

Circuit Court for Carroll County
Case No. C-06-CR-21-000037

UNREPORTED*
IN THE APPELLATE COURT
OF MARYLAND

No. 1826

September Term, 2022

JEFFREY CAPLES

v.

STATE OF MARYLAND

Berger,
Arthur,
Raker, Irma S.
(Senior Judge, Specially Assigned),

Opinion by Raker, J.

Filed: December 27, 2023

*This is an unreported opinion. This opinion may not be cited as precedent within the rule of stare decisis. It may be cited for its persuasive value only if the citation conforms to Rule 1-104(a)(2)(B).

Appellant, Jeffrey Capels, was convicted in the Circuit Court for Carroll County of first-degree murder. Appellant presents the following question for our review:

“Where Appellant had severe mental health diagnoses including major depressive disorder with psychotic features and had symptoms before, during, and after the offense, and where there was no rational motivation for the offense, did the Circuit Court err in finding Appellant criminally responsible?”

Finding no error, we shall affirm.

I.

Appellant was charged in the Circuit Court for Carroll County by criminal information with first-degree murder. He entered an *Alford* plea and a plea of not criminally responsible. After a bench trial, the court found appellant criminally responsible and guilty of first-degree murder. The court imposed a sentence of life imprisonment.

On the afternoon of December 2, 2020, Jacob Caples called 911 to report that his father, appellant, had hit his mother, Kelly Caples, with a hammer. Jacob Capeles had come home from work and started to enter the house. Appellant approached Jacob Caples and said, “Don’t go in there, I don’t want you to see.” Appellant then began to pace and became incoherent. Jacob Caples then entered the house and found his mother dead at the base of the stairs with a hammer and two knives beside her. She had twenty-one sharp force injuries and multiple blunt force injuries. Jacob Caples confined appellant to a chair and asked appellant why he had done this. Appellant stated, “It was an accident with a

hammer.” He then said “I thought I was dreaming, I can’t believe this. This isn’t real. This can’t be real.” He then said, “I did this because I thought you hated me.”

The primary issue at trial was whether appellant was criminally responsible. Appellant presented evidence of his history of mental health issues through the testimony of his family members as well as an expert witness. Four witnesses testified at trial: Jacob Capels, Kim Arbaugh, Neil Blumberg, M.D., and Robert Katz, Ph.D.

Jacob Capels testified that appellant had struggled with mental health episodes for years but that appellant had not wanted to admit to them and had attempted to hide them with the help of his wife. However, despite these issues, appellant had never been violent with his wife in the past. Appellant had suffered from alcohol abuse for as long as Jacob Capels could remember. These issues had been exacerbated by the onset of the pandemic. Between August and December of 2020, appellant was hospitalized multiple times with mental health issues and once for alcohol detoxification. During this time, appellant was exhibiting obsessive behaviors and frequently acted erratically and irrationally. He paced constantly and compulsively. He became convinced he would be put in prison for life because he had once hunted more than his allotment of geese on a hunting trip.

Jacob Capels testified that despite appellant’s hospitalizations appellant’s condition continued to deteriorate. Shortly after his last discharge, which occurred seven days before appellant killed his wife, appellant resumed a pattern of pacing compulsively and became anxious and obsessed with fixing a broken four-wheeler. On the day before appellant killed his wife, appellant sat his son down and began apologizing for his behavior when his son was a child.

Kim Arbaugh, appellant's sister, testified that she lived near appellant. She confirmed that she interacted with appellant and his wife often and that she never saw any signs of violence between them. She testified that during appellant's final hospitalization, he admitted to her that he was experiencing things that were not actually happening. A few days after he killed his wife, appellant spoke to his sister, and she testified that, at the time, he seemed confused and anxious, and believed that he had had a trial (when he had not).

Appellant presented an expert, Dr. Blumberg. Dr. Blumberg expressed the opinion that appellant was not criminally responsible after reviewing discovery and appellant's medical records and interviewing appellant twice. Dr. Blumberg noted that there was no history of violence between appellant and his wife, but that appellant did have a history of psychiatric illness.

As early as 2011, appellant was admitted to the hospital for severe depression, anxiety, and paranoia. He was diagnosed with major depressive disorder and prescribed medications, which he discontinued within weeks. In August 2020, appellant was hospitalized again, for alcohol abuse presenting alongside mental health issues and suicidal ideation. He was diagnosed with alcohol use disorder, severe dependency, major depressive disorder, and anxiety disorder. Between September and early October, medical personnel continued his treatment on an outpatient basis with mood stabilizers and group therapy. The therapy made him more anxious and uncomfortable.

In early October 2020, appellant was hospitalized for worsening depression, suicidal ideation, anxiety, and inability to control his thoughts. Medical records also indicate that

he was making statements inconsistent with reality and was exhibiting paranoia and “thought blocking,” a symptom of psychosis. This time he was diagnosed with major depressive disorder with psychotic features. In late October, appellant resumed outpatient treatment for generalized anxiety disorder, major depressive disorder, and alcohol dependence. He was prescribed Seroquil, an antipsychotic.

In November, appellant returned to the hospital with suicidal ideation but refused to be admitted because he did not want to leave his wife. Two days later he returned to the hospital again because his wife reported that he had become catatonic and nonresponsive to the outside environment. He reported wanting to cut himself with a knife. He was admitted on grounds that he was a danger to himself or others. At that point, he was diagnosed with alcohol dependence, major depressive disorder with catatonic features, and major depressive disorder with psychotic features.

He was then transferred to Sinai Hospital, the last hospital to treat him before he killed his wife. The Sinai hospital records indicate that when he arrived at the hospital, he was “perseverating”—harping on not wanting his wife to leave him. His wife was not planning on leaving him. Hospital staff noted that appellant frequently did not make sense. He showed signs of paranoia, repeatedly saying “People are looking at me thinking ‘Look at him, he’s crazy.’” Sinai Hospital increased his dose of antipsychotic.

On November 24, just days before he killed his wife, appellant was discharged from Sinai Hospital. His discharge records indicate that he was stable and that his suicidal ideation had abated. But the progress notes leading up to his discharge indicated incongruous symptoms. Three days before his release, appellant exhibited distraction and

thought blocking. Two days before his release, he was compulsive and ritualistic and exhibited signs of thought blocking. On the day of his discharge, medical staff indicated that he was having homicidal ideation “towards anyone who comes close.” He was discharged nonetheless.

Dr. Blumberg testified that, in forming his opinion, he considered appellant’s behavior after he killed his wife. At the detention center, appellant was diagnosed with major depressive disorder and alcohol dependence. He was placed on suicide watch and medical personnel kept him on the medications he had been taking prior to his arrest, including the antipsychotic, Seroquil. By January, appellant was reporting incidents that had not happened (*e.g.*, visits from guards or his attorney). He was seen speaking to people who were not there. He reported that his wife was currently having an affair with his best friend and was going to leave him. He seemed confused as to whether she was alive. Over the course of that month, appellant presented with auditory and visual hallucinations and reported hearing his wife talking to him. He continued to have such symptoms until April when they desisted shortly after he was moved to a new antipsychotic drug, Abilify.

Dr. Blumberg interviewed appellant about the events on the day he killed his wife. Appellant stated that he attempted to have sex with his wife but was unable to do so because of erectile dysfunction. They did not fight or argue but he was angry. He went downstairs. When his wife came down he hit her. Then he went outside, got a hammer and pulled a knife from his pocket. He hit her about fifty times with the hammer and stabbed her with the knife. Then he went to the kitchen, got another knife, and stabbed her again. He reported knowing that his wife loved him but also thinking that “they were all against me,”

and “my wife was against me.” When asked why he attacked her, he stated “I don’t know.” Appellant reports waiting at the house after killing his wife and pacing. When the police arrived he remembers putting his hands up and stating “Don’t shoot. I just killed my wife.” In Dr. Blumberg’s examination, appellant often seemed unsure whether his wife was dead. He reported believing that she was in his cell and that he was taking care of her every day.

Dr. Blumberg diagnosed appellant with major depressive disorder with psychotic features and severe anxious distress as well as alcohol use disorder. He concluded that, at the time appellant killed his wife, appellant was delusional about his wife being out to get him. He concluded that at the time appellant killed his wife, he lacked substantial capacity to appreciate the criminality of his conduct. He based this conclusion on seven factors (1) lack of a rational motive for the current offense, (2) evidence of a major mental illness with psychosis, (3) multiple sources confirming the presence of the major mental illness, (4) no evidence of alcohol or drug intoxication at the time of the incident, (5) no attempt to avoid detection, (6) lack of a sophisticated plan, (7) no evidence of malingering.

The State presented the testimony of Dr. Robert Katz who works for the Maryland Department of Health, performing competency and criminal responsibility evaluations for the State. Dr. Katz examined appellant’s medical history, interviewed appellant’s son and his sister, and interviewed appellant.

In Dr. Katz’s report, Dr. Katz reviewed appellant’s medical history but makes no mention of the symptoms of psychosis noted in that history. Dr. Katz stated in his report that there were no symptoms of psychosis between August and November of 2020. At trial, Dr. Katz clarified that he was aware that appellant had once been diagnosed with

major depressive disorder with “psychotic features” in early October. But Dr. Katz believed that this diagnosis was made primarily on the basis of reports from appellant’s wife and not on observations of psychotic symptoms by hospital personnel. He testified that any diagnosis of psychosis in the medical records was not supported by diagnostic notes indicating that medical personnel had observed such symptoms.

On cross-examination, Dr. Katz’s attention was drawn to the late November progress notes indicating compulsion, thought blocking, and homicidal ideation. He testified that, while these progress notes had been made by appropriate medical personnel, because they were inconsistent with the decision to discharge appellant, he did not consider them proof that appellant was suffering from any psychotic symptoms. He testified that, he doubted Mr. Capels would have been released if Mr. Capels was truly experiencing homicidal ideation.

Dr. Katz disagreed that there was evidence to conclude that appellant was showing psychotic signs after his arrest. He noted that appellant was not taken for emergency petition when he was initially arrested which, he opined, is what would normally happen if an arrestee was showing signs of psychosis upon arrest. The first signs in appellant’s jail records of psychotic symptoms did not appear until January, a month after the arrest. Dr. Katz doubted that all of the signs in January were psychotic. In his initial evaluation, he noted that appellant seemed to know that some of the things he was reporting hearing or seeing were not real. Dr. Katz concluded that, if they were true psychotic symptoms, appellant would not have known they were false. Instead, Dr. Katz credited appellant’s

later speculation during an examination that the voices he was hearing might have been confusion, dreams, or signs of shock.

Insofar as there were any psychotic symptoms, Dr. Katz opined that they may not have developed until after appellant's arrest. And, even if they had been present before the arrest, they may not have been in effect 24/7. Thus, even if appellant was suffering from a psychotic disorder in early December of 2020, Dr. Katz indicated that appellant might not have been suffering from any symptoms at the time of the attack.

In order to determine whether appellant had actually had psychotic symptoms when he killed his wife (as opposed to before or after the incident), Dr. Katz relied heavily on the descriptions appellant himself gave. During their interviews, appellant described having very "sketchy" memories of the incident. He was, however, able to describe attempting to have sexual intercourse with his wife and being unable to do so. They agreed that they would have lunch together instead and appellant went downstairs. Appellant described deciding to kill his wife on the way down. When asked why he did so, he indicated repeatedly that he did not know, at one point saying "I don't know, I wish I knew" and then laughing. Dr. Katz asked appellant if he was having any hallucinations at the time, and appellant denied it. Dr. Katz then asked appellant if he would have acted in the same way if a policeman was there, and appellant said that he would not have because he would not have wanted to get caught.

Based on these interviews, Dr. Katz concluded that appellant was criminally responsible for his actions. He based this conclusion on three factors. First, appellant did not self-report any psychotic symptoms. He did not report any hallucinations and denied

having any when asked. He did not report hearing any voices. He did not report any beliefs along the lines of his wife being possessed. Dr. Katz testified that it is exceedingly rare not to remember any hallucinations if such symptoms had presented themselves. Second, appellant showed no signs of remorse for his actions when he was interviewed months later. Third, Dr. Katz believed that the appellant’s admission that he would not have done what he did if a police officer was present was an appreciation of the criminality of his actions.

Following the presentation of testimony, the court made factual findings and reached the legal conclusion that appellant was criminally responsible at the time of the murder. The court found that this case was essentially a battle of the experts, *i.e.*, which expert was more credible, Dr. Katz or Dr. Blumberg? The court found both experts credible. The trial judge delivered his lengthy, detailed, reasoned opinion after carefully reviewing all the testimony and all the medical records. We recount part of the judge’s findings.

The court pointed out the difficulty of the decision to be made: “The simple fact is that trying to go back and forensically understand exactly what happened and conclude what was Mr. Caples’ state of mind is, at best, a difficult one.”¹ Recognizing that the burden of proof is upon appellant, he concluded, after expressing his reasons and detailed analysis, that appellant was criminally responsible, stating that appellant has not met his burden of

¹ Indeed, the task before the trial court was a difficult one. Judge Titus did what was asked of judges, *i.e.*, preside over the trial, listen to the witnesses, evaluate the evidence objectively and fairly, read the documents, and decide and explain the verdict.

proving by a preponderance of the evidence, that he was not criminally responsible on the date and time of the offense in this case.

The court found that appellant had a long history of mental illness including anxiety, depression, and substance abuse. But, in the court’s view, that history alone was not enough to render appellant not criminally responsible. The court found that, after appellant attacked his wife, he suffered psychotic symptoms (by January of 2021 at least).

The court then focused on the time directly surrounding the attack. After going through some of the evidence, the court stated that there was “an alarming amount of inconsistencies” in the medical record, including inconsistent statements from appellant. As to appellant’s mental state, he found “very little reference to it in the medical records before the event in question.” The court noted the Sinai Hospital records inconsistency between the progress notes showing potential psychotic symptoms and homicidal ideation and the discharge notes from the same day, indicating that the patient was stable. As for the precise time of the attack, the court noted that, clearly, appellant was in some sort of rage based on the nature of the wounds on his wife’s body. But the court found that attempts to rely on appellant’s descriptions of what he was thinking or why he did what he did were not helpful because appellant, himself, was inconsistent.

As to the family members’ testimony, the court noted allegiances and biases, and concluded that “their testimony has to be discounted somewhat for the court.” The court found Jacob Caples’ stories about his father’s strange obsessions and beliefs concerning, but insufficient to demonstrate “clear psychotic type behavior” immediately prior to the attack.

The court then turned to documentary evidence. The court noted that police and detention center officials had to give narrative descriptions of appellant’s condition in the jail. There was no record of psychotic-type symptoms during the month of December despite careful documentation of the symptoms that began to present later. This, the court concluded, was evidence that appellant was not showing signs of psychosis immediately after his arrest.

The court then turned to the applicable burdens of production and persuasion and rejected appellant’s defense that he was not criminally responsible for his conduct. The court explained as follows:

“I, as the trier of fact, need to be persuaded that at the time of the criminal act and, again, that is clearly the relevant time, at the time of the criminal act, as a result of a mental disorder, Mr. Caples either lacked a substantial capacity to appreciate the criminality of his conduct in murdering his wife or in doing so, while appreciating the act of murder was illegal, lacked the substantial capacity to conform his conduct to the requirements of the law.

* * *

As I said at the outset, if my mind is in a state of even balance what that means is that Mr. Caples did not meet his burden of a preponderance of the evidence of proof in this case and, candidly, my mind, in this case, is, at best, in a state of even balance.

But for all other reasons that I have just indicated after giving careful consideration to all of the testimony, I do not find that Mr. Caples has met his burden of proving, by a preponderance of the evidence, that he was not criminally responsible on the date and time of the offense in this case and, therefore, I find he was criminally responsible for the events of December 2nd.”

The court found appellant criminally responsible and guilty of first-degree murder. The court sentenced appellant as described above, and this timely appeal followed.

II.

Appellant argues that “[w]here appellant had severe mental health diagnoses including depressive disorder with psychotic features and had symptoms before, during, and after the offense, and where there was no rational motivation for the offense, the Circuit Court erred in finding him criminally responsible.” First appellant argues that the circuit court erred in crediting Dr. Katz because Dr. Katz relied on inaccurate information and based his opinion on criteria that are inconsistent with the legal standard for criminal responsibility, particularly lack of remorse. Appellant argues that Dr. Katz’s conclusion that there were no symptoms of psychosis prior to the attack ignored evidence in the medical records and contravenes professional standards for forensic examiners. Appellant argues that Dr. Katz should not have ignored or disregarded evidence presented at the hospital by friends and family describing symptoms. Further, appellant claims that, even if one were to disregard the progress notes from the final hospitalization as inconsistent with the discharge paperwork, Dr. Katz could not be credited after overlooking earlier symptoms such as thought blocking and compulsion observed by medical personnel in earlier medical reports.

Appellant argues that the court erred by accepting Dr. Katz’s criteria for assessing criminal responsibility because those criteria are incompatible with the legal standard. He maintains that “Dr. Katz’s subjective preference for significant remorse is not tied to the legal standard, is irrelevant and there is no logical connection between post-offense remorse and the capacity to appreciate the criminality of one’s conduct or conform one’s conduct to the requirements of law.” In addition, appellant notes that the specific

symptoms Dr. Katz looked for before concluding that there was no evidence of psychosis were only the most severe forms of psychosis, *e.g.*, hearing voices. But the legal standard for not criminally responsible can be satisfied by a lesser form of psychosis, with symptoms never looked for by Dr. Katz.

Second appellant argues that the circuit court erred in failing to consider that appellant had no rational motive for the offense. Appellant points to a statement the circuit court made in its factual findings where the court asserted that there are only two pieces of evidence that point directly to appellant’s mental state at the time of the attack, as opposed to times surrounding the attack: appellant’s personal descriptions and the autopsy report. The court found, based on the brutality of the crime demonstrated in the autopsy, that it was brought on by anger or rage. Appellant concludes “there is no rational explanation for this crime.” This, he claims, supports the proposition that the attack must have been the result of an irrational or delusional rage.

Third, appellant argues that the circuit court erred by finding no evidence of psychosis until five months after the crime. The court asserted that there was no evidence of psychosis in appellant’s early jail records. Appellant asserts that the judge overlooked evidence in the record that he was psychotic from the time he killed his wife through at least January 2021. Appellant points to his son’s report that appellant was pacing compulsively and saying “I thought I was dreaming, I can’t believe this. This isn’t real. This can’t be real” immediately after the crime. He points to the confusion appellant exhibited to his sister very shortly after the attack in which appellant thought he had had

his trial. This, he claims, negates the court's conclusion that the psychosis could have started later in jail.

Finally, appellant argues that the circuit court improperly segmented its findings into discrete temporal categories instead of considering the full picture of appellant's mental illness. Appellant claims that part of why the court erred is that the court considered different time periods discretely. Once one views the evidence in its totality, the evidence from different time periods corroborates that appellant was suffering from severe mental illness, including delusional beliefs that led to the crime.

It is the State's position that the trial court did not clearly err in finding that appellant was criminally responsible at the time of the crime. The court's decision was supported by the record, including the State's expert. The State points out that appellant has not met his burden to prove by a preponderance of the evidence that appellant was not criminally responsible at the time of the attack. The trial court gave a detailed, thorough analysis of the evidence and explained why the defense did not meet its burden to prevail on the affirmative defense.

The State points to appellant's repeated denials of psychotic symptoms to various mental health professionals, his statements that he would not have done what he had done if police were present, his statements that he didn't want his son to see what had happened, and the police officer's decision on the day of the attack that appellant did not need to be immediately treated for psychosis.

As for appellant's arguments regarding Dr. Katz, the State claims that the trial judge did not err in finding Dr. Katz's opinions credible. The decision to credit the discharge

reports over the progress reports in appellant's final set of medical records was rational in light of the fact that Sinai Hospital would not have discharged appellant if appellant's symptoms were consistent with the progress reports rather than the discharge reports. As for the earlier medical reports, they indicate severe mental health issues, some of which may be suggestive of conditions that can result in delusions. But, the previous reports do not display such delusions themselves.

The State maintains that the factors Dr. Katz used to evaluate appellant were credible. While the State acknowledges that defendants found not criminally responsible are not legally required to have shown remorse, remorse can be an indicator of previous mental state. Remorse is the natural response when a person becomes lucid and realizes that, in the throes of his delusions, he has killed someone. Thus, the later remorse is an indicator of the prior delusion, according to the State. Similarly, appellant's reports that he had not suffered from any hallucinations or delusions can, the State claims, be indicators that appellant was criminally responsible.

As to motive, the State notes that the court is not required to find a rational motive for the offense before finding appellant was criminally responsible. Insofar as the lack of a rational motive could indicate delusion, however, the State maintains that there was evidence of a motive. Appellant asserted multiple times that his decision to kill his wife came as he was walking down the stairs after failing to have sex with her. The State argues that, in conjunction with the evidence of huge rage, this context provides a potential non-delusional motive.

The State maintains that appellant’s arguments regarding the timeline of appellant’s psychosis and the circuit court’s decision to look at that timeline piece by piece fail to appreciate both the conflicting nature of the medical evidence and the importance of a narrow focus on the time of the attack. The legal standard focuses narrowly on the time of the attack. Further, while evidence of mental illness at times surrounding the attack can be helpful in suggesting that appellant may have suffered from those same symptoms at the time of the attack, the conflicting nature of the medical reports makes the evidence of mental illness surrounding the attack less persuasive.

III.

We review the circuit court's decision on criminal responsibility for clear error. Maryland Rule 8-131(c). That Rule provides, in pertinent part, as follows:

“When an action has been tried without a jury, the appellate court will review the case on both the law and the evidence. It will not set aside the judgment of the trial court on the evidence unless clearly erroneous, and will give due regard to the opportunity of the trial court to judge the credibility of witnesses.”

We cannot overturn the decision of the trial court simply because we would not have made the same ruling. *Jose v. Jose*, 237 Md. App. 588, 599 (2018). Important to remember, we do not sit as a second trial court. *Buck v. State*, 181 Md. App. 585, 647 (2008). Rather, we must uphold the decision of the trial court if there is competent or material evidence in the record to support the court’s conclusion. *Lemley v. Lemley*, 109 Md. App. 620, 628 (1996). We review the record in the light most favorable to the prevailing party, in this case, the State. *Muse v. State*, 146 Md. App. 395, 403 (2002). And, we give due regard to the trial

court’s opportunity to judge the credibility of witnesses and to weigh the testimony. *Buck v. State*, 181 Md. App. at 647.

Md. Code. Ann., Crim. Proc. § 3-109 (West 2023)² provides, in pertinent part, as follows:

“(a) A defendant is not criminally responsible for criminal conduct if, at the time of that conduct, the defendant, because of a mental disorder or mental retardation, lacks substantial capacity to:

- (1) appreciate the criminality of that conduct; or
- (2) conform that conduct to the requirements of law.”

A plea of not criminally responsible pursuant to § 3-109 is an affirmative defense. *Treece v. State*, 313 Md. 665, 684-85 (1900). The burdens of pleading, producing evidence, and persuading the fact-finder that criminal punishment should not be imposed are all borne by the defendant. *Id.* The trial court’s primary focus is on the mental state of the defendant at the time of the crime because “the insanity defense only excuses the defendant who lacks the requisite cognitive or volitional capacities at the time of the commission or omission that allegedly violates the criminal law.” *Robey v. State*, 54 Md. App. 60, 76 (1983). To lack substantial capacity to appreciate the criminality of one’s conduct means “to lack the power or ability to a significant degree” to “realize or understand that the conduct is criminally wrong.” MPJI-Cr 5:05. The defendant must lack this capacity because of a mental disorder. § 3-109.

Because a plea of not criminally responsible is an affirmative defense, appellant carried the burden of proving that he was not criminally responsible. *Id.* In order to find

² Unless otherwise noted, all statutory references shall be to Md. Code. Ann., Crim. Proc.

for appellant, we would need to find that appellant’s evidence was so persuasive and the State’s evidence so lacking that the balance of the evidence compelled any reasonable fact finder to be persuaded. *Byers v. State*, 184 Md. App. 499, 530 (2009). It is far easier to conclude that an affirmative finding of fact by the circuit court is clearly erroneous than that a finding that a party has not carried its burden is clearly erroneous. *Starke v. Starke*, 134 Md. App. 663, 681 (2000). Indeed, this Court has held that it is virtually impossible to find reversible error in non-persuasion by the trial court. *Id.* (“Mere non-persuasion . . . requires nothing but a state of honest doubt. It is virtually, albeit perhaps not totally, impossible to find reversible error in that regard.”).

In this tragic case before us, the trial court’s very thorough, detailed, studied recitation of the evidence related to the issue of criminal responsibility demonstrates that Judge Titus considered all of that evidence presented by appellant and the State.³ He discussed the legal statutory standard for criminal responsibility. He carefully evaluated the opinions of the two experts, as well as all of the other evidence in the case. In his evaluation of the expert’s opinions, he discussed the strengths and weaknesses in their conclusions and the evidence underlying them. In doing so, he discussed the conflicting evidence in medical reports from various different hospitals and from the jail. He discussed the evidence each doctor saw as medically significant, including evidence from both experts that was not strictly required by the standard under § 3-109 but which might give

³ We have attached Judge Titus’s bench opinion, from the transcript, as Attachment A.

insight into appellant’s mindset. He discussed the evidence that each expert disregarded and identified the weaknesses in each expert’s conclusion.

We note that there is no requirement in § 3-109 that a court consider a motive or lack thereof. In this case, the court discussed potential motives. The court discussed appellant’s statements about why the crime occurred, including appellant’s anger that he believed his family hated him and anger about his inability to perform sexually. The court indicated that the autopsy report suggested that appellant had been exhibiting significant “anger or rage” at the time of the attack. The court did not come to a definite conclusion as to what motivation sparked this “anger or rage,” but the court was not required to do so because motive is not an element of the crime or a necessary component of criminal responsibility. We find no error.

Finally, although the judge may have discussed various discrete timelines in which appellant’s alleged symptoms did or did not present themselves, he was well aware of the required focus at the time of the crime and he discussed appellant’s mental state at the time of the homicide, as § 3-109 requires.

We have reviewed the record in this case and hold that the trial court was not clearly erroneous.

**JUDGMENTS OF THE CIRCUIT COURT
FOR CARROLL COUNTY AFFIRMED.
COSTS TO BE PAID BY APPELLANT.**

1 P R O C E E D I N G S

2 (Whereupon, at 1:40 p.m., the hearing began.)

3 THE CLERK: Silence in court. All rise. Circuit
4 Court for Carroll County is now in session. The Honorable
5 Richard R. Titus presiding.

6 THE COURT: Good afternoon. Be seated, please.

7 MR. GILLER: Would Your Honor like me to call the
8 case?

9 THE COURT: Go right ahead.

10 MR. GILLER: Seth Giller, G-i-l-l-e-r, Amy Ocampo,
11 O-c-a-m-p-o, on behalf of the State. Calling State of
12 Maryland versus Jeffrey Caples, C-06-CR-21-037. Good
13 afternoon, Your Honor.

14 MR. PEARSON: And Jonathan Pearson, P-e-a-r-s-o-n,
15 Assistant Public Defender.

16 MR. STALTER: Good afternoon, Your Honor. Lyle
17 Stalter, S-t-a-l-t-e-r, representing Mr. Caples who is seated
18 at trial table to my left.

19 THE COURT: All right. Good afternoon to all. We
20 are here today -- the issue for the Court to decide today is
21 who the criminal responsibility of Mr. Caples following his
22 Alford plea on Monday, this week, and the resulting guilty
23 finding on the charge of first-degree murder following the
24 death of Kelly Caples on December 2nd of 2020.

25 The applicable standards have been set forth by the

1 parties during the trial but I will, again, recite them for
2 purposes of the record.

3 A defendant is not criminally responsible by reason
4 of insanity. If, at the time of the criminal act, because of
5 a mental disorder, the Defendant lacked the substantial
6 capacity either to appreciate the criminality of the conduct
7 or to conform that conduct to the requirements of the law.
8 The term "mental disorder" means mental illness or other forms
9 of behavioral or emotional illness resulting from psychiatric
10 or neurological disorders.

11 It does not include an abnormality manifested only
12 by repeated criminal or antisocial conduct. It does include a
13 mental illness that so substantially impairs a person's mental
14 or emotional functioning as to make it necessary or advisable
15 for that person's welfare or for the safety of other persons
16 or their property that the mentally-ill person receive care or
17 treatment.

18 As the testimony in this case also showed the
19 presence of a mental disorder does not, by itself, mean that a
20 person lacks criminal responsibility. A person is not
21 criminally responsible only if, as a result of the mental
22 disorder, he lacks the substantial capacity to appreciate the
23 criminality of the conduct or to conform that conduct to the
24 requirements of the law.

25 The terms "to lack substantial capacity" means to

1 lack the power or ability to a significant degree. The
2 expression "to appreciate the criminality of the conduct"
3 means the ability to realize or understand that the conduct is
4 criminally wrong.

5 The expression "to conform the conduct to the
6 requirements of law" means the ability to act as the law
7 requires a person to act. Then finally the law recognizes
8 that willpower, like reason, may be so seriously impaired they
9 are destroyed by a mental disorder that it may cause the
10 person affected to lack the substantial capacity or ability to
11 exercise control over himself.

12 Now, unlike the guilt or innocence phase where the
13 State bears the burden of proof beyond a reasonable doubt, on
14 the defense of being not criminally responsible, the Defendant
15 bears the burden of proof to establish this defense by the
16 simple standard or preponderance of evidence standard.

17 Now, that means that I, as the trier of fact, need
18 to be persuaded that at the time of the criminal act and,
19 again, that is clearly the relevant time, at the time of the
20 criminal act, as a result of a mental disorder, Mr. Caples
21 either lacked a substantial capacity to appreciate the
22 criminality of his conduct in murdering his wife or in doing
23 so, while appreciating the act of murder was illegal, lacked
24 the substantial capacity to conform his conduct to the
25 requirements of the law.

1 The term "preponderance of the evidence" is one that
2 lawyers use all the time. It is a fancy way of saying the
3 facts are more likely so than not so if you have proven them
4 by a preponderance. I always use the analogy of the scales of
5 justice. That if you weigh all evidence on one side against
6 the other, the scale tips ever so slightly in one party's
7 favor, they have met their burden.

8 If I am not convinced that it has been so tipped in
9 one side's favor or if my line is evenly balanced on the issue
10 then the person who bears that responsibility of that burden
11 of proof fails and in this case it means that if my mind is in
12 a state of even balance on the issue then Mr. Caples would
13 have failed in his burden. If, on the other hand, he prevails
14 then that means that I must find him not criminally
15 responsible.

16 Now, before I get into the analysis of the evidence
17 that I have heard over the past three days, this is sort of a
18 standard comment that I make through the bench in just about
19 any type of case. It doesn't matter if it is a civil case,
20 criminal case and that is this.

21 I am big on courtroom decorum. I am very relaxed as
22 far as how trials are presented in front of me but when it
23 comes to rulings of the Court, I don't tolerate any type of
24 outbursts or interruptions in the Court's proceedings.

25 So, therefore, obviously there are two tables, there

1 are two sides and I can see people sitting in the courtroom on
2 both sides. I am assuming that, therefore, they are on one
3 side or the other and I can make only one person happy here,
4 so to speak, out of this tragic set of facts.

5 If there is anybody who feels that upon hearing the
6 Court's decision they are not able to control their emotions
7 or feel that they might have an outburst, now is your time to
8 leave because I do not tolerate outbursts in the courtroom at
9 all.

10 Now, over the past three days of trial I have heard
11 testimony from a total of four witnesses. Jacob Caples, who
12 is the Defendant's older of his two adult sons, the
13 Defendant's sister, Kim Arbaugh, Dr. Neil Blumberg, an expert
14 who is recognized as an expert in the field of psychiatry and
15 forensic psychiatry, Dr. Robert Katz, who is recognized as an
16 expert in the field of psychology.

17 A total of 16 exhibits were marked for
18 identification. Six from the State all of which were received
19 in evidence. Ten from the defense, five of which were
20 received in evidence. Defense Exhibits 4, 5, 6, 7 and 10 were
21 ID only.

22 This case, on the issue of criminal responsibility,
23 is a battle of the experts in large regard. Obviously all
24 evidence that I have heard is significant, but the central
25 issue of criminal responsibility is largely going to rise and

1 set upon the opinions of the two experts.

2 I am always amazed, in trials, where a battle of the
3 expert occurs. How you can have two similarly credentialed
4 people reach diametrically-opposite conclusions, yet we see it
5 all the time.

6 Personal injury cases we see it all the time. One
7 doctor says the injured plaintiff can never, you know, lift
8 something more than 10 pounds again and the
9 equally-credentialed doctor on the other side says he can run
10 a marathon the next day.

11 What that means is the Court is left to recognize
12 that the parties were both experts and the focus of the
13 lawyers who put the Court to decide is which expert might have
14 been better credentialed, which expert used better analytical
15 processes, which expert's opinions and conclusions.

16 Taking into consideration the totality of the
17 evidence before the Court, appeared to be more sound. It is a
18 fancy way of saying putting in a different way. It is just
19 basically who has better credibility. Who seems more
20 believable.

21 And as the judge, just as if it were a jury trial,
22 the jury would be, you are free to accept some, all or none of
23 the expert opinions before you.

24 In this case, both Drs. Blumberg and Katz were
25 recognized as experts in their field. Now while they have

1 some variations in their formal training which, of course, I
2 am sure one fields is better than the other, they are both,
3 undoubtably, experts in their field.

4 They both have extensive experience in treatment of
5 mental health issues and they both have extensive experience
6 in treating and assessing the individuals who are embroiled in
7 the legal justice system, including on issues of competency
8 and, as applicable to this case, criminal responsibility.

9 Let's focus on what they agreed upon. Drs. Blumberg
10 and Katz both agreed that Mr. Caples had a well-documented
11 history of prior mental illness. He had been diagnosed with
12 depression, he had been diagnosed with sever alcohol disease
13 as well as anxiety.

14 Both of the doctors agree that those conditions, by
15 themselves, do not render Mr. Caples not criminally
16 responsible. Rather it requires additional symptoms and the
17 focus of the expert testimony in this case seemed, from my
18 observations.

19 To focus primarily on use of the term "psychosis" or
20 psychotic-types of behavior which, what I glean from the
21 evidence, basically means a break from reality that is
22 typically manifested by delusions, hallucinations or similar
23 conduct.

24 Both of the doctors agree that the medical records
25 pertaining to Mr. Caples, prior to the event, contain glaring

1 inconsistencies as to the presence or absence of psychosis. I
2 will address that more in a moment.

3 Both of the doctors agree that the medical records,
4 after the event, contain significant evidence of reported
5 psychosis while Mr. Caples was at the detention center.

6 And finally both of the experts agree that somebody
7 who is experiencing psychosis, that that symptom can wax and
8 wain meaning somebody who has psychotic behavior on one day
9 may not demonstrate it the next day and all of that means all
10 of those are things that the doctors agree upon.

11 After giving consideration of those items Drs. Katz
12 and Blumberg, then, proceed to reach opposite conclusions for
13 the reasons stated in their respective reports and their
14 testimony before the Court.

15 I found both doctors credible as far as my
16 observation of their demeanor, the methods in which they
17 utilize as far as assessing Mr. Caples. But in reviewing
18 their conflicting opinions, I found several points in their
19 testimony to be compelling.

20 One point was Dr. Katz's comment. That the most
21 -- and I think Dr. Blumberg doesn't take issue with this
22 -- and that is the most important time to focus on, obviously,
23 is the time of the offense.

24 The next most important time after that is the time
25 period immediately before and immediately after the events in

1 question. In this case December 2nd of 2020.

2 Keeping that observation in mind at the time of the
3 offense we really only have two sources of evidence to
4 consider. We have Mr. Caples' own statements made at the time
5 of the events and to doctors in the days afterward and the
6 autopsy report for Kelly Caples.

7 As far as the Defendant's statements, his statements
8 regarding the events at various times, to various people in
9 the aftermath of December 2nd has been, once again,
10 inconsistent.

11 His statements have been of minimal assistance to
12 the Court on this issue. He -- in both of the doctor's
13 reports, he, in recounting the circumstances of the attack,
14 has minimized the attack suggesting that there is no
15 indication from him that he was particularly outraged or angry
16 and he suggest that he waited at the bottom of the stairway
17 and struck her with a hammer and basically she fell down and
18 that was effectively it.

19 The evidence showed his reasons, his stated reasons,
20 as far as why the attack occurred varied. But they include
21 anger over a 4-wheeler that purportedly was not working that
22 they used for snow to clear their driveway.

23 Anger over alleged marital problems where there has
24 been conflicting testimony about that. Anger over his
25 family's, I think the State used the term "ultimatum," but his

1 family's frustration with his failure to comply with
2 recommended treatment plans. Anger that his son hated him and
3 most contemporaneously anger -- excuse me, contemporaneously
4 with the event. Anger over his inability to perform sexually
5 in the moments before the attack.

6 The autopsy shows a different picture. The autopsy
7 shows that this was not one, big, initial strike and then it
8 was effectively over after that. Instead, the autopsy,
9 without going into it in great detail, I reviewed the autopsy
10 completely as well as all photographs consistent with it,
11 including the medical examiner's sketches showing the nature
12 of the wounds that were found on the deceased's body and they
13 all add up to one thing. That there was a significant
14 struggle.

15 There were countless defensive wounds on the hands
16 of the victim, there was extensive other trauma to her head
17 and torso. Three different weapons were utilized to cause her
18 death all, of which, suggests to the Court that this was
19 something that, despite any effort to minimize it, that this
20 was something that was brought on by huge anger or rage that
21 resulted in the attack.

22 As far as behavior immediately before and after the
23 event, focusing on behaviors before the event, we have several
24 sources of evidence. We have medical records. As I have
25 already alluded to, there are huge inconsistencies, going

1 through the complete chart of what they have as far as the
2 differing dates and times.

3 The multiple hospitalizations, starting in August of
4 2020, leading up to the event, over the four-month period.
5 However, the diagnoses that were significant were on October
6 7th at the Sheppard Pratt Crisis Center.

7 There was a diagnosis that indicated there were
8 psychotic features and that Mr. Caples had made statements
9 that were inconsistent with reality. That is almost two full
10 months before the event.

11 And further upon them coming back to Johns Hopkins
12 on November 17th, there was, again, an initial appearance at
13 Hopkins at their walk-in clinic before the transfer to Sinai.
14 There is a single reference to a diagnosis of major depressive
15 disorder, severe, with psychotic features but there is no
16 significant amount of detail containing any of the evidence
17 before the Court as to exactly what that psychotic behavior
18 was.

19 Sinai Hospital's records, as I have indicated, are
20 the most -- I think Dr. Blumberg said they were incongruous I
21 think was his word. That somehow, after being admitted to
22 Sinai on the 17th and being discharged a week later, that
23 their discharge summary indicated -- a diagnosis indicated
24 that his mood had stabilized, his suicidal ideations had
25 remitted, he was deemed stable and discharged.

1 Yet the same day, apparently in the chart note,
2 there is a reference made, I am not going to find the page
3 number now, but there was a reference made that he had
4 continued suicidal ideations that day as well as homicidal
5 ideations, suggesting a desire to kill anyone close to him.
6 How those two comments could be in the same medical chart is,
7 frankly, troubling to the Court.

8 During his cross-examination of Dr. Katz,
9 Mr. Pearson used the term doctor, you chose to ignore this
10 particular item in the medical record that was before him.
11 Dr. Blumberg, frankly, did somewhat of the same because there
12 are two records from Sinai.

13 One is a discharge record from a doctor signing a
14 discharge record with a treatment plan. The other is a chart
15 note and Dr. Blumberg put huge significance on the chart note
16 and less significance, if any, on the discharge saying he was
17 okay to be discharged.

18 In any event, the medical records show an alarming
19 amount of inconsistencies to the Court. It is very clear that
20 he had ongoing depression and anxiety. However, the proof as
21 to specific, concrete examples of what accompanying psychosis
22 was, delusional behavior or similar behavior before that, is
23 not as clear. In fact, there is very little reference to it
24 in the medical records before the event in question.

25 As far as other evidence that we have for the

1 conduct immediately before the event in question, we have two
2 sources of testimony. We have Jacob Caples and we have
3 Ms. Kim Arbaugh. As was brought out by the attorneys, neither
4 are objective witnesses. They both are people who have
5 specific, I will call them, allegiances and, therefore, there
6 can be biases brought out to them.

7 Jacob is suggested to be somebody who is against his
8 father while Ms. Arbaugh would be suggested to be in favor of
9 Mr. Caples. They are sitting on the same side of the
10 courtroom so you can draw your own conclusions.

11 I think, because of that, their testimony has to be
12 discounted somewhat for the Court. Ms. Arbaugh minimized,
13 before the event, any significant issues brought to her
14 attention with the exception of significant alcoholism for
15 Mr. Caples, which everyone acknowledges he had, but he sought
16 treatment for and apparently was able to go cold turkey
17 despite a significant alcohol issue months earlier and there
18 was no indication of any alcohol usage.

19 In fact, I found it very significant in
20 Mr. Stalter's closing argument to the Court that Mr. Caples,
21 at his bail review, was able to even tell him it has been 100
22 days from my sobriety. Something that he is able
23 -- completely consistent with the time of the event, was able
24 to recognize his alcohol issues were apparently behind him.

25 So, again, Ms. Arbaugh didn't see any substantial

1 issues that would have bearing on psychosis or delusional
2 behavior, did not see ---- discord demonstrated to her.

3 However, I also had Jacob's testimony that the
4 family members were instructed that they were never to show
5 any personal discord-related issues outside of their immediate
6 family. So, again, I have to give that proper consideration
7 that is due and I can't be -- for the lack of objectivity, I
8 discount it somewhat.

9 As far as Jacob, Jacob did some home from his
10 Appalachian Trail trip. He was -- his description of his
11 father's behavior before were concerning to, I think, any
12 family member. He indicated that he was aware of the -- his
13 father's odd behaviors. Whether it is putting mothballs in
14 the ceiling to combat known bats in their ceiling. Those were
15 imagined but the obsession with doing it was odd.

16 His stated concerns that he is going to jail for the
17 rest of his life and this is immediately after his
18 hospitalization for the alcohol back in August where he made
19 reference to the fact that he was going to go to jail for the
20 rest of his life and when asked why he stated that it was
21 because of some type of a goose-hunting issue where he had
22 improper guns or improper harvesting. That was well before
23 the relevant date in question. Those are concerning.

24 But as far as what happened immediately before the
25 event, Jacob's suggestion was there was concern that there had

1 been a lack of compliance with any type of a discharge plan
2 which, from what was described to the Court, was resulted in
3 the ultimatum that occurred with Mr. Caples, the Defendant,
4 Mr. Caples, the day immediately prior to the event. But there
5 was nothing immediately preceding the event that demonstrated
6 a clear, psychotic-type of behavior from what the Court
7 observed.

8 In the moments after the event we have several
9 sources of evidence to consider. First and foremost, we have
10 the 911 call. A more heartbreaking recording I don't that I
11 have ever heard. I can't even imagine his son coming home to
12 see his father, who has just reported that he has murdered his
13 mother and discovering the same.

14 Unfortunately, while it is heartbreaking and
15 certainly was emotional, it does little to address the
16 Defendant's mental state for the Court. It makes very clear
17 that Jacob's mental state is, I would say, apoplectic and it
18 came through in what he was saying to the 911 operator.

19 But significantly it did show, on two occasions, as
20 Jacob testified, that his words on the 911 call on two,
21 separate occasions were that Mr. Caples, the Defendant, tried
22 to ram past him on two occasions which, again, ---- is
23 suggestive that there is some type of -- either attempt to
24 flee or, as Jacob suggested, an attempt to further arm
25 himself. Perhaps do harm towards Jacob.

1 The second, and most significant post event source
2 of information we have are the Carroll County Detention Center
3 records. Those were some 700 pages, I believe, of records.
4 Much of which, from my observation of them, when I reviewed
5 them yesterday, appears to be the type of the click the box, a
6 drop-down menu appears and some type of a response gets
7 punched in.

8 There were, however, a number of locations that
9 required narrative commentary from the person entering the
10 data and that included narrative commentary regarding
11 Mr. Caples and his assessed condition upon his arrival at the
12 detention center.

13 There was no mention of any psychotic behavior from
14 Mr. Caples at all until he was almost five months in the
15 detention center.

16 And on this point, brings me to the next significant
17 items that I thought came from Dr. Katz and Dr. Blumberg.
18 Dr. Katz was of the opinion, over objection, that the reason
19 for that type of behavior, an explanation for that type of
20 behavior, could be the result of Mr. Caples having been placed
21 in solitary confinement.

22 Effectively for being on suicide watch where
23 Dr. Katz opined that people who had been placed in that
24 situation can begin demonstrating delusional behavior shortly
25 after being placed in that type of a situation. That is one

1 possible reason for why the emphasis on delusional behavior
2 was observed in Mr. Caples.

3 Notably nowhere in any of the records before the
4 event is there specific listed indicators of what the type of
5 delusional behavior or hallucinations or whatever it may have
6 been was that it was -- there is nothing in the records before
7 that gives detail to it.

8 The detention center records give very clear detail
9 and they indicate that in early January Mr. Caples began
10 making reference to, just take them in order, on December 4th,
11 when he had his intake, he reports no hallucinations,
12 delusions, denies suicidal ideations.

13 There is nothing in the record from the people who
14 are assessing him and observing him from December 4th all the
15 way until sometime I believe it was in, my notes are correct,
16 I believe it was February 23rd is when the hallucinations
17 began being reported and there is reference to them in both
18 Dr. Katz and Dr. Blumberg's reports. They draw different
19 conclusions from them.

20 But he began stating that he wasn't sure if his wife
21 was dead. He stated that at one point that he had had a
22 meeting with the State's Attorney and the judge in his jail
23 cell. He stated that he had spoken with coworkers, a number
24 of other things along those lines. Those are just examples
25 that are all reported with sufficient detail in the detention

1 center record.

2 That is the first time any specific evidence of that
3 with specific, concrete reference to what the delusional
4 behavior is was contained in the records that I found to be,
5 in any way, credible. The rest of it seems to be conflicting.
6 In this it seems very credible.

7 But the second -- the next thing that I found very
8 significant from the experts was Dr. Blumberg. Dr. Blumberg
9 was asked a question as far as would somebody who is making up
10 symptoms or malingering was his word which is just a fancy way
11 for saying somebody is trying to, my words, not his, game the
12 system into saying or suggest that they have some type of a
13 mental illness. And he indicated that somebody who would be
14 malingering would emphasize delusional or hallucinatory
15 behavior. There would be emphasis on it.

16 There is none of that beforehand. Now, if you
17 suggest, therefore, that that confirms or is supportive of his
18 opinion that because Mr. Caples was not emphasizing it, he was
19 not malingering or making up the symptoms.

20 However equally applicable is the fact that after he
21 is arrested, after he is in a jail cell, either Dr. Katz's
22 opinion could be plausible, that is because he is in a
23 solitary situation.

24 Or after he has been arrested, after he has been
25 denied bail, after he has met with Counsel, after he has been

1 interviewed by Dr. Blumberg on two occasions, perhaps the
2 emphasis to seeing people who are not there and hearing things
3 is also explainable as somebody who is doing exactly that
4 which Dr. Blumberg suggested would be evidence of malingering.

5 I think that is also an equally plausible
6 explanation for that type of behavior. Indeed, it is
7 remarkable reading the expert reports. It was not testified
8 to. There was no testimony of it in the courtroom, but
9 Dr. Katz's report made reference to the fact that as
10 Mr. Caples was considering to have mental health issues in the
11 weeks leading up to this event, the family continued trying to
12 have him adopt new hobbies.

13 One of the hobbies, at some point, according to
14 Dr. Caples' report that is in evidence before me that I read
15 carefully, was there was a suggestion made that he should,
16 perhaps, look at different TV shows and there was a suggestion
17 in Dr. Katz's report that he look at some type of a crime
18 drama that involved a murder with a hammer. I don't know.

19 The simple fact is that trying to go back and
20 forensically understand exactly what happened and conclude
21 what was Mr. Caples' state of mind is, at best, a difficult
22 one.

23 I have given careful consideration to all of this
24 and I think that while there is a very clear, documented
25 history of mental illness for Mr. Caples. Giving everything

1 under the totality of the circumstances, full assessment,
2 having read through all of the records. The Sinai records,
3 the Carroll Hospital records.

4 As I said at the outset, if my mind is in a state of
5 even balance what that means is that Mr. Caples did not meet
6 his burden of a preponderance of the evidence of proof in this
7 case and, candidly, my mind, in this case, is, at best, in a
8 state of even balance.

9 If anything, based on my consideration of
10 Dr. Blumberg's explanation of what could be considered
11 malingering behavior perhaps what happened at the detention
12 center afterwards where suddenly we are having hallucinations
13 and the like would be more persuasive in the State's favor on
14 that than to the defense.

15 But for all other reasons that I have just indicated
16 after giving careful consideration to all of the testimony, I
17 do not find that Mr. Caples has met his burden of proving, by
18 a preponderance of the evidence, that he was not criminally
19 responsible on the date and time of the offense in this case
20 and, therefore, I find he was criminally responsible for the
21 events of December 2nd.

22 Now, Counsel having made that finding at this point
23 I am going to order a presentence investigation in connection
24 with this because I assume there is a request for a PSI?

25 MR. PEARSON: Yes, sir. I think it is required in a