

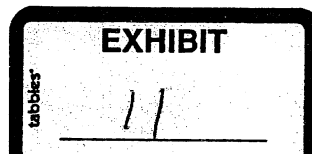
IN THE CIRCUIT COURT OF COLE COUNTY, MISSOURI
19th JUDICIAL CIRCUIT

RYAN FERGUSON,)
)
Petitioner,)
)
v.) No.
)
DAVE DORMIRE, Superintendent,)
Jefferson City Correctional Center,)
)
Respondent.)

AFFIDAVIT OF CHARLES ERICKSON

COMES NOW Charles Erickson, being duly sworn and states on oath the following:

1. My name is Charles Timothy Erickson. I am currently incarcerated in the Missouri Department of Corrections, South Central Correctional Center. My DOC ID is 1138775.
2. I am not under the influence of any drugs or alcohol, and am giving this statement freely and voluntarily. I have not been promised or received anything in exchange for this truthful statement.
3. I have personal and direct knowledge of the facts set forth in this affidavit.
4. In the trial of *State v. Ryan Ferguson*, Case No. 04 CR 165368-01, I testified that Ryan Ferguson robbed and strangled Kent Heitholt. (R. 475). This testimony is false. Ryan Ferguson did not harm Kent Heitholt in any way.
5. My testimony at trial implicating Ferguson was the result of pressure and coercion placed upon me by the police and the Boone County prosecutor's office.
6. Recently, after reviewing the police reports and transcripts of my interrogation, I do not understand how the information I provided resulted in the conviction of Ryan



Ferguson. I did not provide any of the pertinent details in my interrogation that would support a conviction.

7. Beginning at age 14 and up to the date of my arrest I was a heavy drug user. I experimented with LSD, psychedelic mushrooms, peyote and cocaine. I was using recreational drugs and drinking alcohol on the night of October 31, 2001. I had taken 3 - 4 Adderal blue pills (10 mg), ingested one line of cocaine and consumed about 13-14 alcoholic beverages (10 sixteen ounce beers and 3-4 mixed drinks). It is possible that I also used marijuana. October 31st, 2001 is the first time I experienced an alcoholic blackout. Between October 31st, 2001 and my arrest on March 10, 2004, I experienced 10 to 20 additional blackouts. My memory, including my memory from that night, was severely affected as a result of my consumption of alcohol.

8. My extensive alcohol use was never explored by the police or prosecutors in my proffer and pre-trial preparation.

9. At trial, no one ever asked me any questions about my heavy alcohol use. The prosecutor mentioned my using cocaine and drinking on 10/31/01 one time. (R.488). An extensive assessment was performed on me at the University of Missouri - Columbia on November 26th, 2001. (Attached and incorporated herein as Exhibit "A"). The assessment stated that "it is possible that Charles has experienced a minor brain insult or organic abnormality that has gone undetected and has gradually compromised his cognitive abilities, memory, motivation or judgment." (page 12) The assessment also stated that "...it is possible that Charles' past or possible current use of substance is impairing his memory abilities..." (page 15) The assessment concluded that "Charles might benefit from a comprehensive neurological evaluation in an attempt to evaluate the possibility that underlying organic structures might be compromised or damaged." (page 16) My assessment was in the possession of the State, my attorney and Ferguson's defense attorneys.

10. It is my understanding that some memories can never be recovered and other memories are not reliable as the result of an alcoholic blackout because the brain never records the information sought to be retrieved. The police, prosecutors, and defense attorneys never explained the possibility that I could not physiologically have remembered any events of October 31st, 2001 after I blacked out. At trial, no expert for the defense or prosecution addressed my heavy alcohol use from October 31, 2001 to March 10, 2004.

11. I was also high on marijuana when I was first taken into custody and questioned by police. The statements I made during my interrogation were the result of being high on marijuana.

12. Prior to accepting a plea agreement, I was provided police reports. One of the reports reflected an interview with an inmate at the Boone County Jail named Richard Walker. The report stated that Walker told police that Ferguson had implicated himself in the murder. I was never told that Walker recanted his allegations against Ferguson.

13. Another police report reflected an interview with Megan Arthur. The report stated that Ferguson had told Arthur that he and I "did something stupid" and that Ferguson did not want to turn himself in. I was never told that in a subsequent statement given to Investigator Jim Miller that Megan Arthur denied making these statements.

14. Even though I did not remember any details about how the crime took place during my interrogation, the reports of these two individuals persuaded me that Ryan Ferguson may have been involved in the murder.

15. I was led by police to believe that Ferguson was going to accept a plea agreement and testify against me. Richard Walker also informed me that Ferguson was going to take a plea in exchange for his testimony.

16. The police threatened me to implicate Ferguson or else I would be solely responsible for Heitholt's death and be charged with first degree murder and possibly sentenced to death.

17. As a result, I had no choice but to accept a plea agreement in exchange for my testimony against Ryan Ferguson.

18. I met with Boone County prosecutor Kevin Crane numerous times prior to Ryan's trial to go over my testimony.

19. At trial I testified that Ryan proposed that we rob someone in order to get more money to buy more drinks. (R. 517). This testimony is false. Ryan did not propose that we rob someone to buy more drinks.

20. At trial I testified that we decided to go downtown to commit the robbery. (R. 517). This testimony is false. Ryan and I did not plan to go downtown to commit a robbery.

21. At trial I testified that Ryan said, "We're young, we're not that big, and if something happens, one of us might get – one of us might get messed up, and we need to take something with us." I also testified that Ryan then grabbed a tire tool from his trunk. (R. 519). This testimony is false. Ryan never suggested that we needed something for protection. Ryan did not grab a tire tool from the trunk of his car.

22. At trial I testified that Ryan and I were hiding behind a dumpster enclosure next to the Tribune parking lot. (R. 522). This testimony is false. I did not see Ryan hide behind any dumpster enclosure that night.

23. At trial I testified that Ryan stated, "We need to get this over with. We need to get this over with. Just go do it." (R. 524). This testimony is false. Ryan never urged me to attack Kent Heitholt.

24. At trial I testified that I saw Ryan standing over Heitholt with his foot on Heitholt's back, strangling Heitholt with Heitholt's belt. (R. 548-50). This testimony is false. I never saw Ryan standing over Heitholt. I never saw Ryan in possession of Heitholt's belt. I never saw Ryan strangling Heitholt.

25. At trial I testified that I saw Ryan going through Heitholt's pockets and going through the car. (R. 551). This testimony is false. I never saw Ryan going through Heitholt's pockets or his car.

26. At trial I testified that I bent down to pick something up and Ryan said, "That's not ours. Don't touch that." (R. 553). This testimony is false. Ryan never told me not to touch anything.

27. At trial I testified that after the killing I thought of the tire tool and asked Ryan, "Ryan, did you get that?" to which he replied, "Yeah." (R. 558). This testimony is false. I never asked Ryan about a tire tool, and I never saw him in possession of a tire tool that night.

28. At trial I testified that Ryan put the tire tool in a plastic bag from the trunk of his car. (R. 566). This testimony is false. I never saw Ryan put a tire tool in a plastic bag.

29. At trial I testified that I put the belt in the plastic bag Ryan retrieved from his car. (R. 566). This testimony is false. I never saw Ryan retrieve a plastic bag from the trunk of his car.

30. At trial I testified that on the ride home Ryan said he would take care of the items in the trunk, and stated, "Don't worry. I'm going to take care of it. You know, it doesn't really matter, man. I always wanted to kill someone before I was 60 anyway, so I just – I just accomplished that." (R. 573, 589-90). This testimony is false. Ryan never told me he would dispose of items in the trunk or that he wanted to kill someone.

31. At trial I testified that Ryan called me a few months after the murder and told me that his dad had found Kent Heitholt's wallet. (R. 588-89). This testimony is false. Ryan never told me his dad had found Heitholt's wallet.

32. At trial I testified that I was a hundred percent certain that Ryan and I committed this crime. (R. 622). This testimony is false. I never witnessed Ryan commit any robbery or murder.

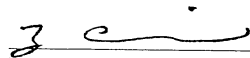
33. At trial I testified that I told the cleaning lady to "get help." I have no memory of asking anyone to "get help" on ~~October 31st, 2001~~ ^{11/1/01} or telling anyone after ~~October 31st, 2001~~ ^{11/1/01} that I had done so. (R. 813). ^(ce)

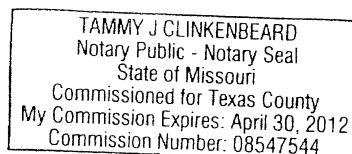
34 My testimony at trial implicating Ryan was false. My testimony was involuntary and was the result of the coercion and pressure put on me by police and the prosecution.

FURTHER AFFIANT SAYETH NOT.


Charles Erickson

Subscribed and sworn to before me this 9TH day of FEBRUARY, 2011


Notary Public





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205 Lewis Hall
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ASSESSMENT AND CONSULTATION CLINIC

Name: Charles Erickson

Age: 17-5

DOB: 6/23/84

Address: 3706 Chinkapia Ct
Columbia, MO 65203

Phone:

Dates of Evaluation: 11/23/01-11/24/01

Date of Report: 11/26/01

CONFIDENTIAL: this report is considered confidential and is prepared for the purpose of the referring program/agency with understanding that it will not be released to the client or to other program/agencies without the client's written authorization. EXCEPT AS PROVISIONS OF THE PRIVACY ACT OF 1974 (PL-597) MAY REQUIRE ACCESS

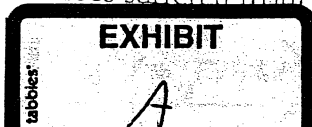
Reason of Referral:

Charles is a 17-year old Caucasian male who was referred by his parents for an assessment of possible attention difficulties.

Relevant History:

Charles is currently enrolled as a junior at Rock Bridge High School in Columbia, MO. He lives with his biological parents and younger sister (age 14) in a house in the same city. He reportedly gets along with his sister quite well. Charles is described by his mother as being "pleasant, cooperative, loving, and interested in the condition of his family." Charles' extended family has a significant history of a number of specific medical conditions including heart disease, high blood pressure, and stroke; alcohol abuse; depression; and food allergies.

Charles' mother stated that there were no complications during his birth and that he seemed to reach early developmental milestones within normal time limits. He reportedly had no significant difficulties with any developmental skills or progressions with the exception of having colic from the age of 2-months to 6-months. Charles suffered from frequent ear infections as a



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toddler, has had allergies since the age of 3-years, and had a prolonged fever of 104.5 degrees when he was 14-years old. Charles' allergies are currently kept under control through the use of immunotherapy that is delivered in the form of bi-monthly shots. His hearing and vision were reported to be within normal ranges.

Charles' mother reported that she believes that he currently suffers from symptoms of inattentiveness that are compromising his academic performance. She also indicated that he seems to have a number of friends who are frequently in trouble and who seem to place little value on academic success. She stated that, although a combination of rewards and restrictions are used in an effort to help Charles perform better in school and avoid social infractions, he continues to perform at a level that seems to be far below his ability and potential.

Charles reportedly began kindergarten at the age of 6-years because he was a young student and was deemed to not be ready for school when he was first eligible to attend. He experienced no significant difficulties within pre-school, kindergarten, or elementary school despite a move from Illinois to Cincinnati for third grade. In fact, he appears to have excelled within his classes and consistently earned A's and B's through his fifth grade year. However, a review of his academic records identified occasional teacher comments about his tendencies to make careless mistakes when completing his work, to lack sufficient organizational and time management skills, and to not perform to his maximum potential. During Charles' seventh grade year, for which he was enrolled for numerous honors courses, he earned his first grade of "C." Prior to his eighth grade year, Charles and his family moved from Cincinnati to Columbia. It was during this year that his grades seemed to drop considerably for the first time as he earned a number of C's as well as D's in his beginning algebra class. Charles' grades have generally scattered around a "C" average since. He has taken general curriculum courses, college-prep courses, and accelerated courses within Columbia's "Triple E" program.

There are a number of comments within Charles' academic records that indicate a perception on the part of teachers that he has generally not applied himself to the best of his ability and that he could perform much better if his schoolwork was a higher priority. Charles has generally avoided significant school-based disciplinary problems. He was suspended once in fourth grade for bringing matches to school and once in eighth grade for possession of a counterfeit bill that another student had given him.

Charles has taken group-administered ability tests on at least two occasions in the past. When in fifth grade, Charles took the Otis-Lennon School Ability Test and scored in the 91st percentile for overall ability and in the 97th and 77th percentiles for verbal and nonverbal abilities. He took the same test two years later and scored in the 84th (total), 79th (verbal), and 86th (nonverbal) percentiles.

Achievement tests that Charles has taken in second, third, fifth, seventh, and eighth grades have generally produced scores that are well above average. For example, while in eighth grade he attained scores that fell at the 73rd percentile for English, the 77th percentile for math, the 86th percentile for reading, and the 81st percentile for science reasoning. His performance on more recent standardized measures has, however, not ranked as highly. On a tenth grade PSAT assessment, Charles' scores were in the 51st percentile for his verbal skills, the 46th percentile for math skills, and the 44th percentile for writing skills.

Charles reported that his best school subjects are marketing and history, and that his worst subject is math. His mother stated that he tends to have difficulty attending to math instruction, completing math homework, and studying for math tests. When asked about typical symptoms of inattentiveness and hyperactivity, Charles reported that he has difficulty remaining satisfied, tends to lose important items, and oftentimes forget things. He also indicated that he sometimes suffers from impulsivity, rapid decision-making, impatience, inconsistent performance, and poor time management. Charles described his mood as being normal and fairly stable. He indicated that he sometimes experiences restlessness while trying to sleep and that he often has difficulty waking up in the morning. Charles reported that he has, in the past, snuck out of his house at night on a number of occasions. He has reportedly never been in trouble for stealing or damaging property and has never had difficulty with anger control problems. He has, however, been in trouble with the law for possession of marijuana. He attended a day treatment center for his regular use of marijuana and received counseling from November of 1999 through January of 2000. Counseling sessions reportedly focused on his regular substance use, poor decision-making, and poor academic performance. He has since passed repeated drug tests. Charles currently smokes cigarettes, denies any marijuana use, and frequently attends weekend parties.

Both Charles and his mother indicated that he has never had difficulty getting along with his peers. Mrs. Erickson reported that he tends to take a leadership role among peers and when organizing social events. Although a previous interest in playing sports has decreased recently, Charles reportedly has a number of leisure activities that he enjoys that include playing computer games, socializing with friends, reading, going to movies, and listening to music. Charles' mother stated that he currently displays impulsiveness, a tendency to hide his feelings, and limited self-control. She also stated that he becomes angry when he is given directions for tasks or reminders to complete tasks.

Behavioral Observations:

Charles Erickson completed assessment tasks across two days of testing. He displayed no obvious physical or neurological impairments during testing and was very cooperative. Charles

responded to questions and tasks appropriately, but displayed little affect while doing so. He tended to provide only the information that was requested and seldom initiated conversations with the examiner. Although Charles seemed to be a likeable and intelligent person, it was somewhat difficult to establish rapport with him and to gain any sense of his thoughts about and feelings toward assessment tasks.

In many instances it appeared as though Charles was attempting to perform at his highest level of ability on tasks without exerting significant effort. For example, he seemed to make no effort to use memory strategies such as rehearsal during verbal memory tasks. During math tasks, he oftentimes attempted to arrive at solutions without working out problems on paper and sometimes offered responses in the form of general ranges (i.e. "It's somewhere between \$2.00 and \$2.50") rather than precise computations. During timed intelligence subtests, Charles seldom made an effort to notify the examiner that he had completed assessment tasks although instructions explicitly and repeatedly asked that he do so. When asked, Charles stated that he exerted his best effort on assessment tasks and indicated that he was genuinely motivated to perform well. It is likely that his performance on assessment tasks is an accurate reflection of his typical levels of engagement and performance. However, results may underestimate Charles' true levels of ability and potential.

Current Assessment Procedures:

Intake Interview
Wechsler Adult Intelligence Scale - Third Edition (WAIS-III)
Woodcock Johnson Tests of Achievement - Third Edition (WJ-III)
Wechsler Memory Scale - Third Edition (WMS-III)
Personality Assessment Inventory (PAI)
Conners Continuous Performance Test (CPT)
Conners Adult ADHD Rating Scale (CAARS)
Barkley Childhood and Current Symptoms Scales - Self Report and Other Report Forms
BASC Parent Rating Scale for Adolescents
BASC Teaching Rating Scale for Adolescents

Tests Administered:

WAIS-III:

The WAIS-III is an individually administered, normative-referenced test that measures cognitive abilities through a variety of problem-solving situations. The Verbal Scale subtests measure verbal language processing skills, while the Performance Scale subtests measure visual-

phonon-spatial abilities. The WAIS-III has a mean or average score of 100 and a standard deviation of 15. The subtest scaled scores have means of 10 and standard deviations of 3.

Charles' results were as follows:

IQ Score Summary:

<u>Scale</u>	<u>IQ</u>	<u>Percentile Rank</u>	<u>Classification</u>
Verbal	122	93	Superior
Performance	104	61	Average
Full Scale	114	82	High Average

Index Summary:

<u>Index</u>	<u>Index Score</u>	<u>Percentile Rank</u>	<u>Classification</u>
Verbal Comprehension	120	91	Superior
Perceptual Organization	105	63	Average
Working Memory	113	81	High Average
Processing Speed	99	47	Average

Subtest Score Summary:

<u>Verbal Subtest</u>	<u>Subtest Scaled Score</u>
Vocabulary	14
Similarities	17
Arithmetic	12
Digit Span	12
Information	10
Comprehension	16
Letter-Number Sequencing	13

<u>Performance Subtest</u>	<u>Subtest Scaled Score</u>
Picture Completion	11
Digit Symbol-Coding	7
Block Design	11
Matrix Reasoning	11
Picture Arrangement	13
Symbol Search	13

WJ-III:

The WJ-III is an individually administered, normative-referenced test that measures achievement in the areas of Reading, Writing, and Math. Areas assessed on the test include identifying words, reading comprehension with short passages, math calculation, solving practical mathematical problems, and writing (including the writing mechanics of Spelling and Punctuation and writing sentences). Each subtest and cluster score has a mean or average of 100 and a standard deviation of 15. Charles' results were as follows:

Subtest & Cluster	Standard Score	Qualitative Description
Letter-Word Identification	105	Average
Passage Comprehension	109	Average
Reading Fluency	119	High Average
<i>Broad Reading Cluster</i>	<i>116</i>	<i>High Average</i>
Calculation	88	Low Average
Applied Problems	98	Average
Math Fluency	105	Average
<i>Broad Math Cluster</i>	<i>96</i>	<i>Average</i>
Spelling	109	Average
Writing Samples	107	Average
Writing Fluency	109	Average
<i>Broad Written Language Cluster</i>	<i>111</i>	<i>High Average</i>
Story Recall	110	High Average
Understanding Directions	105	Average
<i>Oral Language</i>	<i>108</i>	<i>Average</i>
<i>Total Achievement</i>	<i>110</i>	<i>High Average</i>
<i>Academic Skills</i>	<i>102</i>	<i>Average</i>
<i>Academic Fluency</i>	<i>115</i>	<i>High Average</i>
<i>Academic Applications</i>	<i>104</i>	<i>Average</i>

WMS-III:

The WMS-III is an individually administered normative-referenced test that is designed to assess persons' abilities to store, process, and retrieve auditory and visual information. For example, it assesses a person's ability to remember information that is presented both visually and verbally both immediately after it is presented and after a period of time has passed. It also assesses a person's ability to recognize stimuli that have been presented previously. The following results were obtained during a single testing session and are reported as standard scores with means of 100 and standard deviations of 15.

Primary Index	Standard Score	Qualitative Description
Auditory Immediate	89	Low Average
Visual Immediate	84	Low Average
Immediate Memory	84	Low Average
Auditory Delayed	99	Average
Visual Delayed	88	Low Average
Auditory Recognition Delayed	80	Low Average
General Memory	88	Low Average
Working Memory	115	High Average

PAI:

The PAI is a standardized, norm-referenced test designed to measure a person's current level of psychological functioning. Charles' results on this test indicate that he attended to the content of items while responding to them and responded in a consistent manner. However, his responses may have been somewhat guarded in that he seemed hesitant to admit to experiencing low-level stressors and shortcomings that are relatively commonplace. PAI response patterns indicate that Charles does not exhibit significant symptoms of depression, anxiety, unusual thought processes, suspiciousness, hostility, extreme mood swings, or substance abuse. However, it is impossible to determine whether or not this is due to the absence of actual symptoms or to his defensive response style. Charles seems to have a positive view of himself and is generally optimistic. He reportedly experiences fairly typical levels of stress and has an adequate support system.

Despite potential defensiveness on Charles' part, his response patterns produced an elevated score for the Antisocial subscale of the PAI. His response pattern suggests that Charles may tend to be somewhat egocentric and may sometimes disregard the feelings and desires of people around him. He may lack a sense of loyalty to others, may not be concerned with the impressions that others have of him, and may act in ways that are manipulative. Charles' responses to PAI items also indicate the possibility of elevated and frequently changing moods. Although he is likely to view himself as ambitious, self-confident, and outgoing, there is a chance that others may view him as being somewhat impatient and demanding. He might also be prone to seeking out physical sensations and might be somewhat impulsive.

Charles' responses to PAI items produced relatively little evidence of significant psychological distress or dysfunction. However, he may exhibit higher levels of egocentrism and lower levels of empathy than are typical for other persons of his age.

CAARS:

The CAARS is a self-report instrument designed to measure behaviors and problems that are sometimes experienced by adults and are related to symptoms of inattention or hyperactivity. Any score in the Clinically Significant range (scores > 70) suggests a high level of maladjustment. Scores in the At-Risk range (60-70) identify either a significant problem that may not be severe enough to require formal treatment or the potential for a problem developing that needs monitoring. Results are reported as t-scores, with means of 50 and standard deviations of 10. Although Charles' age is approximately 7-months lower than that of the youngest members of the CAARS standardization sample, a decision was made to administer this instrument because inattentiveness was the primary concern that led to this evaluation. His responses were compared to those of persons who ranged in age from 18-years to 29-years old.

Subtest	Subtest Standard Score
Inattention/Memory Problems	46
Hyperactivity/Restlessness	42
Impulsivity/Emotional Lability	33
Problems with Self-Concept	38
DSM-IV Inattentive Symptoms	59
DSM-IV Hyperactive-Impulsive Symptoms	46
DSM-IV ADHD Symptoms Total	54
ADHD Index	44

CPT:

The Conners Continuous Performance Test is a computer test designed to measure impulsivity and ability to sustain attention. Charles was asked to complete an activity within which he was to hit a key on the computer each time that he saw a letter in the alphabet that was not an 'X.' Charles' responding during these tasks was slower than was true of members of its standardization sample, however, he also made markedly fewer mistakes than they did. His response times also fluctuated more than would be expected suggesting that he may have had difficulty attending to the task. He tended to respond particularly slowly when long intervals occurred between stimuli presentations. However, Charles did not exhibit increased signs of inattentiveness as the test persisted. Marked inattentiveness that would be associated with looking away from the test was also not observed. The low number of false-positive responses (pressing the space bar when an 'X' was presented rather than not responding) that were recorded suggested that Charles possessed above average perceptual sensitivity and did not tend to respond impulsively. Although the results of the CPT provide evidence that would be supportive of the existence of an attention problem, this evidence might also be explained by the use of an unusually high level of caution on Charles' part.

Barkley Childhood and Current Symptoms Scales – Self Report Form:

Barkley Symptoms Scales are self-report forms that assess ADHD, Oppositional Defiant Disorder (ODD), and Conduct Disorder symptoms in both childhood and current life. A score of 6 or greater is considered to be a clinically significant indicator of ADHD. A score of 4 or more is considered to be an indicator of ODD, while a score of 3 or more is indicative of Conduct Disorder. Charles completed both the Childhood Symptoms and the Current Symptoms scales. Results were as follows:

Symptoms Scale	Score
Childhood Symptoms Self-Report Inattention	1
Childhood Symptoms Self-Report Hyperactivity	1
Childhood Self-Report ODD	0
Childhood Self-Report Conduct Disorder	1
Current Symptoms Self-Report Inattention	0
Current Symptoms Self-Report Hyperactivity	0
Current Symptoms Self-Report ODD	0

Barkley Childhood and Current Symptoms Scales – Other Report Form:

The Barkley Symptoms Scales – Other Report Forms are surveys that assess others' perceptions of ADHD, ODD, and Conduct Disorder symptoms in both childhood and current life. Scores of 6 or more are considered to be clinically significant indicators of ADHD symptoms. Scores of 4 or more are considered to be indicative of ODD on that subscale, while scores of 3 or more are considered significant for Conduct Disorder. Charles' mother completed both the Childhood Symptoms and the Current Symptoms scales. A teacher who has had significant interactions with Charles also completed a rating scale. Results were as follows:

Symptoms Scale	Rater	Score
Childhood Symptoms Other-Report Inattention	Mother	9
Childhood Symptoms Other-Report Hyperactivity	Mother	0
Childhood Symptoms Other-Report ODD	Mother	0
Childhood Symptoms Other-Report CD	Mother	1
Current Symptoms Other-Report Inattention	Mother	7
Current Symptoms Other-Report Hyperactivity	Mother	1
Disruptive Behavior Rating Scale-Inattention	Teacher	1
Disruptive Behavior Rating Scale-Hyperactivity	Teacher	0
Disruptive Behavior Rating Scale-ODD	Teacher	0

BASC Scales

The BASC scales are a group of survey instruments that are designed to assess both positive and negative aspects of an individual's behavior and personality. Responses to these surveys are compared to responses from a normative sample to produce comparative ratings for a wide variety of symptoms, strengths, and disorders organized along the dimensions of Internalizing Problems, Externalizing Problems, School Problems, Adaptive Skills, Clinical Maladjustment, School Maladjustment, and Personal Adjustment. Results for various BASC composite scores and scales are expressed in the form of T-scores that have means or averages of

50 and standard deviations of 10. Results of the BASC-PRS (Parent Rating Scale) and BASC-TRS (Teacher Rating Scale) are as follows:

BASC-PRS

Composite/Scale	Standard Score	Qualitative Description
Externalizing Problems	67	At-Risk
Internalizing Problems	46	Average
Behavior Symptoms Index	52	Average
Adaptive Skills	49	Average
Hyperactivity	49	Average
Aggression	58	Average
Conduct Problems	87	Clinically Significant
Anxiety	46	Average
Depression	40	Low
Somatization	55	Average
Atypicality	50	Average
Withdrawal	54	Average
Attention Problems	68	At-Risk
Social Skills	51	Average
Leadership	48	Average

BASC-TRS

Composite/Scale	Standard Score	Qualitative Description
Externalizing Problems	41	Average
Internalizing Problems	43	Average
School Problems	54	Average
Behavioral Symptoms Index	45	Average
Adaptive Skills	48	Average
Hyperactivity	41	Average
Aggression	42	Average
Conduct Problems	43	Average
Anxiety	48	Average
Depression	42	Average
Somatization	42	Average
Attention Problems	56	Average
Learning Problems	51	Average
Atypicality	45	Average
Withdrawal	42	Average
Social Skills	54	Average
Leadership	44	Average
Study Skills	47	Average

Assessment Conclusions:

Charles Erickson is a 17-year old Caucasian male who was referred by his parents for an assessment of suspected attention problems. He is currently a junior attending Rock Bridge High School. Charles reportedly has a history of academic difficulties that appear to have begun in eighth grade and are marked by his inability to attain grades that would seem to be consistent with his cognitive and academic abilities. He also has a history of regular marijuana use but has passed numerous recent drug tests. Teacher comments that are made on recent report cards and in correspondence with the Erickson family indicate a perception that Charles occasionally fails to complete assignments on time and to come to class prepared, tends to put forth less than his best effort, and does not place a high priority on academic activities.

Assessment results are likely an accurate reflection of Charles' abilities and performance on a daily basis, but may not have captured his actual ability and potential. Charles' measured cognitive abilities were in the high average range and equaled or exceeded the scores obtained by 83% of the individuals his age in the WAIS-III standardization sample. A significant difference was noted between his ability to solve language-based problems (which fell in the superior range) and his ability to solve perceptual problems (which fell in the average range). This discrepancy persists when one considers more pure measures of these different abilities such as Charles' Verbal Comprehension and Perceptual Organization factor scores. WAIS-III results also suggest that Charles has a high average level of ability to store and manipulate information for short periods of time and an average level of ability to rapidly perform visual-motor tasks. An analysis of individual WAIS-III subtest scores suggests that Charles' ability to analyze sets of related words and to state how they are similar is an area of relative strength. However, his abilities to answer questions of common knowledge (although it fell in the average range) and to use a key to rapidly assign symbols to numbers were found to be areas of relative weakness. Charles' measured cognitive abilities would not appear to limit his ability to function effectively on a daily basis and to perform well within his current academic environment. However, it is clear that he may be better at solving problems that require the use of language than solving problems that involve visual-spatial analysis and/or motor responses.

Charles' measured academic skills were generally consistent with prior aptitude measures of his reading and writing abilities in that they fell within the High Average Range and equaled or exceeded those attained by 86% (Broad Reading) and 75% (Broad Written Language) of persons his age within the WJ-III standardization group. Charles' Broad Math ability fell within the average range and equaled or exceeded 40% of the standardization sample. None of these scores differed significantly from those that would be expected based upon Charles' measured cognitive abilities. Within each of these measured academic areas, Charles' highest scores came within subtests that required him to apply basic skills rapidly and accurately when under time constraints.

Charles' Calculations score fell within the low average range and suggested that he had difficulty completing math problems that were presented in a relatively straightforward manner. A closer look at Charles' responses for these tasks indicates that he made relatively careless errors on multiplication and division problems and that he had marked difficulties working with fractions in a wide variety of calculations. He oftentimes failed to use space that was provided to work out solutions and did not seem to recognize that some of his solutions did not make sense for the facts of the problems. Based on assessment results, Charles appears to have the reading and writing abilities necessary to succeed within his high school classes. However, he may not have the basic math skills necessary for success within advanced math courses. In addition, his math difficulties may be exacerbated by his tendencies to be somewhat careless and to fail to use his reasoning skills to review his responses upon arriving at them.

An examination of Charles' memory scores revealed relative impairments in his abilities to recall and recognize verbal information and to recall visual information both immediately and after some time has passed. In fact, his Auditory Immediate, Visual Immediate, and Auditory Recognition Delayed scaled scores were significantly lower than would be expected based upon his measured cognitive abilities. He appeared to use no intentional memory strategies during assessment tasks despite the fact that he was informed that they were designed to assess his memory. Charles' measured memory abilities may significantly impair his ability to recall and recognize information that he has been exposed to in conversations, lectures, and readings and may compromise his academic performance across subjects. This would appear to be the case even when Charles is paying adequate attention as he appeared to be during the assessment. Assessed memory deficits would also seem to account for Charles' reported difficulties in losing important items and forgetting important information.

A personality inventory that was administered revealed defensive response patterns on Charles' part and a tendency to be somewhat insensitive to the needs and perspectives of others. He is also likely to act impulsively at times. Although Charles' responses suggested that he does not suffer from depression, anxiety, thought disorders, unusually high levels of stress, hostility, or substance abuse problems; these results should be interpreted cautiously.

Multiple self-report measures of both current and past ADHD symptoms failed to produce significant evidence of elevated impulsivity, hyperactivity, or inattentiveness. Charles also failed to strongly endorse a number of significant symptoms of attention problems during an ADHD-based interview that was conducted. Additional surveys of Charles' current teachers produced no evidence of ADHD symptomology. However, survey instruments that were completed by his mother produced ratings of significant childhood inattentiveness and slightly elevated levels of current symptomology. These findings suggest that Charles may present himself or behave differently within different environments or that Mrs. Erickson might tend to be more vigilant

about signs of inattentiveness on his part. Charles' performance on a computerized measure of inattentiveness and impulsivity is difficult to interpret. Although his performance suggests strong signs of attention problems, these signs might easily be explained by relatively cautious responding on his part. This possibility is supported by the fact that Charles was actually better able to discriminate between target and non-target stimuli than were members of the test's standardization sample.

A number of interesting behavioral tendencies were observed during the administration of assessment tasks that initially caused the examiner to conclude that Charles was not exerting his best effort and that he was, to some extent, disengaged and aloof. However, Charles appeared to be genuinely surprised when he was asked if he had been trying his hardest and insisted that he was. These perceptions and reactions appeared to mirror comments made by Charles, his mother, and his teachers about his recent academic difficulties. In retrospect, it appears as though Charles simply underestimated the level of effort and engagement that would be required to complete assessment tasks and allocated his cognitive resources accordingly. This underestimation on his part would explain his tendencies to not use commonplace memory strategies such as rote rehearsal, to sometimes respond in non-specific ways, and to fail to notify the examiner upon task completion during a number of timed tests. In fact, in the one instance within which Charles perceived that he did poorly during a practice test (prior to the administration of the actual CPT), he appeared to become so cautious and to exert so much effort that it likely produced inconsistent response times that made it appear as though he was not paying attention. A second possible explanation for Charles' responses and behaviors is that he simply did not possess the basic and more advanced problem-solving strategies required within specific skill areas such as mathematical computation and memory.

In reviewing Charles' school files, it appears as though there is evidence of a drop in school performance, achievement scores, and ability that occurs between seventh and tenth grade. This reduction in ability and achievement is further supported by current assessment results. In addition, it seems clear that Charles did not use a number of cognitive and performance strategies typically evidenced by young adults of his age during assessment tasks. A number of hypotheses were formulated in an attempt to explain Charles' unusual reductions in both ability and achievement during a relatively short time-span and his failure to use age-appropriate strategies during assessment tasks. These hypotheses were as follows:

1. It is possible that Charles' advanced cognitive abilities and school skills during primary and middle school created a situation within which school success required little effort. As a result, Charles failed to develop the study skills and performance strategies that other children his age were learning and adopted a "learning" style that was relatively

inactive and disengaged. As the material and concepts that were being taught in school began to approach and exceed Charles' knowledge-base and ability, he continually underestimated the amount of effort and engagement that was required to learn them and lacked appropriate learning strategies and styles with which to do so. While Charles continued to enroll in advanced courses, his cognitive and academic abilities gradually came to more closely resemble those of his peers and, in the case of his memory abilities, have now begun to lag slightly behind.

2. It is possible that Charles has experienced a minor brain insult or organic abnormality that has gone undetected and has gradually compromised his cognitive abilities, memory, motivation, or judgment.
3. Depending upon the level of Charles' prior substance abuse and the types of substances that he used, it is possible that they may have impaired his cognitive ability and memory to the extent that they are now compromising his ability to acquire new information and to use it within academic settings. It is also possible that the use of substances has had a marked negative impact upon Charles' motivation to succeed within challenging academic settings.

Conversations that occurred at Charles' staffing tended to suggest that the first hypothesis was most likely to account for his current difficulties. During these conversations, Charles generally reported that he understood that he was having difficulty within some of his school courses, that he was more motivated to perform within some classes than others, that he did not feel as though college entrance requirements were as stringent as others tended to believe, and that he could perform better within school if he chose to do so.

Relative Strengths:

Average to Above-Average Cognitive Abilities
Superior Verbal Reasoning Abilities
Above Average Abilities in the Areas of Reading and Writing
Social Leadership Qualities

Relative Weaknesses:

Relatively Impaired Visual and Verbal Memory Abilities
Failure to Use (and Possible Lack of Knowledge about) Typical Memory Strategies
Carelessness and Failure to Employ Reasoning Skills in Math-Related Activities
Difficulty Manipulating Fractions in Math-Related Activities
Tendency to Underestimate the Amount of Engagement and Effort Required to Complete Tasks

DSM-IV Diagnosis:

Axis I: 315.9 Learning Disorder Not Otherwise Specified (Impaired Memory Ability)
Axis II: V71.09 No Diagnosis
Axis III: None
Axis IV: Educational Problems
Axis V: GAF = 68 (current)

Recommendations:

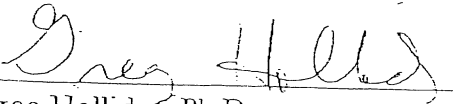
Given Charles' cognitive and academic abilities, it would seem as though he would be able to take steps to overcome his current school-related difficulties. However, it is important to note that the relationship between a number of personal factors and these difficulties is not entirely clear. For instance, it is possible that Charles' past, or possibly current, use of substances is impairing his memory abilities and his motivation to perform well in his school setting. It is equally possible that memory problems represent a basic underlying processing deficit that makes it difficult for Charles to recall and/or recognize information regardless of how hard he tries. A third possibility is that Charles tends to underestimate the level of engagement and effort that is necessary during his classroom homework and studying efforts and that he simply does not process information in these settings at a deep enough level to overcome his basic memory impairments. Potential strategies that might be employed by Charles include the following:

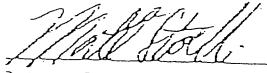
1. Charles might re-consider his current math placement and the math strategies that he uses considering the difficulty that he has manipulating math conventions such as fractions and decimals. In fact, efforts to ensure that he understands somewhat basic mathematical reasoning and techniques would seem to be justified. Charles might also benefit from more careful efforts to check his answers to math problems when he arrives at them. In doing so, he might review the basic math computations involved in solving the problem (i.e. re-checking his multiplication) as well as the extent to which his solution makes reasonable sense given the facts of the problem.
2. Charles would seem to benefit from the use of more developed and situation-specific memory strategies. The first step in attempting to do so likely involves more active participation on his part when he first encounters information. For example, rather than simply reading information presented in his school textbooks, Charles might attempt to take notes about this information by paraphrasing it or recording it in outline form. He could then use these notes instead of the actual text when studying for exams. More complex processing strategies might also be necessary for the initial encoding of material

that is presented in lectures. When attempting to study for exams, Charles may have to make better use of encoding strategies that are more likely to lead to the successful retrieval of information. Depending upon the nature of the material, these strategies might include the use of mnemonics, the use of visual images, or the development of cognitive links and associations between new information and information that he already possesses and understands. Detailed descriptions and applications of these memory strategies can be obtained at the following website: <http://muskingum.edu/~cal/database/memory.html>. Because of the amount of time and effort that is required for the use of these strategies, Charles will first have to accurately perceive a need to more deeply engage and process information.

3. Charles might benefit from a comprehensive neurological evaluation in an attempt to evaluate the possibility that underlying organic structures might be compromised or damaged.

Thank you for allowing us to be of service. We hope the information provided in this report will prove useful. If there are any further questions, please contact the Assessment and Consultation Clinic office at (573) 882-5092.


Greg Holliday, Ph.D.
December 1, 2001


Matt Stoelb, M.A.
December 1, 2001