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PSYCHOLOGICAL EVALUATION

Subject: Charles (Chuck) Erickson

Dates of Examination: July 12, 2004; September 8, 2005

Date of Report: September 14, 2005

Circumstances of Examination and Referral Questions: I was initially retained by Mark Kempton, Mr. Erickson's attorney. Mr. Kempton asked me to examine Mr. Erickson to determine whether he was suffering from any mental disorders that might require treatment, or that might have an impact on his competence or responsibility. Subsequently, around a year later, I was retained by the Boone County Prosecutor's Office to re-examine Mr. Erickson in order to determine his current mental status, including the presence or absence of any mental disorders or psychological conditions that might affect his capacity to provide testimony at the upcoming trial of his co-defendant.

Sources of Data: Police reports and statements; depositions; jail records; report of Dr. Holliday; mental health records from Pathways; school records; two individual examinations of Mr. Erickson.

Pertinent History: Mr. Erickson lived with his family in Illinois and Ohio until he was in the 8th grade, when his family moved to Columbia, Missouri. He has lived in Columbia since then. His father works in the insurance industry, and his mother is a microbiologist. He grew up with both parents and a sister in the home. He graduated from Rockbridge High School, and has worked in several different jobs during high school and college. He has a history of alcohol and marijuana abuse. He has also obtained and abused Adderall, and has tried cocaine a couple of times.

Records from Pathways Family Mental Health confirm Mr. Erickson's drug abuse, particularly with marijuana. He was referred to Pathways by the Juvenile Court; during his intake interview, in February of 2000, he reported that his cumulative grade point in school was only a 2.1, and that he "didn't give a shit."

In November of 2001, Mr. Erickson was evaluated at the University of Missouri for "possible attention difficulties." His mother had become concerned because his grades had begun to drop after the seventh grade. Dr. Holliday's report of that

EXHIBIT

3596

evaluation offered the diagnosis of "Learning Disorder Not Otherwise Specified (Impaired Memory Ability)." Testing revealed above-average intelligence, but spotty performance on a variety of tests. The examiner noted that Mr. Erickson did not appear to be making a genuine effort to perform well on all tasks. He offered three possible explanations for these deficits: poor study skills; undetected brain injury; or substance abuse, resulting in cognitive and memory impairments. The first explanation was considered the most likely of the three. It should be noted, of course, that this evaluation took place less than a month after Mr. Erickson had participated in the homicide; it is reasonable to suggest that some degree of preoccupation and distraction may have contributed to his disengagement from the testing and evaluation process.

During my second evaluation of Mr. Erickson, he said that he had recently been prescribed medication for obsessive-compulsive symptoms. He reported that he had begun to be somewhat excessively concerned about germs, and in particular with the possibility of being infected with hepatitis by other jail inmates. Accordingly, he had begun to wash his hands more frequently. He denied any other ritualized or compulsive thoughts or behaviors.

Early in the morning of November 1, 2001, Mr. Erickson participated in the homicide of Kent Heitholt. The offense was committed with his codefendant, Ryan Ferguson. The two of them had been drinking together; Mr. Erickson believes that he had consumed about 9 or 10 drinks over the course of the evening, along with two lines of cocaine, and some Adderall (a stimulant medication).

Mr. Erickson and Mr. Ferguson were not arrested for this homicide until... Mr. Erickson confessed, and entered a guilty plea. The terms of his plea bargain include a requirement that he testify truthfully at Mr. Ferguson's upcoming trial.

Mental Status and Clinical Data: Mr. Erickson presented as an average-sized Caucasian young man, fully oriented and entirely cooperative. Eye contact was poor, but his interpersonal behavior was otherwise entirely normal. Speech was somewhat rapid, but not pressured. Language revealed logical thought processes, without any apparently delusional content. There was no evidence of hallucinations, currently or by history. Overall, his affect seemed blunted, predominantly displaying a sad appearance (and, when asked, he said that he had "never been anything but sad"). He showed little animation; was capable of smiling, but rarely did so; cried at appropriate points in the interview. Energy level was normal; there was no evidence of mania or hypomania, either currently or by history. He denied current suicidal ideation, but admitted to having experienced such thoughts in the past. Clinically, his use of language and concepts indicated high intelligence; his insight and judgment appeared to be mildly compromised by ongoing depressive symptoms, exacerbated by his current incarceration and legal situation.

Mr. Erickson's short-term and long-term memory functions appeared clinically to be intact, as evidenced by his fund of recent and older biographical information. He did admit to a long period of time during which he had only a spotty memory and/or awareness of his participation in the homicide; he stated that, over a long period of time, he simply refused to acknowledge or think about the matter; because it was so distressing (he didn't want to "go there," is one way that he frequently described this refusal to think about it).

Diagnosis:

Axis I: Dysthymia

Axis II: No Diagnosis

Conclusions: I see no evidence of any mental disorder in Mr. Erickson that would impact his competence to stand trial, his responsibility for his conduct, or his capacity to serve as a witness in the upcoming trial.

Respectfully submitted,

Delany Dean, PhD