soaked tee-shirt and the Defendant told him that “he thought his penis was cut off,” although Firefighter Melnyk noted that there was “no indication of injury.” (Exhibit 1-N at 1.)

Firefighter Melnyk overheard the accompanying officers, Corporal Cabral and Officer Jason Dunlea, question the Defendant about his motives for the stabbings. The Defendant stated that Mr. Beaulieu “raped him” two nights before. The Defendant explained that Mr. Beaulieu jumped on his back and began kissing his neck and cheek “while saying ‘I love you.’” The Defendant told Firefighter Melnyk that he stabbed his mother because “[s]he is the one who gives me the meds.” (Exhibit 1-N at 1.) He further added that his parents “were plotting to kill [his] grandparents tomorrow” and that his grandparents “wanted [him] to do it.” (Exhibit 1-N at 1.)

Mrs. Beaulieu recounted the events of the evening prior to the attack, September 4, 2010. On that night, she asked the Defendant if he would like to go to Butler Hospital as he was having trouble sleeping and could be provided medication there that would assist him. When the Defendant expressed a preference to “try to sleep at home,” Mr. Beaulieu gave him his deceased mother’s rosary beads and said: “[p]ut these rosaries under your pillow. She’ll help you to sleep.” The Beaulieus retired at approximately 10:30-11:00 PM.

Later that night, Mrs. Beaulieu was “shaken awake.” She got out of bed and saw blood coming down her husband’s face. She described that the Defendant then “turned on [her]” and struck her in the head with a knife. She ran downstairs and outside, through the garage to the driveway, where she collapsed. Mrs. Beaulieu believes that the Defendant came out the front door and continued to stab her. She further believes that “he was out of his mind.” (Exhibit 1-O at 4.) The Defendant told his mother that he could not believe she was still breathing and she said, “Joel, I love you.” (Exhibit 1-O at 4.) Mrs. Beaulieu also stated that the last words she heard from her husband was “911.” (Exhibit 1-O at 4.)

Mr. Beaulieu perished at the hands of the Defendant, who savagely and relentlessly inflicted over fifty stab wounds to his father’s “face, head, neck, chest, sternum, back, shoulders, arms and hands.” (Exhibit 1-S.) Mrs. Beaulieu suffered a severed ulna nerve in her left arm, as well as numerous lacerations and

stab wounds to her head, neck, chest, and face. By her own account it is a “miracle” that she survived.

### **Elements of the Insanity Defense**

In 1979, the Supreme Court of Rhode Island adopted the Model Penal Code test for insanity, which declares that,

[a] person is not responsible for criminal conduct if at the time of such conduct, as a result of mental disease or defect, his capacity either to appreciate the wrongfulness of his conduct or to conform his conduct to the requirements of law is so substantially impaired that he cannot justly be held responsible. The terms ‘mental disease or defect’ do not include an abnormality manifested only by repeated criminal or otherwise antisocial conduct. State v. Johnson, 121 R.I. 254, 267, 399 A.2d 469, 476 (R.I. 1979).

The Supreme Court charges the fact-finder to determine:

(1) the existence of a cognizable mental disease or defect, (2) whether such a disability resulted in a substantial impairment at the time of the unlawful conduct of the accused’s capacity either to appreciate the wrongfulness of his conduct or to conform his conduct to the requirements of the law, and consequently, (3) whether there existed a sufficient relationship between the mental abnormality and the condemned behavior to warrant the conclusion that the defendant cannot justly be held responsible for his acts. Id. at 270-271, 399 A.2d at 478.

### **Joel Beaulieu’s Psychiatric History**

Mrs. Beaulieu, after expressing that the “mother/child bond is probably the strongest in the world,” explained that she told her son, while under attack, that she

loved him because she was addressing the “Joel [she] knew” and “not the demon that invaded his mind that night.” (Exhibit 1-O). The Defendant had never before displayed any aggression toward his parents and was “grateful” that they “kept him at home and did everything [they] could to help him.” (Exhibit 1-O.)

The Defendant, in the history he provided to the defense expert, Dr. Barry W. Wall, stated that he had his first “nervous breakdown” in 2005<sup>1</sup> while attending the University of Massachusetts Dartmouth. He was admitted to Butler Hospital for two weeks after his parents brought him there. The Defendant told Dr. Wall that this admission “was prompted” by his disillusionment and he thought he “was going there to become a doctor.” (Exhibit A at 6.) He explained that his parents told him he had to go to Butler when he informed them that he had been buying bags of apples and “handing them to kids that looked hungry at UMass.” (Exhibit A at 6.) The Defendant was discharged without a diagnosis, after being treated with Zyprexa and Seroquel (antipsychotic medications), as well as Celexa (an antidepressant medication).

The Defendant’s admission diagnosis for the admission between October 22, 2004 and October 29, 2004 was that he exhibited “grandiose delusions, bizarre behaviors, decreased function, [poor] sleep, confusion, with [thoughts of suicide] ... in context of taking twenty diet pills daily to self-starvation [in] ... August and

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<sup>1</sup> In fact, it was 2004.

September and drinking 8-10 cups of caffeine daily.’ (Exhibit A at 10.) He was only eating apples and water.” (Exhibit A at 10.) He also thought he was a professor at UMass Dartmouth and offered apples to other students because “he ‘went through an ‘anorexic phase’ and did not like to eat alone.” (Exhibit A at 11.)

For the succeeding two years, the Defendant was out of treatment (he had initially continued out-patient treatment at Butler), and he was off medication. He describes his behavior during that time span as being “still up to no good with a couple of buddies . . . we had formed a band in New Bedford in a really bad area ... [w]orking at Olive Garden, getting out at midnight, sleeping crazy hours, ... just doin’ [sic] stuff like drinking, smoking, stuff we weren’t supposed to be doing.” (Exhibit A at 7.)

The Defendant’s second inpatient hospitalization at Butler occurred in 2005 after he reported to his parents that he thought he had seen the “Ultimate Warrior on WWF” at Sherwin Williams in East Greenwich. (Exhibit A at 7.) He reported that his mother responded “[n]ot again. Can you see how your thinking is off?” (Exhibit A at 7.) His parents inquired as to whether he had stopped taking his medication and he realized “there was no getting out of it.” (Exhibit A at 7.) On this occasion, he was diagnosed with Bipolar Affective Disorder, “a serious illness characterized by manic episodes at a minimum, as well as possible major

depressive episodes, all alternating with periods of normal mood.” (Exhibit A at 7.) The Defendant was discharged after two weeks and returned to outpatient treatment, describing himself as “heavily medicated” with lithium (mood stabilizing medication) and Haldol (antipsychotic medication). (Exhibit A at 7.) He was eventually referred for mental health treatment in Newport, but he stopped taking his medication because he did not like the way it made him feel. (Exhibit A at 7.)

During his second hospitalization, the Defendant “perseverated” over the Ultimate Warrior notion, and he thought he had been injected with heroin during a tattoo session. (Exhibit A at 11.) His discharge diagnosis was: “Psychosis Not Otherwise Specified, with rule out of Bipolar Affective Disorder, manic with psychotic features. A Personality Disorder was deferred.” (Exhibit A at 11.)

During his interview with Dr. Wall, the Defendant “described his perceptions and mental state [in part] as follows: ‘I always dreamed of being a wrestler.’” (Exhibit A at 7-8.) When he shared this with his parents, they replied: “[d]o you see how that’s not real?”

In 2009, the Defendant ran away to a Connecticut hotel room because he “thought [he] was going to be a fighter and . . . went to [a] Foxwoods [hotel to train] every day for a fight.” (Exhibit A at 8.) Mr. and Mrs. Beaulieu reported the

Defendant as missing, located him via credit card use, and took him home. (Exhibit A at 8.)

After being home for “a while,” the Defendant “couldn’t sleep” and was admitted to Newport Hospital in October 2009 for his third inpatient course of treatment. (Exhibit A at 8.) The Defendant’s description to Dr. Wall, of the reason for this admission, in his own words, is as follows: “I was losing sleep, I had sleep deprivation and it was getting to the point that someone was gonna [sic] get hurt pretty much because I needed to get into the emergency room. So, it was more like a wolf cry (*i.e.*, a cry for help). I could not settle down.” (Exhibit A at 8.)

After this discharge, the Defendant engaged in treatment for several years with psychiatrist Dr. Turanski, at Newport County Mental Health Center. The Defendant expressed to Dr. Wall that, at this time, he desired to “get out of his parents’ house,” and he was attempting to “get into the homeless shelter.” (Exhibit A at 8.) He wanted “[his] own place after thirty years. [His] hormones were up ... and [he] wanted ... a girlfriend ... and ... to have a dinner party with [his] friends.” (Exhibit A at 8.) The Defendant remained in treatment at Newport County Mental Health Center because he liked the young staff members who assisted him in securing a job at Home Depot, obtaining Social Security Disability Income, and with his medications. (Exhibit A at 8.)

In the summer of 2010, at the behest of Mrs. Beaulieu, the Defendant was evaluated at the Amen Clinic in Reston, Virginia. One of the clinic's physicians recommended two prescriptions for the Defendant: Vyvanse (a stimulant for Attention Deficit Disorder) and Lamictal (a mood stabilizing medication). Dr. David Kahn, the Defendant's treating physician, was "willing to work" with the recommendation but preferred that Defendant take Neurontin (an anticonvulsant, which can be used as a mood stabilizer). (Exhibit A at 8.)

As of September 3, 2010, the Defendant's diagnosis, according to Dr. Kahn, was "Bipolar Affective Disorder Not Otherwise Specified, Severe," and his medications were: Lamictal, 200 mg per day, Depakote (an anti-seizure drug) 250 mg per day, and Abilify (an antipsychotic drug) 5 mg at bedtime. (Exhibit A at 15.) In July of 2010, the Defendant had also been taking Vyvanse but it, in combination with Neurontin, worsened the Defendant's psychosis. (Exhibit A at 15.)

Dr. Kahn's progress notes, as discerned<sup>2</sup> by Dr. Wall, reveal that, on August 16, 2010, the Defendant complained to Dr. Kahn that his parents were "irritating" and "criticizing" him, and leading him to have a "blow up." (Exhibit A at 16.) The Defendant also reported that his grandfather was talking down to him, his

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<sup>2</sup> Dr. Wall stated that Dr. Kahn's progress notes are handwritten and "sometimes difficult to read." (Exhibit A at 15.)

mother had given him a look of disgust, and his father was critical and provocative. (Exhibit A at 16.)

On August 27, 2010, the Defendant visited Dr. Kahn for an “extra” session. He told the doctor that his father was “aggressive lately,” and that he (the Defendant) could not express himself without “criticism or correction.” (Exhibit A at 16.) On that same day, the Defendant also sent an email to Dr. Kahn, in which he wrote: “I’m walking around like a killing war machine in a glass house with a father that is an aggressive son of a bitch. I need your help. My parents are thinking of putting me in a group home and I deserve better than that. I am asking for your help and maybe a place to sleep.... I have never seen my father so aggressive in all my life.” (Exhibit A at 16.)

Three days later, on August 30, 2010, Dr. Kahn described the Defendant as “paranoid,” because the Defendant believed that the military were infiltrating the neighborhood. (Exhibit A at 16.) The Defendant also stated that he was “afraid of hurting at least one friend.” (Exhibit A at 16.) The following day, August 31, 2010, the Defendant had auditory hallucinations, but “he did not know of whom.” Dr. Kahn noted in his record that the Defendant was “[a]ble to refrain from violence, but has impulses.” (Exhibit A at 16.) Mrs. Beaulieu also sent an email to Dr. Kahn on the 31<sup>st</sup>, in which she wrote that her son “had not slept for two nights,

[had] strange dreams, and felt agitated, restless, and irritable, and that the military might draft him to rescue trapped Chilean miners.” (Exhibit A at 16.)

On September 4, 2010 at 4:46 PM, the Defendant sent another email to Dr. Kahn in which he wrote: “So I had a glass of whole milk and 2 bowls of chocolate chip cookie dough ice cream. Believe it or not I feel much more relaxed and could probably drift off to sleep tonight. See you at our next appointment. When is that by the way?” (Exhibit A at 16-17.)

The final communication, between the Defendant and Dr. Kahn, before the commission of the crimes, occurred at 8:45 PM on September 4, 2010. Dr. Kahn noted that the Defendant was “feeling a bit better[,] less restless [and] sounding relaxed and tired.” (Exhibit A at 16.) When Dr. Kahn directed the Defendant to take his medication, specifically 500–1000 mg of Depakote that night and 200 mg of Lamictal in the daytime, the Defendant replied: “I don’t need them.” (Exhibit A at 16.)

#### **Joel Beaulieu’s Account to Dr. Wall Regarding the Day of the Attack**

The Defendant informed Dr. Wall that, during the day in question, he had been doing “strange stuff” around the house, including: building a campfire, collecting his dog’s hair, giving himself a body groom, burning his hair, skin, nails, a bag of hair and two crucifixes. (Exhibit A at 24.) He placed a note to his parents under his mattress in which he wrote that “[they needed] to go to Nonna and

Gramp's house to wipe them out." (Exhibit A at 24.) He explained that he did not want to express his thoughts out loud because he believed that the FBI, the CIA, and the police were bugging the house. (Exhibit A at 24.) The Defendant felt that he was "out of [his] right mind on the medication" and was paranoid. (Exhibit A at 24-25.) When the Defendant displayed the note to Mr. and Mrs. Beaulieu, they "did not freak out" or "call 911." In the Defendant's mind, his interpretation that they "didn't disagree" with his directive (to kill his maternal grandparents) meant that he was "already dead" and "in an Alfred Hitchcock movie." (Exhibit A at 25.) His statement to Dr. Wall was: "[i]t was kill or be killed in my frame of mind." (Exhibit A at 25.)

The Defendant also told Dr. Wall that he had the "devil's head" in him the whole day and this caused him to burn the crucifixes from his first communion. (Exhibit A at 25.) The Defendant stated that the Devil had been talking to him in Latin, and that he placed new pennies bearing a battle shield in an outside sewer drain as a "protection seal." (Exhibit A at 25.) For the entire day, the Defendant questioned whether his parents were "real," "dead," or "even alive." (Exhibit A at 25.)

After the family retired for the evening, the Defendant lay awake in bed until a neighbor's light came on, which signaled to him: "you gotta [sic] act on it now." (Exhibit A at 25.) A voice told him to "save yourself and do it," and he ran

downstairs to the garage to retrieve a hunting knife from beneath a step. (Exhibit A at 26.) As he was going down the stairs, he “felt like some kind of warrior tip-toeing around.” (Exhibit A at 26.) When he returned to his parents’ room armed, he “proceeded to stab [his] father in the back of the head.” (Exhibit A at 26.) He stabbed Mr. Beaulieu four times in the bed, two times in the hallway, and once in the back of the neck in the kitchen with a fork, while asking him: “how are you not dead?” (Exhibit A at 26.) Then, the Defendant “sat down and strangled him.” (Exhibit A at 26.)

In the meantime, Mrs. Beaulieu was lying in a mulch bed on the side of the driveway, appearing to the Defendant to be unconscious. The police then arrived and the Defendant told them, “repeatedly,” that he “killed his parents before they killed me.” (Exhibit A at 26.)

### **Testimony and Analysis of Dr. Barry Wayne Wall**

Dr. Wall, a forensic psychiatrist, is presently the Director of Forensic Services at Eleanor Slater Hospital in Cranston, Rhode Island. He additionally maintains a private practice in Providence, treating adults and engaging in private consultations on forensic matters. He is Board Certified<sup>3</sup> in general psychiatry and forensic psychiatry, holding professional licensure in both Rhode Island and Massachusetts. The Doctor is a Phi Beta Kappa graduate of the University of

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<sup>3</sup> Dr. Wall’s numerous and impressive accomplishments, affiliations, appointments, publications, and presentations are detailed in Exhibit B.

South Carolina at Columbia and the Medical University of South Carolina at Charleston, where he obtained his Medical Doctor degree in 1990.

Dr. Wall met with the Defendant at the Adult Correctional Institute Intake Center on February 22, 2011 and June 24, 2011. Dr. Wall interviewed him for a total of four hours and ten minutes. Dr. Wall has diagnosed the Defendant with “Schizoaffective Disorder, Bipolar Type,” which the doctor describes “as a serious mood disorder, which can include episodes of mania (abnormally elevated, expansive or irritable mood), depression, or mixed states (in which a person has both depressive and mania symptoms), also characterized by periods of loss of contact with reality.” (Exhibit A at 30.)

Dr. Wall bases the “diagnosis of Schizoaffective Disorder on Mr. Beaulieu having uninterrupted period [sic] of illness during which, at some times he has had either Manic or Mixed Episodes concurrent with symptoms that meet Criterion A for Schizophrenia.” (Exhibit A at 30.) “[He specifies] Bipolar Type because Mr. Beaulieu’s condition includes periods of either Manic or Mixed Episodes.” (Exhibit A at 30.) As symptoms of Manic Episodes in the Defendant’s history, Dr. Wall identifies “many distinct periods of abnormally and persistently elevated, expansive, or irritable mood, lasting at least [one] week.” (Exhibit A at 30.) During periods of mood disturbance, the Defendant persistently and to a significant degree exhibits “inflated self-esteem or grandiosity (e.g.,) thinking that he was a

professor and that he was going to be a Doctor at the time of his October 2004 Butler Hospital admission); decreased need for sleep, more talkative than usual or pressure to keep talking, flight of ideas and racing thoughts, distractibility, and psychomotor agitation.” (Exhibit A at 30.) While having manic symptoms, the Defendant has also displayed depressive symptoms (Mixed Episode) “including: thoughts of suicide, depressed mood, hopeless feelings and poor concentration.” (Exhibit A at 31.)

Dr. Wall further concluded that the Defendant met the “Criterion A” for Schizophrenia as the following symptoms were observed for a significant portion of a one month time span:

- (1) Delusions (e.g.,[.] the bizarre belief that he had been injected with heroin at the time of the second Butler Hospital admission in October 2005; concerns of military infiltration prior to the alleged criminal incident; his beliefs that his parents were abusive when he becomes psychotic; erotomanic delusions regarding a woman at Home Depot documented in July 2009)[;]
- (2) Hallucinations (e.g.,[.] visual hallucinations of seeing the Ultimate Warrior in 2005; auditory hallucinations)[;]
- (3) disorganized speech (e.g.,[.] frequent derailment or incoherence as described in his inpatient psychiatric hospitalizations)[;]
- (4) grossly disorganized or catatonic behavior (e.g.,[.] leaving for Connecticut because he thought[t] he was training to be a fighter; handing out apples at UMass Dartmouth; psychomotor agitation noted in his second Butler Hospital inpatient psychiatric hospitalization)[;]
- (5) negative symptoms, including lack of will, “diminished motivation, increasing isolation, loneliness, some awareness of his increasing distance from his old

friends as they move on with life” that affected his social functioning and ability to live independently. (Exhibit A at 31.)

Dr. Wall explained, in his testimony, that patients with this severe mental illness commonly appear relatively well for periods of time. Patients such as the Defendant, who have an extremely supportive family network, and appropriate treatment can become “floridly psychotic” and engage in behavior such as this, which yields a horrific and tragic outcome.

In Dr. Wall’s opinion, the Defendant, at the time of the incident, was not being “fully treated” because he was not on an antipsychotic medication. His symptoms of mental illness, according to Dr. Wall, were “more psychotic than mood-related.” (Exhibit A at 33.) The symptoms the doctor references in this regard were: delusions (parental abuse, military activity, questioning the reality of his parents, “bugging” of the house by authorities); disorganized thinking (father closing bedroom windows); auditory hallucinations (the Devil speaking to him and the “communication” from a neighbor’s light going on); and disorganized behavior (shaving his body hair and burning it along with his dog’s hair and crucifixes). (Exhibit A at 33.)

Dr. Wall determined that, for several weeks prior to the attack, the Defendant had become increasingly suspicious—“smelling death, hearing the voice of the Devil, and being increasingly concerned with surveillance.” (Exhibit

A at 33.) After having a “strange conversation” with his parents (concerning the need to “wipeout” his grandparents), his parents’ “lack of response” (to the Defendant’s “psychotic way of thinking”) “confirmed that they were in ‘cahoots’ to kill his grandparents—rather than the reality, which is that they were concerned about his mental condition and were considering inpatient psychiatric hospitalization.” (Exhibit A at 33.) In the Defendant’s mind, the “proof” that his parents “were in on a plot was their not calling 911.” (Exhibit A at 33.) Dr. Wall assessed the Defendant to have both psychosis and significant mood irritability, along with religious confirmations and auditory hallucinations, which led him to get “a knife and [use] the element of surprise to defend himself against his perceived tormentors.” (Exhibit A at 33.)

Dr. Wall’s ultimate opinion, formulated on the basis of his comprehensive review of the Defendant’s treatment records and his interviews with the Defendant (as well as third parties), is that, at the time of the incident, the Defendant’s capacity to appreciate the wrongfulness of his conduct and to conform his conduct to the requirements of the law was substantially impaired due to the effects of mental illness. (Exhibit A at 34.) The foundation for Dr. Wall’s opinion that the Defendant lacked the capacity to appreciate the wrongfulness of his conduct and was substantially impaired by a mental illness is as follows:

1. Persons with major mood and psychotic disturbances, such as Schizoaffective Disorder, can have impaired

thinking. Their perceptions can be inaccurate and their thinking can be distorted. They cognitively know a certain action is wrong, yet they may perceive that an action is the emotionally correct course to take because of their level of mood disturbance and psychosis.

2. It is possible that Mr. Beaulieu cognitively knew at the time that stabbing his parents was wrong. This is based on his waiting until they were all in bed, then sneaking down the stairs, and surprising them in their bedroom. This implies either cognitive knowledge of wrongfulness or a complete conviction on his part that he was right. Because Mr. Beaulieu had serious mental impairments as a result of his mental illness in his ability to think rationally about the situation, in my opinion he believed that what he was doing was morally right. He thought that his parents could easily kill him, that they were his abusers, the auditory hallucinations from the light and the Devil, and the religious signs all justified his taking the accurate course of action. (Exhibit A at 34.)

As to the element of the Defendant's capacity to conform his conduct to the requirements of the law being substantially impaired at the relevant time, Dr. Wall opined the following:

1. Persons with Schizoaffective Disorder can have impaired behavior. They can behave irrationally because of their impaired thinking. A psychotic person shaving their body hair and burning it[,] along with crucifixes and dog hair[,] is an example of this behavior.

2. While it is true that Mr. Beaulieu had some capacity to control his actions (he waited until everyone was in bed), in my opinion, his actions were primarily influenced by his psychosis. He was struggling with psychotic thoughts, such as being a "killing war machine[,]” throughout the week before the incident.

3. But for his symptoms of psychosis, in my opinion, Mr. Beaulieu would not have acted this way. Despite

having a history of thoughts of suicide and statements intimating harm to others, he does not have a history of serious violence (although he has struggled with thoughts of wanting to hurt others, and his Home Depot employers were apparently very concerned over some statements he made at work). Other than Mr. Beaulieu's serious disturbance in mood and thinking, there are no alternate explanations to account for his behavior. Even when others observed him stabbing his mother[,] he did not stop ... because he was so psychotic to behave any differently. He did not even attempt to leave the scene after the assaults. (Exhibit A at 34.)

In his conclusion, Dr. Wall concisely and precisely sets forth the Defendant's mental condition before and at the time of the incident:

[the Defendant] was psychotic and had substantial mood disturbance because of his long-standing Schizoaffective Disorder. As a result of active symptoms of serious mental illness, he thought he was receiving religious confirmation, via auditory hallucinations and other signs and perceptions[,] that he was to combat evil. He had been warding off evil[,] and struggling with harmful urges all week. His parents seeming acknowledgement that they were willing to kill his grandparents on the night of [September 5, 2010] confirmed they were evil, and this knowledge, combined with encouragement of the auditory hallucinations, resulted in his belief that he must kill them for the sake of righteousness. (Exhibit A at 34.)

### **Testimony and Analysis of Dr. William B. Land**

The prosecution's expert, Dr. William B. Land, is also Board Certified in forensic psychiatry and has been declared an expert in the field over one hundred times. Dr. Land graduated from Brown University in 1983 and was awarded his

medical degree from Northwestern University Medical School in 1987.<sup>4</sup>

Dr. Land also interviewed the Defendant at the Intake Center, reviewed the same records as Dr. Wall, and also reviewed Dr. Wall's "Criminal Responsibility Evaluation." Dr. Land found it notable that the Defendant had "never been charged [with] any prior criminal offenses." The doctor was aware, from the medical records, that the Defendant had a "long and well documented history of major Mental Illness." (Exhibit 3 at 4.)

By the doctor's account, and the account of all others who contributed information regarding the Defendant's history, the Defendant's parents were "greatly concerned about his psychiatric status and emotional stability." (Exhibit 3 at 4.) Despite the support Mr. and Mrs. Beaulieu furnished, and despite the professional psychiatric interventions, the Defendant remained "acutely psychiatrically ill, presenting with numerous delusional and psychotic beliefs." (Exhibit 3 at 4.)

Dr. Land's conclusion, after his interview with the Defendant and his thorough review of the Defendant's treatment records, is that the Defendant "suffers from a Major Mental Illness as defined by the Diagnostic and Statistical Manual (DSM-IV)." (Exhibit 3 at 5.) Dr. Land agreed with Dr. Wall that the

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<sup>4</sup> Dr. Land also has achievements of great merit in his academic and professional appointments, positions, memberships, committees, activities, assignments in professional societies, wide-ranging teaching experience, in addition to journal, textbook, newsletter and educational publications. (Exhibit 2.)

Defendant, who presented with a variety of psychotic and mood symptoms, would be correctly diagnosed as afflicted with Schizoaffective Disorder. In pertinent part, the Dr. concluded that the Defendant “has been profoundly affected in his personal and occupational functioning as a result of [the] illness, and [that] the course of his illness is typical for patients who suffer from a severe form of this disorder.” (Exhibit 3 at 5.)

Dr. Land’s opinions and conclusions are confirmatory of, and in conformance with, those of Dr. Wall. Dr. Land, in support of his conclusion that the Defendant was unable to appreciate the wrongfulness of his conduct as a result of his mental disease, specifies that the Defendant “believed that he was justified in his action due to the strength and tenacity of his psychiatric symptoms. In addition, due to the severity of his psychotic and mood symptoms, he was unable to conform his conduct to the requirements of the law.” (Exhibit 3 at 6.) Dr. Land also cited the Defendant’s “long and well-documented history of Major Mental Illness,” psychiatric illness, and display of “active psychotic and mood symptoms before, during, and after this tragic incident.” (Exhibit 3 at 6.)

Dr. Land, in his testimony, described the Defendant as “profoundly affected by his mental illness. The Defendant’s psychosis, as Dr. Land explained, causes him to be “out of touch with reality” and to “firmly and rigidly” hold delusional beliefs that “do not comport with reality.” The fact that the Defendant waited until

his parents went to bed before he retrieved the knife, and the fact that he waited until they were asleep before he commenced his attack, did not alter Dr. Land's conclusions. The doctor clarified, in his testimony, that an individual can be in a severely psychotic state, yet take "preparatory steps" to advance the commission of a crime. Significantly, Dr. Land, who has twenty years of experience in forensic psychiatry, testified that he was "very comfortable" with his professional opinion regarding the Defendant's insanity defense, declaring the assessment to be "not at all a close call."

### **Conclusion**

The undisputed and uncontroverted facts, established by the evidence, reveal that shortly before midnight on September 4, 2010, this Defendant savagely, ferociously, and mercilessly attacked his defenseless mother and father as they were peacefully sleeping in their own bed. This was an act of incomprehensible barbarity. Mr. and Mrs. Beaulieu were wonderful parents to their son, for whom their support, compassion, love, devotion, protection, and generosity never waned, despite the arduous and stressful circumstances presented by the Defendant's mental illness. Even when Mrs. Beaulieu was being attacked, the first thing she said was "Joel, I love you," speaking to the "Joel [she] knew" and "not the demon that invaded his mind that night." (Exhibit 1-O at 10.) Despite the Beaulieus' ceaseless dedication to their son and his well-being, the Defendant brutally

attacked his parents. He accounts for his behavior that horrifying night by stating: “I lost my mind, like the rage of a wild animal protecting their [sic] children, I snuck up on my parents and went after my mother and father.” (Exhibit A at 1.)

After exhaustive analyses, the two expert forensic psychiatrists, Dr. Wall and Dr. Land, opined credibly and steadfastly that, at the time of the brutal attack, the Defendant’s “capacity to appreciate the wrongfulness of his conduct and to conform his conduct to the requirements of the law was substantially impaired due to the effects of mental illness.” (Exhibit A at 30; Exhibit 3 at 6.)

In formulating the foregoing standard, our Supreme Court noted that the “essential dilemma in formulating any standard of criminal responsibility is encouraging a maximum informational input from the expert witnesses while preserving to the jury its role as trier of fact and ultimate decision maker.” Johnson, at 266, 399 A.2d at 476. The Johnson Court additionally references the “apt” language of United States v. Freeman, which observed that:

[a]t bottom, the determination whether a man is or is not held responsible for his conduct is not a medical but a legal, social or moral judgment. Ideally, psychiatrists[,] much like experts in other fields[,] should provide grist for the legal mill, should furnish the raw data upon which the legal judgment is based. It is the psychiatrist who informs as to the mental state of the accused his characteristics, his potentialities, [and] his capabilities. But once this information is disclosed, it is society as a whole, represented by judge or jury, which decides whether a man with the characteristics described should or should not be held accountable for his acts.” Johnson,

at 266-67, 399 A.2d at 476 (quoting United States v. Freeman, 357 F.2d 606, 619-20 (2d Cir. 1966)).

The evidence and the testimony that has been presented leads this Court to the inexorable conclusion that, at the time this Defendant murdered his father and viciously stabbed his mother, he was completely unmoored from any sense of reality. His “reality” was the one manufactured by his psychotic, delusional, and severely disordered mind. The Defendant’s “mission” assigned to him “via auditory hallucinations,” was that he was to “combat evil.” He tenaciously clung to his “belief” that it was “kill or be killed.” (Exhibit A at 30.) The Defendant’s psychotic perception that his parents were willing to kill his grandparents “confirmed” to him that “they were evil and this knowledge, combined with encouragement of the auditory hallucinations, resulted in the belief that he must kill them for the sake of righteousness.” (Exhibit A at 34.)

The Court accepts, as fully credible, the coalescence of the conclusions and opinions expressed by Dr. Wall and Dr. Land, as detailed in the body of this decision. A thorough review and consideration of the evidence presented, and an application of the standard enunciated by our Supreme Court in State v. Johnson, compel this Court to adjudicate Joel A. Beaulieu not guilty by reason of insanity of all counts in the indictment.