UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF LOUISIANA

KEVAN BRUMFIELD, Petitioner	CIVIL ACTION
V.	CASE NO. 04-787-D-M2
BURL CAIN, Warden, Respondent	

PETITIONER'S FIRST AMENDED PETITION FOR WRIT OF HABEAS CORPUS

LIST OF APPENDICES

1. Neurocognitive Evaluation Report of Dr. Ricardo Weinstein. Dr. Weinstein's Curriculum Vitae is attached to his report.

2. Psychological Report of Dr. Victoria Swanson. Dr. Swanson's Curriculum Vitae is attached to her report.

3. Neuropsychiatric Evaluation Report of Dr. James Merikangas, at 2. Dr. Merikangas's Curriculum Vitae is attached to his report.

4. Declaration of Edward R. Greenlee

APPENDIX 1

RICARDO WEINSTEIN, PH.D.

CLINICAL, FORENSIC AND NEUROPSYCHOLOGY

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NEUROCOGNITIVE EVALUATION

Name:	Kevan Brumfield
DOB:	01/07/1973
Evaluation Dates:	05/17/07, 09/20/07
Report date:	09/24/07

Reason for Referral:

Mr. Brumfield was convicted of first degree murder and was sentenced to death. At the request of his attorneys I performed an evaluation of Mr. Brumfield for the purpose of determining his present neuropsychological functioning. Of particular relevance is the issue of Mr. Brumfield's cognitive abilities and whether he suffers from mental retardation.

Materials Reviewed and Assessment Techniques:

For the purpose of this evaluation I reviewed the extensive materials provided that includes:

Social History dated 06/29/1995
School Records
Medical Records
Christian Acres Records
Baton Rouge Marine Institute Records
Independence Home Records
Reynolds Institute Records
Margaret Dumas Mental Health Clinic Records
Greenwell Springs Hospital Records
Neuropsychological Consultation dated 05/31/1995, signed by John Bolter, Ph.D.
Psychological Evaluation dated 01/19/1995, signed by Brian T. Jordan, Ph.D.
Trial Testimony of:
- Cecil Guin, Ph.D., Social Historian
- John Bolter, Ph.D.
- Vella Brumfield, Mother
- Thurman Ellis, Father
- Teodis Brumfield, Brother
- Karen Cross, Teacher

In addition the following tests and techniques were performed:

- Clinical Interview
- Mental Status Examination
- Stanford-Binet Intelligence Scales, Fifth Edition (SB-5)
- Comprehensive Test of Non Verbal Intelligence (C-TONI)
- Test of Memory Malingering (TOMM)
- Computerized Assessment of Response Bias (CARB)
- Rey 15 Item Test
- Rey Complex Figure Drawing
- Wide Range Achievement Test, Revision 4 (WRAT4)
- Wisconsin Card Sorting Test Computer Version (WCST)
- Neuropsychological Assessment Battery (NAB)
  - Attention Module
  - Language Module
  - Memory Module
  - Spatial Module
  - Executive Functions Module
- Quantitative Electroencephalogram (QEEG)
- Adaptive Behavior Assessment System II, (ABAS II)
  - Reported by: Michelle Brumfield, Sister
    Self

The following persons were interviewed:

Vella Brumfield	Mother
Thurmond Ellis	Father
Katherine Ellis	Stepmother
Michelle Brumfield	Sister
Teodis Brumfield	Brother (telephone)
Jeanette Smith	Paternal Aunt
Joyce Ellis	Paternal Aunt
Yolanda Preyar	Cousin
Michelle Harris	Mother of his first child
Mathew Drewery	Coach (telephone)
Karen Cross	Teacher (telephone)

Biographical Information:

Mr. Brumfield was born in Baton Rouge, La on January 7, 1973. He is the second child of his parent's relationship. His parents were never married. He has an older biological brother and multiple half siblings and step siblings from the maternal and paternal side.

Mr. Brumfield grew up primarily with his mother although he maintained contact with his biological father. He spent a significant amount of time during his developmental years with his maternal grandmother, paternal grandmother and great grandmother, and other relatives as well as with his paternal relatives.

Mr. Brumfield was born prematurely with a very low birth weight; his mother stated that he was 2.5lbs. at birth and the records reflect a weight of over 3 lbs. He reportedly spent several weeks or months in the hospital before going to his mother's house.

There is a history of multiple "stepfathers". One of the stepfathers was reportedly extremely cruel and abusive, particularly to Kevan. The siblings and documents reflect severe beatings and punishments that border in torture.

Mr. Brumfield had problems with school from early in his scholastic years, by the third grade he had been identified as having severe behavioral problems although it was not until he was in the fifth grade that he started receiving special education services.

Mr. Brumfield has a history of psychiatric hospitalization and multiple out of home placements in group homes dating back to his preteen years. He was medicated with psychotropic drugs. He was also diagnosed from behavioral and attentional problems.

Mr. Brumfield was unable to achieve in school due to his limitations, mental health problems and attending multiple schools. He "dropped out" in the tenth grade. He reportedly had very poor academic skills including severe limitations in his reading, writing and arithmetic abilities.

Mr. Brumfield reported multiple brain insults occurring prior to the age of 18. He started using drugs and alcohol when he was approximately 12 years old. He engaged in multiple fights suffering concussions, he was run over by a car. In addition he was shot several times as a young adult.

Mr. Brumfield started having problems with the criminal justice system as an adolescent. He has been institutionalized for most of his life. He has never had steady gainful employment. He claims to have fathered 5 children with 3 different women although apparently only 2 are his biological offspring.

Mr. Brumfield is presently detained in death row in Angola, Louisiana. He was found guilty of aggravated murder. He has been in detention since 1993. During his incarceration he has spent a significant amount of time reading, writing and watching informative and educational television.

Mental Status Examination:

Mr. Brumfield presented for interview as a well nourished African American individual that looks approximately his stated chronological age. He was appropriately dressed and groomed the 2 times he was interviewed. He was openly disclosing and related well to the evaluator. No significant speech problems or defects were detected.

Mr. Brumfield was oriented to time, place and person. He was able to answer the simple questions within the standard psychiatric mental examination for mental acuity. His knowledge of current affairs was adequate to his circumstances. He denied visual or auditory hallucinations. There were no indications of psychosis or schizophrenia. He also denied suicidal or homicidal ideation. Mr. Brumfield reflected a range of emotions. He stated that he has a good appetite, sleeps well and does not experience depression. His capacity for psychological insight is very limited.

Test Results:

Mr. Brumsfield exerted a more than adequate effort, he paid attention and did his best in all tasks requested. Tests specifically designed to determine the quality of his participation (TOMM, CARB, Rey 15 Item) reflect the validity of the test results.

The test results reflect significant brain dysfunction in a generalized and diffused pattern. His scores are in the low and very low range. In the NABS he obtained the following scores (Mean 100, SD 15):

Module Index	Standard Score	Percentile Rank	Confidence Interval 95%
Attention Index ATAT)	73	4	65 - 81
Language Index (LAN)	63	1	50 - 76
Memory Index (MEM)	82	12	74 - 90
Spatial Index (SPT)	70	2	60 - 80
Executive Functions Index (EE)	69	2	59 - 79
Total NAB Index (T-NAB)	66	1	60 - 72

The brain dysfunction is emphasized in the frontal lobes. He is particularly compromised in his ability to plan and organize behaviors in a goal directed manner, control impulses and be fully aware of the consequences of his actions. In the WCST he was not able to complete a single category.

The QEEG confirms the results of the neuropsychological testing and although not diagnostic is very consistent with the diagnosis of mental retardation. (See attached report).

Mental Retardation:

In the State of Louisiana Art. 905. 5.1 states: "Mental Retardation " means a disability characterized by significant limitations in both intellectual functioning and adaptive behaviors as expressed in conceptual, social, and practical adaptive skills. The onset must occur before the age of eighteen years.

Two primary sources were considered for the purpose of adopting a definition and criteria for diagnosing mental retardation on which to base the rationale for the conclusions in this report: Diagnostic and Statistical Manual Of Mental Disorders, Fourth Edition, Text Revised (DSM-IV-TR) and American Association on Mental Retardation (AAMR), presently American Association of Intellectual and Developmental Disabilities (AAIDD).

The DSM-IV-TR contains the following criteria for diagnosis of mental retardation:

A. Significant subaverage intellectual functioning: an IQ of approximately 70 or below on an individually administered IQ test.

B. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meting the standards expected for his or her age by his or her cultural group) in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.

C. The onset is before age 18 years.

The AAMR defines mental retardation as:

"Mental retardation is a disability characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical adaptive skills.
This disability originates before age 18." (AAMR, 2002)

In addition, the AAMR's definition includes the following assumptions essential to the application of the definition.

1. Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.

2. Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.

3. Within an individual, limitations often coexist with strengths.

4. An important purpose of describing limitations is to develop a profile of needed supports.

5. With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation generally will improve.

AAMR defines a disability as:

> A disability refers to personal limitations that represent a substantial disadvantage when attempting to function in society. A disability should be considered within the context of the environment, personal factors, and the need for individualized supports.

AAMR defines intelligence as:

> Intelligence refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. Although not perfect, intelligence is represented by Intelligent Quotient (IQ) scores obtained from standardized tests given by a trained professional. In regard to the intellectual criterion for the diagnosis of mental retardation, mental retardation is generally thought to be present if an individual has an IQ test score of approximately 70 of below. An obtained IQ score must always be

considered in light of its standard error of measurement, appropriateness, and consistency with administration guidelines. Since the standard error of measurement for most IQ tests is approximately 5, the ceiling may go up to 75. This represents a score approximately 2 standard deviations below the mean, considering the standard error of measurement. It is important to remember, however, that an IQ score is only one aspect in determining if a person has mental retardation. Significant limitations in adaptive behavior skills and evidence that the disability was present before age 18 are two additional elements that are critical in determining if a person has mental retardation.

AAMR defines adaptive behavior as:

> Adaptive behavior is the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability to respond to a particular situation or to the environment.
>
> Limitations in adaptive behavior can be determined by using standardized tests that are normed on the general population including people with disabilities and people without disabilities. On these standardized measures, significant limitations in adaptive behavior are operationally defined as performance that is at least 2 standard deviations below the mean of either (a) one of the following three types of adaptive behavior: conceptual, social, or practical, or (b) an overall score on a standardized measure of conceptual, social, and practical skills.

Specific examples of adaptive behavior skills according to AAMR include:

Conceptual Skills-
- Receptive and expressive language
- Reading and writing
- Money concepts
- Self-directions

Social Skills-
- Interpersonal
- Responsibility
- Self-esteem
- Gullibility (likelihood of being tricked or manipulated)
- Naiveté
- Follows Rules
- Obeys laws
- Avoids victimizations

Practical Skills-

Personal activities of daily living such as eating, dressing, mobility and toileting.
Instrumental activities of daily living such as preparing meals, taking medication, using the telephone, managing money, using transportation and doing housekeeping activities.
Occupational skills
Maintaining a safe environment

Causes of Mental Retardation:

The etiology of mental retardation is variable and complex. In fact, there are more than 350 known disorders and conditions; both genetic and acquired that can result in mental retardation at different developmental stages.

A. Prenatal Etiology

One of the most common causes of mental retardation are genetic factors. In addition during the pregnancy numerous events can contribute to mental retardation: "Numerous agents can have significant deleterious effects on the fragile central nervous system of a child *in utero*. Such teratogens are nongenetic, nonchromosomal agents that are major causes of mental subnormality. These include poor nutrition, toxic substances, maternal disease or infection, blood incompatibility, drugs and alcohol exposure, and cigarettes."

Maternal alcohol abuse during pregnancy can result in fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE). The dangers of consuming alcohol during pregnancy are well known. The teratogenic effects that alcohol and other illicit substances produce impact on the developing, vulnerable brain and cause a disruption in the developmental stages of the body organs, most often the central nervous system.

B. Perinatal Etiology

The perinatal stage is the time period surrounding the birth (e.g. +/- 7 days). During this time, several obstetric complications may arise that place a child at increased risk of having mental retardation. Included in these are

prematurity and low birth weight. Prematurity may be the result of many other risk factors that contribute to the manifestation of mental retardation. Further, a premature infant is born with more biological and environmental risk factors and will likely have additional risks throughout their lifetime. 6-7

C. Postnatal Etiology

"[M]any conditions in these early years can lead to mental retardation. In fact, it has been estimated that between 5% and 20% of cases of mental retardation are a result of trauma or neglect." Causes of postnatal mental retardation include traumatic brain injury, cerebral infections (e.g., meningitis and encephalitis), child abuse (e.g., shaken baby syndrome), lead poisoning, and nutritional deficiencies.

Sandra C. Redden, Stephen r. Hooper, & Martha Pope (2002). *Mental Retardation*. San Diego, CA: Academic Press.

Potential Risk Factors for Mental Retardation

Prenatal
Hereditary Disorders (present before conception)
- Chromosomal abnormalities (e.g., translocations, Down's Syndrome, fragile-X syndrome)
- Inborn errors of metabolism (e.g., Tay-Sachs disease, Hurler syndrome, phenylketonuria)
- Other single-gene abnormalities (e.g., neurofibromatosis, tuberous sclerosis)
- Polygenic familial syndromes

- Early embryonic alternation (often associated with physical findings)
- Chromosomal disorders (e.g., trisomies)
- Infections (e.g., cytomegalovirus, rubella, toxoplasmosis, syphilis, human immunodeficiency virus)
- Teratogens (e.g., alcohol, radiation)
- Toxins (e.g., cocaine, lead, maternal phenylketonuria)
- Placental dysfunction

Perinatal

Central nervous system insults (increased risk with extreme prematurity)
Hypoxic-ischemic injury
Intracranial hemorrhage
Metabolic disorders (e.g., hypoglycemia, severe hyperbilirubinemia)
Infections (e.g., meningitis, encephalitis)

Postnatal

Central nervous system insults
Infections (e.g., meningitis, encephalitis)
Trauma (e.g., severe head injury)
Asphyxia (e.g., near-drowning, prolonged apnea)
Metabolic disorders (e.g., hypoglycemia, hypernatremia)
Toxins (e.g., lead)
Malnutrition
Environmental disruptions
Poverty and family disorganization
Dysfunctional caregiver-infant interaction
Parental psychopathology
Parental substance abuse

Unknown

Charles H. Zeanah Guilford Press (1993). Handbook of Infant Mental Health. 253

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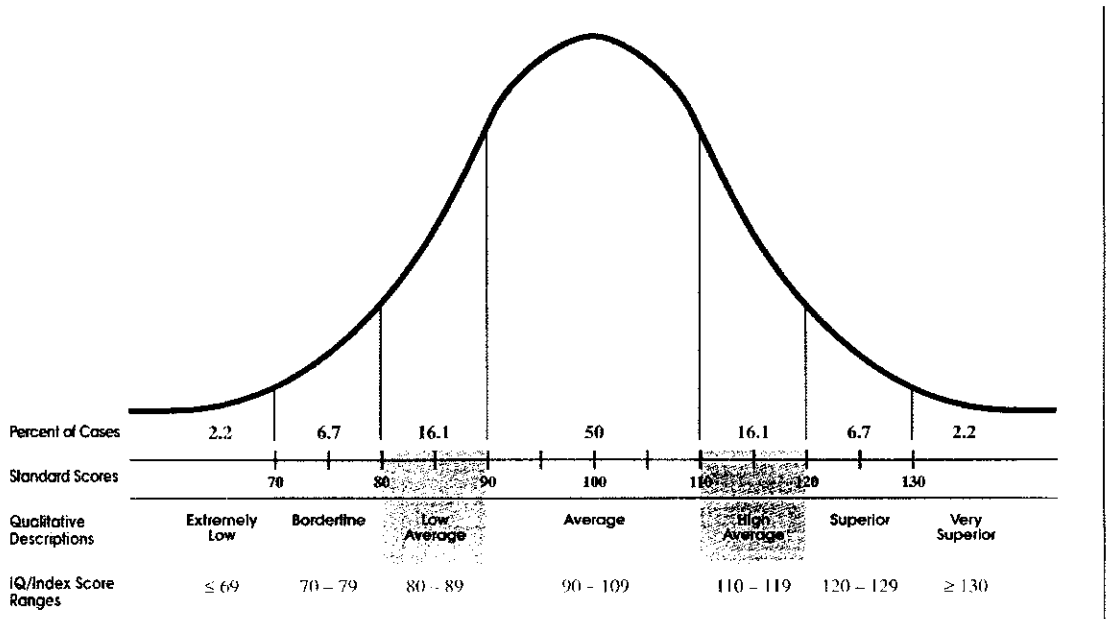
The AAMR identified the following Risk Factors contained in Table 8.1:

Risk Factors for Mental Retardation

Timing	Biomedical	Social	Behavioral	Educational
Prenatal	1. Chromosomal disorders 2. Single-gene disorders 3. Syndromes 4. Metabolic disorders 5. Cerebral dysgenesis 6. Maternal illnesses 7. Parental age	1. Poverty 2. Maternal malnutrition 3. Domestic violence 4. Lack of access to prenatal care	1. Parental drug use 2. Parental alcohol use 3. Parental smoking 4. Parental immaturity	1. Parental cognitive disability without supports 2. Lack of preparation for parenthood
Perinatal	1. Prematurity 2. Birth injury 3. Neonatal disorders	1. Lack of access to birth care	1. Parental rejection of caretaking 2. Parental abandonment of child	1. Lack of medical referral for intervention services at discharge
Postnatal	1. Traumatic brain injury 2. Malnutrition 3. Meningoencephalitis 4. Seizure disorders 5. Degenerative disorders	1. Impaired child-caregiver 2. Lack of adequate stimulation 3. Family poverty 4. Chronic illness in the family 5. Institutionalization	1. Child abuse and neglect 2. Domestic violence 3. Inadequate safety measures 4. Social deprivation 5. Difficult child behaviors	1. Impaired parenting 2. Delayed diagnosis 3. Inadequate early intervention services 4. Inadequate special-educational services 5. Inadequate family support

IQ SCORES AND THE NORMAL CURVE:

Although originally the IQ (intelligence Quotient) was developed and obtained by dividing the individual's mental age by the chronological age, presently, generally IQ scores are calculated in relationship to a normative sample that follows a normal distribution. Most of the intelligence tests used today have a value mean of 100 and a standard deviation of 15. The figure below depicts the normal curve with the percent of cases that fall within standard deviations, standard scores, the equivalent IQ/Index scores ranges and descriptive categories.



From: WAIS III Record Form. Psychological Corporation (1997)

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IQ Scores:

Mr. Brumfield's test scores fall within the range of mental retardation on the **SB5** he obtained the following IQ scores:

	Sum of Scales Scores	**Standard Score**	**Percentile**	**95% Confidence Interval**
IQ SCORES				
Full Scale	58	72	3	69-77
NonVerbal IQ	26	69	2	65-77
Verbal IQ	32	77	6	72-84
Abbreviated IQ	9	67	1	62-78
Factor Index Scores				
Fluid Reasoning	12	76	5	70-86
Knowledge	9	69	2	63-79
Quantitative Reasoning	14	83	13	76-92
Visual Spatial	8	65	1	60-76
Working Memory	15	86	18	79-95

In the **C-TONI** he obtained the following scores:

Nonverbal Intelligence Quotient: 70
Pictorial Nonverbal Intelligence Quotient: 76
Geometric Nonverbal Intelligence Quotient: 68

When the Standard Error of Measurement and the Flynn Effect are applied the IQ scores obtained would be significantly lower and well under 2 standard deviations bellow the mean. The "Flynn Effect" basically states that IQ scores in a population increase approximately 0.3 points per year or 3 points every decade. The SB5 was standardized in 2000. Considering that testing took place in 2007 the Full Scale IQ (FSIQ) score would be adjusted by 2.1 points (7 X .3 = 2.1) yielding a FSIQ of 69.9. The standard error of measurement is approximately + or – 5 points.

Adaptive Behaviors:

Regarding adaptive behavior deficits, in formal testing the following scores were obtained:

Reported by Michelle Brumsfield (sister) when he was approximately 12 years old:

Sum of Scaled Scores to Composite Score Conversions

Composite	Sum of Scaled Scores	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Range
GAC	26	57	0.2%	53-61	Extremely Low
Conceptual	7	57	0.2%	51-63	Extremely Low
Social	4	58	0.3%	51-65	Extremely Low
Practical	15	58	0.3%	51-65	Extremely Low

Reported by Mr. Brumsfield at approximately 17-18 years old:

Sum of Scaled Scores to Composite Score Conversions

Composite	Sum of Scaled Scores	Composite Score	Percentile Rank	95% Confidence Interval	Qualitative Range
GAC	26	52	0.1%	49-55	Extremely Low
Conceptual	6	53	0.1%	47-59	Extremely Low
Social	5	62	1%	56-68	Extremely Low
Practical	15	55	0.1%	50-60	Extremely Low

From interviews with multiple witnesses it became evident that Mr. Brumfield has exhibited multiple deficits during his developmental years. Compared to siblings and cohorts he was always delayed. He was unable to understand simple instruction even during his teen and adult years. As a child and juvenile he was often unable to understand and follow rules of games and participate with his peers. He was unable to achieve academically even though he received special services and support. He had problems controlling his emotions and impulses. He exhibited poor judgment and even as an adult he was not aware of the consequences of his actions. He was unable to perform simple tasks requiring visual-spatial coordination including lacing his shoes. He never learned to perform any tasks or activities that would lead to gainful employment. He could not follow instructions to the extent that prevented him from obtaining and keeping a job.

Mr. Brumfield never lived independently, rented an apartment, entered into a contract, obtained a driver's license, saved money or opened a checking account. Mr. Brumfield has always been dependent on other individuals in order to function in society. These are examples of activities and behaviors that his siblings achieved in spite of having been exposed to very similar environments and circumstances.

Risk Factors Supporting the Diagnosis of Mental Retardation:

Multiple risk factors were identified. Prenatally, Mr. Brumfield's mother was taking psychotropic medication, believed to be Valium, on a daily basis, there was little prenatal care since she was not aware of the pregnancy for approximately 6 months, additionally she was exposed to extreme stress and poverty.

Perinatally, Mr. Brumfield was born prematurely and with a very low weight. He remained in hospital making bonding and stimulation basically non existent. The Apgar scores reflect significant problems at birth.

During his development he was exposed to extreme stress, physical and emotional abuse. His mother was absent and receiving mental health services. He was not identified early as requiring services, when he attended school it was not until the 5th grade that he started receiving services although he was misdiagnosed and never received supportive services in order to overcome his cognitive limitations. He grew up in a very dysfunctional and impoverished environment. There were multiple male figures including a stepfather that was an alcoholic that severely abused him. He was hospitalized/institutionalized since he was a child because of behavioral/emotional problems, no proper diagnosis was made and no specific services were provided.

Genetic factors also exist. There is a history of mental retardation in the maternal family. Mr. Brumfield's mother has two siblings that receive SSI benefits for mental retardation.

Conclusion:

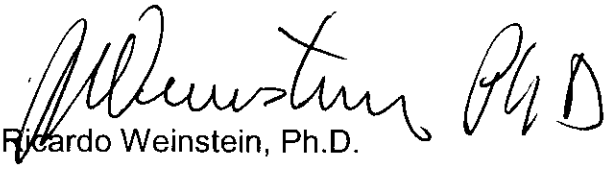
It is my opinion to a reasonable degree of scientific certainty that Mr. Brumfield suffers from mental retardation. This diagnosis is based on the definitions of the State of Louisiana, the AAIDD (formerly AAMR) and the

DSM-IV-TR. His IQ is approximately 70 or below, he exhibits concurrent adaptive behavior deficits in practical, social and conceptual skills and these conditions have been present prior to the age of 18.

Mr. Brumfield's mental retardation is the result of genetic, developmental and environmental causes. He was born prematurely with an extremely low weight, his Apgar scores were low. He developed in a very impoverished, dysfunctional and abusive environment with lack of stimulation and support. He exhibited behavioral problems for which he was institutionalized at an early age preventing a proper diagnosis and therefore he never received the necessary supportive services to overcome his cognitive limitations. *Mr. Brumfield has mental retardation.*

Mr. Brumfield presents with significant brain dysfunction particularly as it relates to his frontal lobes functioning. He lacks the capacity to plan and organize behaviors in a goal directed manner. His ability to control impulses, particularly aggressive impulses, and conform his behaviors in an appropriate manner is severely compromised. These conditions are exacerbated when he is in stressful circumstances.

Respectfully submitted,



Ricardo Weinstein, Ph.D.

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CURRICULUM VITAE

PRESENT PROFESSIONAL ACTIVITIES:

- Licensed Psychologist in Private Practice:
  Clinical, Forensic and Neuropsychology; assessment and treatment.
- Forensic Neuropsychological, Psychological and Cultural Expertise evaluations and consultation to attorneys and their clients in death penalty cases.
- Member of the San Diego County Superior Court Panel of Approved Psychologists for Criminal Court referrals. (Inactive.)
- Qualified Expert Witness for Federal Court, Superior Court, Family Court, Juvenile Court.
- Qualified Medical Evaluator of the State of California Industrial Medical Council. (Inactive)
- Consultant and educator in Psychological and Neuropsychological Assessment, Cultural Competency, Quantitative Electroencephalography, Child Abuse, Drug Abuse and Suicide Prevention.

EDUCATION:

- Quantitative Electroencephalography (QEEG), trained under the supervision of M. Barry Sterman, Ph.D.; Professor, School of Medicine, University of California Los Angeles 1999-2002

- Post-Doctoral Certificate Program in Neuropsychology. Fielding Institute, Santa Barbara, California – 1998

- Ph.D. Clinical Psychology, International College, Los Angeles, California – 1981

- M.A. Clinical and Humanistic Psychology, Merril Palmer Institute, Detroit, Michigan – 1979

- Licenciado en Administracion de Empresas, Universidad Nacional Autonoma de Mexico, Mexico City, Mexico – 1968

PAST WORK EXPERIENCE:

1992-2000	Baker Elementary School. Psychologist for the Comer Program.
1994 – 1996	Adjunct Professor; San Diego State University
1988 – 1989	Children's Therapeutic Communities. Consulting Psychologist. • Treatment of adolescent sex offenders.
1986 – 1988	Home Start Inc.; SOS Program Director • Assessment and in-home treatment of abused children and their families.
1979-1983	Suicide Prevention Center, Los Angeles, California. Director of the Hispanic Outreach Program • Planned and implemented a demonstration program for the treatment of PCP abuse. • Individual and group psychotherapy. • Crisis intervention trainer.

1978 – 1979	Henry Ford Hospital, Department of Substance Abuse. Detroit, Michigan. • Intern and research assistant.
1977 – 1978	Camelback Hospital, Phoenix, Arizona. • Psychodramatist.
1972 – 1976	Management Consultant. Mexico, Central America, Ecuador, and Dominican Republic

PROFESSIONAL AFFILIATIONS:

- National Academy of Neuropsychology
- American Neuropsychiatric Association
- International Neuropsychological Society
- A Division 41, American Psychological Association,
- California Psychological Association
- San Diego Psychological Association
- American Association on Mental Retardation
- The Reitan Society
- Coalition of Clinical Practitioners in Neuropsychology

PUBLICATIONS:

Weinstein, J. & Weinstein, R., "I Know Better Than That":The Role of Emotions and the Brain in Family Law Disputes, 7 J. OF L. & FAM. STUDIES 351 (2005).

Neuro-Jurisprudence: The Brain and the Law. Abstract. XXIXth International Congress on Law and Mental Health, Abstracts (2005)

Before It's Too Late: Neuropsychological Consequences of Child Neglect And Their Implications For Law and Social Policy. J. Weinstein, J.D. and R. Weinstein, Ph.D. University of Michigan Journal of Law Reform. Volume 33. Summer 2000

Consequences of Child Neglect on Brain Development: A Case Study. Abstract. Journal of the International Neuropsychological Society. Volume 8, Number 4

QEEG in Death Penalty Evaluations. Abstract. Journal of Neuroptherapy. Volume 7, Number 1 2003

The Neuropsychology of Child Neglect: Developmental Consequences, Case Examples and Legal and Societal Implications. Janet Weinstein, J.D. and Ricardo Weinstein, Ph.D. Journal of Neurotherapy. Volume 7, Number 1 2003

Comparison of Skil QEEG and Neuropsychological Evaluation of Death Row Inmates. Abstract. Ricardo Weinstein, Ph.D. and M.B. Sterman, Ph.D. Journal of Neurotherapy Volume 7, Number 1 2003

RECENT PRESENTATIONS:

Neuro-Jurisprudence: The Brain and the Law, XXIXth International Congress on Law and Mental Health, Paris, France (2005)

Symposium, Association of Family and Conciliation Courts 42nd Annual Conference, Neuro-Jurisprudence: The Brain, Emotions and Their Role in Family Custody Disputes Seattle, Washington (2005)

Symposium, "Neuro Jurisprudence: A New Look at the Law through the Lens of the Current Brain Research", American Psychology & Law Society Annual Conference, La Jolla, CA (2005)

Comprehensive Evaluations of Brain Function in Forensic Cases. Australia Society for Neuronal Regulation. Sydney, Australia (September 2004)

The Mind Personality, and Brain Development: Its Relevance to Disorder Behavior and the Death Penalty. NASA Conference. Albuquerque, NM (2003)

QEEG in Death Penalty Evaluations. Society for Neuronal Regulation, 10th Annual Conference, Scottsdale, AZ (2002)

Neuropsychological Consequences of Child Neglect and Implications for Social and Legal Policy: A Case Study, International Neuropsychological Society Meeting, Stockholm (2002)

Neuropsychological Consequences of Child Neglect: Implications for Social and Legal Policy, International Congress on Law and Mental Health, Amsterdam (2002)

Neuropsychological Consequences of Child Neglect and Implications for Social and Legal Policy, 13th Annual APSAC Colloquium, New Orleans (2002)

Cultural Competent Evaluations in Death Penalty Cases. Secretaria de Relaciones Exteriores, Mexico City, Mexico (2002)

Neuropsychological Consequences of Child Neglect and Implications for Social and Legal Policy: A Case Study, SABA Society Retreat (organization of professionals engaged in brain research and neurofeedback treatment), Saba, Netherlands, Antilles (2002)

Comparison of SKIL QEEG and Neuropsychological Evaluations of Death Row Inmates. SABA Society Retreat. Saba, Netherlands, Antilles (2002)

Cultural Competent Evaluations in Death Penalty Cases. Consulado General de Mexico. San Francisco, CA (2002)

Neuropsychological Consequences of Child Neglect and Implications for Social and Legal Policy, Thirteenth National Conference on Child Abuse and Neglect, Albuquerque (2001).

Cultural Competent Evaluations in Death Penalty Cases. Consulado General de Mexico. Houston, TX (2001)

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Comprehensive, Cultural Competent Neuropsychological Evaluations. San Francisco, CA (2001)

Neuropsychological Consequences of Child Neglect and Social Policy Implications, International Conference of Psychology and Law, Dublin, Republic of Ireland (1999).

January 2007

APPENDIX 2

SWANSON & SWANSON CONSULTATION
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PSYCHOLOGICAL REPORT

Name: Kevan Brumfield **Date of Birth**: 01/07/73 **Date of Report**: 09/29/07

REASON FOR REFERRAL

Kevan Brumfield's legal representatives requested a review of available records to determine if there was any evidence of Mental Retardation (concurrent significant deficits in the areas of cognition and adaptive behavior that were evident prior to the age of 18) in accordance with the LA Code of Criminal Procedure Article 905.5.1 (La. C. Cr. P. art. 905.5.1) and/or the diagnostic criteria for Mental Retardation as specified in the Diagnostic Statistical Manual, Fourth Edition, Text Revised (DSM-IV-TR) and the American Association of Mental Retardation (AAMR) 10th Edition definition of Mental Retardation. According to the La.C.Cr.P. art. 905.5.1 (H) (1), Mental Retardation "means a disability characterized by significant limitations in both intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical adaptive skills" with the onset occurring before the age of 18. The DSM-IV-TR criteria are as follows: (a) significantly subaverage intellectual functioning (IQ of approximately 70 or below on an individually administered IQ test), (b) concurrent deficits or impairments in present adaptive functioning (his effectiveness in meeting the standards expected for his age by his cultural group) in at least two of the following areas: communication, self-care, home living, social/interpersonal living skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety; and (c) onset before the age of 18. The AAMR 10th Edition defines Mental Retardation as significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills with the disability originating before age 18.

RECORDS REVIEWED

Social History completed by Ariana Wall, MSW (1995)
Psychological Evaluation completed by Brian T. Jordan, Ph.D. (1995)
Neuropsychological Evaluation completed by John Bolter, Ph.D. (1995)
Academic records (1979 - 1989)
Mental Health Records from Margaret Dumas Mental Health Center (1983 - 95)
Mental Health Records from Greenwell Springs Hospital (1986)
Christian Acres Records
Baton Rouge Marine Institute Records
Independence Home Records
Reynolds Institute Records
Neuropsychiatric Evaluation completed by James R. Merikangas, M.D. (09/18/07)
Neuropsychological evaluation completed by Ricardo Weinstein, Ph.D. (09/28/07)

REVIEW

The above records were received only a few days prior to this report's due date, and, therefore, this report is based on only a preliminary review of his records. I have not yet met with Kevan Brumfield. This review concentrated on school and mental health records and centered on determining if the academic scores and family and medical history noted in the school and mental health records gave evidence of significant cognitive, adaptive, and academic functioning deficits that would substantiate a clinical diagnosis of Mental Retardation. A social evaluation completed by Ariana Wall, MSW (1995) was reviewed for additional background history. Psychological evaluations completed in 1995 as well as noted in school and mental health records were also reviewed. Additionally, a neuropsychological report completed by Dr. Ricardo Weinstein (09/28/07) and a neuropsychiatric evaluation completed by Dr. James R. Merikangas were also reviewed.

Social and Medical Records

Available medical, social, and family history noted several risk factors for mental retardation. Records indicate

a premature birth with low birth weight (3 pounds, 15 ounces). Apgar scores were well below normal limits. Prenatal care was poor and the mother took Valium daily during the pregnancy. His records also indicate an early history of extreme physical abuse. There is a maternal history of mental retardation. He was reared in a very impoverished, dysfunctional, and abusive environment with lack of stimulation and support. He has a history of psychiatric hospitalization and multiple group home placements. School achievement was limited due to his cognitive limitations, mental health problems, and multiple school placements. There is a history of brain insult due to multiple fights resulting in concussions and being run over by a car. He also abused alcohol and drugs beginning at the age of 12. His frequent institutionalizations and school changes prevented his receiving a proper diagnosis that would have ensured the necessary supportive services that might have helped him overcome his cognitive and adaptive limitations. Neuropsychological testing indicates "significant brain dysfunction particularly as it relates to his frontal lobe functioning" and he apparently lacks the capacity to plan and organize behaviors in a goal directed manner.

Neuropsychiatric Evaluation

Dr. James R. Merikangas conducted a neurological physical examination of Mr. Brumfield on 09/18/07 and determined a diagnosis of Mental Retardation was appropriate. That examination did not disclose any acquired brain damage or ongoing disease.

School Records

Mr. Brumfield was initially referred to Pupil Appraisal Services in 1983 in the fifth grade when he was 10 years, 2 months of age, and that report was disseminated on 01/23/84 with an educational exceptionality of Behavior Disordered. The referral was made following his teacher's concerns regarding his behavior, lack of self-discipline, hostility, poor attention span, and poor work effort, but the referral also noted that "he appeared to be unable to follow directions and seemed confused at times". The following assessments were completed as part of that initial evaluation.

1. The Woodcock Language Proficiency Battery was administered on 11/07/83 and indicated his functioning in Oral Language was at the 3rd grade, 2nd month level (11%ile) or two grade levels below his academic grade.
2. An academic assessment completed on 11/07/83 with the Woodcock-Johnson Psycho-Educational Battery - Part Two indicated Reading (2nd grade, 6th month; 7%ile), Mathematics (3rd grade, 6 month; 9%ile), and Written Language (2nd grade 4th month; 4%ile) were well below the average grade placement for a child of his chronological age. The assessment noted an instructional range of 1st grade, 0 months to 4th grade, 2nd month when he was in the 5th grade, 3rd month of school. His ability to read independently when he was at the 5th grade, 3rd month level was at the 2nd grade, 2nd month level, and he became frustrated when reading at the 3rd grade, 2nd month level (greater than 2 grades below his academic grade at the time of the assessment).
3. A cognitive assessment with the Wechsler Intelligence Scale for Children-Revised (WISC-R) was administered by the school system in 1984 and indicated that he "was functioning intellectually in the low average ranges". No scores were noted in the report. The results were discounted because the examiner felt he put forth minimal effort, but the diagnostician and speech therapist who completed other tests noted in the same report did not claim any lack of effort in their administrations that also indicated significant limitations.
4. The Illinois Test of Psycholinguistic Abilities (ITPA) and the Peabody Picture Vocabulary Test (PPVT) were administered on 09/16/83. These tests indicated receptive vocabulary or language skills were 20 months below his chronological age and his expressive language skills were 40 months below his chronological age. A 21-month delay was noted in his auditory reception and auditory association skills.
5. Informal and formal behavioral assessments noted during the 1983 evaluation (disseminated 01/07/84) repeatedly noted poor impulse control, inattentiveness, and a lack of self-direction.
6. The academic, cognitive, language, and behavioral assessments completed during the 1983 evaluation (disseminated 01/07/84) indicated substantial limitations in the areas of communication, social/interpersonal skills, and functional academic skills. These deficits or impairments in adaptive functioning existed prior to the age of 18 and meet the DSM-IV-TR Diagnostic Criteria B for a diagnosis of Mental Retardation.

Due to mental health and legal issues, Mr. Brumfield attended at least 10 different schools during the six years he was in special education (01/84 - 05/89). His rapid progression through different schools and residential facilities prevented his teachers and pupil appraisal teams from adequately assessing his progress

and making referrals for additional evaluation when he did not progress. The Triennial Evaluation disseminated (04/01/87) indicated Mr. Brumfield was only making minimal progress toward meeting his objectives and showed minimal progress on standardized tests. The educational assessment completed at the Reynolds institute (06/07) and described in more detail below indicated he was functioning five to six grade levels below his chronological age. One year prior to this triennial he was moved into a self-contained Mild/Moderate Generic classroom. In accordance with the Louisiana guidelines for special education, Mr. Brumfield should have been re-evaluated if he failed to make progress in his classroom performance and standardized scores continued to deteriorate. Mr. Brumfield apparently was placed in a youth detention facility a few months after his Triennial Evaluation and did not return to the East Baton Rouge system until August, 1988. He was again placed in a self-contained, Mild/Moderate Generic classroom and his reports were all unsatisfactory. Mr. Brumfield did not return for the next academic year and there are no other school reports.

Mr. Brumfield was placed in a self-contained class following the 1983 evaluation. Following three years in a highly structured remedial setting for emotionally disturbed students with average cognitive functioning, he demonstrated only minimal overall improvement. It should be noted that individuals with mental retardation are capable of learning throughout life like anyone else, only learning progresses at a much slower pace and requires interventions adapted to meet their special needs. In a Re-evaluation Report disseminated in April, 1987, when he was 14 year, 2 months of age and should have been in the 8th grade, his teacher indicated he was performing at the 4th grade, 0 month level in Reading, Spelling, Handwriting, Oral Language, Social Studies, and Science, and at the 3rd grade, 5th month in Math and the 3rd grade, 0 month in Written Language. Standardized academic assessment with the Woodcock Reading Mastery Tests on 01/15/87 indicated a total reading grade level of 4th grade, 8th month.

The Woodcock-Johnson Psychoeducational Battery (part 2) was administered to Mr. Brumfield in June, 1987, by Larry M. Collins, M.Ed., an educational consultant at St. Bernard Developmental Center. He was placed at the Reynolds Institute at the time of the evaluation. The Reading Cluster score indicated borderline functioning (70-79) with his standard score falling 1.5 standard deviations below the mean. In overall reading skills, he scored an instructional level of 3rd grade, 3rd month with an independent level of 2nd grade, 7th month and a frustrational level of 4th grade, 2nd month. Reading comprehension was noted as a specific weakness. The Mathematics Cluster score indicated mildly mentally handicapped functioning (55-69) with his standard score falling 2.1 standard deviations below the mean. In overall mathematics skills, he demonstrated an instructional level of 3rd grade, 9 months, and independent level of 3rd grade, 2nd month, and a frustration level of 4th grade, 6th month. His ability to analyze and solve practical word problems was measured at the 1st grade, 9th month level and indicative of deficits in mathematical reasoning and problem solving. Mr. Brumfield was 14 years, 5 months of age and should have been entering the 9th grade when the test was administered.

Mr. Brumfield's educational exceptionality was Behavior Disorder, and he was initially placed in a regular classroom with one hour of resource (1984). He resided at Independence Home, a residential facility for disturbed youth, (3/25/85 - 12/05/85) while receiving mental health services from MDMHC. In April, 1985, he moved to a full Behavior Disordered self-contained class at Capital Middle School. He was receiving residential mental health services at Greenwell Springs Hospital at the time of his April, 1986, IEP and that document noted that he was in a Mild/Moderate Generic self-contained classroom for the entire day. The curriculum in a Mild/Moderate self-contained classroom is designed for students who are functioning with mild (55-70) to moderate (40-45) deficits in that subject. Mr. Brumfield received all of his instruction in all subjects at that functional level. All available subsequent school reports indicate he was in a Mild/Moderate Generic self-contained classroom with no time in regular education. A student with a Learning Disabled exceptionality would have had some time in regular classes. A student with a Behavior Disorder exceptionality and low-average to average cognitive functioning would have been in a Behavior Disorder self-contained classroom.

Intellectual Assessments

Available records indicate Mr. Brumfield has been examined with intellectual assessments at least five times as follows:

1. As noted above, the first intellectual assessment occurred in 1984 through the WISC-R and indicated "low average functioning" with no noted scores.
2. The WISC-R was again administered two months (03/18/84) after the initial academic evaluation by John Young, a clinical psychologist at the Margaret Dumas Mental Health Center (MDMHC), and indicated intellectual functioning at the "dull normal" range with borderline functioning noted in verbal

reasoning and vocabulary. Significant fluctuations were noted with the verbal and nonverbal assessments. Bender-Gestalt drawings (scored according to the Koppitz method) indicated a visual perceptual disorder that placed his visual spatial functioning (5 years, 6 months to 5 years, 11 months) six years below his current functional age (11 years, 2 months). In contrast to the academic evaluation, this examiner noted no lack of effort; however, there is a high probability that practice effects elevated his scores and overestimated his overall cognitive ability. The norms for the WISC-R were collected from December, 1971 to January, 1973, and were approximately 12 years old at the time of the two WISC-R administrations.

3. Dr. Brian Jordan examined Mr. Brumfield In January, 1995, through the Quick Test (QT), a brief intellectual screening test. The QT was designed in 1969 by R. B. Ammons and C. H. Ammons to assess intelligence based on verbal-perceptual performance and was 34 years old at the time of its administration but the norms used in its standardization were gathered from 1962 to 1969. Dr. Jordan diagnosed Mr. Brumfield with a Sociopathic Personality Disorder, Antisocial Type and noted that the QT indicated he was functioning in the low average range of general intelligence with a mid-elementary academic functioning level. No scores were noted.
4. Dr. John Bolter examined him in May, 1995, through the Wechsler Adult Intelligence Scale - Revised (WAIS-R) and noted Borderline Intellectual Functioning with a Verbal IQ (VIQ) of 79, a Performance IQ (PIQ) of 72, and a Full Scale IQ of 75. The WAIS-R was published in 1981 and the norms were collected from 1978 through 1979. The norms were approximately 17 years old when Dr. Bolter administered it in 1995.
5. Dr. Weinstein examined Mr. Brumfield in September, 2007, through the Stanford-Binet Intelligence Scales, Fifth Edition (SB-5) and the results indicated mild cognitive deficits with a Full Scale IQ (72) falling between 69 and 77 at the 95% confidence interval. His Nonverbal IQ (NVIQ) was 69 and his Verbal IQ (VIQ) was 77. The SB-5 was standardized in 2000 and the norms were 7 years old when the test was administered to Mr. Brumfield.

There are two issues that are relevant in interpreting the results of these intellectual assessments. First, one of these tests, the QT, was a screening measure administered as a component of a larger neuropsychological battery. Screening measures are broad estimates of cognitive ability but should not be considered the equivalent of a full scale administration. Secondly, the Flynn effect must be considered when interpreting the results of these intellectual tests. The Flynn effect is the increase of IQ scores over time as the norms for the standardized intellectual assessment ages. On average, the Full Scale IQ (FSIQ) increases by approximately 0.33 points for every year elapsed since the test was normed or 3 points every decade. The computed Flynn effects for the above four standardized intellectual tests are as follows:

1. The WISC-R norms were 12 years old at the time of the two WISC-R administrations and, therefore, should be interpreted in light of a Flynn Effect of 4 points (12 x .33 = 3.96).
2. The Ammons QT was at least 34 years old when it was administered in 1995 but its norms were 3 to 7 years older. It is only a screening device but if the results are included in these deliberations, it should be interpreted in light of a Flynn Effect of approximately 12 points (37 x .33 = 12.21).
3. The WAIS-R norms, obtained in 1978, were 17 years old when the WAIS-R was administered to Mr. Brumfield, and the scores must be interpreted in light of a Flynn effect of 6 points (17 x .33 =5.61).
4. The SB-5 norms obtained in 2000 were 7 years old when the SB-5 was administered, and the scores must be interpreted in light of a Flynn effect of 2 points (7 x .33 = 2.31).

Only Dr. Weinstein adjusted his obtained IQ score for the Flynn effect. The first three examiners did not consider that the scores may have been inflated by the outdated norms of their chosen tests. As no scores were noted in the first three intellectual reports, one cannot compute the true IQ for the two WISC-R and QT administrations. The Flynn-adjusted IQ scores for the WAIS-R (69) and the SB-5 (70) meet the DSM-IV-TR, AAMR 10th Edition, and the La.C.Cr.P. art. 905.5.1 (H) (1) intellectual criteria for a diagnosis of Mental Retardation. School and mental health records are consistent with these assessments and indicate these deficits were present prior to the age of 18.

Adaptive Assessments

Dr. Weinstein administered an assessment of Mr. Brumfield's adaptive abilities through the Adaptive Behavior Assessment System II (ABAS-II) with two different respondents. The ABAS-II results indicated mild adaptive deficits with General Adaptive Composite (GAC) standard scores of 58 and 55. These assessments

indicate Mr. Brumfield currently meets the DSM-IV-TR, AAMR 10th Edition, and the La.C.Cr.P. art. 905.5.1 (H) (1) adaptive criteria A and B for a diagnosis of Mental Retardation. School and mental health records are consistent with these assessments and indicate these deficits were present prior to the age of 18 in at least four of the DSM-IV-TR specified adaptive areas (communication, social/interpersonal skills, self-direction, functional academic skills) and the three AAMR 10th Edition adaptive areas of conceptual skills (receptive and expressive language, reading, writing, self-direction), social skills (interpersonal, responsibility, self-esteem, following rules), and practical skills (occupational skills, instrumental activities of daily living).

Prevalence of Aggression in Persons with Mental Retardation

Aggression is common in children with low cognitive functioning and poor communication skills. Often the aggression overshadows the child's other developmental disabilities and results in misdiagnosis. The diagnosis of Mental Retardation requires a differential diagnostic approach that eliminates other conditions. Initial evaluations tended to center on his aggressive and disruptive behaviors and failed to explore that these behaviors may have been related to developmental delays.

Child development research indicates children tend to "outgrow" problem behaviors such as screaming, crying, noncompliance, and aggression as they become more proficient at communicating through speech. Receptive and expressive language is essential in developing good decision making, waiting, and problem solving skills. As problem solving skills develop, individuals learn how to anticipate consequences for their behaviors and modify their actions accordingly.

Individuals with developmental disabilities such as mental retardation do not become communicatively competent over time. Additionally, this population often shows significant delays in cognitive processing and memory that additionally impede compliance with requests. If the request is given in unfamiliar language or even spoken too quickly, an individual with mental retardation may misunderstand the communication. Mr. Brumfield's coping skills were further impaired by his early exposure to severe physical abuse.

There is a marked correlation between problem behavior and receptive and expressive language delays. Individuals with severe intellectual disabilities who have little or no language are much more likely to engage in problem behavior than those individuals who have acquired language. Individuals whose communicative development are impaired are more likely to be described as aggressive, noncompliant or hostile. To meet their basic needs, cognitively challenged individuals with limited language skills are more likely to engage in problematic behaviors when their primitive communication attempts fail. Often their limited receptive skills cause them to misinterpret instructions, delay compliance, and/or respond inappropriately with aggression. Aggression represents one of the more socially disruptive, prevalent, and chronic problems presented by individuals with mental retardation. Aggression in the form of physical violence toward others and property, explosive outbursts, temper tantrums, and other disruptive actions such as taunting peers, verbal and nonverbal threats of violence, screaming, and extreme negativism represent actual or potential safety hazards and interfere with the development and maintenance of adaptive behaviors, including desired interpersonal skills and interactions.

Within this clinical population, aggression has been successfully managed by using a combination of behavior intervention and/or medication to teach social skills, build relationships, and teach self-control. The goal is to give the person new positive social behaviors to replace aggressive behaviors. As individuals become more proficient in using new skills, they are better able to identify the causes of aggression and control their feelings and behaviors. With effective treatment procedures, supportive management and control components will fade as treatment goals are accomplished and as the person is able to adapt appropriately under normal conditions of his or her everyday living. With appropriate behavioral assessment and intervention, aggression can be effectively managed in an individual with mental retardation. For these interventions to work, they must be broken down to the cognitive level of the targeted individual. The same interventions geared for average-IQ individuals confuse the developmentally delayed individual and exacerbate the aggression.

Mr. Brumfield was repeatedly placed in programs for average to low-average conduct disordered children and adolescents. These programs were not successful because they were not adjusted to accommodate his developmental delays.

SUMMARY AND RECOMMENDATIONS

My review of the above reports indicates that Mr. Brumfield's records provide strong evidence that he has significant deficits in intellectual ability and adaptive functioning that were evident prior to the age of 18 and continue to be evident in recent assessments completed this month. The reports of Ricardo Weinstein, Ph.D. and James R. Merikangas, M.D. are consistent with the reviewed records and confirm a diagnosis of Mental Retardation based upon the La.C.Cr.P. art. 905.5.1, the DSM-IV-TR, and the American Association of Mental Retardation (AAMR) 10th Edition definitions of Mental Retardation.

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LICENSURE AND CREDENTIALS

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Credentialed, National Register of Health Service Providers in Psychology #50400

PREVIOUS COURT EXPERIENCE AS EXPERT WITNESS IN FIELD OF MENTAL RETARDATION

Post-Atkins Hearing, State of LA v. Corey D. Williams, First Judicial District Court, Caddo Parish, LA
Number: 193,258
Post-Atkins Hearing, State of LA v. Willie Tart, Fourth Judicial District Court, Ouachita Parish, LA
U.S. v. Bryan Nelson, U. S. District Court, Eastern District of LA Cr. No. 02-304 ("J")
State of LA v. James Washington, First Judicial District Court, Caddo Parish, LA No. 220, 544 Section one
Expert Witness, State of LA v. Justin Fontenette, 16th Judicial Disctrict Court, St. Martin Parish, L
State of LA v. Jimmy M. Turner, 11th Judicial Disrict Court, Sabine Parish,LA No. 57,765.
U.S. v. Alexander Bohannon, Cr. No. 05-00128-WS
Gerald Edward Wright III, et. al v. No. 02-0206, G.B. Cooley, et al 4th JDC/Ouachita Parish, A

AWARDS, OFFICES, APPOINTMENTS

AAMR-LA 1999 Award for Research Contributions in Field of Mental Retardation
Region V AAMR 1999 Award for Research Contributions in Field of Mental Retardation
AAMR-LA 2002 Maurice Dayan Memorial Education Award for Significant Contributions in the Dissemination of Information about Mental Retardation
AAMR-LA Board of Directors (1999 to present)
LA-QMRP Association Award for Dedicated Service, Education, and Leadership (2003)
AAIDD-LA 21st Helen Thompson Award for Outstanding Service in the Field of Mental Retardation (2005)
President, National Psychology Division, AAMR (2003-to 2005)
President, Psychology Division, AAMR-LA (01/00 to 06/02)
President, Medicine Division, AAMR-LA (07/02 to 07/04)
Vice-President, AAIDD-LA (07/04 to present)
Planning Committee for Governor's Task Force on Disabilities (2000 to 2003)
Planning Committee for ARC/AAMR-LA/CARC Task Force on Post-Atkins Legislation (2003 to 2004)
DHH/OCDD Behavioral Supports Committee (1999 to 2004)
Chairman DHH/OCDD Committee for the Inservice Training of Behavioral Supports (2002-2003)
DHH/OCDD Planning Committee for Assertive Community Training Teams (2002-2003)

EDUCATION

APA Internship The Louisiana School Psychology Internship Consortium
1998-1999 Human Developmental Center-School of Allied Health Professionals
LSU Medical Center
1100 Florida Ave, Building 138, N.O., LA 70119

Doctoral Degree Louisiana State University, Baton Rouge, LA
1995-1999 Department: School Psychology
Major Professor: John Northup
Dissertation: A Comprehensive Functional Assessment of the Effects of Methylphenidate on the Disruptive Behavior of Children with Severe Mental Retardation

M.S. 1988-1991 Northwestern State University, Natchitoches, LA

Department: Clinical Psychology
Major Professor: Robert Breckenridge
Thesis: A Validation of Bailey Ratio Scores with the Vineland Adaptive BehaviorScales (VABS)

B.S. 1969-1973 University of Southwestern Louisiana, Lafayette, LA
Major: Psychology

Pre-Masters Clinical Externship:
12/90-4/91 Associate to a psychologist extern at Pinecrest Developmental Center (PDC) Pineville, LA

CLINICAL TRAINING AND EXPERIENCE
9/00 to present Private Practice
Primary focus is providing psychological services and behavioral consultation to individuals with mental retardation and developmental delays as well as public and private providers of services to this population. Also provide services to children and adolescents with severe behavior disorders and significant academic challenges.

6/99 to 6/03 Director of Psychological Services, SWLDC, Iota, LA
Coordinate the psychological services administered to approximately 150 individuals residing in a public ICF-MR residential facility, community homes, or supportive living placements. Responsible for budgetary requests, purchase orders, etc., related to psychological services. Assist the licensed psychologist in providing annual psychoeducational evaluations, intellectual and adaptive assessments, psychiatric assessments for dual diagnosis, and admission and discharge summaries. In accordance with guidelines established by the licensed psychologist, assist masters-level associates in choosing appropriate instruments, administering, scoring, and interpreting test results and recommending treatment with respect for social, educational, personal, and behavioral factors. Provide annual reports for SWDC interdisciplinary team staffings as well as psychoeducational reports for triennial assessments for those individuals that are school age. Assist in developing IEP. Conduct or assist masters-level associates in completing other psychological assessments as needed (e.g., empirical reinforcement assessment, functional analysis). Assist masters-level associates in training direct support and professional staff in documentation, training, and intervention procedures. Coordinate integrity measures of behavior documentation. Monitor graphs and progress notes completed by subordinate psychological staff.
Supervisor: Marilyn Reck, Associate Superintendent

8/98 - 6/99 Certified School Psychologist, New Orleans Public School System, 3500 DeGualle, N. O., LA
Certified school psychologist for cluster of nine schools in the NOPS school system. Coordinator for support and appraisal services in three of the nine schools. Internship includes rotations in private ICF-MR, supportive living, and community home facilities in the New Orleans area.
Supervisors: Alan Coulter, Ph.D., Darlene Welsh, Ph.D., Scuddy Fontenelle, Ph.D.

4/91 to 6/99 Associate to a Psychologist Pinecrest Developmental Center, Pineville, LA
Responsibilities included annual psychoeducational evaluations, intellectual and adaptive assessments, psychiatric assessments for dual diagnosis, and admission and discharge summaries for PDC clients who were also students at the PDC Special School District. In accordance with guidelines of supervising psychologist, chose appropriate instruments, administered, scored and interpreted test results and recommended treatment with respect for social, educational, personal, and behavioral factors. Provided annual reports for PDC interdisciplinary team staffings as well as psychoeducational reports for SSD triennial assessments. Assisted in developing IEP. Conducted other psychological assessments as needed (e.g., empirical reinforcement assessment, functional analysis). Designed individual behavior management programs with goals/objectives which include, as a minimum, a clear description of the targeted behavior, specific intervention procedures and preventive strategies, appropriate replacement behaviors, data collection and documentation procedures, evaluation process, success criterion, and recommendations for maintenance of effects. Programs developed primarily through observations, interviews, and record reviews (including previous programming efforts and results), and baseline data. The rationale for each program included possible behavior causes derived from the functional assessment. Trained direct support and SSD staff in documentation, training, and intervention procedures. Maintained program integrity through direct observation in home and school settings and regular review of behavior documentation, including preparing monthly behavior graphs and written progress notes.

Supervisors: Kelley Pears, Ph.D., Johnny L. Matson, Ph.D., Randy Logan, Ph.D.

2//98 to 7//98 Research Coordinator, LSU Research Site, St. Mary's Residential Training School Alex., LA
Responsibilities included psychoeducational and behavioral assessments of 5 children diagnosed with profound mental retardation and referred for behavioral and educational problems in the classroom. Students were assessed and interventions were conducted in each child's Rapides Parish self-contained classroom. Conducted functional assessments, (structural or A-B-C analysis, direct observations and analogue functional analysis) to determine suitability for medication evaluation with methylphenidate (Ritalin). Conducted parental and teacher interviews, made classroom observations, developed interventions, inserviced relevant staff, and provided follow-up service and/or consultation as needed. Developed analogue functional analysis laboratory, assisted in conducting classroom functional analysis sessions to determine interactive and simple effects of methylphenidate (Ritalin) with eight children diagnosed with ADHD.
Supervisors: John Northup, Ph.D., Joseph C. Witt, Ph.D., Maurice Dayan, Ed.D.

8/97 to 5/98 Associate to a Psychologist, Clinical Supervised Practicum,
Family Center for MH, OLOL Medical Center, Baton Rouge, LA
Primary responsibility was to provide psychological/behavioral assessment in a child/adolescent psychiatric clinic. Clinical population includes children with medical, psychiatric, developmental, educational, and behavioral problems (e.g., oppositional disorder, conduct disorder, mental retardation, fetal alcohol syndrome, attention deficit disorder, post traumatic stress disorder, anxiety disorder, and depression). Clinical services include intellectual, emotional, behavioral, and educational assessment, differential diagnosis, intake interviews, and mental status exams. Scales routinely administered include Connors' Rating Scales (CRS), CBCL, CDI, RCMAS, WISC-III, WJ-R (Achievement and Cognitive Batteries), TOPA, LAC, and VABS.
Supervisors: William B. Daigle, Ph.D., John Northup, Ph.D.

6/97-7/97 Researcher, LSU ADHD Summer Program, LSU, Department of Psychology, Baton Rouge, LA
Responsibilities included psychoeducational and behavioral assessments of 16 children diagnosed with ADHD and referred for behavioral and educational problems. Conducted intake interviews, administered tests (CDI, CBCL, RCMA, CRS, WISC-III, WJ-R, CBM), conducted parental and teacher interviews, made classroom observations, and provided follow-up service and/or consultation as needed. Assisted in conducting classroom functional analysis sessions to determine interactive and simple effects of methylphenidate (Ritalin) with eight children diagnosed with ADHD.
Supervisors: John Northup, Ph.D., Joseph C. Witt, Ph.D.

8/95-5/97 School Psychology Practicum Student, LSU, Department of Psychology, Baton Rouge, LA
Responsibilities included development and implementation of assessment protocols (e.g., functional analysis), intervention protocols (e.g., differential reinforcement, noncontingent reinforcement, functional communication training), care-provider training protocols (e.g., parent and teacher training) and screening of recently suspended high-school students for interventions. Participant population included children and adolescents, with developmental disabilities complicated by severe behavior disorders including self-injury, aggression, noncompliance, pica, feeding difficulties, and toileting difficulties. Consultation with teachers and administrators at schools in East Baton Rouge Parish. Conducted data collection, data analyses, graphing, report writing, attended school and related meetings, presentations, and manuscript writing.
Supervisors: John Northup, Ph.D., Joseph C. Witt, Ph.D., Timothy R. Vollmer, Ph.D.

6/96 Researcher, LSU ADHD Summer Program. LSU, Department of Psychology, Baton Rouge, LA
Responsibilities included psychoeducational and behavioral assessments with 10 children diagnosed with ADHD and referred for behavioral and educational problems. Conducted intake interviews, administered tests (CDI, CBCL, RCMA, CRS, WISC-III, WJ-R, CBM), conducted parental and teacher interviews, made classroom observations, and provided follow-up service and/or consultation as needed. Assisted in conducting preference assessments to determine establishing operation properties of methylphenidate (Ritalin) with three children diagnosed with ADHD.
Supervisors: John Northup, Ph.D., Joseph C. Witt, Ph.D.

3/92- 5/98 Behavior Analyst/ Examiner for Evergreen Presbyterian Ministries, Pineville, LA
Responsibilities include psychological testing, behavioral assessment, treatment and program development (skills training as well as behavior management protocols), report writing, monitoring clients in behavior management

programs for a variety of behavior disorders (aggression, self-injurious behavior, property destruction, sexual assault, theft). Provide group and individual counseling with emphasis on anger management and social skills training. Client population includes adults with developmental disabilities living in 2 residential community homes (12 beds). Serve as a member of the Behavior Review Committee, Quarterly Review Committee, Behavior Intervention Team, Individual Educational Planning (IEP) committees.
Supervisor: P.J. Chandler, Ph.D. (Licensed Psychologist)

10/94- 9/98 Examiner and Behavior Program Coordinator/Monitor, OLS Community Homes, Alexandria, LA
Responsibilities include traditional and behavioral assessment, treatment and program development-skills training as well as behavior management protocols, report writing, monitoring of clients in behavior management programs for a variety of behavior disorders (aggression, self-injurious behavior, property destruction, sexual assault, theft). Conduct group therapy sessions for anger management, social skills training, relaxation training, and individual therapy sessions for a depression, anxiety, career counseling, etc. Client population includes adults and adolescents with developmental disabilities living in 2 community homes (12 beds) and one group home (8 beds). Serve as a member of the Human Rights Committee, Behavior Review Committee, Quarterly Review Committee, Behavior Intervention Team, Individual Educational Planning (IEP) committees.
Supervisor: Maurice Dayan, Ed.D. (Licensed Psychologist)

8/93-5/95 Psychological Examiner for Grant Parish Pupil Appraisal, Grant Parish School Board, Colfax, LA
Administered intellectual and other psychoeducational tests, scored results, made interpretations, wrote reports with recommendations for treatment in regard to social, educational, and behavioral factors in accordance with LA 1508 and with the guidance and supervision of a contracted licensed psychologist. Designed individual behavior interventions, determined program goals to reduce frequency and severity of problems, evaluated effectiveness of programs, and made recommendations for documentation and follow up in accordance with established guidelines (e.g., LA 1508, IDEA, 504).
Supervisor: Maurice Dayan, Ed.D. (Licensed Psychologist)

8/92-5/93 Psychological Examiner for Pupil Appraisal, Rapides Parish School Board, Alexandria, LA
Administered intellectual and other psychoeducational tests, scored results, made interpretations, wrote reports with recommendations for treatment in regard to social, educational, and behavioral factors in accordance with LA 1508 under the guidance and supervision of a contracted licensed psychologist. Designed individual behavior management programs, determined program goals to reduce frequency and severity of problems, evaluated effectiveness of programs, and made recommendations for documentation and follow up in accordance with established guidelines (e.g., LA 1508, IDEA, 504).
Supervisor: Maurice Dayan, Ed.D. (Licensed Psychologist), John Eubanks, Ed.D.

8/88-5/91 Clinical Psychology Practicum Student, Northwestern State University, Natchitoches, LA
Received supervised training in required practical application of psychological services, included clinical interviews, mental status exams, clinical report writing, counseling, and assessment. Training included intake interviews, intellectual assessments (e.g., WAIS-R, WISC-R, WPPSI-R, Stanford-Binet IV, BSID, KABC), achievement assessments (e.g.,WJ-R, PPVT, WIAT, K-TEA), objective personality inventories (e.g., MMPI, 16 P-F), and projective techniques (e.g., Rorschach, TAT, DAP). Supervision included graded protocol and observations, as well as integrative reports. Counseling included individual, family, and group as practical accompanying academic courses.
Supervisors: Rick Adams, Ph.D., Anita Williams, Ph.D.

11/78-4/91 Division Director, QMRP, Residential Services, Pinecrest Developmental Center, Pineville, LA
Responsibilities included administration of procedures, directives, and policies related to training, work, social activities for a division of 5 to 12 homes through three subordinate managers and 21 line supervisors. Line authority over service delivery functions in homes. Interviewed job applicants for approximately 150 positions in division, made recommendations for hiring and firing of all subordinate personnel, and developed supervisory plans for subordinate personnel with unsatisfactory work performance. Member and chairperson for IDT, reviewed and responsible for implementation of proposed active treatment programs, consulted with families as requested, attended audit, transfer, and other administrative meetings assigned.
Supervisor: Keith Marler, Home Life Director

11/75-11/78 Social Case Worker, Social Services, Pinecrest Developmental Center, Pineville, LA

Responsibilities included counseling, case management, and coordination of services for a caseload of females, with moderate to profound developmental disabilities residing in ICF-MR facility. Served as IDT member responsible for social assessment, history, and post-institutional plan. Primary responsibility for communicating recommended plan of care to family. Designated advocate for clients in caseload and primary contact for families.
Supervisor: Rodney Richmond, MSW, BCSW

11/73-11/75 Institutional Programer/Research Assistant, Psychology Research Department
Central LA State Hospital, Pineville, LA
Responsibilities included case management, counseling, and coordination of psychological services for caseload of chronically mentally ill individuals. Served as IDT member responsible for intake interview, record review, case history, coordinator for initial psychiatric staffing and subsequent reviews. Implemented and monitored individual habilitation plan designed by IDT, which included counseling, behavior rehearsal, token program, and coordination with community programs. Collected data required for federal grant. Designated advocate for clients in caseload and primary contact for families.
Supervisors: Kelley Distefano, Ph.D. and Ronald Pryor, Ph.D.

PROFESSIONAL AFFILIATIONS
American Association on Intellectual and Developmental Disabilities (formerly AAMR)
Association for Behavior Analysis
American Association on Intellectual and Developmental Disabilities - LA Chapter
Louisiana AAIDD QMRP Special Interest Group
Louisiana Psychological Association
Louisiana School Psychological Association
National Association of Qualified Mental Retardation Professionals (NAQ)

MAJOR AREAS OF RESEARCH INTEREST
Applied Behavior Analysis
Behavior Pharmacology
Community Living Staff Training
Integration of psychological and psychiatric services
Mental Retardation Developmental Disabilities
Hospital and Residential Facilities
Language Development
Parent, Teacher, Direct Support Worker Training
Severe Behavior Disorders

PUBLICATIONS

Marcus, B. A., Vollmer, T.R., **Swanson, V.,** Ringdahl, J.E., & Roane, H.R. (2001).
Teaching parents to implement behavior-reduction programs for their children: A step-by-step model. Behavioral Interventions .

Marcus, B. A., Vollmer, T.R., & **Swanson, V.** (2001). Effects of parent training on parent and child behavior using procedures based on functional analyses. DOI 10.1002/BIN.87. (Abstract published online Issn: 1099-078x, 26 Apr 2001).

Marcus, B. A., Vollmer, T. R., **Swanson, V.**, Ringdahl, J.E., & Roane, H.S. (2001). An Experimental analysis of aggression. Behavior Modification, 25, (2) 189-213.

Northup, J., Edwards, S., Gulley, V., Fusilier, I., **Swanson, V.**, & Dunaway, D. (1999). A brief assessment of methylphenidate effects in the classroom. Proven Practice: Preventive and Research Solutions for Schools, 1, 49-54.

Northup, J., Fusilier, I., **Swanson, V.**, Huete, J., Bruce, T., Freeland, J., Gulley, V., & Edwards, S. (1999). Further analysis of the separate and interactive effects of methylphenidate and common classroom contingencies. Journal of Applied Behavior Analysis, 32, (2) (Spring).

Northup, J., Fusilier, I., **Swanson, V.**, Roane, H.S., & Borrero, J. (1997). Evaluating the establishing operation properties of methylphenidate with common classroom reinforcers. Journal of Applied Behavior Analysis, 30, (4) (Winter), 615-625.

Shenoy, R. S., Moore, D.K., Marcus, B. A., & Swanson, V. (Oct., 2001). Mental illness in the developmentally delayed: A multidisciplinary approach. 53rd Institute on Psychiatric Services, APA, Orlando, (proceedings summary).

Swanson, V. (2000). Fostering scholarship in psychology. Lagniappe: AAMR-LA Newsletter, 2, (3), 6.

Swanson, V. (2000). What is the best way for psychology to influence policy? Lagniappe: AAMR-LA Newsletter, 2, (4), 5.

Swanson, V. (2001). Psychology division update: OCDD guidelines for behavioral supports. Lagniappe: AAMR-LA Newsletter, 3, (2) .

Swanson, V. (2002). Disruptive behavior and effective early intervention. Lagniappe: AAMR-LA Newsletter, 4, (1), 15.

Swanson, V. (2003). OCDD/HDC psychiatric and behavioral resource center workshops. Lagniappe: AAMR-LA Newsletter, 5, (1), 3.

Swanson, V. (2006).The prevalence of aggression in persons diagnosed with mental retardation. Lagniappe: AAIDD-LA Newsletter, 8, (1).

MANUSCRIPTS IN PREPARATION

Marcus, B. A., **Swanson, V.**, & Vollmer, T. R. (In preparation). Teaching children to "wait" using fixed interval schedules of reinforcement.

Swanson, V., Northup, J., & Swanson, T.D. (In preparation). A Comprehensive Functional Assessment of the Effects of Methylphenidate on the Disruptive Behavior of Children with Severe Mental Retardation.

PAPERS PRESENTED AT PROFESSIONAL MEETINGS

Coor, K. J., **Swanson, V.**, & Swanson, T.D. (July, 1998). Using functional assessment methodologies to meet ICF-MR guidelines. 1998 AAMR Louisiana State Conference, Monroe. (presentation in symposium).

Coor, K.J., **Swanson, V.**, & Swanson, T.D. (Sept., 1998). Using functional assessment methodologies in residential facilities for children with developmental delays. The Eight Annual Virginia Beach Conference, Virginia Beach. (poster presentation).

Fusilier, I., Northup, J., **Swanson, V.**, Roane, H.S., & Borrero, J. (May, 1997). Evaluating the efficacy of common classroom reinforcers for three boys alternatively receiving placebo and methylphenidate. 23rd Annual Convention of the Association for Behavior Analysis, Chicago, (poster).

Edwards, S., Gulley, V., **Swanson, V.**, & Fusilier, I. (May, 1998). A brief classroom-based medication evaluation. 24th Annual Convention of the Association for Behavior Analysis, Orlando. (poster).

Gulley, V., Edwards, S., Fusilier, I., **Swanson, V.**, & Northup, J. (May, 1998). A time-response analysis of the dosage effects of methylphenidate (MPH) on the academic and behavioral performance of students with Attention Deficit Hyperactivity Disorder. 24th Annual Convention of the Association for Behavior Analysis, Orlando. (poster).

Gulley, V., Fusilier, I., Edwards, S., **Swanson, V.**, Borrero, J., & Francique, N. (Nov., 1996). LSU summer research program for ADHD children: who we are and what we do. 1996 Annual Convention of the Louisiana School Psychologists Association, Baton Rouge. (poster).

LeVelle, J. A., **Swanson V.**, & Mandall, R. (August, 2003). An OCDD symposium: Recent Developments in providing psychiatric, behavioral, and health community supports. AAMR Region V Annual Conference, New Orleans. (symposium).

Logan, J.R., Smiroldo, B., & **Swanson, V**. (July, 2001). Guidelines for behavioral supports: OCDD manual. 2001 Annual LA-AAMR Conference, Lafayette. (workshop).

Logan, J.R., Smiroldo, B., & **Swanson, V**. (July, 2001). Behavioral psychopharmacology: ethical issues. 2001 Annual LA-AAMR Conference, Lafayette. (workshop).

Logan, J.R., Smiroldo, B., & **Swanson, V**. (July, 2001). Psychological peer reviews: Ethical issues. 2001 Annual LA-AAMR Conference, Lafayette. (workshop).

Mandall, R., LeVelle, J.A., & **Swanson, V.** Providing positive behavior supports. AAMR Region V Annual Conference, New Orleans. (workshop).

Marcus, B.A., & **Swanson, V.** (Sept., 1998). A model for parent training using function-based interventions. Eighth Annual Virginia Beach Conference, Virginia Beach. (poster).

Marcus, B.A., **Swanson, V.**, & Swanson, T.D. (May, 1999). Using functional analytic procedures to assess the effectiveness of parent training. 123rd Annual Meeting of AAMR, New Orleans. (symposium).

Marcus, B.A., **Swanson, V.**, & Vollmer, T.D. (May, 1999). Training parents to implement interventions using functional analysis. 25th Annual Convention of the Association for Behavior Analysis, Chicago (symposium).

Marcus, B.A., **Swanson, V.**, & Vollmer, T. R. (May, 1997). Training parents to implement interventions using functional analysis. 23rd annual convention of the Association for Behavior Analysis, Chicago. (poster).

Marcus, B.A., **Swanson, V.**, & Vollmer, T. R. (October, 1997). Training care providers to implement interventions using functional analysis. 1997 Annual Convention of the Louisiana School Psychological Association, Alexandria. (poster).

Roane, H.S., Vollmer, T.R., Ringdahl, J.E., Marcus, B.A., & **Swanson, V.** (May, 1997). Evaluation of a brief stimulus preference assessment. 23rd annual convention of the Association for Behavior Analysis, Chicago. (presentation in symposium).

Shenoy, R. S., Moore, D. K., Marcus, B. A., & **Swanson, V.** (October, 2001). Mental illness in the developmentally delayed: A multidisciplinary approach. 53rd Institute on Psychiatric Services, American Psychiatric Association, Orlando (symposium).

Story, A., **Swanson, V.**, Swanson, T., & Bamburg, J. (May, 2000). Implementing a contingency restraint program in an accredited ICF-MR facility. 26th Annual Convention of the Association for Behavior Analysis, Washington, D.C. (presentation in symposium).

Story, A., **Swanson, V.**, & Humbles, F.R. (July, 2000). Using a person-centered approach to implement a contingency restraint program. 2000 AAMR Louisiana State Conference, Lafayette. (presentation)

Swanson, T.D., Coor, K., **Swanson, V.** , & Credeur, L.J. (July, 1998). Developing a behavioral model to determine the behavior and pharmacological intervention needs of individuals with developmental disabilities. 1998 AAMR Louisiana State Conference, Monroe. (symposium).

Swanson, T.D., Coor, K., **Swanson, V.**, & Credeur, L.J. (July, 1998). Meeting the ICF-MR Guidelines in Demonstrating Behavior Intervention Effectiveness. 1998 AAMR Louisiana State Conference, Monroe. (presentation in symposium).

Swanson, T. D., Haraway, K., & **Swanson, V.** (May, 1998). The utility of a desensitization procedure to increase tolerance of oral hygiene procedures. 24th Annual Convention of the Association for Behavior Analysis, Orlando.

(poster).

Swanson, T.D., & **Swanson, V.** (May, 2001). Coordinating MR services with psychiatric consultation. 27th Annual Convention of the Association for Behavior Analysis, New Orleans. (symposium discussant).

Swanson, T.D., **Swanson, V.**, & Humbles, F.R. (July, 2000). Effective behavior consultation in community settings. 2000 AAMR Louisiana State Conference, Lafayette, LA.

Swanson, V. (accepted for presentation in November, 2007). I Suspect My Child Has Autism. What Do I Do Now? Annual Meeting of LA State Autism Chapter, Lake Charles, LA (breakout session).

Swanson, V. (September, 2001). Determining eligibility for persons with developmental disabilities. Quarterly Meeting of Louisiana United Forum for Families, Lafayette, LA. (workshop).

Swanson, V. (June, 2002). Autism: assessment and treatment. Quarterly Meeting of New Iberia ARC, New Iberia, LA. (workshop).

Swanson, V. (October, 2002). Providing community-integrative psychological and psychiatric services from a developmental center. American Psychiatric Association: 55th Institute on Psychiatric Services, Chicago. (symposium presentation).

Swanson, V., Fusilier, I., Edwards, S., Northup, J., & Gulley, V. (May, 1998). Conducting a summer day treatment program for children with ADHD. 24th Annual Convention of the Association for Behavior Analysis, Orlando. (poster).

Swanson, V., Fusilier, I., Edwards, S., Northup, J., Gulley, V., Huete, J., Bruce, T., & Freeland, J., Gulley, V. (May, 1998). A classroom analysis of the effects of Methylphenidate and placebo on classroom contingencies. 24th Annual Convention of the Association for Behavior Analysis, Orlando. (poster).

Swanson, V., LeVelle, J., & Mandall, R. (November, 2002). OCDD symposia: Recent developments and new psychiatric and behavioral services. Convention, Lafayette. (symposium).

Swanson, V., Nichols, J., & Frazier, R.J. (August, 2007). Resolving best practices - Making them work for human right committees (HRC). 12th Annual Conference of National Association of QMRPs, Atlanta. (symposium).

Swanson, V., Northup, J., Swanson, T.D., & Credeur, L.J. (May, 1999). Assessing effects of Ritalin for children diagnosed with ADHD and MR. 123rd Annual Meeting of AAMR, New Orleans. (symposium).

Swanson, V., & Swanson, T.D. (October, 2002). Ideas for programming for persons with severe and profound disabilities. LA-AAMR/QMRP SIG continuing education workshop, Alexandria, LA. (workshop).

Swanson, V., & Swanson, T.D. (February, 2003). Persons with profound developmental disabilities: assessment and intervention. LA-AAMR/QMRP SIG continuing education workshop, Bossier, LA. (workshop).

Swanson, V., & Swanson, T.D. (March, 2003). The assessment and treatment of persons with profound developmental disabilities. LA-AAMR/QMRP SIG continuing education workshop, Lafayette, LA. (workshop).

Swanson, V., & Swanson, T.D. (April, 2003). Diagnosis and treatment of persons with profound developmental disabilities. LA-AAMR/QMRP SIG continuing education workshop, New Orleans, LA. (workshop).

Swanson, V., Swanson, T.D., Coor, K.J., & Credeur, L.J. (July, 1998). Using behavior pharmacology to determine the effects of methylphenidate for individuals diagnosed with ADHD and developmental disabilities. 1998 AAMR Louisiana State Conference, Monroe. (presentation in symposium).

Swanson, V., Swanson, T.D., & Coor, K.J. (Sept., 1998). An experimental analysis of the effects of methylphenidate for individuals diagnosed with ADHD and developmental disabilities. The Eighth Annual Virginia Beach Conference, Virginia Beach. (symposium).

Swanson, V., Swanson, T.D., Gresham, C., Belgard, A., & Thomas, K. (August, 1997). Pyramidal staff training in the extension of behavior reduction programs in supportive living and residential services. 1997 AAMR Region V Annual Conference, New Orleans (presentation in symposium).

Swanson, V., Swanson, T. D., & Haraway, K. (August, 1996). Integrity issues in providing programming in residential facilities. 1996 Annual Conference of the Louisiana AAMR, Baton Rouge. (presentation in symposium).

Swanson, V., Swanson, T.D., & Humbles, F.R. (October, 2001). The utility of graphic presentations in psychiatric consultations. Institute on Psychiatric Services, American Psychiatric Association Annual Conference, Orlando. (presentation in symposium).

Swanson, V., Swanson, T.D., & Humbles, F.R. (July, 2002). Assessment and treatment for persons with profound developmental disabilities. 2002 Annual Conference of the Louisiana AAMR, Alexandria. (presentation).

Swanson, V., Swanson, T.D., & Northup, J. (November, 1998). Using functional analysis in analog sessions and in the classroom to assess the effects of Ritalin on Disruptive Behavior. 1998 Annual Convention of Louisiana School Psychological Association, Lafayette. (poster).

Swanson, V., Vollmer, T.R., Marcus, B. A., Roane, H.S., Ringdahl, J.R., & Whitmarsh, E. (October, 1997). Using functional assessment methodologies in school consultation. 1997 Annual Convention of Louisiana School Psychological Association, Alexandria. (poster).

Swanson, V., Vollmer, T.R., Marcus, B. A., Roane, H.S., Ringdahl, J.R., & Whitmarsh, E. (April, 1998). The utility of functional assessment methodologies in school consultation. National Association of School Psychologists 1997 Annual Convention, Orlando. (poster).

Van Kleeck, A., & **Swanson, V.** (February, 2004). Using personal outcomes for positive behavior support. AAMR-LA, Lafayette. (workshop).

White, D., Perkins, T., **Swanson, V.**, & Haraway, K. (July, 1998). Introduction of a behavior analytic format for assessing and designing interventions for individuals with developmental disabilities in an ICF/MR facility. 1998 Annual Conference of the Louisiana AAMR, Monroe. (presentation in symposium).

APPENDIX 3

James R. Merikangas, M.D., L.L.C.
Neurology, Psychiatry, Neuropsychiatry

Neuropsychiatric Evaluation

Kevan Brumfield
DOB: 0107/1973
Date of Evaluation: 9/18/2007

I examined Kevan Brumfield at the Louisiana State Penitentiary at Angola at the request of his attorneys, in order to ascertain the degree and cause of his apparent mental deficiency that has been documented since early childhood.

I am currently Clinical Professor of Psychiatry and Behavioral Neuroscience at the George Washington University School of Medicine, and former Senior Psychiatrist in the Mental Retardation Service at the University of Pittsburgh School of Medicine. I have evaluated and treated many children and adults with mental deficiency and violent behavior. I currently have a medical practice in Bethesda, Maryland, and have privileges in Neurology and Psychiatry at the Suburban Hospital. I am a guest researcher and consultant at the National Institutes of Mental Health. I have taught and lectured on mental retardation at Yale University, where I was a clinical faculty member for 22 years, and in national meetings as well. I have consulted to the Human rights Committee of the Department of Mental Retardation of the South Central Region of the State of Connecticut, and was a member of the Professional Advisory Board of the Diagnostic and Assessment Center of Landmark College in Putney, Vermont, an institution for young people with learning disabilities.

I received my medical degree from the Johns Hopkins University School of Medicine and trained in Psychiatry and Neurology at Yale University School of Medicine. I am Board certified in both Neurology and Psychiatry. I am a former Director of the American Neuropsychiatric Association, and am a consultant to the Scientific Program Committee of the American Psychiatric Association. I am an examiner for the American Board of Psychiatry and Neurology. (See attached C.V.)

I have consulted to the Allegheny County Juvenile Court in Pittsburgh, Pennsylvania, and to the Juvenile Prosecutor in Fairfield Count, Connecticut, and have been recognized as an expert witness by Civil and Federal Courts in numerous jurisdictions. I have also published on the topic of mental retardation. Some examples follow:

Merikangas, JR, Merikangas KR, Katz L, Pan S. Chromosome banding analysis in Cornelia deLange syndrome. *Hum Genet*. 1977; 39:217-219.

Merikangas JR, Marasco JA, Feszko W. Basal ganglia calcification in Down's syndrome. *Computerized Tomography*. 1979; 13:111-113.

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Merikangas JR, Rojahn J. Seminars in Treatment: Introduction to the treatment of the mentally retarded. *Ann Clin Psychiatry*. 1993; 5:3:149-150.

Shur-Fen SG, Merikangas JR, Merikangas KR. Specificity of neurological and neurocognitive function in children with attention-deficit/hyperactivity disorder. J Neuropsychiatry Clin Neuroscience. 2002; 14:1:105.

Davalos, D.B., Hayes, A. & Merikangas, J. Autism and Hypomelanosis of Ito. In O. Ryanskin, (Ed.), Focus on Autism Research. (pp. 309-338). New York: Nova Science Publishers. 2005.

"Total Care of the Psychiatrically Ill Retarded", American Psychiatric Association Annual Meeting, Miami, FL, May 1976.

"Medication of the Mentally Retarded in an Outpatient Setting: Rationale and Consistencies", American Psychiatric Association Annual Meeting, Miami, FL, May 1976.

"Mental Retardation", Yale Law School, Yale University, New Haven, CT, April 2, 1981.

"Mental Status Examination", Consultation Liaison Service, Yale-New Haven Hospital, New Haven, CT, January 16, 1987.

The diagnosis of mental retardation requires a differential approach which eliminates other conditions such as autism, mental illneses or brain damage. For that reason I conducted a neurological physical examination on September 18, 2007. This was done in the medical clinic in the Death Row area and was witnessed by numerous prison personnel. The neurological examination did not disclose any acquired brain damage or ongoing disease.

I also reviewed the following historical documents and records:

Reynolds Institute, Ponchatoula High School, Greenwell Springs Hospital, Margaret Dumas Mental Health Center, West Marion Primary School, Park Forest Elementary, Harding School, East Baton Rouge Parish Individual Evaluation Report, Capital Middle School, Glen Oaks Middle school, Special Education Middle, Zion City Vocational Center, Reynolds Institute, Christian Acres, Division of Youth Services, Independence Home, Trial testimony of: Vella Brumfield, Karen Cross, Turmond Ellis, Teodis Brumfield, Cecil Guin, PhD, Dr. Bolter, and medical records from birth with weight and Apgar score.

The diagnosis of mental retardation requires special expertise, not just the administration of an IQ test. According to the peer-reviewed journal, ***The Journal of the American Academy of Psychiatry and the Law*** 35:346-9, 2007, in which an article by Mark

Siegert, PhD and Kenneth J. Weiss, MD (Who Is an Expert? Competency Evaluations in Mental Retardation and Borderline Intelligence), reported that the court in New Jersey ruled that relatively strong language skills, coupled with a good memory was misinterpreted by the Court's expert as wrongly ruling out mental retardation. The state's expert lacked specific experience in Mental Retardation and mistakenly opined that a defendant with an IQ of 73 was competent. When in fact he was not. (State v M.J.K., 849 A.2d 1105 (N.J. Super. Ct. App. Div. 2004). The court recognized that not all psychologists are equal, and expertise in mental retardation is required in order to be an expert in that field.

I was guided in my evaluation by Lousiana Code of Criminal Procedure, Article 905.5.1, by the Diagnostic and Statistical Manual Of Mental Disorders, Fourth Edition, Text Revised (DSM-IV-TR), and by the American Association on Mental Retardation (AAMR), Mental Retardation: Definition, Classification, and Systems of Supports 5 (10th ed. 2002), presently American Association of Intellectual and Developmental Disabilities (AAIDD).

The Lousiana Code of Criminal Procedure states in Article 905.5.1. Mental Retardation: "Mental Retardation means a disability characterized by significant limitations in both intellectual functioning and adaptive behavior as expressed in conceptual, social, and practical adaptive skills. The onset must occur before the age of eighteen years."

Several risk factors for mental retardation were identified. Prior to his birth, Mr. Brumfield's mother was taking psychotropic medication, reported to be Valium, on a daily basis, there was little prenatal care, in addition to stress and poverty.

Mr. Brumfield was born prematurely and with a very low weight of 3lbs. 15 oz. He remained in hospital for a period of time. An infant's weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Children born underweight also tend to have a lower IQ and cognitive disabilities affecting their performance in school and their job opportunities as adults.

During his childhood, Mr. Brumfield grew up in a very dysfunctional and impoverished environment. He suffered physical and emotional abuse. School records reflect severe learning problems during elementary school, but no appropriate placements were made. Genetic factors are also present. There is a history of mental retardation in the maternal family.

I have read and fully concur with the Neurocognitive Evaluation by Ricardo Weinstein, Ph.D. dated 09/28/07, which fully documents the type of evaluation required for the diagnosis of mental retardation.

It is my medical opinion to a reasonable degree of medical certainty that Kevan Brumfield suffers from mental retardation and that this existed before age 18. This diagnosis is based upon the Lousiana Code of Criminal Procedure, Article 905.5.1, by the

Diagnostic and Statistical Manual Of Mental Disorders, Fourth Edition, Text Revised (DSM-IV-TR), and by the American Association on Mental Retardation (AAMR), Mental Retardation: Definition, Classification, and Systems of Supports 5 (10th ed. 2002), presently American Association of Intellectual and Developmental Disabilities (AAIDD).

James R. Merikangas, M.D.

May 22, 2007

Curriculum Vitae

James R. Merikangas, M.D.

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Bethesda, MD. 20814

Phone: 301-654-1934
Fax: 301-654-1834
Email: neuropsych2001@hotmail.com

Citizenship: USA

Education: B.S., Physics, Villanova University, 1960
M.D., Johns Hopkins University, School of Medicine, 1969

Licenses:

1969	Diplomate, National Board of Medical Examiners	#107478
1974-1976	California M.D. License	#23318
1969-2002	Connecticut M.D. License	#14074
1974-1981	Pennsylvania M.D. License	#014082
2001- 2006	Washington, D.C. M.D. License	#MD-33036
2001-	Maryland M.D. License	#D57622

Military:

1960-1963 United States Navy, LT(J.G.)

Career:

2006- Guest Researcher, National Institutes of Health, Bethesda, MD

2002- Clinical Professor of Psychiatry and Behavioral Sciences, George Washington University School of Medicine and Health Sciences, Washington, D.C.

2002- Clinical Associate Professor of Psychiatry
Georgetown University School of Medicine, Washington, D.C.
Georgetown University Hospital, Washington, D.C.

2002-2003	Director, Neuropsychiatry Program, Department of Psychiatry, Georgetown University School of Medicine, Washington, D.C.
1980-2002	Practice of Neuropsychiatry, Neurology and Psychiatry Temple Medical Center, New Haven and Woodbridge, CT.
1980-2000	Yale University School of Medicine, New Haven, CT: Lecturer (1994-2002); Assistant Clinical Professor (1980-1994)
1973-1979	University of Pittsburgh School of Medicine, Pittsburgh, PA.: Associate Professor of Psychiatry and Assistant Professor of Neurology (1977-1979); Assistant Professor of Psychiatry and Neurology (1973-1977)
1969-1973	Yale University School of Medicine, New Haven, CT; Chief Resident in Neurology (1972-1973); Assistant Resident in Neurology (1971-1972); Assistant Resident in Psychiatry (1969-1971)
1968-1969	Medical and Pediatric Internship, Washington Hospital Center, 110 Irving Street, NW, Washington, D.C.

Professional Honors or Recognition:

1979	Elected Fellow, American College of Physicians
1987-	Elected Counselor, Connecticut Psychiatric Society New Haven – Middlesex Chapter
1988-1990	Director, American Neuropsychiatric Association
1990-2001	Advisory Board, American Neuropsychiatric Association
1991	Elected Fellow, The Royal Society of Medicine
1993	Elected Fellow, American Psychiatric Association
1996	Elected to the Board of Directors, American Academy of Clinical Psychiatrists
1996	Exemplary Psychiatrist Award, National Alliance for the Mentally Ill
1998	Elected President, New Haven-Middlesex Chapter, Connecticut Psychiatric Society

1998	Elected President, American Academy of Clinical Psychiatrists
1999	Elected Treasurer, American Academy of Clinical Psychiatrists
2000	Elected Fellow, American Neuropsychiatric Association
2004	Elected Distinguished Life Fellow, American Psychiatric Association
2005	Elected Consultant of the Scientific Program Committee, American Psychiatric Association

Boards and Specialty Certification:

1974	American Board of Psychiatry and Neurology # 13424 Diplomate, Certified in Psychiatry
1978	American Board of Psychiatry and Neurology # 17744 Diplomate, Certified in Neurology
1991	Diplomate, American Academy of Pain Management # 2431

Hospital Staff Appointments:

1973-1979	Western Psychiatric Institute & Clinic, Pittsburgh, PA.
1973-1979	Presbyterian University Hospital, Pittsburgh, PA.
1979-1988	Waterbury Hospital, Waterbury, CT.
1979-2001	Hospital of St. Raphael, New Haven, CT.
1980-2001	Yale-New Haven Hospital, New Haven, CT.
1983-1993	Veteran's Memorial Medical Center, Meriden, CT.
1995-1997	Yale Psychiatric Institute, New Haven, CT.
1995-2001	Masonic Geriatric Healthcare Center, Wallingford, CT.
2001-2003	Georgetown University Hospital, Washington, DC.
2001- 2005	The George Washington University Hospital, Washington, DC.

2004-	Suburban Hospital, Bethesda, MD.

Consultation:

1974-1977	Forbes Hospital System, Pittsburgh, PA.
1974-1977	Mayview State Hospital, Bridgeville, PA.
1974-1977	Veterans Administration Hospital, Pittsburgh, PA.
1978-1979	Monogahela Valley Hospital, Pittsburgh, PA.
1980-1982	Yale Psychiatric Institute, New Haven, CT.
1981-1982	Shirley Frank Foundation, Bridgeport, CT.
1983-2001	Connecticut Mental Health Center, New Haven, CT.
1985-1986	Veterans Administration Health Center, New Haven, CT.
1985-2001	Connecticut Peer Review Organization
1987- 1988	Whiting Forensic Institute, Middletown, CT.
1987-1990	Altobello State Hospital for Adolescents, Middletown, CT.
1987-2001	Saint Francis Care Behavioral Health, Portland, CT.
1996-2000	Professional Advisory Board of the Diagnostic and Assessment Center, Landmark College, Putney, VT.
2006-2007	Consultant of the Scientific Program Committee, American Psychiatric Association, Arlington, VA

Administrative Appointments:

1973-1975	Western Psychiatric Institute and Clinic, Pittsburgh, PA. Senior Physician, Neurodiagnostic Clinic
1973-1975	Western Psychiatric Institute and Clinic, Pittsburgh, PA. Director, Emergency Services and Brief Treatment
1973-1976	Western Psychiatric Institute and Clinic, Pittsburgh, PA. Senior Physician, Mental Retardation Service
1973-1978	Western Psychiatric Institute and Clinic, Pittsburgh, PA. Director, Electroencephalographic Laboratory

1976-1977	Western Psychiatric Institute and Clinic, Pittsburgh, PA. Director, Office of Diagnostic Services
1977-1979	Western Psychiatric Institute and Clinic, Pittsburgh, PA. Director, Behavioral Neurology Program
2002-2003	Georgetown University Hospital, Washington, DC. Director, Neuropsychiatry Program

Membership:

1969-	The Johns Hopkins Medical and Surgical Society
1973-	American Academy of Neurology
1973-	American Psychiatric Association
1973-	American College of Physicians
1979-2001	Connecticut Psychiatric Society
1982-	The New York Academy of Science
1982-2001	New Haven County Medical Association
1984-2001	Connecticut State Medical Society
1986-	American Academy of Psychiatry & the Law
1988-	American Academy of Clinical Psychiatrists
1988-	American Neuropsychiatric Association
1990-	World Federation of Neurology
1991-	Royal Society of Medicine
1994-	American Academy of Child and Adolescent Psychiatry
1996-	American Society of Clinical Psychopharmacology
1997-	International Society of Transcranial Magnetic Stimulation
2000-	American Academy of Immunotherapy

Consultation to State and Federal Courts and Agencies:

1977-1978	Consultant, Neuropsychiatric Evaluation of Juvenile Offenders, Allegheny County Juvenile Court, Pittsburgh, PA.
1977-1979	Member, Acute Psychiatric Task Force Emergency Health Services Council, Commonwealth of PA.
1977-1985	Chairman, Committee on Psychotropic Medication for the Retarded, Department of Public Welfare, Commonwealth of PA.
1985-1990	State of Connecticut, Governor's Task Force on Aging
1986-1987	Superior Court of Waterbury, CT., Court Appointed Expert
1990-2001	State of Connecticut Department of Mental Health and Addiction Services, Evaluation Psychiatrist, Probate Court for Commitment Hearings
1997-1998	Human Rights Committee, Department of Mental Retardation, South Central Region, Connecticut

Committees, Boards and Consultantships:

1977-1985	Research Committee on Neuroepidemiology, World Federation of Neurology, Geneva, Switzerland
1982-1999	Medical Advisory Board, Easter Seal Goodwill Industries Rehabilitation Center, New Haven, CT.
1984-1988	Board of Directors, Alzheimer's and Related Diseases Association of Southern Connecticut
1985-1988	Board of Directors, Parkinson's Disease Association of Southern Connecticut
1985-1997	Board of Advisors, Burch House, Littleton, New Hampshire
1985	American Psychiatric Association's Task force on Treatment of Psychiatric Disorders
1986-1987	Chairman, Program Committee, New Haven-Middlesex Chapter, Connecticut Psychiatric Society

1987-1990	Membership Chair, New Haven-Middlesex Chapter, Connecticut Psychiatric Society
1987-2001	Counselor, New Haven-Middlesex Chapter, Connecticut Psychiatric Society
1988-1990	Alternative Care Committee, Connecticut Psychiatry Society
1988-1992	Convening Member, National Task Force for Children's Constitutional Rights, Philadelphia, PA.
1992-1997	National Task Force for Children's Constitutional Rights, Director and Treasurer
1992-2000	National Board of Medical Examiners, American Board of Psychiatry and Neurology, Part I Psychiatry Written Examination Sub Committee III
1992-2001	Physician Advisory Committee of Medicare, Connecticut Neurological Society
1992-	Examiner, National Board of Medical Examiners, American Board of Psychiatry and Neurology Part II Psychiatry, Oral Examination
1994-1996	Scientific Advisory Board, Neurobiological Disorders Society
1994-1998	Treasurer, New Haven/ Middlesex Chapter, Connecticut Psychiatric Society
1996-	Examiner, National Board of Medical Examiners, American Board of Psychiatry and Neurology, Part II Neurology Oral Examination
1996-2003	Board of Directors, American Academy of Clinical Psychiatrists
1997-2001	Private Practice Committee, Connecticut Psychiatric Society
1998-1999	Committee Member, New Haven Jewish Federation Housing Corp., Tower One/ Tower East
1999-2001	Board of Directors, Albert Schweitzer Institute for the Humanities

Editorial Consultant:

1979-	American Journal of Psychiatry
1983-	Psychosomatics
1983-	American Psychiatric Association Press
1987-	International Journal of Psychiatry in Medicine
1987-	Toxic Emergency Medical Information Sheet, Jonathan Borak and Company, Inc.
1990-2003	Annals of Clinical Psychiatry
1994-	Neurology
1996-	Clinical Child Psychology and Psychiatry
1998-	Harvard Review of Psychiatry
2002-	Journal of the American Academy of Psychiatry and the Law

Editorial Boards:

1990-1997	Annals of Clinical Psychiatry, Editor, Special Treatment Section
1997-2003	Annals of Clinical Psychiatry, Editorial Board
1999-2003	Psychiatric Update, Editorial Advisory Board

University Activities:

Teaching:

1983-2000	Connecticut Mental Health Center, New Haven, CT. Neuropsychiatric Consultant
1984-1985	Yale University School of Medicine, Physicians Associate Program Thesis Supervision
1985	Geriatric Psychiatry, Elective for Psychiatric Residency Program,

	Yale University School of Medicine
1985-1987	Consultation-Liaison Rounds, Yale-New Haven Hospital
1985-1987	Yale University School of Medicine, Supervision of Medical Student Thesis
1985-1988	Yale University Third-Year Medical Students, Supervision of Neurology Clerkship
1986-1987	University of Connecticut School of Social Work, Clinical Internship Supervisor
1987-2001	Yale University School of Public Health, Division of Chronic Disease Epidemiology, Supervision of Clinical Practicum
1989	Institute of Living Residency Program, Neuropsychiatry Elective
1992-2001	Yale University School of Medicine, Department of Psychiatry, Genetic Epidemiology Research Unit, Supervision of PGY III and PGY IV Residents on Neurological Examination
1993	Yale University School of Medicine, Department of Psychiatry, Neuropsychiatry, PGY II Integrated Psychopathology Course
1993-2001	Yale University School of Medicine, Neurology Training Rotation Psychiatry Residents
1994-1996	Connecticut Mental Health Center, Dual Diagnosis Clinic, Training and Supervision of Psychiatry Residents
1996-1998	Connecticut Mental Health Center, Yale Medical Students, Psychiatry Clerkship
1998-2001	Yale University of Medicine, Psychiatric Residency, Neuropsychiatry Elective
2000-2001	Yale University School of Medicine, Neuropsychology Fellows, Neuropsychiatry Elective
2002	Georgetown University School of Medicine, Neuropsychiatry, Medical Students and Residents

Research:

1965	Medical Student Training Grant "Sensory Motor Feedback in the Temporal Lobe of the Brain" Neurocommunications Laboratory, Department of Psychiatry, Johns Hopkins Hospital, Principal Investigator – Richard Chase, M.D.
1966	Principal Investigator, Grant form the Moses Family Fund for Research On Myasthenia Gravis, "The Elctromyographic Effect of Guanidine" Department of Medicine, Johns Hopkins Hospital
1977	Co-Investigator, "Involvement of Cholinergic Mechanisms in Mental Disease," MH26320, National Institute of Mental Health, University of Pittsburgh School of Medicine Principal Investigator: I. Hanin, Ph.D.
1977	Consultant. "Mental Health Clinical Research Center for Affective Disorders," MH30915, National Institute of Mental Health, University of Pittsburgh School of Medicine, Principal Investigator: David Kupfer, M.D.
1977	Consultant, "Multi-Institutionalized Controlled Study of Brain Resuscitation," Resuscitation Research Institute, University of Pittsburgh School of Medicine, Principal Investigator: Peter Safer, M.D.
1978	Consultant, "Environmental Personal Treatment Interaction in the Course of Schizophrenia," MH30750, National Institute of Mental Health, University of Pittsburgh School of Medicine, Principal Investigator: GE Hogarty, M.S.W.
1986	Consultant, "Alcoholism and Anxiety: A Genetic Epidemiologic Approach," AA 07080, January 1, 1987 – December 31, 1991, Yale University School of Medicine, Principal Investigator: Kathleen R. Merikangas, Ph.D.
1987	Consultant, "Specificity of Transmission of Substance Abuse," DA0534, October 1, 1987 – September 30, 1992, Yale University School of Medicine, Principal Investigator: Kathleen R. Merikangas, Ph.D.
1989	Consultant, "Family Study of Co-Segregation of Affective Disorders and Migraine," MacArthur Foundation Research Network I on the Psychobiology of Affective Disorder, Principal

Investigator: Kathleen R. Merikangas, Ph.D.

1994 Consultant, "Minority Children at High Risk for Alcohol-Related Problems," Department of Health and Human Services, Principal Investigator: Kathleen R. Merikangas, Ph.D.

1996 Co-Investigator "Bipolar Affective Disorder in Migraine," Collaborative study at Harvard University and Yale University, Principal Investigator: Kathleen R. Merikangas, Ph. D.

Grant Reviews:

1991 Ad Hoc Reviewer, the Harry Frank Guggenheim Foundation for a Research Grant 1991

Publications:

Original Articles:

Merikangas JR, Johns RJ. The effect of guanidine on the muscle action potential. *Johns Hopkins Med. J.*; 1968; 122:37-41.

Foster G, Coble P, Merikangas JR, McPartland R, Ingenito G, Kupfer D. Disorder of arousal or psychomotor epilepsy; differential diagnosis and treatment of a rare heredofamilial disease. *Sleep Research.* 1975; 4:214.

Glass J, Kennerdell J, Merikangas JR. Frontal and occipital visual evoked potentials in visually deprived humans. *Neurosci Abst.* 1975; 1:93.

Merikangas JR. Common neurologic syndromes in medical practice. *Med Clin North Am.* 1977; 61:723-736.

Glass J, Crowder J, Kennerdell J, Merikangas JR. Visually evoked potentials from occipital and pre-central cortex in visually deprived humans. *Electroencephalog Clin Neurophysiol.* 1977; 43:207-217.

Hanin I, Kopp U, Zahniser NR, Shih TM, Spiker DG, Merikangas JR, Kupfer DG, Foster FG. Acetylcholine and choline in human plasma and red blood cells: A gas chromatograph/mass spectrometric evaluation. *Cholinergic Mechanisms and Psychopharmacology*. New York: Plenum. 1977:181-195.

Merikangas, JR, Merikangas KR, Katz L, Pan S. Chromosome banding analysis in cornelia deLange syndrome. *Hum Genet*. 1977; 39:217-219.

Merikangas JR, Auchenbach R. Carbamazepine in raynaud's disease. *Lancet*. December. 1977; 3:2:1186.

Neil JF, Merikangas JR, Davies RK, Himmelhoch JM. Validity and clinical utility of neuroleptic-facilitated electroencephalography in psychotic patients. *Clin Electroencephalography*. 1978; 9:38-48.
Merikangas JR. Neurodiagnostic methods for the aged. *Audio-Digest* Glendale, Psychiatry, Vol. 7, Number 12, Side B, June 26, 1978.

Merikangas JR. Skew deviation in pseudotumor cerebri. *Ann Neurol*. 1978; 4:583.

Hanin I., Merikangas JR., Merikangas KR., Kopp U. Red cell choline and Gilles de la Tourette syndrome. *N Engl J Med,* 1979; 1301:661-662.

Merikangas JR, Reynolds CF. Blepharospasm: Successful treatment with clonazepam. *Ann Neurol*, 1979; 15:401-402.

Merikangas JR, Marasco JA, Feszko W. Basal ganglia calcification in Down's syndrome. *Computerized Tomography*. 1979; 13:111-113.

Neil JF, Merikangas JR, Glew RH. EEG findings in adult neuronopathic Gaucher's disease. *Clinical Electroencephalography*. 1979; 10:198-205.

Neil JF, Hanin I, Merikangas JR, Merikangas KR, Foster G, Spiker DG, Kupfer D. Walking and all-night sleep EEG's in anorexia nervosa. *Clinical Electroencephalography*. 1980; 11:9-15.

Merikangas KR, Risch NJ, Merikangas JR, Weissman MM. Association between depression and migraine. *Amer J Epid (Abst)*. 1985; 122:538-539.

Manuelidis EE, Kim JH, Merikangas JR, Manuelidis L. Transmission to animals of Creutzfeldt-Jacob disease from human blood. *Lancet ii*. 1985; 8460:896-897.

Merikangas JR, Merikangas KR, Kopp U, Hanin I. Blood choline and response to clonazepam and haloperidol in Gilles de la Tourette's syndrome. *Acta Psychiatrica Scand*. 1985; 72:395-399.

Merikangas KR, Risch NJ, Merikangas JR, Weissman MN, Kidd KK. Migraine and depression: Association and familial transmission. *J Psychiatric Res.* 1988; 22:119-129.

Merikangas JR, Merikangas KR, Calcium channel blockers in MAOI-induced hypertensive crises. *Psychopharmacology* 96 (supp): 1988: 229.

Merikangas KR, Merikangas JR. Advances in the pharmacologic treatment of migraine. Psychopharmacology, 96 (supp): 1988: 145.

Katz LJ, Lester RL, Merikangas JR, Silverman JP. Ocular myasthenia gravis after D-penicillamine administration. *Brit J Ophthalmology.* 1989; 73:12:1015-1018.

Merikangas JR, Seminars in Treatment: Introduction to serotonergic drugs. *Annals Clin Psychiatry.* 1990; 2:3:2-3.

Merikangas JR. Seminars in Treatment: Introduction to child psychiatry. *Annals Clin Psychiatry.* 1991; 3:1:1-3.

Merikangas JR. Routine tests of drugs. *Am J Psychiatry.* 1991 Jul; 148 (7):947.

Merikangas JR. Seminars in Treatment: Introduction to hospital psychiatry. *Annals Clin Psychiatry.* 1992; 4:1:1.

Merikangas KR, Merikangas JR, Angst J. Headache syndromes and psychiatric disorders: Association and familial transmission. *J Psychiat Res.* 1993; 27:197-210.

Sananes C, Grillon C, Merikangas JR, Merikangas KR. Eyeblink reflex and migraine. Proceedings VIth Congress of the International Headache Society. 148, 1993.

Merikangas KR, Stevens D, Merikangas JR, Cooper T, Glover V, Sanlder M. Tyramine conjugation deficit in migraine and tension type-headache. Proceedings VIth Congress of the International Headache Society. p. 236, August 26-29, 1993.

Merikangas JR, Rojahn J. Seminars in Treatment: Introduction to the treatment of the mentally retarded. *Ann Clin Psychiatry.* 1993; 5:3:149-150.

Merikangas KR, Stevens D, Merikangas JR, Katz C, Glover V, Sandler M. Tyramine conjugation deficit in migraine, tension-type headache and depression. *Biol Psychatry.* 1995; 38:730-736.

Merikangas KR, Merikangas JR. Combination monoamine oxidase inhibitor and beta-blocker treatment of migraine with anxiety and depression. *Biol Psychiarty.* 1995; 38: 603-610.

Merikangas JR, Stevens D, Merikangas KR, Enalapril prophylaxis of migraine. *Schwizer Archiv for Neurologie and Psychiartie.* 1996; 147:118-123.

Merikangas KR, Stevens D, Merikangas JR. Treatments of migraine and tension-type headaches with concomitant depression. Directions in Psychiatry, Vol. 17. Summer, 1997.

Davalos D, Merikangas JR, Bender S. Psychosis in hypomelanosis of Ito. *Jounal of the Royal Society of Medicine*. 2001; 94:140-141.

Shur-Fen SG, Merikangas JR, Merikangas KR. Specificity of neurological and neurocognitive function in children with attention-deficit/hyperactivity disorder. J Neuropsychiatry Clin Neuroscience. 2002; 14:1:105.

Low NCP, Merikangas JR, Merikangas KR. Migraine and mood disorders. Psychiatric Annals. 2004; 34:1:33-40.

Chapters, Books:

Merikangas JR (Ed.) Brain-behavior relationships. Lexington: Health 1981.

Merikangas JR. The neurology of violence. In Merikangas JR (Ed.) Brain-behavior relationships. Lexington: Health 155-185, 1981.

Merikangas JR, Merikangas KR, Black HR. Clonidine and beta-blockers in psychiatry. In Giannini J (Ed.): Biological Foundations of Clinical Psychiatry, New York: Elsevier, 289-309, 1986.

Merikangas JR. Headache syndromes. In Stoudemeier A. Fogel B, (Eds.) medical Psychiatric Practice Vol. 1, Washington D.C.: American Psychiatric Press, 393-424, 1991.

Stevens DE, Merikangas KR, Merikangas JR. Comorbidity of depression and other medical conditions. In Weingarten S. (Ed.) Handbook of Depression, New York: Guilford Publications, 147-199. 1995.

Merikangas KR, Stevens DE, Merikangas JR. Migraine and headache disorders. In Robinson RG and Yates WR (Eds.) Psychiatric Treatment of the Medically Ill. New York, Marcel Dekker, Inc., 425-442. 1999.

Davalos, D.B., Hayes, A. & Merikangas, J. Autism and Hypomelanosis of Ito. In O. Ryanskin, (Ed.), Focus on Autism Research. (pp. 309-338). New York: Nova Science Publishers. 2005.

Merikangas KR, Merikangas JR. Neuropsychiatric aspects of headache. In Comprehensive Text Book of Psychiatry. Lippincott, Williams and Wilkins, 480-487. 2006.

Merikangas JR. Forensic Neuropsychiatry. In Guide to Neuropsychiatric Therapeutics. Lippincott, Williams and Wilkins, 388-402. 2006.

Book Reviews:

Merikangas JR. Gilles de la Tourette Syndrome. Shapiro AK, Shapiro ES, Bruun RD, Sweet RD. *J Clin Psychiatry*, 1981; 42:482-483.

Merikangas JR. Progress in Aphasiology. Rose CR (Ed.), New York: Raven, *Am. J. Psychiatry,* 1986; 143:1046-1047.

Merikangas JR. The Bridge Between Neurology & Psychiatry. In Reynolds EH and Trimble MR, *Am. J. Psychiatry*, 1991; 148:1.

Merikangas Jr. Merritt's Textbook of Neurology Eighth Edition, Rowland LP (Ed.), *Am. J. Psychiatry*, February 1992; 149:2.

Merikangas JR. Brain and Behavior in Child Psychiatry, Rothenberger A (Ed.) *Am. J. Psychiatry*, January 1993; 150:1.

Merikangas JR. The Butcher Boy, Patrick McCabe. *Am. J. Psychiatry*, December 1994; 151:12.

Merikangas JR. Johnny, I Hardly Knew You, Edna O'Brien in "Edna O'Brien Reader," *Am. J. Psychiatry*, December 1994; 151:12.

Merikangas JR. Molecular and Genetic Basis of Neurological Disease, Ronsenberg R, Prusnier S, DiMauro S, Barchi R, Kunkel L. (Eds.) *Am. J. Psychiatry*, January 1995; 152:1.

Merikangas JR. Marabou Stork Nightmares: A Novel, Irvine Welsh, *Am. J. Psychiatry*, December 1996; 153:12.

Merikangas JR. The Eighties: A Reader, Gilbert T. Sewall (Ed.), *Am. J. Psychiatry*, February 1999; 156:2:329-330

Merikangas JR. The Law & Mental Health Professionals – Connecticut, Sheila Taub. *Connecticut Psychiatrist*, Summer 1999; 41:3:13

Merikangas JR. Bad Boys, Bad Men: Confronting Antisocial Personality Disorder, Donald W. Black and C. Lindon Larson. *Am. J. Psychiatry*, December 1999; 156:12:2011-2012.

Merikangas JR. Child and Adolescent Neurology, Ronald B. David (Ed.), *Am. J. Psychiatry*, August 2000; 157:8:1356-1357.

Merikangas JR. Neurodevelopmental Approach to Specific Learning Disorder: Clinics in Developmental Medicine 145, Kingsley Whitmore, Hillary Hart and Guy Willems (Eds.), *Amer J Psychiatry*, March 2001; 158:3:510-512.

Merikangas JR. The Brain and Behavior An Introduction to Behavioral Anatomy, David I. Clark and Nashaat N. Boutros. *J Neuropsychiatry Clin Neurosci*, Fall 2001; 13:4:525-526.

Merikangas JR. Translated Accounts: A Novel, by James Kelman. *Am. J. Psychiatry*, 2002; 159:12:2120.

Merikangas JR. The Curious Incident of the dog in the Night-Time: A Novel. *Am. J. Psychiatry*, Dec 2003; 160:2245-2246.

Merikangas JR. The Developmental of Psychopathology: Nature and Nurture, Bruce f. Pennington. *Am. J. Psychiatry*, October 2004; 161:10:1932-1934.

Merikangas JR. Hitler: Diagnosis of a Destructive Prophet. *Am. J. Psychiatry,* Jun 2002; 159: 1760-1766.

Merikangas JR. The Cave. *Am. J. Psychiatry*, Dec 2004; 161: 2335-2336.

Merikangas JR. Transmission: A Novel. *Am. J. Psychiatry,* Dec 2005; 162: 2411-2412.

Merikangas JR. Neuropsychiatry and Behavioral Neurology Explained. *Psychosomatics,* March-April 2007; 48.2: 181-182

Miscellaneous Publications:

Merikangas JR. Neuropsychiatrist – Who qualifies as one? Letter to the Editor. *J Neuropsychiatry*. 1990; 2:3:354.

Merikangas JR. Routine tests of drugs. Letter to the Editor. *Amer J Psychiatry*. 1991; 148:7:974.

Merikangas JR. Violence and the Brain. Letter to the Editor. *The Sciences*. November/December 1992.

Merikangas JR. Commentary regarding "The Treatment of Clinical Aggression: An Integrative Approach" by Ratey JJ and Leveroni CL. *Integrative Psychiatry*. 1992; 8:75-176.

Merikangas JR. "Changing over-the-counter drugs while retaining the brand name." Letter to the Editor. *Annals of Internal Medicine*. 1993; 118:12:988.

Merikangas JR. "Resolved: Managed Care Violates Medical Ethics", Letter to the Editor, *Connecticut Medicine*. August 1996:60:8:505-509.

Merikangas JR. "Confidentiality: A Vanishing Right?", Letter to the Editor, ACP Observer, p 6. December, 1996.

Merikangas JR. "Ethics in Managed Care-A Response to Maria Lenaz's Article", Letter to the Editor, *Connecticut Medicine*, 62, 2, p 108. February 1998.

Merikangas JR. "Shortfall of Physicians?" Letter to the Editor, *Connecticut Medicine*, 62, 7. July, 1998.

Merikangas JR. "Das Warten auf den Tod ist Folter", "Waiting for Death is Torture" Interview, *Der Spiegel*, Vol. 48, pp 176-180, October 18, 1999.

Merikangas JR. "A Review of Stephen Soderbergh's Movie Traffic", *J Amer Acad Psychiatry Law*, 29.2, pp 241-242, 2001.

Merikangas JR. "Commentary: Alcoholic Blackout – Does It Remove Mens Rea?", *J Am Acad Psychiatry Law*, 32:375-7, 2004.

National and International Lectures:

"Frontal and Occipital Evoked Potentials in Visually Deprived Humans", Society of Neurosciences, New York, December 5, 1975.

"Diagnosis and Management of Pain", American Psychosomatic Society, Continuing Education Course, Pittsburgh, P.A. April 1976.

"Psychosis and Movement Disorder: Interrelations", American Psychiatric Association Annual Meeting, Miami, FL, May 1976.

"Total Care of the Psychiatrically Ill Retarded", American Psychiatric Association Annual Meeting, Miami, FL, May 1976.

"Medication of the Mentally Retarded in an Outpatient Setting: Rationale and Consistencies", American Psychiatric Association Annual Meeting, Miami, FL, May 1976.

"Medical Considerations at Intake", The Association Psychiatric Outpatient Centers of American, Regional Meeting, Pittsburgh, PA, October 1977.

"Seizure Disorder and Headache", Practical Medicine for the General Psychiatrist. Western Psychiatric Institute and Clinic, University of Pittsburgh, Pittsburgh, PA, November 6, 1977.

"Neurodiagnostic Methods for the Aged", American Psychiatric Association Annual Meeting, Atlanta, GA, May 8, 1978
Industrial Health Foundation, Inc., Pittsburgh, PA, September 18, 1978.

"Seizure Disorder", Practical Medicine for the General Psychiatrist, Western Psychiatric Institute and Clinic, University of Pittsburgh, Pittsburgh, PA, November 9, 1978.

"Psychosomatic Illness-Evaluation and Treatment", Industrial Health Foundation, Inc. Pittsburgh, PA, May 1979.

"Psychological Aspects of Stress and "Overview of Psychosis and Neurosis", Industrial Health Foundation, Pittsburgh, PA, September 1980.

"Children with Neurological Problems Presenting as Psychiatric Problems", Continuing Educational Program, Dartmouth Hitchcock Medical Center, Brattleboro Retreat, Brattleboro, VT, October 1980.

"Neurophysiology of Violence", Psychosomatic Grand Rounds, Yale-New Haven Hospital, New Haven, CT, February 18, 1981.

"Behavioral Emergencies", Connecticut Emergency Medical Services Annual Educational Seminar, New Britain, CT, March 13, 1981.

"Mental Retardation", Yale Law School, Yale University, New Haven, CT, April 2, 1981.

"Organic Brain Disorders", South Central Community College, New Haven, CT, April 29, 1981.

"Behavioral Manifestations and Treatment of Chronic Organic Brain Syndrome", Chapel Haven Center for Brain Damaged Adults, New Haven, CT, November 10, 1981.

"Neurological and Psychiatric Considerations in Parkinson's Disease", East Shore Parkinson's Support Group, East Haven, CT, November 19, 1981.

"Psychiatric Complications of Medical Treatment", Neurology and Psychiatry Board Review Course, Department of Psychiatry, Yale University School of Medicine, New Haven, CT, March 15, 1981.

"Psychiatric Complications of Medical Treatment", Neurology and Psychiatry Board Review Course, Department of Psychiatry, Yale University School of Medicine, New Haven, CT, March 19, 1982.

"Psychiatric Problems of Epileptics" and "Atypical Psychiatric Syndromes and Pharmacological Treatment", Course on Psychopharmacology in Children and Adolescents. American Psychiatric Association, Toronto, Canada, May 20, 1982.

"Neurological Complications of Alcohol", Shirley Frank Foundation, New Haven, Ct, June 4, 1982.

"Psychotropic Medication", Conference on Mental Health and Developmental Disability Consortium of New Haven, Clifford Beers Child Guidance Center, New Haven, CT, October 9, 1982.

"Medical Problems in Arbitration", National Academy of Arbitrators, Northeast Regional Meeting, Southbury, CT, October 20, 1982.

"Pharmacology of Neuroleptic Induced Movement Disorder, II", Institute of Living, Hartford, CT, November 8, 1982.

"Headaches", Healthwise Television Broadcast, Storer Cable TV, Channel U-24, New Haven, CT, November 16, 1982.

"Psychiatric Complications of Medical Drugs", Board Review Course, Department of Psychiatry, Yale University School of Medicine, New Haven, CT, March 14, 1983.

"Choline and Drug Response in Tourette's Syndrome", VII World Congress of Psychiatry, Vienna, Austria, July 15, 1983.

"Psychiatric and Family Aspects of Parkinson's Disease", Parkinson Enlightenment Program, Hamden, CT, February 1, 1983.

"Headaches", Healthwise Television Broadcast, Storer Cable TV, Channel U-24, New Haven, CT, February 16, 18, 1983.

"Violence and Atypical Psychosis", Connecticut Valley Hospital, Middletown, CT, March 9, 1983.

"Hysteria and Neurological Conditions", Mental Health Clinic, Hospital of St. Raphael, New Haven, CT, March 11, 1983.

"Neuropsychiatric Assessment in Childhood", West Haven Division of Connecticut Mental Health Center, West Haven, CT, April 14, 1983.

"Parietal Lobe Disorders, Part I", Integrated Seminar in Psychiatry and Psychosomatic Medicine, Yale-New Haven Hospital, New Haven, CT, April 18, 1983.

"Parietal Lobe Disorders, Part II", Integrated Seminar in Psychiatry and Psychosomatic Medicine, Yale-New Haven Hospital, New Haven, CT, April 25, 1983.

"Stress and Headache in Business", Combined Resources, Stone School of Business, New Haven, CT, May 26, 1983.

"Job Stress", Hospital of St. Raphael, New Haven, CT, June 3, 1983.

"Neurological Considerations in Psychiatry", Connecticut Valley Hospital, Middletown, CT, November 17, 1983.

"Psychiatric Complications of Medical Treatment", Neurology and Psychiatry Board Review Course, Department of Psychiatry, Yale University School of Medicine, New Haven, CT, March 14, 1984.

"Psychopharmacology of Children and Adolescents", Course Presentation at Annual Meeting of the American Psychiatric Association, Los Angeles, CA, May 10, 1984.

"Temporal Lobe Epilepsy", Connecticut Mental Health Center, New Haven, CT, January 12, 1984.

"Face Pain", Grand Rounds in Oral Surgery, Hospital of St. Raphael, New Haven, CT, March 13, 1984.

"Beta Blockers in Psychiatry", Connecticut Valley Hospital, Middletown, CT, April 11, 1984.

"On the Insanity Defense", University of Bridgeport School of Law, Bridgeport, CT, April 19, 1984.

"Altered Mental States and the Interface Between Neurology and Psychiatry", Griffin Hospital, Derby, CT, November 10, 1984.

"Distinguishing Neurologic and Psychiatric disease", Consultation Liaison Service, Yale-New Haven Hospital, New Haven, CT, December 18, 1984.

"Association Between Depression and Migraine", Annual Meeting of The Society for Epidemiologic Research, Chapel Hill, NC, June 20, 1985.

"Altered States", Consultation Liaison Service, Yale-New Haven Hospital, New Haven, CT, January 17, 1986.

"Anticonvulsants in Psychiatric Disorders", Jefferson Medical College, Philadelphia, PA April, 1986.

"Facial Pain", Residents in Oral and Maxillofacial Surgery, Hospital of St. Raphael, New Haven, CT, July 15, 1986.

"Seizures and Affective Disorder", Consultation Liaison Service, Yale-New Haven Hospital, New Haven, CT, July 25, 1986.

"Management of the Difficult Patient", Memorial Hospital, Meriden, CT, September 18, 1986.

"Psychological Consequences of Multiple Trauma", International Rehabilitation Associates, Inc., Berlin, CT, November 1986.

"Mental Status Examination", Consultation Liaison Service, Yale-New Haven Hospital, New Haven, CT, January 16, 1987.

"Altered States of Consciousness", Neuropsychiatric Rounds, Yale-New Haven Hospital, January 17, 1987.

"The Neuropsychiatric Work-Up", Consultation Liaison Service, Yale-New Haven Hospital, New Haven, CT, January 23, 1987.

"Blepharospasm", Connecticut Blepharospasm Support Group Annual Meeting, Southbury, CT, April 26, 1987.

"Neuropsychiatry on Death Row", Rhode Island Hospital, Brown University, Providence, RI, October 27, 1987.

"MRI, Thermography and Evoked Potentials in the Evaluation of Low Back Pain", International Rehabilitation Associates, November 17, 1987.

"Neuropsychiatric Manifestations of Migraine", Connecticut Valley Hospital, Middletown, CT, February 3, 1988.

"Advances in the Pharmacologic Treatment of Migraine", Collegium Internationale Neuro-Psychopharmacologicum, Munich, West Germany, August 16, 1988.

"Calcium Channel Blockers in MAO-I Induced Hypertensive Crisis", Collegium Internationale Neuro-Psychopharmacologicum, Munich, West Germany, August 17, 1988.

"A Review of Physical Diagnosis for Psychiatrists", American Psychiatric Association Annual Meeting, San Francisco, CA, May 8, 1989.

"Dangerous Headaches", Swiss Headache Society, Solothurn, Switzerland, December 2, 1989.

"Neuropsychiatry and the Violent Criminal", The Institute of Living, Hartford, CT, February 8, 1989.

"Medical Testimony in Malpractice Actions", Connecticut Trail Lawyers Association, New Haven, CT, April 1989.

"Objective Testing to Determine Rehabilitation Potential for Appropriate Therapy for Traumatic Brain Injury", Intracorp, Glastonbury, CT, May 24, 1989.

"Neuropsychiatry", CROSSTALK, Television broadcast, Channel 28, New Haven, CT, May 24, 1989.

"Medical Ethics and the Care of Children", University of Pennsylvania School of Nursing, Philadelphia, PA, December 5, 1989.

"Thermography", Trial Strategies Seminar, Travelers Insurance Company, Orlando, FL, February 14, 1990.

"Death Row Criminals", Breakthrough with Dr. Larkin, Radio broadcast, Pastoral Theological Institute, Hamden, CT, March 21, 1990.

"Alcoholism", Breakthrough with Dr. Larkin, Radio broadcast, Pastoral Theological Institute, Hamden, CT, March 21, 1990.

"A Review of Physical Diagnosis for Psychiatrists", American Psychiatric Association Annual Meeting, New York City, New York, May 13, 1990.

"A Practical Clinical Laboratory Guide for Psychiatrists", American Psychiatric Association Annual Meeting, New York City, NY, May 15, 1990.

"Neuropsychiatric Considerations and the Insanity Defense for Murder", Georgia Resource Center, Atlanta, GA, July 12, 1990.

"Painful Neuropathies", Bristol Hospital, Bristol, CT, January 29, 1991.

"Painful Neuropathies", Charlotte Hungerford Hospital, Torrington, CT, February 1, 1991.

"Behavioral Management for the TBI Client Via Pharmacological Intervention", New Medico Head Injury Systems, Meriden, CT, March 22, 1991.

"Children as Witnesses in Child Abuse Cases", Eyewitness News, WFSB Channel 3, April 29, 1991.

"A Review of Physical Diagnosis for Psychiatrists", American Psychiatric Association Annual Meeting, New Orleans, LA, May 14, 1991.

"Serial Killers", Eyewitness News, WFSB Channel 3, July 26, 1991.

"The Neuropsychiatric Evaluation of Violent Behavior", National Alliance for the Mentally Ill Children & Adolescent Network, Woodbridge, CT, November 13, 1991.

"Homicide Task Force", Eyewitness News, WFSB Channel 3, November 19, 1991.

"A Review of Physical Diagnosis for Psychiatrists", American Psychiatric Association Annual Meeting, Washington, DC, May 3, 1992.

"Evaluation and Treatment of Violent Youth", Community Action for the Mentally Ill Offender, Seattle, WA, May 28, 1992.

"Neuropsychiatric Evaluation of Juvenile Offenders", National Coalition for the Mentally Ill in the Criminal Justice System, Seattle, WA, May 28, 1992.

"The Phoenix Park Murders", James Joyce Symposium, Dublin, Ireland, June 18, 1992.

"The Neurological Basis for Violent Behavior: Children and Adults", National Alliance for the Mentally Ill National Meeting, Washington, DC, September 12, 1992.

"Who's on Death Row? Psychiatric Portraits", Violence in America Psychological and Sociological Perspectives, Washington, DC, October 16, 1992.

"Radiology and Neurology Consultation", PGY II Integrated Psychopathology Course, Veterans Administration Hospital, West Haven, CT, February 18, 1993.

"Epilepsy", PGY II Integrated Psychopathology Course, Veterans Administration Hospital, West Haven, CT, February 22, 1993.

"Diagnostic Imaging", PGY II Integrated Psychopathology Course, Yale-New Haven Hospital, New Haven, CT, March 15, 1993.

"Epilepsy", PGY II Integrated Psychopathology Course, Yale-New Haven Hospital, March 22, 1993.

"A Review of Physical Diagnosis for Psychiatrists", American Psychiatric Association Annual Meeting, San Francisco, CA, May 23, 1993.

"Post Traumatic Headaches", Swiss Neurological Society, Flims, Switzerland, June 5, 1993.

"Pharmacotherapy of Traumatic Brain Injury in Children", American Academy of Child Psychiatry National Meeting, San Antonio, TX, October 28, 1993.

"Specialty Clinics in Child Psychiatry", American Academy of Child Psychiatry National Meeting, San Antonio, TX, October 28, 1993.

"Evaluation of the Violent Offender", Second International Conference on Treatment and Diversion of Mentally Disordered Offenders, Tempe, AZ, November 8, 1993.

"The Clinton Health Care Package", with Senator Joseph Crisco, Commissioner Donald Pogue and Professor Theodore Marmer. Public Service Cable Television broadcast, Seymour, CT, November 12, 1993.

"The Neurobiology of the Attention Deficit Disorder and Learning Disabled Brain", Children and Adults with Attention Deficit Disorders Support Organization, Berlin, CT, November 13, 1993.

"The Clinton Health Care Package – Part II", with Senator Joseph Crisco, Commissioner Donald Pogue, Professor Robert A. Burt and State Senator Kenneth Przybysz. Public Service Cable Television broadcast, Seymour, CT, January 24, 1994.

"A Review of Physical Diagnosis for Psychiatrists", American Psychiatric Association Annual Meeting, Philadelphia, PA, May 22, 1994.

"Pharmacotherapy of Traumatic Brain Injury in Children", American Psychiatric Association Annual Meeting, Philadelphia, PA, May 23, 1994.

"SPECT, CT, MRI & EEG in Psychiatry", Yale University Psychiatric Residents, March 31, 1994.

"Anticonvulsants in Psychiatry", Yale University PGY III and PGY IV students, Veterans Administration Hospital, West Haven, CT, May 17, 1994.

"Preparing for a Career in Neuropsychiatry", American Psychiatric Association Annual Meeting, Miami, FL, May 24, 1995.

"Managed Care: The Psychiatrist and Neurologist in Private Practice", Department of Psychiatry, University Hospital, Bern, Switzerland, June 20, 1995.

"Mental Health Services to Youth Detained in Juvenile Justice Facilities", American Academy of Child and Adolescent Psychiatry Annual Meeting, New Orleans, LA, October 19, 1995.

"Vulnerability for Substance Abuse and Anxiety: A Family Study", American Academy of Child and Adolescent Psychiatry Annual Meeting, New Orleans, LA, October 21, 1995.

"Neuropsychiatric Evaluation of Death Row Criminals", University of Texas Medical Branch, Galveston, TX, January 31, 1995.

"Chronic Pain", Masonic Home and Hospital, Wallingford, CT, February 2, 1995.

"Swiss Psychiatry and the Mental Illness of Lucia Joyce", 15th Annual James Joyce Symposium, Zurich, Switzerland, June 21, 1996.

"Update on Headache", University of Massachusetts Medical Center, Worcester, MA, January 16, 1996.

"Medico-Legal Aspects of Headache Treatment", Headache Consortium of New England, Stowe, VT, March 2, 1996.

"Traumatic Brain Injuries and Its Consequences", Child Neurology and Psychiatry Conference, Vilnius, Lithuania, June 27, 1997.

"Behavioral Problems of Epileptics", Child Neurology and Psychiatry Conference, Vilnius, Lithuania, June 28, 1997.

"Neuromuscular Disorders", Child Neurology and Psychiatry Conference, Vilnius, Lithuania, June 29, 1997.

"Traumatic Brain Injury and Its Consequences", Child Neurology and Psychiatry Conference, Tartu, Estonia, July 1, 1997.

"Behavioral Problems in Epileptics", Child Neurology and Psychiatry Conference, Tartu, Estonia, July 2, 1997.

"Neuromuscular Disorders", Child Neurology and Psychiatry Conference, Tartu, Estonia, July 3, 1997.

"Serial Killers", Eye Witness News, WFSB News, Hartford, CT, July 18, 1997.

"Brain Abnormalities in Violent Criminals", Dateline NBC, July 20, 1997.

"Genetics of Crime", MSNBC, July 21, 1997.

"Cortical Stimulation and Response-Brain Behavior Relationships", Transcranial Magnetic Stimulation Conference, Interlaken, Switzerland, August 14, 1997.

"Mental Health Issues in Death Penalty Defense", National Institute for Trail Advocacy Meeting, Temple University School of Law, Philadelphia, PA, January 31, 1998.

"Mental Health Issues in Habeas Appeals", National Institute for Trail Advocacy Meeting, University of Texas School of Law, Austin, TX, June 27, 1998.

"James Joyce: Manic Genius and the Family Triangle", The Program for Humanities and Medicine, Yale University School of Medicine, May 7, 1998.

"Koskoff Inn of Court: Admissibility of Evidence: Porter and Daubert Decisions", Tyler, Cooper, and Alcorn, 205 Church Street, New Haven, CT, November 17, 1988.

"Introduction to the Multi-Axial System of DSM-IV", Federal Defender Training Group, Atlanta, GA, August 28, 1999.

"Personality Disorder Diagnosis", Fourth Annual National Habeus Corpus Seminar, Federal Defender Training Group, Atlanta, GA, August 28, 1999.

"Substance Abuse: A Medical Disease", Fourth Annual National Habeus Corpus Seminar, Federal Defender Training Group, Atlanta, GA, August 28, 1999.

"The Mental Illness of Lucia Joyce", Neurosciences and Psychiatry Congress of History, Joint Meeting of European Association for the History of Medicine, International Society for the History of the Neurosciences and European Club for the History of Neurology, Zurich, Switzerland, September 15, 1999.

"The Adolph Meyer Lecture: Crossing, Uncrossing, and Re-crossing of Neuropsychiatry in the USA", Neurosciences and Psychiatry Congress of History, Joint Meeting of European Association for the History of Medicine, International Society for the History of the Neurosciences and European Club for the History of Neurology, Zurich, Switzerland, September 16, 1999.

"Representing a Death-Sentenced Client in Federal Post-Conviction Proceedings", National Institute for Trial Advocacy Meeting, University of Houston Law Center, Houston, TX. January 20-23, 2000.

"Representing a Death-Sentenced Client in Federal Post-Conviction Proceedings", National Institute for Trial Advocacy Meeting, University of North Carolina School of Law, Chapel Hill, NC, January 18-20, 2001.

"Understanding Forensic Mental Health Issues", National Defender Investigator Association 2001 National Conference, Kansas City, MO, March 28, 2001.

"A New Look at Forensic Mental Health Issues, Missouri State Public Defender 2001 Capital Conference, Kansas City, MO. May 17, 2001.

"Understanding Forensic Mental Health Issues", National Defender Investigator Association, Northeast Regional Conference, Philadelphia, PA, September 27, 2002.

"How the Brain Works", Third National Seminar on Mental Health in Criminal Law, Atlanta, GA, November 2, 2002.

"Neuroscience of Music", Humanities in Medicine Series, Yale University School of Medicine, New Haven, CT, March 20, 2003.

"Mental Health Issues in Criminal Defense", D.C. Association of Criminal Defense Attorneys, Washington, DC, April 5, 2003.

"Applying Brain Imaging to Clinical Practice: A Master Clinician's View-Opening the Mind – The Clinical Application of Brain SPECT Imaging in Psychiatry", University of California Irvine College of Medicine and the Amen Clinics, Irvine, CA, May 3, 2003.

"Familial and Longitudinal Patterns of Comoborbidity of Migraine and Mental Disorders", XXIV CINP Congress, The International Journal of Neuropsychopharamacology, Paris, June 20-24, 2004

"Prosecutorial Misconduct in Capital Cases- Hubris, Arrogance and the Abuse of Power", XXIXth International Congress on Law and Mental Health, Paris, France, July 8, 2005

"Neurodiagnosis of Child Murderers" and "US Supreme Court Revisits the Juvenile Death Penalty" panel member, 36th Annual Meeting of American Academy of Psychiatry and the Law, Montreal, PQ, Canada October 30, 2005.

"Brain Behavior and Cognition", National Seminar on the Development and Integration of Mitigation Evidence, Washington D.C., April 1, 2006

"Brain Imaging" and "Prosecutorial Misconduct", National Seminar on the Development and Integration of Mitigation Evidence, Washington D.C., March 30, 2007

"Migraine and Depression", Annual Meeting for American Academy of Clinical Psychiatrists, Washington D.C., March 31, 2007

STATE OF LOUISIANA
PARISH OF ORLEANS

DECLARATION OF EDWARD R. GREENLEE

1. My name is Edward R. Greenlee. I am the Interim State Public Defender of the Louisiana Public Defender Board, formerly the Louisiana Indigent Defense Assistance Board. I represented Kevan Brumfield at trial for first-degree murder.

2. In the course of my representation, I investigated allegations that the detectives interrogating Mr. Brumfield coerced the taped confessions of him. At the initial suppression hearing, the officers interrogating Mr. Brumfield denied possessing a gun during the interrogation. However, after viewing the tape on a different monitor at a second suppression hearing, which showed the presence of a gun, the police officers admitted to having the gun in the interrogation room.

3. Because of this, I was able to secure funding from the Baton Rouge Public Defender's Office to hire an expert in forensic audio analysis. The expert, Steve Cain, was able to do a preliminary analysis of the tape and reported that he believed that the clicking sounds heard on the tape were made by a gun being cocked and the trigger being pulled. However, the expert informed me that he would have to do a more in depth analysis of the tapes and needed to have the original tape in order to complete his analysis.

4. I filed a motion to secure the necessary funding so that Mr. Cain could complete his work. The trial court denied my funding request. Based upon the information I received from Steve Cain, I firmly believe that a proper analysis of the tape will reveal the sound of a gun being cocked and/or the trigger being pulled.

I swear under penalty of perjury that the above is true and correct to the best of my knowledge.

Signed this 1st day of October 2007.

EDWARD R. GREENLEE

APPENDIX 4