

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

IN AND FOR SUSSEX COUNTY

STATE OF DELAWARE, : ID No. 1106025042

v. :

RONALD W. WILLIAMSON, :

MEMORANDUM OPINION

Decision After Competency Hearing.
Defendant Not Competent to Stand Trial.

Submitted: December 14, 2012

Decided: January 23, 2013

John W. Donahue, IV, Esquire, and Melanie C. Withers, Esquire, Deputy Attorneys General,
Department of Justice, 114 East Market Street, Georgetown, DE 19947.

Dean C. Johnson, Esquire, and Robert H. Robinson, Jr., Esquire, Office of the Public Defender,
14 The Circle, Second Floor, Georgetown, DE 19947.

Stokes, J.

This is my decision after another hearing concerning Defendant Ronald Williamson's ("Defendant") competency to stand trial. The right of an incompetent defendant not to stand trial is a fundamental and deeply rooted right entitled to constitutional protection under the Due Process Clause. Following consideration of the whole record, Defendant is not presently competent to proceed, and he should remain at the Delaware Psychiatric Center (DPC) for treatment. Also, there is a pending motion to withdraw by counsel. The motion was precipitated by Williamson's failure to cooperate and communicate. This impasse is the result of mental illness that impedes Defendant's ability to participate rationally in the preparation of his defense. The motion to withdraw is denied, given efforts to restore his competency are necessary.

Background. Defendant is charged with two counts of Murder First Degree and numerous additional crimes related to the shooting death of Connie Breeding. He quickly developed a fixed belief that Dean Johnson, Esquire, one of his defense attorneys, participated with the State of Delaware ("the State") in altering the police videotape that depicted the crime. The videotape is the central incriminating evidence against him. As the attorney-client relationship steadily degraded, the defense team moved for a competency hearing. Following the hearing on September 6, 2012, this Court found Williamson to be competent to stand trial.

Thereafter, the defense reported continued changes in Williamson's behavior and attitudes towards them. Defense counsel believed that Williamson's competency deteriorated so badly that a reevaluation was necessary. The State agreed, and a second competency hearing was conducted on December 14, 2012.

On June 26, 2011, Mark Anderson, Chief of Police, Greenwood, Delaware arrived at the scene of a dispute. The dash-cam on the police vehicle, which was running when Anderson showed

up, recorded a man later determined to be Ronald Williamson. He was holding a woman in a choke hold and had a hand gun in his other hand. Chief Anderson got out of his car and repeatedly ordered Williamson to drop his weapon. After a slight struggle with his victim, Defendant pointed the gun at her forehead and fired one shot.

Williamson immediately dropped the gun and ran into a neighboring residence where he was arrested eight hours later after lengthy negotiations with police officers.

The victim, Connie Breeding, was found to have died as a result of a single gun shot to the head. The prosecution seeks the death penalty on the intentional murder charge on the statutory aggravating factor that the victim was being held as a shield or hostage.¹

Williamson is housed at DPC. His records show generally acceptable behavior with one exception. He became involved in a serious altercation with other residents about a program on television. Williamson became angry and threw three chairs.

Standard for determining competency. In *Dusky v. United States*,² the United States Supreme Court adopted a competency standard that governs the question of competency to stand trial. The Court found that it was not enough that a defendant merely be oriented to time and place and have some recollection of events. The *Dusky* test asks “whether [the defendant] has sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding and whether he has a rational as well as factual understanding of the proceedings against him.” Several years later, in *Drope v. Missouri*, the Supreme Court added to *Dusky* the requirement that a

¹Title 11 *Del.C.* § 4209(e).

²362 U.S. 402 (1960).

defendant must be able to assist counsel in preparing his defense.³

Delaware statutory law is consistent with that precedent, providing that a defendant is incompetent to stand trial if the trial judge finds after a hearing that “because of mental illness or mental defect, [the defendant] is unable to understand the nature of the proceedings against the accused or to give evidence in the accused’s own behalf or to instruct counsel on the accused’s own behalf. . . .”⁴ Competency is a fact-sensitive inquiry that takes into account the totality of the circumstances and does not necessarily turn upon the existence or nonexistence of any one factor.⁵

The State carries the burden of showing by a preponderance of the evidence that the defendant is competent to stand trial.⁶ A showing by a preponderance satisfies due process because the issue is competency, not guilt or the existence of any element of a crime.⁷

As stated in the Delaware statute, the trial judge determines competency. Mental health experts offer opinions on how a person’s mental disorder affects a rational understanding of the issues and capacity for decisions. Their findings are helpful to explain the mental state of a defendant from their professional point of view. However, the decision on competency is made solely by a judge from the legal perspective.

Summary of conclusions and diagnoses. Three mental health experts testified at the

³420 U.S. 162 (1974).

⁴Title 11 *Del.C.* § 404(a).

⁵*State v. Shields*, 593 A.2d 986 (Del. Super. 1990)(citing *Dusky v. United States*, 362 U.S. 402 (1960)); *State v. Reed*, 2004 WL 2828043 (Del. Super. April 21, 2004).

⁶*Id.* at 1010.

⁷*Diaz v. State*, 508 A.2d 861, 863-64 (Del. 1986).

hearing. All experts agreed that Williamson has a delusional disorder that is a serious mental illness. The delusions consist of fixed false beliefs, i.e., that the prosecution has falsified evidence with cooperation from one of the defense lawyers that the dash-cam recording is fabricated, and that a hostage negotiation tape has been altered. The experts agreed that Defendant is not malingering, based on standardized test results and their subjective observations. The delusions are not under his control and are symptoms of a psychosis, a departure from a normal pattern of thinking, feeling, and acting.

Andrew W. Donohue, M.D., a board-certified psychiatrist and a forensic psychiatrist, did not participate in the first competency hearing. He familiarized himself with the prior reports and records. After interviewing Defendant, Dr. Donohue found Williamson to be competent. However, because of Defendant's insistence on a defense strategy based on delusional beliefs, Dr. Donohue recommends that Williamson be assigned a new defense team to work with for two months and then be reevaluated.

Dr. Donohue diagnosed Williamson as follows:

Axis I – Delusional Disorder, Unspecified Type

Axis II – Paranoid Personality Disorder

Personality Disorder, Not Otherwise Specified (NOS).

Stephen Mechanick, M.D., a board-certified psychiatrist, found Williamson competent to stand trial, as he did at the first hearing. In his second report, Dr. Mechanick diagnosed Williamson as follows:

Axis I – Delusional Disorder, Persecutory Type

Axis II – Personality Disorder with Narcissistic and Paranoid Features.

In her second evaluation, Susan E. Rushing, M.D., J.D., a forensic psychiatrist, found Williamson to be incompetent for trial without any reservations. Previously, she did not find him competent for a capital trial but did not have as firm an opinion for less serious cases. Dr. Rushing learned additional information in her reevaluation that reinforced her present opinion. Williamson was a victim of attempted rape as a 10 year old. This episode added to his emotional instability. Also, Williamson was more enthralled in his delusions that a jury would acquit him because of tampered evidence. Dr. Rushing agreed with Dr. Mechanick's opinion that Defendant's belief about manufactured, tainted evidence is a delusion and could be classified under the psychotic disorder called Delusional Disorder. She diagnosed Defendant as follows:

Axis I – Post Traumatic Stress Disorder (PTSD)

History of recurrent depressive episodes, likely bipolar in nature

Axis II – Personality Disorder with Paranoid Personality traits and Borderline Personality traits.

McGarry factors.⁸ Mental health experts use the McGarry criteria or questions as one tool for determining competency.

Dr. Mechanick stated that Williamson met all the McGarry criteria. He added that Defendant could work with his current attorneys or new attorneys to accept a plea offer. Defendant realized the unlikelihood of proving that the videotape was altered. At trial, Defendant would want to make unrealistic challenges to prosecution witnesses and would want to testify about his delusional beliefs about the videotape. Dr. Donohue and Dr. Rushing made specific findings on each factor.

⁸The McGarry criteria (or questions) are “known as the Competency to Stand Trial Instrument” and are a “widely used assessment procedure in the area of competency to stand trial.” *Shields, supra*, 1000 n. 23.

1. Ability to appraise the legal defenses available. Dr. Donohue found a moderate deficit because of Williamson's theory that evidence had been altered, although he had a general understanding of the available defenses. Dr. Rushing found that Williamson could provide a general statement of the facts and understood some of the defenses. His preferred strategy was a defense of prosecutorial misconduct based on tampering with the videotape.

2. Ability to plan a legal strategy. Dr. Donohue found that Williamson's deficit is based on a belief that some evidence had been altered, although he displayed some ability to think rationally. Dr. Rushing found that Williamson was unwilling to consider a strategy that did not rely on his delusional belief that the prosecutors altered the videotape with the assistance of counsel.

3. Level of manageable behavior. Dr. Donohue noted that generally Defendant managed his behavior during the interviews but had difficulty in the final interview. Dr. Donohue found minimal deficits but stated that, if Defendant goes to trial, he may have to be reassessed for competency. Dr. Rushing found that Defendant is not impaired on this element.

4. Quality of relating to his attorneys. Dr. Donohue found moderate to severe impairment because of his delusional beliefs and his personality. Dr. Rushing found Defendant's impairment to be severe because of his numerous delusional beliefs about his attorneys.

5. Ability to appraise participants in the courtroom. Dr. Donohue and Dr. Rushing found that Defendant is not impaired on this element.

6. Understanding of court procedures. Dr. Donohue found that Defendant's understanding is intact. Dr. Rushing found that Defendant has a basic understanding of court procedures.

7. Appreciation of the charges. Dr. Donohue found no impairment, and Dr. Rushing

stated that Defendant was able to appreciate the charges against him.

8. Appreciation of the range and nature of the penalties. Dr. Donohue found that Defendant knows he potentially faces the death sentence or life in prison, as well as the penalties associated with the plea offers. Dr. Rushing found that Defendant is aware of a capital sentence and a life sentence, but that he believes he may be exonerated based on his delusions regarding falsification of the evidence or at worst be convicted of manslaughter.

9. Ability to appraise the evidence and likely outcome. Dr. Donohue found that Defendant knows the evidence against him is compelling and that there is a likelihood that he would be found guilty at trial and sentenced to life in prison. Dr. Rushing found Defendant to be more optimistic about the outcome than he was during her initial evaluation. Defendant believed that he might be found guilty of manslaughter but that he would not serve any time in prison because of the altered videotape. Dr. Rushing found Defendant more impaired in appraising the outcome of a trial than he was in her first interview with him.

10. Capacity to disclose to his attorneys available pertinent facts surrounding the offense. Dr. Donohue found Defendant eager to discuss the offense with attorneys other than present counsel. Dr. Rushing's report pertains to Defendant's willingness to talk with her.

11. Capacity to challenge prosecution witnesses realistically. Dr. Donohue found that Defendant hoped to use his delusional belief in altered evidence as a means of challenging prosecution witnesses and that he believed that he might prevail on an accident defense and challenge witnesses such as the coroner on this subject. Dr. Rushing stated that Defendant maintained his belief about the altered videotape. When he and Dr. Rushing viewed the videotape together, Defendant asserted that it was a third version of the tape. Defendant said he also believed

that evidence of the hostage negotiations and autopsy results were altered. He continued in this vein throughout the interview. Both Dr. Donohue and Dr. Rushing assigned a moderate impairment.

12. Capacity to present relevant testimony. Dr. Donohue found Defendant capable of discussing his situation. Dr. Rushing concluded that Defendant is capable of testifying but that his testimony would be based on his delusions about falsified evidence and systemic corruption.

13. Motivation for a positive outcome. Dr. Donohue found no impairment. Dr. Rushing emphasized Defendant's increased optimism about the outcome.

Testimonial evidence. Dr. Donohue voiced his opinion that Defendant is competent to stand trial but that his competency is tenuous because of his relationship with defense counsel and also because of his difficulty formulating a defense that does not incorporate his delusions. Although Dr. Donohue finds Defendant competent, he observed partially irrational thinking. In Dr. Donohue's opinion, Defendant needs to believe that he is not capable of killing anyone, leading him to reject any evidence tending to show that he killed Connie or any person who confronts him with the evidence. Being accused of murder is a great stressor for Defendant because it challenges his tenuous self image. This accentuates his paranoia, making him unable to accept the evidence of his guilt.

To sustain his idealized self-image, Defendant denies the evidence by asserting that the videotape was fabricated by the State with input from his attorney, Mr. Johnson. Dr. Donohue testified that Defendant's version of the events changes each time he views the videotape, but the consistent delusional theme is the alteration of the tape. Dr. Donohue does not believe that Defendant's shifting responses to the videotape represent either malingering or a tactical decision.

For these reasons, Defendant's relationship with current counsel is "irrevocably broken."

The delusions are a contributing factor to the breakdown with his underlying personality style. Williamson feels strongly that counsel does not listen to him and that he would fare better with a new defense team. Dr. Donohue is of the opinion that, at this time, Defendant is capable of intentional misconduct in order to obtain new representation. Defendant told Dr. Donohue that if he was appointed counsel he did not like, he would have to be handcuffed and have tape placed over his mouth and would be disruptive.

Dr. Donohue also emphasized that Defendant's delusions are not completely unyielding because they are based on denial of facts which are to Defendant untenable. That is, he vacillates from a position of believing the fabrication theory to acknowledging some responsibility and immediately retreating back into his delusional thinking. This is what Dr. Donohue refers to as a parallel process of having delusions in some areas and rational thoughts in other areas.

Although Dr. Donohue was not involved in the first competency evaluation, he read the other doctors' materials. He stated his opinion that Defendant's focus has shifted from attorney collusion to fabricated evidence including the videotape, the transcript of the hostage negotiations and pictures of the holes made in the door when he shot at Joseph Breeding.

According to Dr. Donohue, Defendant is highly motivated to maintain his self image as a good man incapable of killing Connie Breeding. He would likely carry his delusions about fabricated evidence into a relationship with new attorneys. Dr. Donohue testified that individuals with a delusional disorder are not generally as responsive to antipsychotic medication as individuals with other psychoses such as schizophrenia. The research indicates an approximate 50 percent likelihood that such treatment would be effective. Defendant's delusions are based on denial rather than on genetics. Dr. Donohue found Defendant's delusions would play a role in his relationship

with any attorneys and that Defendant “may go to his grave” with his delusions intact.

Dr. Donohue concluded that Williamson has a factual understanding of the proceedings and partially intact rational understanding. His greatest deficit is his insistence on a defense strategy based on delusions about fabrication of evidence.

Dr. Rushing’s opinion is that Defendant is not competent to stand trial because of his delusional insistence that the strongest evidence against him is falsified, that is, the videotape and the transcript of the hostage negotiations. Dr. Rushing was unable to persuade Defendant to consider taking a plea that did not include delusions about falsification of evidence. Defendant’s pattern is to deny unacceptable acts on his part and to deflect blame onto others. Throughout the interview, Defendant maintained his view that Mr. Johnson assisted the prosecution in falsifying the videotape.

Dr. Rushing found that Defendant is now more than ever engulfed in his delusions about the altered evidence. His greater optimism about the outcome of the proceedings is a result of the greater depth of his delusions. Defendant believes that he will persuade one juror of his version of the events and therefore be exonerated. That is, his optimism is based on other people believing his delusions.

Like Drs. Donohue and Mechanick, Dr. Rushing saw no evidence of malingering and did not believe that Defendant’s delusions are part of a strategy to obtain new defense counsel.

As to defense counsel, Dr. Rushing observed that Defendant no longer trusts either Mr. Johnson or Mr. Robinson, whereas he initially focused only on Mr. Johnson. His dissatisfaction is qualitatively different from defendants who simply do not like their attorneys.

Dr. Rushing stated that someone like Defendant who has a longstanding severe mental illness may develop another paranoid focus even if his present paranoia is somehow diffused. She believes

that he cognitively understands the defenses available to him, as well as a possible plea to manslaughter and the various penalties involved. He believes that he will live no more than four more years and that a conviction for manslaughter would be a death sentence.

In sum, Dr. Rushing does not believe that an individual can set aside a delusion, that is, a fixed false belief. Her inability to persuade Defendant to consider any option that did not include his delusions confirms this fact. Further, while Defendant has the abstract ability to discuss rational approaches to his defense, ultimately he would insist that counsel base his defense on his delusional beliefs.

Dr. Mechanick found that Defendant is competent but that his relationship with his lawyers has significantly deteriorated. Dr. Mechanick believes that Defendant cannot simply choose not to be delusional but that he can rationally make a decision. He agreed that the attorney/client relationship is poisoned because of multiple factors, including the issue of fabricated evidence. Because of his narcissism, Defendant thinks he knows what is the right strategy and because of his paranoia he is suspicious of other people and their motivations. Thus, Defendant is a difficult client, but he can make certain rational choices, such as his willingness to consider a plea offer if the recommended sentence is less than his expected life span.

Like the other expert witnesses, Dr. Mechanick did not believe that Defendant could simply decide to set aside his delusional beliefs. Further, Dr. Mechanick agreed that if Defendant instructed counsel to proceed with the defense that the State's evidence has been tampered with or compromised that instruction would be the product of a delusional mind.

Determination. Again, competency to stand trial is a legal issue for the trial judge to

decide.⁹ In *Dusky*¹⁰ and *Drope*,¹¹ the United State Supreme Court established a basic standard, which is necessarily imprecise because it requires the court to view the totality of the circumstances of each case. The trial judge, not the expert witnesses, determines competency. Delaware statutory law states that the trial judge makes the competency determination, while the mental health experts offer opinions. Title 11 *Del.C.* § 404(a). Because a defendant's competency may wax and wane, a trial judge is required to be aware of legitimate changes and to conduct additional hearings where necessary.

In this case, the record shows that Defendant has a history of serious mental problems. Williamson was sexually abused as a child and that impaired his emotional stability. In March of 2009, Defendant was hospitalized because of repeated threats to shoot himself. At that time, he was admitted to Dover Behavioral Health Center. The Dover Behavioral Health Center records indicate that Defendant had had suicidal ideation on two previous occasions. His discharge diagnosis from Dover was Depressive Disorder, NOS.

Later in 2009, Defendant was admitted to Nanticoke Memorial Hospital because of homicidal thoughts. On September 30, 2009, Williamson was committed to Rockford Center where he was discharged with four Axis I and Axis II diagnoses. His commitment formed the basis for the charges in Counts 23 and 24 that he was prohibited from possessing a firearm and ammunition.¹² Later he

⁹*Shields*, 593 A.2d at 1012.

¹⁰362 U.S. 402 (1960).

¹¹420 U.S. 162 (1974).

¹²The prohibited status arises for persons who have ever been committed for a mental disorder under 11 *Del.C.* § 1448(a)(2).

was treated at Laurel Medical Group for depression. Records from the Department of Corrections show that Williamson registered suicidal ideation as well as agitation and aggravation.

Defendant Williamson believes that the State's videotape of the crime, the transcript of the hostage negotiations and the autopsy results have been falsified. The three mental health experts found that Defendant is delusional, that is, he holds fixed, false beliefs. Because of his delusions, Defendant's relationship with his attorneys is damaged to the point where communication is not feasible. This mental illness is severe, and Defendant is not able to control it.

The communication between a defendant and his counsel lies at the heart of the competency analysis. Williamson cannot contemplate a defense that does not incorporate his delusional beliefs. That is, he lacks sufficient present ability to consult with his attorneys with a degree of rational understanding, and he cannot assist his attorneys in preparing his defense. Because of the disorder, Defendant has an unwarranted and irrational antipathy toward his court-appointed counsel.

Further, under § 404(a), Defendant Williamson cannot give evidence on his own behalf because his unsupported delusional beliefs would not be admissible at trial. Also under the statute and for the same reason, Defendant could not instruct counsel on his behalf.

Under the law, defense counsel cannot override a client's decision to plead not guilty by tendering a plea of guilty but mentally ill.¹³ Here there is support for a guilty but mentally ill plea. Also, the affirmative defense of extreme emotional distress to reduce the murder charge to

¹³*Cooke v. State*, 977 A.2d 803, 840-45 (Del. 2009); *Taylor v. State*, 28 A.3d 389 (Del. 2011); *State v. Dickinson*, 2012 WL 3573943 (Del. Super. Aug. 17, 2012)(defendant has fundamental rights that are so personal that a lawyer cannot veto them, including decisions on pleas, jury trial waivers, and whether to testify, to appeal, to accept the death penalty, or to waive counsel).

manslaughter is possible. That defense would concede the murder akin to a plea.¹⁴ Also, in capital cases, these approaches anticipate the sentencing part of the trial. They develop credibility with the jury. A life sentence more likely may be recommended where a defendant has accepted some responsibility and did not offend the jury with frivolous matters in the guilt/innocence phase.¹⁵ Defendant has rejected these options. Instead, he has consistently instructed his lawyers to base his defense on his delusional beliefs in order to show that the State's case rests on evidence that was contrived by the prosecution with the cooperation of at least one of his attorneys. An accident defense is prejudiced by the delusions as well.

In this context, a meaningful attorney client relationship is impossible. Defendant's perception of the likely outcome of the trial is flawed at this time. Defendant's delusional beliefs impact eight of the McGarry factors, as follows: (1) ability to appraise legal defenses available; (2) ability to plan a legal strategy; (4) quality of relating to his attorney; (9) ability to appraise the likely outcome; (10) capacity to disclose to the attorney available pertinent facts surrounding the offense; (11) capacity to challenge prosecution witnesses realistically; (12) capacity to testify relevantly; and (13) manifestation of self-serving and self-defeating motivation.

Under present circumstances, Williamson is not competent to stand trial. Defendant genuinely holds the delusion. These are fixed false beliefs and are not manipulative attempts to avoid a murder conviction with a potential death penalty. A fair trial cannot presently be had.

Following the hearing, the Court conducted an *ex parte* colloquy with Defendant.

¹⁴*Ross v. State*, 768 A.2d 471 (Del. 2001)(raising the affirmative defense of extreme emotional distress to murder constitutes an admission of culpability in the death).

¹⁵*Cooke*, 977 A.2d at 865.

Defendant's responses confirm the conclusion that he is not competent.

Conclusion. Certainly, a person having a diagnosis of paranoid personality and delusional disorder is not inherently incompetent to stand trial.¹⁶ The capacity for rational decision making may be present. Indeed, a defendant's competency threshold is quite low and is measured not by that of a reasonable person but rather of the average criminal defendant.¹⁷ The content of the delusions drives the analysis whether a defendant has a rational understanding.¹⁸ The central question is how the delusions affect competency. Defense counsel have described the toxic relationship with Williamson that precludes cooperation and communication. Williamson is focused on fabricated evidence. His delusions are like the proverbial iron curtain. A defense lawyer's view of a client's state of mind is an important point.¹⁹

It was suggested that Williamson's desire for trial was rational and should be conclusive. Information was shared that Williamson had nothing to lose by hoping a juror might be persuaded by his view of the fabricated evidence, somewhat like one hoping to win a lottery. Given his age, health and a shorter life expectancy, Williamson might feel a manslaughter conviction by trial or plea would be the equivalent of a death sentence.

Every competent defendant may require the State prove its case beyond a reasonable doubt

¹⁶*Heidnik v. White*, 112 F.3d 105, 109(3d Cir. 1997).

¹⁷*Shields*, 593 A.2d at 1012-13.

¹⁸*Heidnik*, 112 F.3d 105.

¹⁹*United States v. Sandoval*, 365 F.Supp 2d 319, 326 (E.D.N.Y. 2005)(defendant not competent where delusional disorder prevented effective communication; counsel's opinion that defendant could not rationally cooperate was significant notwithstanding contrary opinions of forensic evaluators).

whether the prosecution's evidence is strong or not. While this choice may not be wise in some cases, it is constitutionally protected, and defense lawyers must provide the best defense consistent with the client's direction.²⁰ However, when delusions infect the process with fanciful aberrations, the trial would be a mockery of justice. Where a psychotic disorder precludes a meaningful defense, then no one can be subject to the gauntlet of trial.²¹

Considering the foregoing, Defendant Williamson will remain at DPC where measures to restore his competency shall be taken. DPC will submit a status report as to Defendant's competency to stand trial on July 24, 2013. Defendant will not be appointed new counsel as the problem is caused by the delusional disorder that would affect any attorney client relationship and requires treatment.

IT IS SO ORDERED.

/s/ Richard F. Stokes

Richard F. Stokes

cc: Original to Prothonotary

²⁰*Cooke*, 977 A.2d at 840-45; *Taylor*, 78 A.3d 389.

²¹*United States v. Bauman*, 2008 WL 2560706 (D. Kan. June 28, 2008) (Defendant not competent while having a persecutory delusional disorder, including beliefs that defense lawyer altered or destroyed records or tapes as part of a conspiracy to imprison him notwithstanding defendant's knowledge and understanding of the legal system); *United States v. Abernathy*, 2009 WL 877678 (E.D. Mich. March 30, 2009) (Defendant not competent where mood and depression disorder coupled with delusional ideation regarding court conspiracy substantially impaired ability to rationally consult and assist counsel); *United States v. Bond*, 2011 WL 310239 (E.D. Ky. Jan. 5, 2011) (Defendant not competent where legal decisions would likely be influenced by delusional beliefs arising from active symptoms of a psychotic disorder leading to potentially damaging legal decisions); *United States v. Sledge*, 2011 WL 635868 (N.D. Fl. Feb. 11, 2011) (Defendant suffering from delusional beliefs and diagnosed with a psychotic disorder not otherwise specified not competent for trial).