

James R. Plaisted, Ph.D.

CLINICAL PSYCHOLOGY
CLINICAL NEUROPSYCHOLOGY

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June 15, 1983

PSYCHOLOGICAL EVALUATION

NAME: Carlos De Luna D.O.E.: 6-15-83
D.O.B.: 3-15-62 ETHNICITY: Hispanic
AGE: 21 years MARITAL STATUS: Single
SEX: Male EXAMINER: Dr. James Plaisted

REFERRAL SOURCE: District Court
 28th Judicial District
 Nueces County, Texas

PLACE OF EVALUATION: Examiner's Office Suite

REASON FOR THE REFERRAL:

Dr. Kutnick performed a court-ordered psychiatric examination of Mr. De Luna on May 19, 1983, and had some questions of whether the patient was genuinely suffering from a mental illness. Dr. Kutnick requested that the court order detailed psychological examination in order to get confirmatory evidence.

PROCEDURES USED:

Wechsler Adult Intelligence Scale - Revised (WAIS-R)
Peabody Picture Vocabulary Test - Revised (PPVT-R)
Human Figure Drawing (DAP)
Bender Visual Motor Gestalt Test
Rorschach Inkblot Technique (Exner System)
Minnesota Multiphasic Personality Inventory (MMPI)
Wide Range Achievement Test (WRAT)
Review of the Patient's Judicial File
Behavioral Observations and Clinical Interview

Mr. DeLuna received a psychological examination in a small, quiet, well-lit testing area within the examiner's office suite. Adequate rapport was established prior to all standardized testing and the battery of instruments was administered incorporating several breaks. Over three hours of intensive, one-on-one examination time was spent between the patient and myself. It is believed that the results of the psychological tests and observations are valid in that they provide a reliable and accurate estimate of the patient's functioning at the time of the examination. Mr. De Luna exhibited no lapses of consciousness, tics, nor seizures during the assessment session.

It was established that Mr. De Luna's dominant language is English and all of the standardized psychological instruments were administered in the English language.

PSYCHOLOGICAL EVALUATION

NAME: Carlos De Luna

DATE: 6-15-83

Page 2.

CLINICAL INTERVIEW:

Early Segment

When I met with the patient in the waiting room he responded to me right away. He was able to follow directions to get to my office correctly. He began by acting like he could not remember very much of anything at all. He said that he could not even remember events from his childhood or from his teenage years. He was not able to recall anything about any jobs he had ever had, nor anything about the events surrounding the crimes for which he has been accused. In fact, Mr. De Luna stated that he couldn't remember anything up to a few moments before the assessment had begun.

When asked what crime Mr. De Luna was being held for, he responded "I think that I am accused of murder." He refused to give any details. When I probed for details about his life, he continually answered that he did not know, he could not recall, he could not remember. It seemed as though he was trying to claim total amnesia. After a long line of attempts at gaining information, I finally asked, "Well, how are you feeling?" and the prisoner responded, almost reflexively, "I don't know, I can't remember." To that I responded, "I mean right now?" to which Mr. De Luna replied, "I know." It appeared to me that he wanted me to believe that he could not remember anything at all prior to today.

Late Segment

After I had done my early inquiry and it was obvious that the patient was trying to portray total amnesia, I opted to administer the standardized psychological tests. The tests took over 2 hours to administer, after which I continued with my clinical interview. In this later segment, after rapport had been established and Mr. De Luna had become comfortable with answering questions and responding to standardized psychological test items, his memory seemed somewhat different.

In this later clinical interview segment, the patient was able to tell me that he had been in school in the local area, but he does not believe that he finished school. He also said that he believed he had been a prisoner at some time before. He told me that he has a parole officer, but would not provide me with a name. He stated that he was single, and that his family lives in the local community. He strongly objected to spending time with Mr. Kiki Rodriguez at the jail, stating "I don't like him," indicating that Mr. De Luna had some memory of individuals employed at the jail and had formulated an opinion. At one point during the testing, Mr. De Luna asked if he would "have to see the other doctor again," indicating that he recalled his previous visit to our office complex on May 19th, and wondered if

PSYCHOLOGICAL EVALUATION

NAME: Carlos De Luna

DATE: 6-15-83

Page 3.

he would be required to attend another interview with Dr. Kutnick. Mr. De Luna also made statements which indicate he recalled working at some kind of semi-skilled occupation, but he was not willing to give details. Just before leaving for the morning, the patient requested that his favorite radio station be tuned in on my office stereo. At this time, he provided me with the name of the station and the station's frequency. Within a few moments, the patient was singing along with the broadcast to "I Honestly Love You" by Olivia Newton-John. This indicates that at least part of his long-term memory is intact. It certainly struck this examiner that Mr. De Luna was attempting to deceive, and that his memory loss was selective.

Mr. De Luna used words which he claimed not to have knowledge of during the IQ testing, and he showed a knowledge of these words. For example, when he was asked "What is your sentence?" near the end of the examination session, Mr. De Luna replied, "I don't have one." And when I asked "Do you see lots of arguments there in the jail house?", the patient responded "Yes ... you learn to live with it." I also asked him at one point to look at the ceiling and he reflexively looked up. The words "sentence," "argument," and "ceiling" were among those that the patient claimed not to have knowledge of. Again, it appeared that the patient was attempting to deceive.

FINDINGS AND IMPRESSIONS:

Intellectual Factors

Mr. De Luna's present level of intellectual functioning as measured by the WAIS-R is within the Borderline range (WAIS-R VIQ-72, PIQ-72, FSIQ-72). It is my opinion that the results of this testing are a gross underestimate of this patient's intellectual abilities. I believe that his intelligence is much higher than indicated by the quotients, and that one can assume that these measures are absolute minimums that Mr. De Luna is capable of. Making the assumption that the intelligence quotients derived from Mr. De Luna's responses are accurate, he still has plenty of native intelligence to understand the proceedings of the court, the discrimination between right and wrong, and the ability to assist in his defense. His thinking and cognitive abilities are perfectly adequate for these tasks. Even people with a much lower intelligence quotient than 72 could perform these tasks.

There was considerable evidence of faking on the WAIS-R. The evidence arose independently on three of the individual subtests, Picture Arrangement, Arithmetic, and Digit Span. These subtests were administered out of order after the patient had been prepared with the false expectation that the items ranged in difficulty from easy to complex. I administered these items out of order and Mr. De Luna, assuming that the first few items he received were the simple ones,

PSYCHOLOGICAL EVALUATION

NAME: Carlos De Luna

DATE: 6-15-83

Page 4.

correctly negotiated a number of the more difficult items and then later, when he thought he was receiving the more difficult items, managed to miss simple ones. This was true in all three of the above-stated subtests. The patient was attempting to portray himself as functioning poorly cognitively.

On the PPVT-R, again the false expectation of easy-to-difficult item progression was established. I began the exam by administering to him several of the easier items and then skipped to difficult items and began to work backwards (that is, I began with difficult items and with each item administered, it became easier). The patient managed to answer correctly to a number of the more difficult items on the instrument and then missed items down to some which are commonly known by 4-year-old children, and a number of which he later showed knowledge of (e.g., ceiling, flaming, argument).

On the Wide Range Achievement Test the patient responded in a manner which is about what one would expect of a person with Borderline intelligence. As on the IQ test, I believe that the patient was trying to deliberately show himself in a bad light. Even so, his responses demonstrate that he possess cognitive skills which are well-enough developed for him to understand academic material adequate to carry on a simple independent existence. This test shows that Mr. De Luna's cognitive abilities and understanding are at least adequate enough to understand day-to-day living.

Neuropsychological Screening Factors

On the Bender Visual Motor Gestalt Test, a neuropsychological screening device, the patient's renditions of the geometric figures are fairly poorly drawn. He drew them rapidly and flippantly, and the general quality of his responses are not indicative of an organic syndrome.

Likewise, the patient drew a human figure quickly and then handed it back to me without a head. When I asked about this, he said that he had "forgot" and that he would be happy to put a head on the figure. This is not a valid effort on the patient's part.

Personality Factors

The patient was administered the Rorschach Inkblot Technique according to the norms tables and formulas scientifically validated by Exner. Although the patient attempted a number of times to make his percepts appear to be "crazy sounding" (e.g., "A bug head, it's scary, I don't want to look at it."), the actual percepts were almost all quite normal. When scored against published norms tables, Mr. De Luna's responses were well within the normal range. In fact,

PSYCHOLOGICAL EVALUATION

NAME: Carlos De Luna

DATE: 6-15-83

Page 5.

it shows that this patient is not suffering from any particularly debilitating anxiety or a serious depression. The Rorschach is particularly difficult to fake when using the Exner System, and it is extremely difficult to "fake normal." The results indicate that Mr. De Luna's personality is free of significant neurotic and/or psychotic processes.

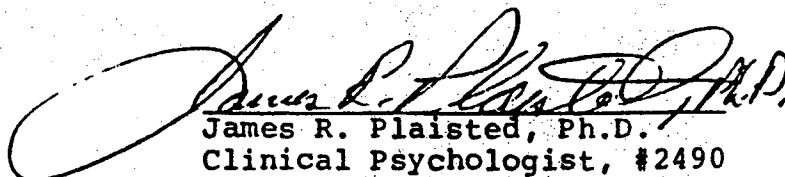
On the MMPI, Mr. De Luna approached the instrument in a way which was patently designed to deceive. This is a classic "fake bad" profile which is often associated with individuals who are in trouble and wanting to appear to be mentally ill when they are not. This kind of profile suggests that the patient made a deliberate attempt to deceive, and endorsed a strategy of over-responding to the items, endorsing many statements which a bonified mentally-ill individual would not accept. It would not surprise me to find that this patient is suffering from a character disorder. From the present testing, it is not possible to make an accurate determination about this.

DIAGNOSTIC IMPRESSION:

AXIS I: V65.20 Malingering.
Borderline or Higher Intellectual Functioning.
AXIS II: V71.09 No Diagnosis.

CONCLUSIONS:

It appears fairly obvious to this examiner that Mr. De Luna was making a major effort to deceive me into thinking that he was suffering from a psychotic process. In fact, there is no evidence in the psychometric data to support that he is suffering from anything other than perhaps a personality disorder. The patient is fully competent to stand trial, and his level of intelligence, even if it is Borderline, is high enough for him to understand the proceedings of a court room, to tell the difference between right and wrong, and to aid in his defense. The patient's claim of amnesia, which turns out to be selective in that he can recall things that he wants to recall when he wants to recall them, fits no known medical patterns of amnesiac syndromes. It is my opinion that the patient is probably faking his memory loss.


James R. Plaisted, Ph.D.
Clinical Psychologist, #2490

JRP:dp

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