

# FEDERAL BUREAU OF INVESTIGATION

## SPECIAL AFFAIRS DIVISION



### PSYCHOLOGICAL EVALUATION: CONSTANTINE ROBERT SMITH

Report Prepared by by [REDACTED]

SUBJECT #: [REDACTED]

Constantine Smith  
Case No.: [REDACTED]  
Building No.: [REDACTED]

Date of Evaluation: 11/12/09

Admission Date: 11/16/09

Date of Report: 12/01/09

**PURPOSE FOR EVALUATION:** This is the eighteenth inpatient evaluation for this 30 year old, single, white male regenerative hemophage who has 17 years of formal education and is currently under government observation. He is being evaluated for continued symptoms of Post-Traumatic Stress Disorder, as well as presentations of anxiety and depression and a homicidal ideation against the individual responsible for his assault and transformation which has extended to some degree to include other regenerative hemophages.

#### ASSESSMENT PROCEDURES:

Millon Clinical Multiaxial Inventory-III (MCMI-III)  
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)  
Mental Status Examination  
Review of Prior Psychological Assessment  
Review of Prior Medical Records  
Clinical Interview

This patient participated in 3 hours of testing and a 1 hour diagnostic interview. Tests were administered by [REDACTED], M.S. and interpreted by [REDACTED], M.A..

**BACKGROUND INFORMATION:** Constantine was born as the second of three children to a Mr. Virgil Thomas Smith and a Mrs. Evelyn Catherine Smith. His parents' marriage was a stable one, and they are presumed to still be married. He had no notable conflicts with his siblings (Eben - 3 years older, Samantha - 2 years younger) aside from the rivalries typical of childhood. His childhood had no occurrences of physical, emotional or sexual abuse that he has mentioned.

Constantine attended college at Queens College, New York, majoring in Business studies. He went on to become employed by Magadron Pharmaceuticals as a marketing specialist after several internships with them during his undergraduate years. He reported that he was "satisfied" with his job prior to his transformation.

Constantine has had three major long-term romantic relationships in his adult life, in addition to numerous unsuccessful short-term relationships. His most recent partner was Aria Sabrina Blackstone (29 year old, black female employed at Mr. Smith's company). He has reported no occurrences of physical, emotional or sexual abuse in any of his relationships. He characterizes his relationship with Aria as "not yet certain" although he reports that he cared greatly for her and misses her

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considerably.

Constantine was first transformed into a regenerative hemophage at the age of 28. On 03/11/07, Constantine was kidnapped by an unknown assailant from the parking lot outside of the Hellepont Office Building in Brooklyn. He describes being blinded physically restrained by unknown means which we have since gathered were a result of the newly discovered ability of some hemophages to recombine living tissue into new forms. His arms, legs and eyes were likely covered by a layer of skin material to ensure his immobility at the time.

Constantine does not recall any of the events leading up to his eventual transformation and capture by Federal investigators. From the evidence gathered by other operatives, however, it appears he was transformed by his assailant, had the extraneous immobilizing skin layers removed, and was fitted with a trans-cardial wooden implant that was "sealed" into his chest. He was then left in the trunk of a 1996 Ford Taurus, belonging to [REDACTED] (reported stolen that night) and had the implant (or "stake") remotely removed via a rope which has been tied to it. After assaulting several civilians in the area due to his extreme hunger at the time, he was eventually shot into incapacitation by police officers [REDACTED] and [REDACTED] and was later moved to FBI custody.

Constantine has met all of the diagnostic criteria for Post-Traumatic Stress Disorder. He has, during past evaluations, manifested notable symptoms of avoidance (anhedonia, emotional numbness, guilt) and dysphoria, and reports persistent nightmares relating to his capture. He has fewer episodes of hyperarousal than is often typical for somebody with this diagnosis, but still meets the diagnostic criteria.

Constantine has lapsed into four previous long depressive moods since his transformation, all during which he displayed severe anhedonia and became exceedingly unresponsive. Symptoms of his depressive moods include a loss of appetite for hemoglobin, excessive sleep (even during night hours), an inability to take pleasure in tasks and activities and reported feelings of dissociation and derealization. Constantine has currently been prescribed 50 mg of Parcelax to be taken with reconstituted heme one nightly. Constantine reports that the medication seems to have helped to stabilize his moods and to alleviate some of the symptoms of his depression.

Constantine displays mild anxious symptoms with regards to his detainment at this facility, although he verbally acknowledges and intellectually understands the reasons why he is currently unable to be released to civilian life. He does not, as of yet meet the diagnostic criteria for any anxiety disorder in the DSM-IV.

At one point early on in his detainment, Constantine made an attempt to escape protective custody, in which he used his enhanced muscular strength to unhinge his

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dormitory's security door and attempted to exit into the hall. He was eventually confronted by members of a security team and surrendered himself back into custody without altercation.

Constantine has also displayed an extreme desire to torment and eventually kill the person who was responsible for his assault and transformation. When asked to explore this issue in the past he has reported that he, on some level, holds all regenerative hemophages responsible for his condition, and wishes them harm in addition to his progenitor. Constantine has had extensive therapeutic interventions to help address these feelings of anger and turn them towards positive ends, and self-reports that he is aware of their problematic nature.

**MENTAL STATUS EXAMINATION:** Results of mental status examination revealed an alert, attentive individual who showed no evidence of excessive distractibility and tracked conversation well. The patient was casually dressed and groomed. Orientation was intact for person, time and place. Eye contact was somewhat limited but not distressingly so. There was no abnormality of gait, posture or deportment. Speech functions were appropriate for rate, volume, prosody, and fluency, with no evidence of paraphasic errors. Vocabulary and grammar skills were suggestive of intellectual functioning within the average range.

The patient's attitude was cooperative, albeit somewhat withdrawn. Affect was appropriate to verbal content and showed broad range. Memory functions were grossly intact with respect to immediate and remote recall of events and factual information. His thought process was intact, goal oriented, and well organized. Thought content revealed no evidence of delusions, paranoia, or suicidal/homicidal ideation, aside from his continuing desire to do harm to the person responsible for his current condition, which he recognizes as unfeasible and has committed to work through responsibly. There was no evidence of perceptual disorder. His level of personal insight appeared to be decent, as evidenced by ability to state his current diagnosis and by ability to identify specific stressors with precipitated the current exacerbation. Social judgment appeared acceptable, as evidenced by appropriate interactions with staff and by cooperative efforts to achieve treatment goals.

**SUMMARY/RECOMMENDATIONS:** Results of psychological evaluation reveal a two year history of Post-Traumatic Stress Disorder and Clinical Depression characterized primarily by anhedonia, with relative integrity of thought process and no clear indication of perceptual disturbance. Currently, Constantine appears to be relatively calm and its willing to work towards addressing the difficult issues that his unique condition gives rise to. He possesses sufficient capacity/motivation to rely on both external supports and to cope independently with his condition at present. During recent months he has shown minimal signs of aggressive ideation and is not believed to be a physical risk to himself or others at present so long as he remains in protective care.

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It is recommended that efforts to help establish a trusting relationship with this patient be continued, in order to further help him cultivate a more adaptive coping/defensive pattern. More observation is of course recommended, given his outstanding circumstances. Individual therapy will be continued - group interventions not being feasible.

Please let me know if any additional information is needed concerning the results of this evaluation.

[REDACTED]