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FORENSIC PSYCHOLOGICAL EVALUATION

Client Name: Colton A. Harris-Moore
Date of Birth: 03-22-1991 (16 years, 2 months)
Referred By: Rachel H. Miyoshi,
Attorney for the Defense

Report Date: June 15, 2007
Assessment Dates: May 9 - 21, 2007

Case No's.: 07-8-00053-1; 07-8-00048-4;
07-8-00047-6; 07-8-00035-2; 07-8-00032-8;
06-8-00081-8

I. Background and Evaluation Questions

Colton Harris-Moore is a 16-year-old adolescent boy who currently resides in the Island County Juvenile Detention in Coupeville. His home has been on Camano Island where he has resided most of his life with his mother, Ms. Pam Kohler. Also in the home currently is a man named Van Jacobson who resides in the home "on and off" over the past several years. Colton has a maternal half-brother, Paul (36) who lives in Granite Falls with his two children. Colton has not seen his brother for at least two years, and he reports that his mother and Paul have had no contact for several years. There are no other siblings. Colton's biological father is reported to be Mr. Gordon Moore whose whereabouts are unknown.¹ He has been out of contact for about three years. He resided with Colton and his mother "on and off" three to four years ago. Mr. Moore reportedly has a history of addiction and incarceration in jails and prisons.

Colton reports that he is in generally good physical health. He currently takes no medications on a regular basis. Colton has a long-term history of psychiatric and behavioral difficulties, however. He was initially assessed at Compass Health at age 10 in August, 2001 and treated there over a three-year period. He was assigned a variety of diagnoses including Attention Deficit Hyperactivity Disorder (ADHD), Depression, Intermittent Explosive Disorder, and Parent-Child Relational Problem. He also has been prescribed a wide range of psychiatric medications including antidepressants, stimulant medications, mood stabilizers, and even an anti-psychotic medication. In addition to the behavioral and psychiatric assessments and treatment, there is a substantial CPS history with references to 12 CPS referrals up to December, 2005.

Colton last attended school regularly at the Lincoln Hill Alternative School in Stanwood from the middle of the 2005-2006 school year. He reports, however that he was absent much of the time. He states that he was home sleeping, and that his mother did not make much effort to get him to attend school. Prior to being transferred into the Lincoln Hill Alternative School, he had attended Stanwood Middle School for the previous two and a half years. While at Stanwood Middle School, he accumulated numerous incident reports most of which were for truancy, between 2002 and 2005. The incident reports also included a theft, vandalism, and three incidents of harassment/bullying. Most of these incidents resulted in in-school suspension (ISS). However, he also was expelled and put on long-term suspension for theft and vandalism.

Background and Evaluation Questions, cont

Colton was arrested on Camano Island on February 10th of this year. He currently is charged in Island County Superior Court, Juvenile Division with 23 criminal charges, the majority of which involve possession of stolen property, but also including five counts of computer trespass, three counts of residential burglary, and an obstructing charge, as well as a first-degree theft charge. In brief: In June and July of last year, Colton had been attending court hearings at the Denney Juvenile Justice Center in Snohomish County involving a theft charge. He was due in August to be tried on the theft charge. He reports that he was fearful of incarceration and, "so I took off before the day of the trial." For the following six months, Colton was in hiding and was actually staying with friends he had met while on the run. It was during that six months that he accumulated the 23 charges noted above.

Colton's attorney, Ms. Rachel Miyoshi, noted Colton's substantial history of psychiatric/behavioral evaluation and treatment, as well as the numerous CPS referrals dating from the year of his birth. She therefore requested a forensic psychological evaluation in order to better understand the pattern of problematic behaviors in which Colton has engaged in over the past one to two years, and in order to assist her and the court in disposition planning.

II. Sources of Information

Documents Reviewed:

Order for Retaining Expert Services 4-3-2007
Amended information 03/06/2007
Information 02/12/2007
Additional Narrative
Information 07/11/2006
JRA "Record of Official Action," Echo Glen 04/20/2005
Washington Juvenile Court Identifying Data and Prosecutor's Case Summary
Summary Assessment, Mr. Chris Cram
ICJDC Incident Report 03/14/2007
Summative Discipline History
Early Educational Records from June of 1994 to March of 1997, Stanwood School District
Educational Records, Various
Compass Health Clinical Assessment and Treatment Records 8/01-07/04
Child Protective Services Records, Various 01/27/92-05/05

Interviews, Tests:

Individual clinical interview and mental status examination 05/09/2007
Ms. Pamela Kohler (mother), by telephone 05/21/2007
Ms. Sandy Putnam (maternal aunt), by telephone 05/21/2007
Mr. Chris Cram, juvenile probation counselor, Island County 05/09/2007
6 WISC-IV subtests
MACI

III. Developmental and Clinical History

Colton and his mother reported the following early developmental history (supplemented by records from the school district). Colton was born in Mount Vernon by C-section at Skagit Valley Hospital.

VI. Diagnostic Formulation

Colton is an intellectually capable adolescent boy who surely would be able to succeed in academic and occupational endeavors in the years ahead given regular attendance and the emotional stability to sustain attention and follow through. For several years now, his ability to apply himself to his schoolwork--indeed even to care about it--has been severely lacking, and he has missed approximately half of his school days in the Stanwood Middle School and in high school. Despite good intelligence, Colton has been unable to sustain the motivation, interest, and focus in schoolwork and other endeavors due to what is now a long-term, agitated and self-defeating depression.

By all accounts, Colton came into the world as a healthy infant and toddler. Unfortunately, he was born into a home situation marked by instability, loss and alcohol abuse. His biological father who went on to be imprisoned was "in and out" of the home for several years to finally depart when Colton was four. Early reports suggest there may have been--as would be expected--considerable frustration and distress for Colton as a toddler. His mother reports some "head banging." In the ensuing years several CPS referrals were made, and Colton's home and family life precluded the development of basic trust and psychological health in the child. By Colton's account (and that of numerous available records) Colton's mother has been heavily affected by alcohol abuse throughout Colton's developmental years; and there has been a variety of men in the home -- boyfriends and husbands who had their own alcohol and drug addictions.

The broad outlines of Colton's psychological development can be traced through review of the CPS records. In the first few CPS referrals, there are indications of abuse and/or neglect, for example, Colton being "afraid to go home" at the age of 10 after being "thrashed" by his mother and her boyfriend. He was placed in protective custody and foster care. By the time Colton was 10 or 11, he was getting into minor behavioral troubles at school, and by the time he was 12 or 13, he was acting out in oppositional, defiant and angry ways.

Colton's behavior in the last few years has deteriorated to the point where a year ago he was charged with theft and he ran away from home in order to avoid going to court in Snohomish County. Now he has over 20 criminal charges against him. In spite of the numerous criminal complaints, there is no history of Colton ever hurting anyone. The one possible exception to this might be when he and his mother got into physical fights in the past.

Not only has Colton not hurt other people, but he has never been a user of any drugs or alcohol according to records and according to his mother, his aunt and his probation counselor (Mr. Chris Cram). Colton explains that he understands that both his parents have had severe substance abuse problems, and he wishes to avoid complicating his life further with drugs or alcohol. He also complains that his mother has been "very mean" to him when she is drinking.

Stemming from many years of stressful, unstable, and even abusive home environment, Colton developed a depressive disorder, first diagnosed at Compass in 2001 and 2002. Not surprisingly, he was showing oppositional and defiant behaviors at that time. The emotional and behavioral difficulties responded poorly to Prozac, but responded well to Strattera (atomoxetine). Like many children and adolescents who suffer depression, his symptoms have involved a preponderance of irritable and agitated features along with painful emotions, lethargy and disturbed sleep. A sense of futility is a common accompaniment to such depression, as are self-defeating actions. Colton continues to suffer from that disorder, termed Dysthymic Disorder.

Next in order of prominence, Colton is diagnosed with Parent-Child Relational Problem. This is a

Diagnostic Formulation, cont


arranged in a manner that supports positive development and precludes any further bad choices. He looks forward to the opportunity to work in a responsible and consistent manner.

Colton is not emotionally committed to getting something for nothing. He has no interest in making a lot of money or securing drugs. However, Colton is the kind of teen whose psychological development could be hardened into an uncaring and unhelpful young man if compelled to spend lengthy periods in JRA institutions. What he needs most at this point is to associate with healthier peers, teachers, and other adults; and to get to work and school. Given the destructive habits we have seen, of course, he would benefit from close supervision, perhaps electronic home monitoring.

Colton's maternal aunt, Ms. Sandy Putnam (who has raised several children who are now adults) reports that she is available and hopes to be able to assist by having him reside with her when it is feasible. Colton surely cannot be expected to stay on a positive course living in his mother's home; but his aunt Sandy reportedly runs a very different kind of house, with appropriate rules and limits needed by young people.

This report is based upon the data gathered from a number of sources. This evaluator believes that he has accurately reported and organized the information provided. If there is any information that you believe is substantially misleading, misreported or mistaken, please notify the evaluator and indicate the information that you believe needs to be corrected. Otherwise, all information will be assumed to be substantially accurate and complete as stated, observed, and/or attributed.

I hereby declare under penalty of perjury of the laws of the state of Washington that the foregoing is true and correct to the best of my knowledge.


Delton W. Young, Ph.D.
WA Psychology Lic. #1580
Bellevue, Washington

June 15, 2007

Notes

1. Colton expressed serious doubts whether Mr. Moore is really his biological father.
2. Young, D. (1999). *Wayward Kids: Understanding and Treating Antisocial Youth*. Northvale, N.J.: Jason Aronson, Inc. See, especially, Chapter 4.

Diagnostic Formulation, cont

V-code diagnosis that is not a clinical syndrome or a personality disorder, but a serious psychiatric problem located not within the child, but between the child and his parent. He and his mother have been in a hostile relationship for many years and a good part of his self-defeating and defiant behaviors can be traced to an accumulation of resentment, hostility, and despair in that maternal relationship. In addition, of course, he was abandoned by his father who has been in jail and prison and has shown no interest in his son. The one "father figure" to whom Colton was attached (Mr. Kohler) was reportedly a heroin addict and was also "in and out" of the home and finally died. All of these stressors over the years have undermined the child's hopefulness and trust and his sense of good prospects in the future.

Colton's accumulated behavioral difficulties also earn him a diagnosis of Conduct Disorder. Conduct Disorder is a purely descriptive behavioral label, which means that Colton's behaviors have violated the rights of others and/or significantly violated age appropriate norms (e.g. running away, truancy). When Colton went on to commit criminal acts and to run away from home for six months, his diagnosis moved up from Oppositional Defiant Disorder to Conduct Disorder.

Diagnoses

Axis I:	300.4 312.8	Dysthymic Disorder (depression) Conduct Disorder
Axis II:	V71.09	No diagnosis on Axis II
Axis IV:	V 61.20	Parent-Child Relational Problem

Here is an adolescent boy who, at the age of 15, had accumulated over 20 criminal charges in a six-month span; who also had a history of theft, truancy, and vandalism. He eluded capture for several months, although he was well aware that he would be apprehended sooner or later. On paper, Colton resembles the picture of an emerging antisocial character-- violating the rights of others and neglecting his own individual development (e.g., education).

Several aspects of Colton's personal functioning make it clear, however, that he is not a typical antisocial youth. First, as noted by his probation counselor, Colton has never hurt anyone. There were episodes of mutual aggression between Colton and his mother in past years, but he has never been charged with an aggressive or violent crime. Second, Colton has not been a user of drugs or alcohol - a feature that sets him apart from the vast majority of antisocial youth. Third, Colton does not externalize blame and responsibility for his actions.² He readily acknowledges his poor choices and the resentments that drove his unwise actions. Fourth, unlike the majority of antisocial teens, his attitude is not glib or superficial. He knows he has made a long series of bad choices; he knows he will be adjudicated appropriately; and he holds out some hope of taking up a much healthier developmental track in the future.

While Colton surely has developed some destructive habits over the past two years (e.g., burglary), he is not a deeply antisocial youth. He is best understood through his psychiatric attributes - as depressed and resentful, hopeless and self-defeating. He understands well the kinds of problems for which he has been responsible; and he knows he needs help from mental health professionals and others. More than anything, he wishes for the opportunity to take up a healthy trajectory of school and work. He knows that he is capable of doing well in school when he gets his life

Developmental and Clinical History, cont

He was reportedly a healthy baby who came home within a couple of days. Colton's father was described as "in and out" of the home during the early years of Colton's life, and he is described in various records as being an alcoholic and sometimes violent and sometimes in prison. Ms. Kohler reported that Colton's early development was within normal limits, but she stated that Colton tended to beat his head on the wall when he was a toddler. She did not know why he did that. Early educational records indicate that Colton did not reach developmental milestones normally, particularly as regards speech, and he was qualified for special services at the age of three years as "Developmentally Delayed." He was enrolled in a special preschool to assist with speech and articulation. He continued in Special Education services with an IEP until March of 1997 (age six) when he was reevaluated. At that time, his speech and communication had improved substantially and he no longer qualified for special services. Colton's father, Mr. Moore, was "around" when Colton was one, two, three, and four years of age, but his mother states that "he was out of the home a lot." By time Colton was four to five years old, his father was gone and then in prison for much for the next several years. Records indicate that he told Colton later on that he had killed three people (this was not verified).

Colton's mother remarried when Colton was four years old, to Mr. Kohler. She reports that Colton was quite attached to Mr. Kohler and that he was in the home from the time Colton was 4 until he died when Colton was 10. Ms. Kohler explained, however, that "he was not really here much...he was a heroin addict, so he was out a lot...Colton could not count on Mr. Kohler." Mr. Kohler died when Colton was 10 from causes that were not clear. From the time Colton was 10 until the present, another man named Mr. Van Jacobson has been in and out of the home. Ms. Kohler reports that "Van is not playing with a full deck," however, he did do some activities at times with Colton. Unfortunately, he also was reported by CPS to be abusive at times and a drug or alcohol abuser. Colton reports to the examiner (also documented in various records) that Colton's mother has had a substantial alcohol abuse problem over all these years. In some records, it is indicated that she denies alcohol abuse, but Colton states that she is an alcoholic and always has been and that she is "in denial." Colton reports, as does his mother, that Colton was quite close with his maternal aunt, Sandy until some breach opened between Sandy and Ms. Kohler when Colton was four or five years old. As a result, there was no contact for 10 years with the aunt with whom he had been close.

Colton reports that he felt a close relationship with his mother when he was a young child, up to five or six years of age. He also reported that he had enjoyed a very positive relationship with aunt Sandy "until my mom alienated them." Colton explains that when he was 10 or 11, it became clear to him the extent and the damage of his mother's alcoholism. He reported that on one occasion he tried to give her a Bible and on another occasion an AA book, but "she burned it." He reports that when his mother is drinking, she is "mean" and "she will break my things...she yells and screams at me." Colton stated that when he was 11 or 12, she became increasingly angry, and she seemed to care less and less about his attending school and functioning as a student. He stated that she never did help her with his schooling.

CPS records indicate 12 CPS referrals by December of 2005. Records appear to be incomplete, but one referral case was closed on January 27, 1992. The initial referral and report are not available; however, several subsequent referrals are included in the CPS records (approximately a 150 pages). When Colton was four years old, a citizen reported to CPS that "he saw a woman grab a small child by the hair and beat his head severely." When Colton was 10 a CPS investigation for "negligent treatment or maltreatment" was initiated. It was alleged that Colton had a bruise on one of his legs inflicted by Van Jacobson, the boyfriend of his mother. CPS records

report that the reporting person indicated "allegedly, mom said to Colton not to come back home... Law enforcement relates that Colton does not want to go home to his mother Pamela... The law enforcement states that Colton is at Clarrisse's House, and if mother comes to get child tonight, he would place the child into protective custody." It was also indicated "Colton relates to law enforcement that he does not want to go home to his mother Pamela." The CPS risk tag rating was "high" for this episode.

Another referral, in May of 2003, indicates that Colton's father, Gordon Moore, assaulted him. The referrer indicated that the father was then taken away on outstanding warrants by the police: "Child alleges Gordon threw him into some nettles and held him down by the throat... Child alleges Gordon stated 'don't you know, I have killed three men because of my anger,' which the child took as a threat... His mom was drunk and screaming at him and after the police left, she stumbled around asking 'what are you going to do now? They have taken your father away'... Referrer reports the child disclosed 'mom blamed him for dad going to jail'." In other paperwork related to the previous incident, it was explained that Colton had told the counselor about the bruising and abrasions on his throat. He stated that both of his parents were intoxicated and that his mother "verbally abused Colton throughout and after the incident... It was also explained that Colton is the one who called 911... His father ran into the woods to escape from the police, but they soon caught him. He was arrested and taken to jail. Ms. Kohler harangued and verbally abused the officers during the arrest... Colton was afraid to go home today."

By the time Colton was 12 to 13 years of age, CPS records reflect an increasingly troubled child with oppositional behavior and even aggressiveness. Records also indicate in several places the mother's unwillingness to engage in chemical dependency treatment as recommended by DSHS. By that time, Colton had begun engaging in vandalism and petty crime. In June of 2003, a social worker contacted Ms. Kohler and concluded "mother is interested in services, but sounds like it will be difficult to get her to really participate...she does not want Compass therapy." In August of that year, the social worker related: "Social worker has concerns regarding this child due to mother's possible use of drugs or alcohol; this judgment due to the men and their habits that have been in Colton's life." The social worker goes on to indicate Colton's anger: "Colton was once taken from the mother as per other, gone three days, then picked up by the police department and put child in protective custody..." Colton had become violent at times by that point and had "broken out every window in the house." Social worker concluded "Voluntary services declined by parent." In January of 2004, social worker indicates "Mother refuses to get treatment for her drinking." As the case was closing at that time, "SW learned that biological father, Gordon Moore, had returned to the family home."

By early 2004, the child is reported to have "constant meltdowns pretty much everyday." By July of 2004, when Colton was 13 years old, the social worker indicates: "Concern is registered that mother seems to be quite secretive in terms of allowing people to know what is going on at the home, and it is noted that she is very inconsistent in following through with more than the initial intake process...Mother did not follow through with engaging in any services offered. Child is seen by Island County Juvenile Court worker." By 2005, CPS referral indicates "heard from the uncle Bill that Colton is being abusive to the mom and the house is a mess. Colton is out of control and he has been stealing items. Colton is on probation for a theft...he was recently out of JRA (Echo Glen) and was back in detention last week."

As indicated in records and his own report, Colton began getting in to petty behavior difficulties at the age of 10 in the Stanwood School District; and by the time he was 12 he had engaged in theft

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Developmental and Clinical History, cont

and vandalism. He was committed to Echo Glen, JRA, from March 7, 2005 to April 20th of that year for crimes of Theft 2 and Theft 3. From 2002 to 2004, he accumulated numerous incident reports at the Stanwood Middle School most of which are for truancy, but some of which were for harassment/bullying, and there also was a referral for vandalism and one for "theft/accumulation of violations."

When asked about CPS referrals, Colton's mother, Ms. Kohler was unaware of any CPS referrals or investigations.

Colton reports that by 6th grade in Stanwood Middle School, his school attendance had fallen off considerably, and he had no motivation or interest in school. He reports that his mother did not respond in any substantial way to his truancy and said to him "It's your fault, not mine." Of course his grades were very low and he became increasingly behind in school. As a result, school became harder. Colton estimates that from 6th to 8th grades in Stanwood Middle School, he missed at least half of the time.

Colton reported that his mother was frequently violent to him over the years, but Van was only physically violent on two occasions. He reports that he has a scar on his leg from where she threw a coffee mug at him that broke and cut into his leg. He reports that his mother was violent to him "100's of times." He reported that his mother has been on two-week alcohol binges during which time she breaks things. He reports that in June of 2006, she told me that she wished "I would die." He states that his mother has never been arrested or in any substantial trouble with authorities or the law over her mistreatment or her alcoholism.

Colton was assessed and treated at Compass Health from 2001 to 2004. Colton explained that he never told the clinicians at Compass Health the extent of the physical and verbal abuse by his mother at home for fear that he would be taken away from her and placed somewhere else. At his initial intake assessment in August of 2001, he was diagnosed with ADHD, Parent-Child Relational Problem, and possible depression. Clinicians indicated sleep disturbance, irritability, and signs of depression. It was also confirmed in the Compass records that Colton had been placed in foster care briefly at the age of 10 following police intervention. Records indicate, by 10 or 11 years of age, that there was increasing oppositionality, but also depression and he was treated with antidepressant medications.

On September 10, 2001, clinicians wrote: "Assertive, talkative 10-year-old who can become quite angry--but the situation with mother and her boyfriend drinking, living in a tiny trailer, mother drinking all the time, and the physical abuse Colton has gotten from boyfriend makes his anger easy to understand. He has gotten into only a few problems at school and is determined to not get into trouble this year." He was treated with antidepressant medications, but subsequently in December of 2001, he was also placed on the anti-psychotic medication, Geodon. Records are not clear as to why such a potent medicine was tried, but most likely it was to assist in behavioral control. He was diagnosed with Intermittent Explosive Disorder, Depressive Disorder, NOS and Parent-Child Relational Problem in 2003. At that time, clinicians quote Colton "She is in denial about her drinking." Medical notes indicate "Parent states her drinking helps her deal with Colton and helps her stand up to him."

Colton endorsed many symptoms of depression at that time (2003) such as an inability to sleep for the past three years, and he states "I am not happy, I am depressed. I could stay in bed all day. I need help. I am tired of this stuff." Clinicians go on to indicate that "There is a "parent-child

Developmental and Clinical History, cont

relational problem due to the level of conflict between mom and child. This conflict seems largely due to mom's drinking of alcohol." The theme of conflict over the mother's drinking is continued in the notes: "Colton wants mom to stop drinking and smoking, get a job, and have food in the house, mom refuses. Many inappropriate father figures in the home over the time, exposing Colton to domestic violence and drug and alcohol addiction/selling." Colton was eventually tried on the antidepressant medication, Strattera, which was apparently beneficial in alleviating symptoms of depression, as well as agitation and irritability (Prozac had worsened the agitation). In July of 2004, records documented positive response to Strattera. However, under the heading "current status/risk factors: "Colton's mother did not follow through with recommended substance abuse screening or counseling services, did not participate in parenting classes, and denied having a drinking problem, despite Colton's continued reports of mom's drinking episodes. Colton's mother has not been helpful in getting him to activities or programs available in their community nor has been helpful in assisting him with school success." For reasons that are not clear, the Strattera was not renewed at some point, and Colton does not know why. As a result, the one medication that was clearly beneficial was not applied over the past two years.

Colton's account to the examiner of the challenges, misbehaviors, and difficulties over recent years is consistent with those processes and incidents documented in the records, for example, in the CPS and Compass records. Colton was not defensive and he readily acknowledged the numerous episodes of misbehavior on his part including truancy, theft, vandalism at his school, and the criminal charges that he accumulated last year. He does note that he never made any money from his transgressions over the past year.

IV. Mental Status Examination

Mental Status Examination is a systematic review of the patient's current and recent mental and emotional functioning. It includes assessment of cognitive processes (memory and working memory, perception, reasoning, communication, etc.), emotional states and moods, and interpersonal processes.

Colton is a tall and slender 16-year-old boy who looks approximately his stated age. He was met and assessed in detention in Coupeville. Colton was well oriented and alert and he was fully cooperative with assessment procedures. He used eye contact and established good rapport with the examiner. His speech was clear and goal directed and there was no evidence of formal thought disorder. His thinking was not egocentric, and he appeared to be of at least average intellectual abilities. His accounts were relatively mature and he appeared to be honest and frank--when his account is compared to the accounts in the records. Moreover, Colton was frank in acknowledging his own numerous behavioral difficulties and his "anger problem." He did not deny or minimize the nature or the severity of his problematic behaviors in recent years, for example, skipping school, committing theft, etc. Colton's affect was serious and appropriate throughout our several hours together.

Colton was able to do serial 3's with only minor difficulty, and hence was able to focus his attention to an adequate degree. He reported that his mood on the day of the examination was "a pretty good mood." He stated that this was because "I could sleep last night." He was able to relate that his mood drops precipitously after he has a telephone call from his mother. He fears that his mother wants him to get a long sentence. In general, Colton sleeps very poorly and states that he has suffered initial insomnia most of the time for the past several years. He frequently lies awake until 3 o'clock in the morning. Medical records indicate that this is a long-term problem. He states that he sleeps more poorly in jail. He is not sure whether the Strattera was particularly helpful for

Mental Status Examination, cont

that symptom, but he thinks might have been. He finds it is difficult to get up and get going in the morning. He reports that during the 6 months that he was on runaway status, he actually slept somewhat better. He states that when he was living at home, he sleeps more poorly and it is very difficult to get going in the morning and he is always tired and depressed.

Colton reports that his energy level is generally quite low. He stated that his energy level was normal or good during six months he was on runaway, and he stated that he was around people he got along with and "I did not have to deal with my mother." He stated that when he is at home, his energy level is "very low." He reports that for many years he has felt depressed when he is around home and his mother, and his depressed feeling involves dysphoria, lethargy, a lack of motivation, and hopefulness. He also finds himself irritable and angry more often when he is at home.

Colton's appetite is generally poor, although he states that it was not so bad during the months before he was arrested.

Colton denied that he engages in significant self-demeaning or self-deprecating thinking. He also denied engaging in overt forms of self-punishment or self-harm. He stated that he has experienced some passive suicidal ideation, for example, thinking "Its is scary how easy it would be to die...but I don't want to." He states that he has no plan or intent to seriously harm himself at this time in his life.

Colton suffers a depressed mood most of everyday in recent months. He stated that during the six months he was on runaway, he was only moderately depressed part of the time, although he was frequently worried about getting caught; and he states that he knew he would get caught eventually and would be locked up. Hence, he had plenty to worry about. He stated that when he is at home with his mother, he feels depressed most of the time, and indeed, records indicate that he has suffered a depressive disorder for many years. Colton also acknowledges feeling a cranky or irritable mood most of the time not only here, but when he is home with his mother. He did not feel cranky and irritable during the six months when he was on runaway.

Colton stated that he does find that his thoughts race ahead somewhat fast at times and "I feel like my brain is flooded with so many thoughts." On inquiry, however, this does not appear to represent the racing thoughts associated with mania, but rather just states of anxiety. There was no real euphoria as in manic states and there were no special powers, grandiosity, or periods of especially high energy with goal directed activity.

Colton does not suffer nightmares currently, although he has in the past. He states that he is not particularly plagued by painful memories. On inquiry, however, he does have some painful or intrusive memories of his mother being angry at him and "yelling and screaming" in the car. Not surprisingly, he suffers significant anxiety being in detention and worrying about how long he will be incarcerated. He also noted that he occasionally had brief anxiety attacks when he was on runaway and staying with friends on Camano Island, "because I knew I would get caught." There are no indications of obsessionality and only some mild anxieties about germs and contamination; but these do not rise to a level of obsession or compulsive traits. He is somewhat superstitious, but not overwhelmingly so. His primary worry in life is "my future."

There are no distinct indications of dissociation in the form of derealization, depersonalization, losing time, or amnesia. He does suffer some social anxiety, and there have been times when he

Mental Status Examination, cont

would refuse to go out because he feels so self-conscious and embarrassed. This most likely represents the normal range self-consciousness of adolescents.

There are no clear indications of first rank symptoms of psychosis. He has heard his name called a few times, but these do not represent psychotic symptoms. He is self-conscious at times about what other people are thinking, but again there is nothing that approaches delusional proportions.

V. Test Findings

The Wechsler Intelligence Scale for Children, fourth edition (WISC-IV) is a standard instrument for the assessment of intellectual capacities in children ages six through 16. It includes 11 subscales to assess various aspects of intellectual functioning.

Colton's scale scores on six WISC-IV subscales were (the mean=10, SD=3):

Similarities	=	10
Digit Span	=	9
Vocabulary	=	9
Matrix Reasoning	=	9
Information	=	9
Arithmetic	=	9

The mean of scale scores here is 9.25 (average). There were no idiosyncratic or disordered responses anywhere on this structured intellectual test. Given that Colton has only superficially participated in school for several years, these scores are reasonably strong and suggest that his intellectual capacities are easily in the average range.

The Iowa Test of Basic Skills was administered four years ago, which at that time indicated academic achievement in the low average to below average ranges, in percentile ranks: Reading Total = 36; Language Total = 13; Core Total = 21.

Colton generated a valid MACI with high self-revealing inclinations and minor self-deprecating response tendencies. The clinical profile suggests an adolescent with depressive, fearful, and socially anxious attributes. He appears to have feelings of self-reproach and guilt and he is often somber. He feels deep resentment toward those upon whom he must lean because he feels that they are inconsiderate and critical. Because his security may be threatened when resentments are expressed, he may tend to discharge them in a passive-aggressive or self-defeating manner. Feelings of inadequacy and emotional dysphoria are usually present with mixes of mournfulness, dejection and guilt. He appears to suffer a persistent, chronic state of depression. Simple responsibilities may demand more energy than he can muster, and he probably will describe life as meaningless and empty. He describes serious problems in the family and lack of support. Such difficulties may reflect either severe parental rejection or possibly a sharp break on the part of this adolescent as he asserts his independence. He recalls having been victimized by adults throughout most of his childhood. Remembering incidents in which he was abused, he feels a degree of anger and confusion. He is likely to show quick and impulsive reactions with inadequate thought given to the consequences of his behaviors. There may be an ever increasing spiral of difficulty within family settings, dysthymia (depression is an integral part of this adolescent's current life). He likely has feelings of uselessness, dejection, pessimism, discouragement, and pervasive self-doubts.