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STATE OF MINNESOTA
COUNTY OF DAKOTA

DISTRICT COURT
FIRST JUDICIAL DISTRICT

State of Minnesota,
 Petitioner, ECT HEARING
vs. Court File: 19HA-PR-20-939
Charles Helmer,
 Respondent.

The above-entitled matter came on for hearing before the Honorable Joseph Carter, Judge of District Court, on January 7, 2021, at the Dakota County Judicial Center, Hastings, Minnesota, via Zoom technology.

APPEARANCES:
ALL PARTIES APPEARED VIA ZOOM TECHNOLOGY.

Anna Light, Assistant Dakota County Attorney, appeared on behalf of the Petitioner.

Victoria Herr, Attorney at Law, appeared on behalf of the Respondent.

The Respondent appeared for part of the hearing.
Myles Antonioli, M.D., was also present.

1 (This hearing is being held during the COVID-19
2 pandemic restrictions and is subject to the limitations of
3 remote technology, including but not limited to, cell
4 phone/computer wi-fi/data connection, signal reception,
5 video/audio signal interference, signal interruptions, and
6 other restrictions and limitations associated with remote
7 court hearings via telephone/cell phone/speakerphone/
8 and/or videoconferencing.)
9

10 (Whereupon, the following proceedings were duly
11 had:)

12
13 THE COURT: And can you tell us your name, your
14 full name?

15 THE RESPONDENT: Charles Paul Helmer.

16 THE COURT: Okay. Mr. Helmer, we will begin
17 your hearing, and I will have those participating in it
18 state their names. Okay?

19 THE RESPONDENT: Yeah.

20 MS. LIGHT: Anna Light, Assistant Dakota County
21 Attorney.

22 MS. HERR: Victoria Herr, I represent
23 Mr. Charles Helmer. He is present via Zoom.

24 DR. ANTONIOLI: Dr. Myles Antonioli, Court
25 Examiner.

1 THE COURT: Ms. Herr?

2 MS. HERR: Your Honor, I was not able to talk to
3 my client yesterday, so I would inquire as to how he
4 wishes to proceed.

5 THE COURT: Okay.

6 MS. HERR: Mr. Helmer, the facility and Dakota
7 County has filed a petition seeking to add ECT treatment
8 to your treatment plan.

9 THE RESPONDENT: It's not gonna get passed.

10 MS. HERR: I'm sorry. What was that?

11 THE RESPONDENT: It's not gonna get passed.
12 It's not gonna get passed. I'm not gonna need to complete
13 it. I got allies on the outside and I'm not gonna allow
14 you to put this on me. It's not happening her.

15 MS. HERR: Okay.

16 THE RESPONDENT: Been there, done that. Been
17 there, done that. It didn't work first. It's not gonna
18 work again. I don't care -- (unintelligible) They
19 know -- (unintelligible).

20 MS. HERR: Okay.

21 THE COURT: Okay. I'm having trouble
22 understanding what he's saying.

23 MS. HERR: Your Honor, to -- what I can gather
24 is that he's not in agreement with the ECT, and so we
25 would proceed with the hearing.

1 THE COURT: Ms. Light?

2 MS. LIGHT: Your Honor, I call Dr. Antonioli to
3 testify.

4 THE COURT: Please raise your right hand.

5

6 MYLES ANTONIOLI, M.D.,

7 having been first duly sworn,

8 was examined and testified as follows:

9

10 THE COURT: And please state your full name and
11 spell your last name.

12 THE WITNESS: Myles Antonioli. Myles,
13 M-y-l-e-s. Antonioli, A-n-t-o-n-i-o-l-i.

14 THE COURT: Your witness.

15 BY MS. LIGHT:

16 Q Doctor, you're a licensed psychiatrist trained and
17 practicing in the State of Minnesota; is that correct?

18 A Yes.

19 Q And you were appointed by this Court to render an
20 independent opinion on the Price-Sheppard Petition that
21 was filed in this case?

22 A Yes.

23 Q And that petition is requesting ECT; is that correct?

24 A Correct.

25 Q Did you have an opportunity to review medical records in

1 preparation for your testimony today?

2 A Yes, I did.

3 Q And were those --

4 THE RESPONDENT: (Talking unintelligibly.)

5 BY MS. LIGHT, CONTINUING:

6 Q What dates did those records go through?

7 A They went until January 4th.

8 Q And were you -- did you have an opportunity to review the
9 other court documents filed in this court file?

10 A Yes, I did.

11 Q And did you have an opportunity to speak with the
12 respondent?

13 A I had the opportunity. I attempted to have an interview
14 with the respondent but he refused the interview.

15 Q And was that over the telephone?

16 A That was over the telephone, yes.

17 Q And how did he refuse?

18 A I contacted the nurse's station. They took the phone to
19 his room and I could hear him verbally refuse the
20 interview.

21 Q Did you speak with anyone else at the hospital?

22 A I had an interview with his providing psychiatrist Allison
23 Yarusso.

24 Q And do you feel that you are able to render an opinion
25 today even though you did not personally speak with the

1 respondent?

2 A Yes, I do.

3 THE RESPONDENT: (Talking unintelligibly.)

4 BY MS. LIGHT, CONTINUING:

5 Q Okay. And is it correct that he is already under a
6 commitment order; is that correct?

7 A Correct.

8 Q And he's already under a Jarvis order; is that correct?

9 A Yes.

10 Q And, at this time, the hospital is now requesting
11 treatment with ECT?

12 A Yes.

13 THE RESPONDENT: They're not taking more of me.

14 BY MS. LIGHT, CONTINUING:

15 Q And do you -- can you summarize the reasons why the
16 hospital feels that it is necessary to begin ECT at this
17 time?

18 A Yes.

19 THE RESPONDENT: (Talking unintelligibly.)

20 A In summary, the Respondent, even when medically maximized
21 in his treatment, still has a high degree of
22 symptomatology. He previously did well on ECT, as well as
23 while he was on Clozaril. However, he's refusing
24 medications.

25 THE RESPONDENT: (Screaming unintelligibly.)

1 A He's only able to receive Zyprexa via intramuscular
2 injection. Because of this, the Respondent's symptoms
3 continue to be problematic to the point that he requires
4 continued hospitalization, and that's the reason that they
5 are requesting treatment with Electroconvulsive Therapy.

6 BY MS. LIGHT, CONTINUING:

7 Q And so you indicated that he has received this treatment
8 in the past?

9 A Yes, he has.

10 Q And he benefitted from the treatment?

11 A Yes, he has.

12 THE RESPONDENT: No, it didn't.

13 NURSE: Charles, no. Okay. So is -- I'm sorry.
14 It didn't go well.

15 THE COURT: Yes. We can -- we can -- you can
16 disconnect him and we will continue with the hearing.

17 NURSE: Okay.

18 (AT THIS TIME, THE RESPONDENT LEAVES THE
19 HEARING.)

20 THE COURT: The record should reflect that
21 Mr. Helmer stood up and he is not fully dressed.

22 NURSE: Well, he charged at the computer so I
23 was -- I was -- we had to remove it because he probably
24 would throw it so --

25 THE COURT: Okay. Very well. Thank you very

1 much.

2 NURSE: Thank you.

3 BY MS. LIGHT, CONTINUING:

4 Q When he received treatment in the past, were there any
5 side effects that he experienced?

6 A The records indicated that he did have some complaint of
7 memory deficit. However, it wasn't explained whether or
8 not this was a genuine memory deficit or simply a
9 complaint and to what degree his memory deficit existed.

10 Q And that was the only noted side effect?

11 A To the best of my knowledge, yeah.

12 Q And do you know for approximately how long he's been on
13 the Zyprexa?

14 A I'm not sure.

15 Q Typically, how long does it take for a neuroleptic
16 medication, such as Zyprexa, to see improvement in
17 symptoms?

18 A Typically, it takes about three to four days to start
19 seeing an improvement. Around one to two weeks you will
20 see significant improvement, and it takes upwards of one
21 to two months before maximum improvement is seen.
22 However, with the Respondent, he's previously been on
23 neuroleptics and is still -- when maximized has symptoms
24 significant.

25 Q And so far there hasn't been any -- or has there been any

1 improvement with the Zyprexa that you can tell?

2 A It doesn't seem like it. It seems like he continues to
3 have quite a bit of mood instability and is still having
4 some delusions and hallucinations.

5 Q So do you believe that treatment with ECT is necessary and
6 reasonable at this time?

7 A Yes, I do.

8 Q And what specific symptoms do you believe the ECT will
9 alleviate?

10 A For him, I believe his mood instability, his irritability,
11 his aggressive behavior, as well as delusions,
12 hallucinations, and his disorganized thought process.

13 Q Do you believe that the benefits outweigh the risks in
14 this case?

15 A Yes, I do.

16 Q If ECT is started, would he continue on the neuroleptic
17 medication as well?

18 A Ideally, yes. Treatment for refractory psychotic
19 disorders typically involve the combination of
20 Electroconvulsive Therapy and neuroleptics, but that's not
21 always the case.

22 Q And that -- does that combination pose any increased risk
23 of any side effect or negative effects?

24 A Not substantially, and it's considered the standard of
25 care.

1 Q The petition is seeking treatments -- an acute phase of
2 three treatments per week for up to four weeks, I believe,
3 and then a maintenance phase of one treatment per week for
4 the duration of the commitment. Do you agree with that
5 frequency and duration?

6 A I do.

7 Q And is that typical frequency and duration that you --
8 that you typically see in these cases?

9 A Yes, it's typical.

10 Q Does the Respondent have the capacity to make a decision
11 for himself regarding treatment with ECT?

12 A No, he does not.

13 Q Did -- do you have any indication from the record that the
14 risks and benefits were discussed with him prior to filing
15 this petition?

16 A Per my conversation with the providing psychiatrist, the
17 information regarding the risks, benefits, and
18 alternatives of ECT have been provided.

19 Q But you indicate that he does not demonstrate an
20 understanding of those risks and benefits; is that
21 correct?

22 A Correct.

23 Q And has he given any indication of whether he would
24 voluntarily submit to this treatment?

25 A No, he has not.

1 Q And, by that, you mean he will not voluntarily cooperate?

2 A He -- he refuses the treatment.

3 Q And so at this time you support an entry of a
4 Price-Sheppard order; is that correct?

5 A Yes.

6 MS. LIGHT: No further questions.

7 THE COURT: Ms. Herr?

8 BY MS. HERR:

9 Q Dr. Antonioli, is that -- is that how you say your last
10 name?

11 A Antonioli.

12 Q Okay. How many ECT treatments has my client received in
13 the past?

14 A From the record review, it looks like he's received about
15 20 treatments in total.

16 Q Okay. And were they -- if they were considered
17 successful, why was it stopped? What was the basis for
18 not continuing?

19 A I didn't see the reason that it was discontinued. I do
20 know that he complained of some memory deficits.
21 Typically, in treatment, if someone is complaining of
22 problems with memory, they will do some measuring to see
23 what the memory deficit is before discontinuing, so I'm
24 not really sure.

25 Q Okay. When you looked at his record, is there anything

1 that would indicate that he has any kind of underlying
2 condition that would render ECT harmful to his health?

3 A He does not have any medical comorbidities that would
4 increase the likelihood of an adverse effective ECT.

5 Q Okay. And you indicated that receiving ECT treatment
6 three times per week for a month and then once per week
7 for the remainder of the commitment, how much longer does
8 he have on the commitment?

9 A I'm not sure when his commitment started.

10 Q Okay. Are there any long-term effects, adverse effects,
11 from ECT treatment?

12 A There can be. Typically, the most common side effect of
13 ECT is subjective complaint of a memory deficit. So
14 whether -- and there can be bona fide objective evidence
15 of a memory deficit, so it is possible.

16 Q Okay. Is that the only known side effect at this point is
17 memory deficit?

18 A No. Are you asking is ECT, in general, what the side
19 effects are?

20 Q Yes.

21 A So the most common side effect besides memory impairment
22 is adverse effects related to being given the anesthesia.
23 It doesn't appear from his medical records that he has had
24 any difficulty with his ECT treatments in that regard, but
25 there are side effects from ECT that can be permanent.

1 Q And what are those?

2 A They vary depending on the severity of the adverse effect
3 that it happens. If someone aspirates during their ECT
4 treatment, that could lead to pneumonia, which can be
5 quite severe, and so it's a pretty broad question that
6 doesn't have a succinct answer.

7 Q Okay. With respect to Mr. Helmer, has his memory --
8 complaint of memory deficit been measured?

9 A I don't believe so.

10 Q And why not?

11 A I can't tell you that. I'm not sure.

12 Q But you did talk to his treating psychiatrist; is that
13 correct?

14 A Yes. She was not his treating psychiatrist when he was
15 receiving the treatment.

16 Q Okay. That's all the questions that I have for you,
17 Doctor. Thank you.

18 THE COURT: Anything else, Ms. Light?

19 MS. LIGHT: No, Your Honor. The Petitioner
20 rests.

21 THE COURT: Anything else, Ms. Herr?

22 MS. HERR: No, Your Honor.

23 THE COURT: All right. Very well. I will get
24 an order to you as soon as possible. Okay.

25 (END OF RECORD.)

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REPORTER'S CERTIFICATE

I, Terri J. Gall, do hereby certify that I recorded in Stenotype the proceedings in the matter of the State of Minnesota vs. Charles Helmer.

I further certify that thereafter I transcribed into typewriting the foregoing transcript of the said recorded proceedings, which transcript consists of the preceding 13 pages.

I further certify that said transcript of such proceedings is true and correct to the best of my ability.

Dated: April 19, 2021

/S/ Terri J. Gall

Terri J. Gall
District Court Reporter
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