Exhibits to the Application

Exhibit 1: Affidavit of Nancy Pemberton (2004)

Exhibit 2: Declaration of Dr. Richard Cervantes, Ph. D. (2004)

Exhibit 3: Declaration of Dr. Ricardo Weinstein (2004)

Exhibit 4: Report of Dr. Arturo Silva, MD. (2004)

Exhibit 5: Hidalgo County Sheriff's Department Incident Reports (1992)

Exhibit 6: Edinburg Hospital Records (1992)

Exhibit 7: Affidavit of Jack D. Hunter II (2004)

Exhibit 8: Attorney Fees Expense Claim of Jack D. Hunter II (1993)

Exhibit 9: Affidavit of Hugo Alberto Garza Ramirez (2004)

Exhibit 10: Bar Materials Excerpts (1994)

Exhibit 11: Statement of Juror Maria Orozco (2004)

Exhibit 12: Affidavit of Juror Teresa Espinoza (2004)

Exhibit 13: Motions and Orders Related to Appointment of 11.071 Counsel

Exhibit 14: Affidavit of David Schulman (2013)

Exhibit 15: Declaration of Kyle Welch (2014)

Exhibit 16: Texas Criminal Appellate Manual (1996)

Exhibit 17: Declaration of Rick Wetzel (2016)

Exhibit 18: First Habeas Litigation

Exhibit 19: Attorney Fees of Kyle Welch, Court of Criminal Appeals

Exhibit 20: Attorney and Client visitation log

AFFIDAVIT OF NANCY S. PEMBERTON

I, Nancy S. Pemberton, attest and affirm that:

1. I am an attorney admitted to practice in the State of California and an investigator licensed by the State of California. I have worked on capital cases since 1993, in both state and federal court, and at all stages of litigation.

2. I was retained by the Government of Mexico to supervise and to assist in conducting a social history investigation of Roberto Moreno Ramos. Among other tasks, I was asked to interview family members in Los Angeles, California. I interviewed Roberto's mother, Carmen Ramos, his brother, Carlos Ramos, and his sister Natividad Sarabia. The purpose of the interviews was to learn about Roberto's life and his relationships with his family. I also obtained records and photographs regarding Roberto. A mitigation specialist from Los Angeles, Edurne Imana, also interviewed family members and traveled to Tijuana to corroborate information we learned regarding Roberto's life and to obtain photographs of the area where the family lived in Tijuana. Following is a summary of the information we learned.

3. Because some family members have the same first names, they are identified in this affidavit as follows:

Carmen Sandoval	Roberto's paternal grandmother
Carmen Moreno	Roberto's mother
Carmen	Roberto's sister
Pedro	Roberto's father (full name is Pedro Carlos Ramos)
Carlos	Roberto's brother (full name is Pedro Carlos Ramos)

Family History in Mexico

4. Roberto Moreno Ramos is the second of ten children born to Pedro Carlos Ramos and Carmen Moreno Ramos. He was born May 23, 1954 in Aguascalientes, Ags., Mexico. The

family lived in Guadalajara, Mexico at the time but was visiting Aguascalientes when Carmen Moreno went into labor and gave birth to Roberto at her mother-in-law's home.

5. Pedro Carlos Ramos, Roberto's father, was born in 1927 to an extremely aggressive and abusive woman, Carmen Sandoval, who had six children from two men. Pedro was the youngest child from the second husband. Carmen Sandoval survived not only the two men with whom she had six children; she also survived a third companion, Felix Mendoza.

6. Pedro Carlos Ramos was raised in extreme poverty in Aguascalientes. The family "home" was a roofless hovel and family members had to sleep on the floor. Indeed, Carmen Sandoval reportedly gave birth to her son, Pedro, on the dirt floor. Carmen Sandoval could not keep her children fed and they often went without eating.

7. Pedro often told his wife, Carmen Moreno, stories of his mother's cruelty and said that his mother never loved him. She hit her children with sticks, with her shoes, with any instrument she could find, and she hit them all over their little bodies, including their heads and faces. Carmen Moreno had strong recollections of one incident in particular that Pedro recounted to her. When Pedro was about eight years old he was so hungry that he grabbed a tortilla that his mother had just made. Carmen Sandoval flew into a rage and hit Pedro in the head with a plate, knocking him unconscious.

8. Pedro also told his wife about the extreme cruelty he suffered at the hands of his older half-brother, Jose Ceballos. Pedro said that Jose used to hang him by his thumbs and leave him there.

9. After living in the hovel for several years, Carmen Sandoval found work as an apartment manager in Aguascalientes and moved her family into the building she managed. The

family's physical surroundings improved but Carmen Sandoval continued her pattern of cruelty and emotional neglect.

10. Carmen Moreno bore witness to some of Carmen Sandoval's abusive behavior. Pedro's sister, Josefina, was married to an alcoholic who did not support his family. Josefina became pregnant and delivered her child in Carmen Sandoval's home. When Josefina's husband stumbled home drunk after the baby was born, Carmen Sandoval grabbed the bed pan containing Josefina's bloody urine and forced the husband to drink it. The husband disappeared and was never again seen by the family.

11. Natividad Sarabia, Roberto's sister, experienced Carmen Sandoval's cruelty first hand. When Natividad was a little girl, the family visited Carmen Sandoval in Aguascalientes. Carmen Sandoval ordered Natividad to do some chore. When Natividad objected, Carmen Sandoval thrust Natividad's head into a bucket of water that was used as a toilet.

12. Carmen Moreno was born on December 27, 1929 in *ranchito* (small rural community) outside of Aguascalientes. Her mother gave birth to 15 children, only five of whom survived into adulthood. Carmen Moreno is the oldest of those five. In addition, she had two half-sisters and a half-brother from an earlier relationship of her father. The family raised dairy cattle and made cheese which they sold as their cash crop. The family grew their own corn and beans and raised chickens to eat.

13. Carmen Moreno's parents both died when she was about 13. Although the causes of death were not known at the time, Carmen Moreno has subsequently concluded that both of her parents had cancer. She remembers seeing a wound on her mother's chest and thinks her mother had breast cancer.

14. After her parents died, Carmen Moreno was forced to leave the *ranchito* and go to work as a servant for a doctor in Aguascalientes. She cared for his two children and assisted him in his consulting room at his house. Carmen Moreno stayed with the doctor's family for about ten years. She met her husband through his boss who was a patient of the doctor. Pedro and Carmen Moreno married in 1951, when Carmen Moreno was twenty-three years old.

15. Carmen Moreno and Pedro moved to Guadalajara in 1952 because Pedro thought it would be easier for him to get steady work. Carmen Moreno did not want to leave her family but she felt she had no choice. Although Pedro treated Carmen Moreno well in the very beginning of their relationship, he soon began yelling at her, calling her names and pushing her against the wall. The pattern of abuse by Pedro would continue throughout their marriage.

Early Childhood of Roberto Ramos

16. Life in Guadalajara was hard for the family. Neither Pedro nor Carmen Moreno had relatives there and Pedro did not find work easily. Pedro and Carmen Moreno lived in a two-room tenement in an impoverished section of Guadalajara for seven years, and brought their first six children into this world in the squalor of those surroundings. The apartment had no water or electricity, and the family used candles after dark when they had them. Pedro worked in various wood shops, earning 80 pesos (approximately $8 U.S.) a month, when he could work. From that 80 pesos, 35 went for rent and 45 (approximately $4.50 U.S.) was left to feed and clothe the family, and save money for their own home.

17. The six children born between 1952 and 1959 were:

Pedro Carlos (Carlos), born February 22, 1953
Roberto, born May 23, 1954
Ofelia, born November 21, 1955
Enrique, born May 25, 1957
Natividad, born December 25, 1958
Andrea, born 1959

18. When Roberto was born, Pedro and Carmen Moreno were visiting Aguascalientes and stayed at Carmen Sandoval's home. Carmen Moreno delivered Roberto in the home.

19. Roberto was raised on a high carbohydrate and starch diet. As a child, Roberto's diet consisted primarily of beans, tortillas, chiles and pasta soups. They would occasionally get eggs that were always mixed with sliced tortillas or *frijoles* in an omelet. Sometimes, maybe once a week, the mother would buy broken rice of the sort typically fed to animals and make soup with the rice and the head and feet of chicken or cow. She would also boil the rice with water, sugar and cinnamon. On Sundays when possible, they would get a *bolillo* (French bread) each for their breakfast with tea made from orange leaves. Meat, *nopales* (cactus) and *chicharones* (fried pig skin) were only infrequently available; the family went for long periods without any meat. Roberto never had milk, either fresh or canned. Milk that was given to the younger siblings was always mixed with water to make it stretch.

20. There was no money for professional medical care except in a case of extreme emergency. In the 15 years they lived in Guadalajara, they went to the doctor twice. One of the emergencies concerned Roberto who had swallowed a small arrow which got stuck in his throat and the doctor had to pull it out with tweezers. The doctor, located on la Avineda Alcalde, said he had cut his tonsils off with the arrow. Carmen cared for most of her children's illnesses with homemade remedies that consisted basically on teas made from herbs or seeds. When needed, she would purchase aspirins, cough medicine and "desenfriolitos" (cold medicine from Bayer) at the pharmacy. She would also practice spiritualism and prayer when a family member was ill.

Roberto's childhood in Guadalajara

21. In 1960, Pedro moved his wife and six children into a home that he had begun to build but which was still under construction. There was no roof over their head and no windows

when they moved in. It was not until 1963, when Carmen Moreno was in the late stages of her pregnancy with Gustavo (born February 10, 1963), that Pedro finished the roof. Carmen Moreno remembers having to lift pails of concrete over her head to Pedro, who was on the roof finishing it. The house remained unfinished the entire time the family lived there.

22. Pedro eventually put in running water but the house never had any electricity. Carmen Moreno used to steal the electricity out of a public pole outside their house. Everyday at sunset, she connected a cable to the main line of the pole and passed it through a window into the house were she would have more cables running through the walls and connected to two bulbs; every morning before sunrise she disconnected the outside cable. The water in the boiler was heated by burning paper bags filled with a mixture of wood dust and kerosene. To light the bathroom, a kerosene lamp would be used.

23. Between 1960 and 1967, Pedro and Carmen Moreno had three more children:

Gustavo, born February 10, 1963
Carmen, born July 9, 1964
Ramiro, born January 28, 1966.

24. Pedro worked intermittently as a carpenter and supplemented his extremely meager income by selling a homemade combustible product to stores. Consequently, he kept a number of toxic chemicals, including varnish and kerosene on their property, in the back yard and patio. For a period of three years, Natividad, Ofelia, Roberto (when he was 10 or 11) and Carlos would help their father prepare a kerosene and wood dust combination and put the mixture in paper bags that the father would sell to the stores. This procedure would be done about three times a week with their bare hands so that the skin on their hands would be peeling. Carmen Moreno used a strong chemical called Criolina to kill bugs, fleas and other insects, which she kept in a kitchen cabinet accessible by the children. The dishes were washed using a pumice stone

powder taken from the nearby river, which was contaminated from chemicals and dyes dumped by a fabric dye company.

25. During their years in Guadalajara, Pedro savagely abused all his boys, particularly Roberto. The boys were punished for each and every misdeed, real or imagined; for example, they were punished for ignoring their father. Punishment was frequent, it was painful, and it was unpredictable. Pedro hit the boys with his fist, he hit them with his belt, he hit them with a chain from a car engine. He threw whatever he could get his hands on at them. He made them kneel on grains of sand or small stones for long periods, while they held their arms out and held bricks in their hands. He dunked their heads in the pail used to wash dishes, over and over, until they felt as though they would drown. He made them crawl under the sink and stay there for long periods. He burned their hands on the stove. And, he hung Carlos and Roberto by their ankles, leaving them to dangle upside down until Pedro decided to let them down. The children learned not to react, not to cry or yell in pain, because their reactions would stimulate yet more punishment.

26. Pedro also disappeared for periods of time, returning without notice and staying for unpredictable amounts of time. He might disappear for a week, show up one night and be gone the next day, or hang around for awhile before leaving again. Carmen Moreno and the children never knew when to expect him or for how long. Generally, when Pedro returned, life would be calm for a day or two. The first days of his return were sometimes quiet because Pedro often had money or food with him so the family could eat a little, and Pedro was generally in a complacent mood. Inevitably, though, something would trigger Pedro's temper and he would fly into a rage, yelling and inflicting his myriad punishments.

27. Life did not improve when Pedro was gone. Not only was the family often hungry, they were totally unprotected from the dangers of being assaulted or robbed. Because the house was still being built, the family could not be secure in their home. Carmen Moreno had to leave lights on all night to keep intruders at bay.

28. Pedro not only abused the children, he verbally and physically assaulted his wife. Carmen Moreno tried to keep the children from witnessing the abuse her husband inflicted on her, but the children heard them yelling and arguing at night, could hear Pedro hit her, and could hear their mother's sobs. Once, Pedro broke his fist hitting the wall while fighting with Carmen Moreno.

29. The only ones who escaped Pedro's abuse were Ofelia, his favorite daughter, and Gustavo, his favorite son. Pedro also was physically affectionate with them while withholding all affection from the others.

30. The children were told that Pedro was looking for work whenever he was absent from them. Yet, the children have concluded that Pedro in fact had other women, perhaps another family, who he lived with when he was not at home. Two incidents led to this conclusion. Once, a strange woman and young child showed up at the house. Pedro and Carmen Moreno left the house with her. Carmen Moreno returned home alone in tears. When asked who the woman was and why Carmen Moreno was crying, Carmen Moreno responded, "Ask your father" and would say nothing more. Pedro refused to say anything, either, when he was asked about the woman and child. On another occasion, the children had been told their father was in the United States, working. About a week after he left, Pedro showed up with a broken arm and a cut on his head. The family realized that he had been in Guadalajara and had never gone to the United States, raising the question of where he had been staying during his absence.

31. When Pedro was gone from the house, Carmen Moreno and the children often went hungry. Carmen Moreno struggled to find food. She was forced to sell household goods to get money. Carlos, the eldest son, was often enlisted to sell the goods. Sometimes, Carmen Moreno even gave him Pedro's carpentry tools to sell. When Pedro discovered his tools missing, he would fly into a rage. To protect Carlos from the wrath of Pedro's anger, Carmen Moreno would tell Carlos to disappear while Pedro was in the house. Carlos would stay away until his father left again to avoid getting punished for selling his fathers' things.

32. Other than sending Carlos away, Carmen Moreno did nothing to protect the children from Pedro's punishments. She did not intervene regardless of how outrageous the abuse. Indeed, Carmen Moreno sometimes begged the children not to misbehave so that Pedro would not abuse her.

33. Pedro sometimes left Guadalajara to work construction on the coast, where tourist hotels were being built. Carmen and the children would be left destitute, without any money. Carmen sometimes earned a few pesos working for a woman who made tortillas. Carlos and Roberto would work for a man cutting *jicama*, bringing home 50 centavos or a peso (roughly five to ten cents) for their effort. Nothing they did, though, could earn them enough to keep them adequately fed and clothed.

34. Once, in about 1964, Carmen was in such dire straits that she went to the man for whom Pedro was working and begged him for money so that she could buy the children some food and pay for bus fare to Barra de Navidad, where Pedro was working so she could get money from him. The man gave her 50 pesos and Carmen Moreno loaded all of the children on the bus for a five hour ride to the coast. Pedro was initially angry at Carmen Moreno for following him but the family ended up staying on the coast for about six months. They lived in the hotel while

it was being constructed, no roof over their heads. They slept on blankets on the floor. When bad weather hit, they retreated to the closets to get out of the rain.

35. Roberto was an extremely active child and loved to wrestle, even as young as age six. He had difficulty concentrating in school, and his teachers sometimes called him a "*burro*" (meaning blockhead or stupid) in front of the students because he did not get his work done. Students joined the teachers in taunting Roberto.

36. Roberto used to skip school and go swimming in the river near their home. The river was contaminated by a fabric dye company that released chemicals, dyes and other wastes directly into the river, causing the river to look variably green, yellow, blue and red. Roberto often came home with paint dye all over himself.

37. Roberto's father encouraged him to behave aggressively with other children and Roberto, desperate for his father's approval, would get into scrapes to earn his praise. Roberto also hung around older, tough boys in the neighborhood and won their approval by acts of bravado.

38. By contrast, Carlos avoided getting into fights and the neighbor boys often picked on him. Roberto would defend Carlos against the others. Pedro used to call Carlos "chicken" because he would not defend himself.

39. Pedro did not allow any of the children to bring friends home. He isolated his family from the community around them and kept them from their relatives in Aguascalientes. No one was aware of the abuse that took place inside the home.

Roberto's early teen years

40. During the years that the Ramos family lived in Guadalajara, Pedro apparently traveled back and forth to the United States. Pedro's maternal aunt, Juanita Martinez and her

husband, Jose, lived in Los Angeles and had begun helping out Carmen Sandoval by sending her money. They eventually sponsored Carmen Sandoval's migration to the United States. Carmen Sandoval pressured Pedro to join her in Los Angeles.

41. In 1967, Pedro moved the family to Tijuana. He began working in Los Angeles and visited the family on weekends. In some respects, life improved for the Ramos family because they had food more regularly. At the same time, the entire family of two parents and nine children lived in a one-room house with no running water. Pedro eventually built a second room. The house was on a hillside from which rainwater would pour into the house and under the beds. The outhouse almost overflowed in heavy rainstorms. See Appendix A.

42. At first the children could not attend school because there was no room. Eventually the kids did go to school and Carlos graduated there. See Appendix B. Records of Carlos' schooling were found in Tijuana but records for Roberto could not be located and are apparently lost.

43. Carmen Moreno and the children helped make ends meet in Tijuana by raising chickens, growing cactus, and selling them door to door. Despite having a bit more money than they had in Guadalajara, life was still hard. Carmen Moreno used to make *menudo*, a type of stew, from the stomach of goats rather than cows because it was cheaper.

Family migration to the United States

44. In 1970, Pedro was able to bring Carmen Moreno, the three older kids, and the baby into the United States legally. The six other children were smuggled in illegally and kept hidden from immigration authorities at Carmen Sandoval's home. They later became legalized. See Appendix C.

45. Pedro, Carmen Moreno, Carlos, Roberto, Ofelia and Yolanda rented a house at 216 South Gage Avenue. The house, essentially two bedrooms, a living room, dining room and kitchen, was one of two houses on the same lot. Pedro continued his pattern of disappearing and reappearing until he left for good and returned to Mexico in 1976. While in Los Angeles, he had several extra-marital affairs and eventually took up with a woman who went to Mexico with him. See Appendix D.

46. The children attended age-appropriate schools in Los Angeles. Roberto started the ninth grade at Garfield High School and was placed in English as a Second Language, art and physical education classes. He took no academic subjects. See Appendix E. The Los Angeles Unified School District did not test him during ninth grade and he did not continue beyond ninth grade.

47. The schools the children attended in East Los Angeles were tough. Enrique got beaten up by other boys regularly until he took martial arts classes and became better able to protect himself. Andrea became involved with a bad crowd, started using drugs, and ran away from home. She spent some time in juvenile hall and had to live in a group home after pushing a teacher's head through a door. Gustavo and Ramiro both spent a night in juvenile hall for stealing money from parking meters.

48. Carmen Moreno went to work to support her family. Because she had small children of her own, she initially took care of other children. Later, she took in piecework from clothing factories. The factory would deliver pieces of clothing to her in the evening and she would spend all night making covered buttons, trimming threads, and ironing the clothes. Someone from the factory would pick up the clothes in the morning. When the children could care for

themselves, she worked in various clothing factories, getting paid by the piece, $.10 per shirt. Later, after complaints to the Labor Commission, she began receiving hourly pay.

49. Roberto also went to work after leaving school. He had a series of odd jobs between 1971 and 1974. He also worked in construction for his uncle, Jose Ceballos. During that time, his uncle noticed that Roberto suffered wild mood swings, going from being normal to becoming quite aggressive without any apparent reason. At other times, Roberto behaved strangely, for example, sometimes he would refuse to go under a house because he was frightened while at other times he did not have a problem crawling under a house.

50. In 1974, Roberto was employed by Craftsman Lens Company; between 1975 and 1978 he worked construction for Ryland Homes of California.

51. Roberto, his brothers Carlos and Gustavo, and his sisters Ofelia, Carmen, Natividad, and Yolanda remained law-abiding with no criminal histories.

52. Enrique, Andrea, and Ramiro, however, all had run-ins with the law. Andrea was arrested for burglary in 1986; the charges were not pursued. Ramiro was arrested for assault with a deadly weapon in December 1986, pleaded guilty and was placed on two years summary probation.

53. Andrea married a gang member, Freddy Tadeo, when she was about 17 years old. They had two children and moved to Arizona. Tadeo was incarcerated at the time Andrea died of scleroderma (lupus) in 1990.

54. Enrique has the most extensive criminal history: he was arrested in November 1986 for misdemeanor battery, pleaded guilty and was placed on two years summary probation. In January 1988 he was arrested for assault with a deadly weapon, pleaded guilty to a felony, which was reduced to a misdemeanor and set aside after he successfully completed three years

probation. He entered the military and at some point, exactly when is not known, he was diagnosed with schizophrenia and has been treated at the Veterans Administration Hospital in Los Angeles. In May 2001 he was arrested for grand theft and, after pleading no contest, he was placed on probation with psychological treatment ordered. He successfully completed the probation and in December 2003 the felony was reduced to a misdemeanor and the conviction was set aside. See Appendix F.

55. The family has no real contact with Enrique any more, although he lived on and off with his mother up until about two years ago. She had to force him out of the house because he scared her. He is occasionally seen on the streets, looking disheveled, pointing at facades, and speaking nonsense. When he lived with his mother, he covered the walls of his room with images of the Virgin of Guadalupe, and told his family that he was "Juan Diego, the indigenous who appeared to the Virgin of Guadalupe, in Mexico."

Roberto and Leticia

56. Roberto and Leticia met at a restaurant where Leticia worked. Roberto was about 17 years old when he went to live with her and her family near McArthur Park in Los Angeles. See Appendix G. The couple eventually moved in with the Ramos family at 216 South Gage Avenue. Leticia was pregnant at the time.

57. Roberto and Leticia moved out of the house sometime after their first son, Osmar, was born.

58. In 1974, the Ramos family moved to the house at the front of the lot, 214 South Gage Avenue. Roberto and Leticia moved back into 216 South Gage Avenue. Roberto helped to divide the house, which they shared with another tenant family. Leticia and Roberto argued frequently.

59. Roberto and Leticia eventually bought a house in another part of Los Angeles. Roberto worked on fixing it up but did not finish it before he and Leticia moved to Chicago, in about 1979. While they lived in Chicago, the family only rarely heard from them. Both Leticia and Roberto reported that they were doing well.

60. Roberto worked in Chicago, enough to purchase a house for them on West 18th Street.

61. In about 1986, Roberto and Leticia moved to Texas. The family continued to hear from them sporadically and Roberto would visit for a couple of months at a time, leaving his wife and children in Texas. Roberto told family members he was doing well in Texas but the family thought otherwise. One family member saw him outside Home Depot, trying to get work off the street as a day laborer. Once, when his mother was gone, Roberto was unable to even pay for food, and his sister had to buy it for him.

62. In 1990, he worked for a couple of months at Hopes Group Home in Los Angeles, a group home for mentally and physically disabled children. His employer recalls him being a meek and mild person who was kind to the children. The employer thought the children controlled Roberto, rather than Roberto controlling the children. Texas. Other than the cabinet shop, there are no records of Roberto being employed in.

63. The family noticed that Roberto behaved strangely during these periodic visits. Roberto smoked heavily and drank enormous quantities of coffee. He once scared his young nephew when they were watching television. Without any provocation, Roberto began calling his nephew a monkey, jumping up and down scratching his head and rear in imitation of a monkey, and yelling loudly.

64. Another time, he told his sister that he and Leticia had taken a bus to Guatemala. While traveling through El Salvador, Roberto said, he noticed an "Indian" and a soldier standing on the corner. The Indian tapped the soldier on the shoulder; the soldier swung around and cut off the Indian's head with a machete.

65. Yet another time, Roberto was talking with his sister-in-law, having a normal conversation when the look on his face suddenly changed, his eyes got "weird," and he began talking about reading books about the devil and witchcraft. He continued in that vein for a bit and then, just as suddenly, switched back to a normal conversation. The sister-in-law also noticed changes in Roberto's speech patterns that seemed abnormal.

Post-arrest events

66. After Roberto was arrested, the family never heard from Roberto's attorneys. The only people who contacted Carmen Moreno were a detective, and Leticia's relatives.

67. There were members of Roberto's family who, if contacted, would have testified in his behalf. The owner and operator of Hopes Group Home who employed Roberto in 1990 would have testified in his behalf as well.

LIST OF APPENDICES

Appendix A: Photos of the Ramos Tijuana home and neighborhood.

Appendix B: Photos of school in Tijuana taken by Edurne Imana, and photo of Carlos' graduation. (The school yard in 1967-70 was dirt, not concrete as depicted in the photo.)

Appendix C: Portrait of eight children taken at 216 South Gage Ave.; Consular photo of six children.

Appendix D: Photos of 216 South Gage Avenue taken by Nancy Pemberton.

Appendix E: Los Angeles Unified School District transcript for Roberto Ramos.

Appendix F: Docket sheets for criminal cases against Enrique Ramos; in-home services reports

regarding Enrique Ramos.

Appendix G: Photo of Roberto and Leticia in park.

I swear upon pain of penalty for perjury, that the foregoing is true and correct to the best of my knowledge and recollection.

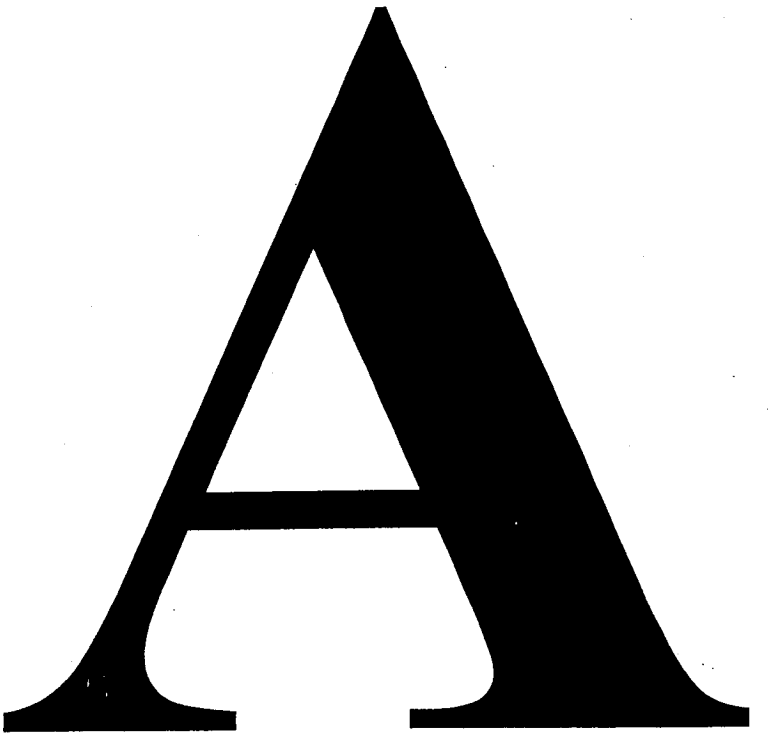
JONATHAN ADAM ORINGHER
Comm. # 1449043
NOTARY PUBLIC - CALIFORNIA
City & County of San Francisco
My Comm. Expires Nov. 3, 2007

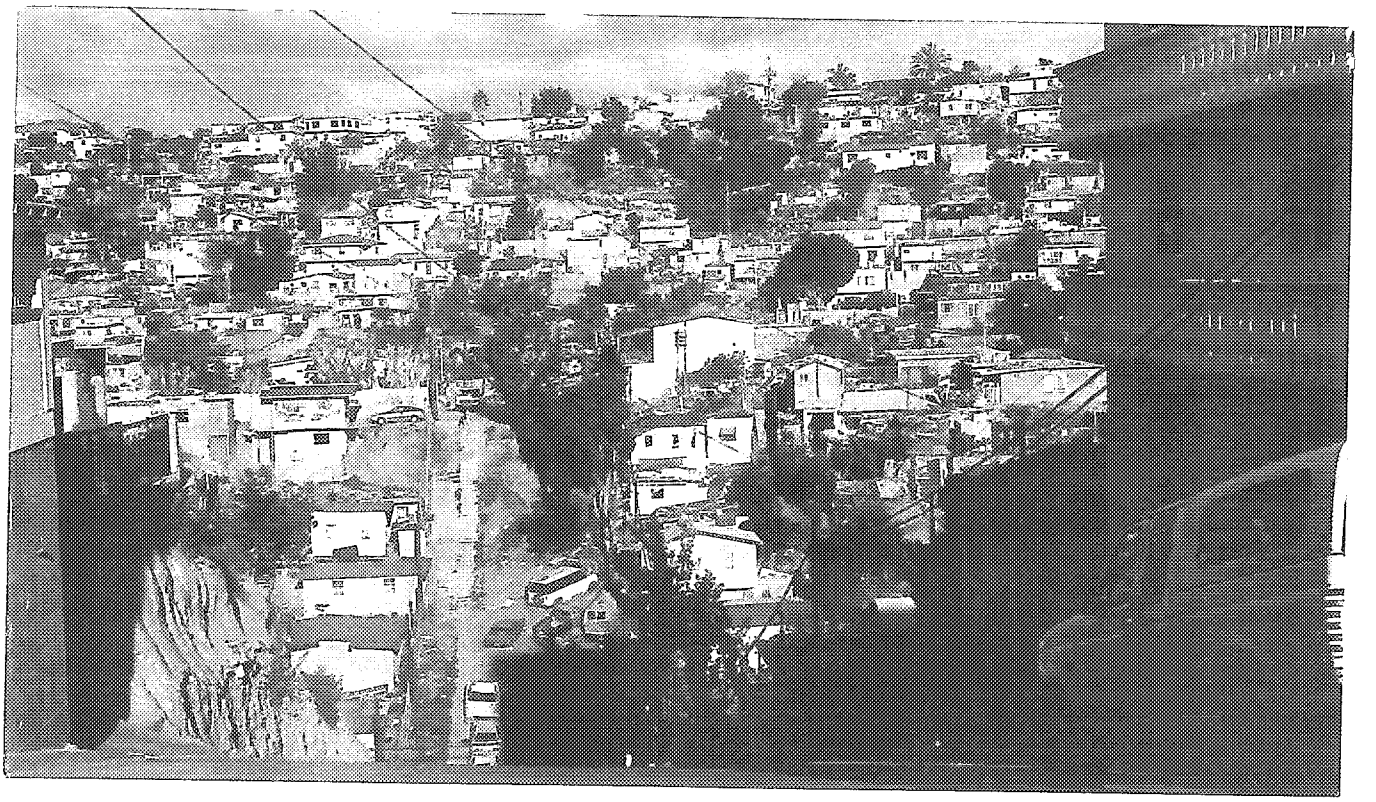
NANCY S. PEMBERTON

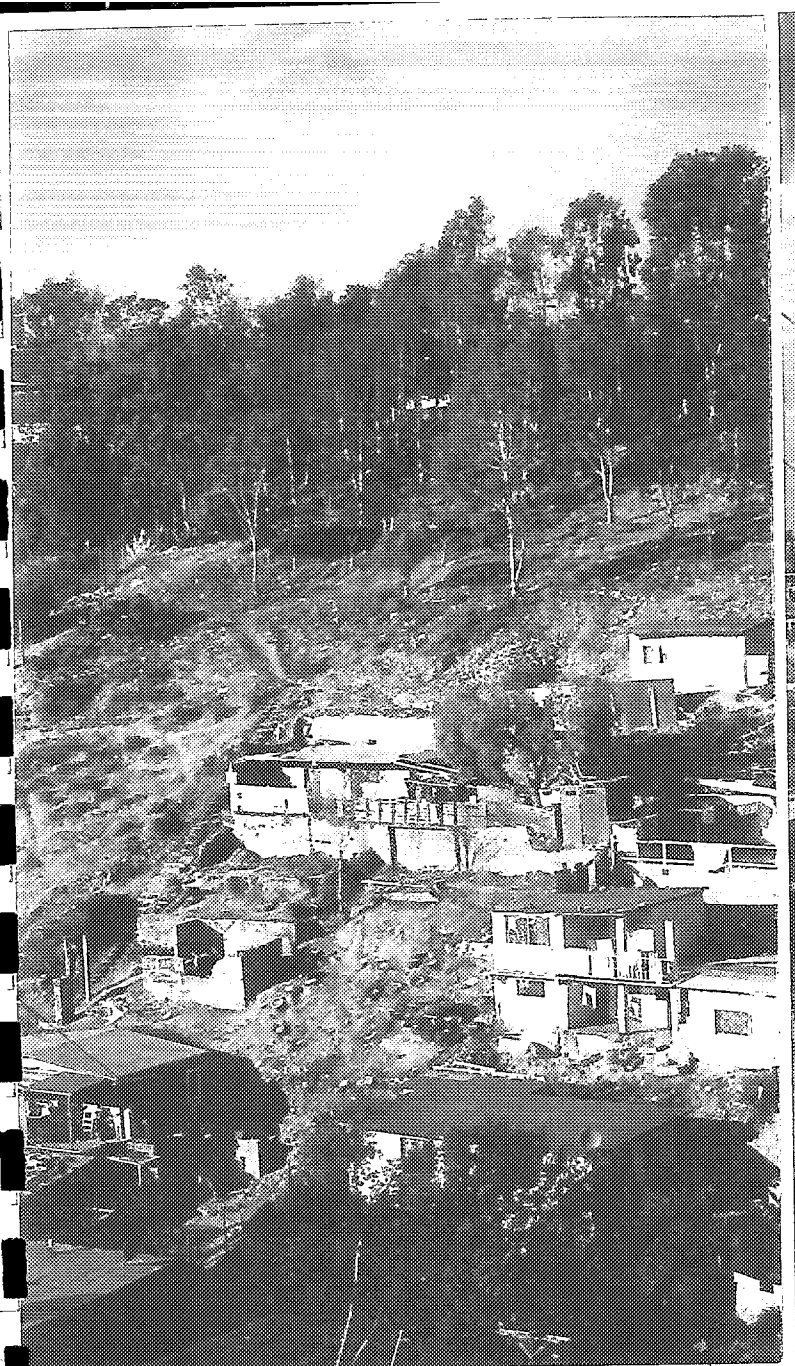
State of California)
County of San Francisco)

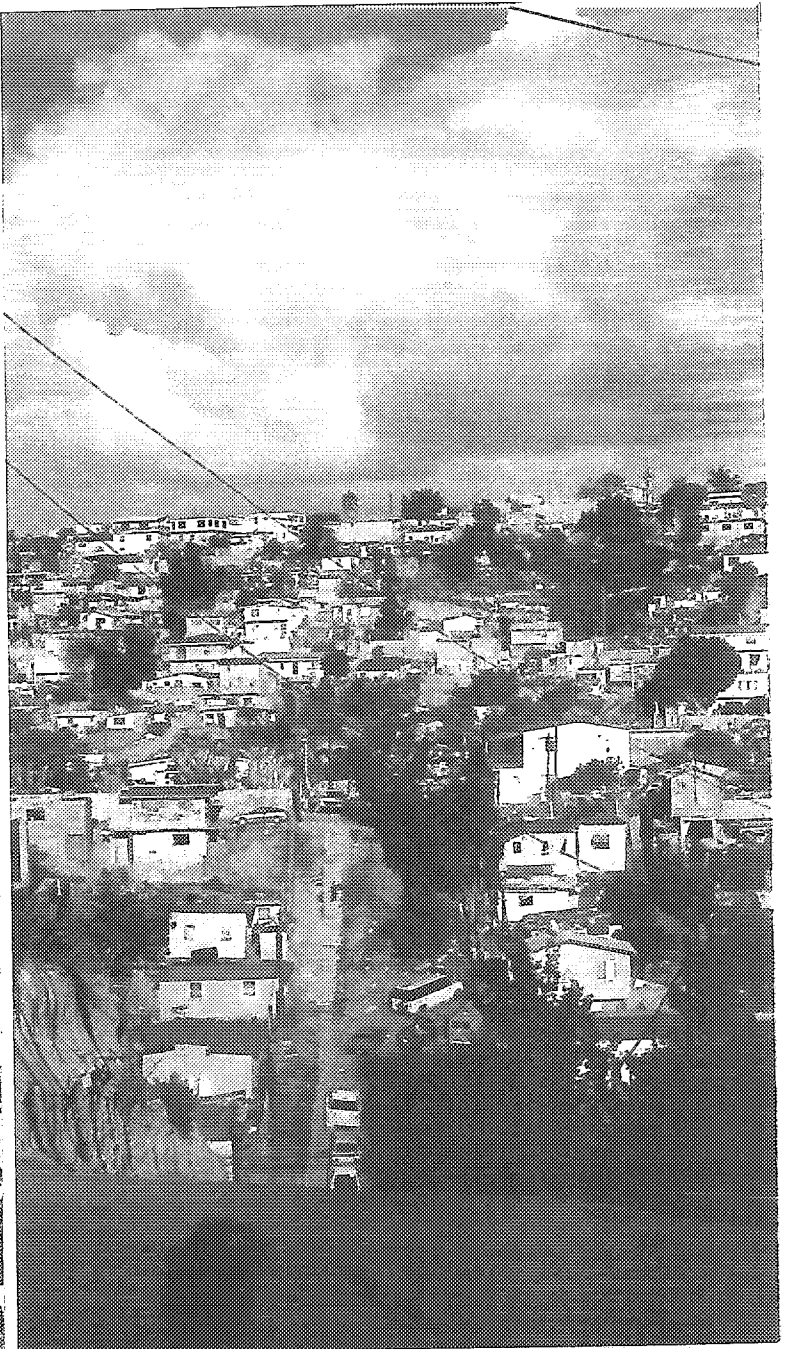
Subscribed and sworn to before me on 21 day of September 2004.

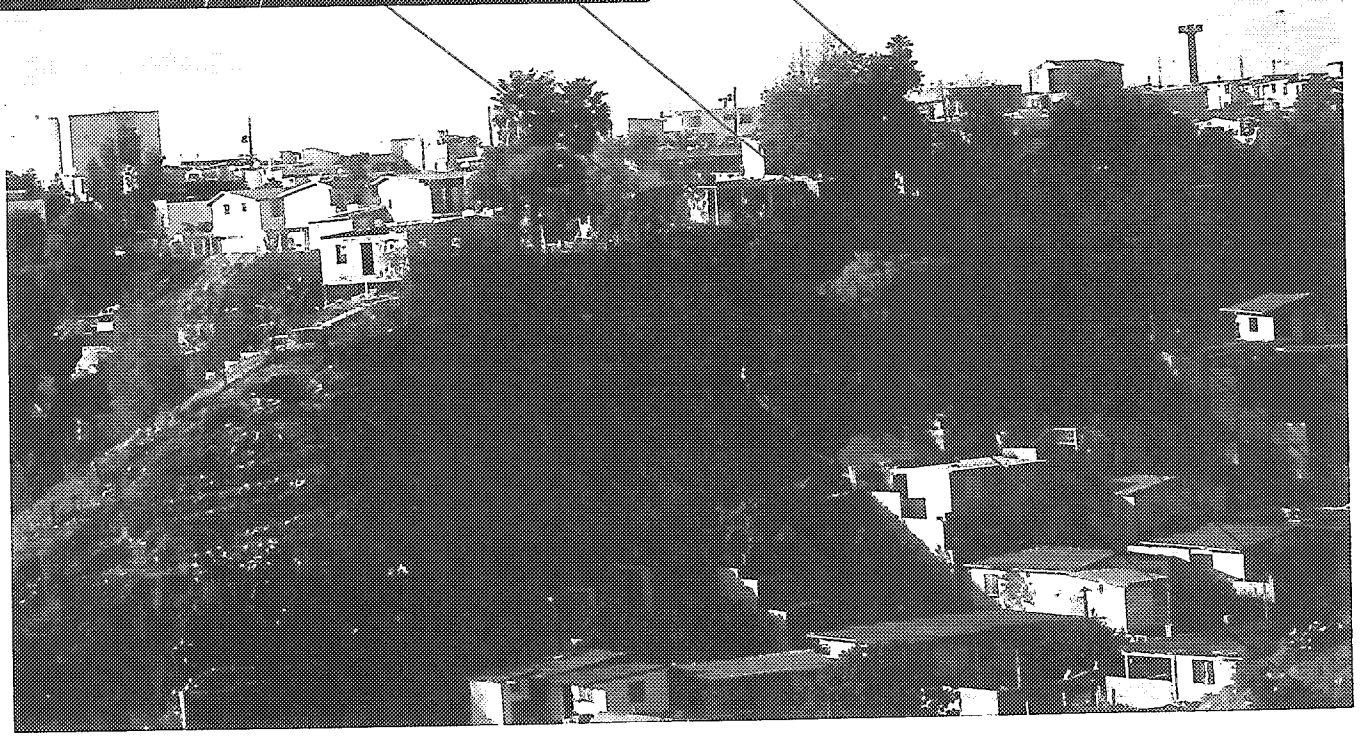
NOTARY SIGNATURE

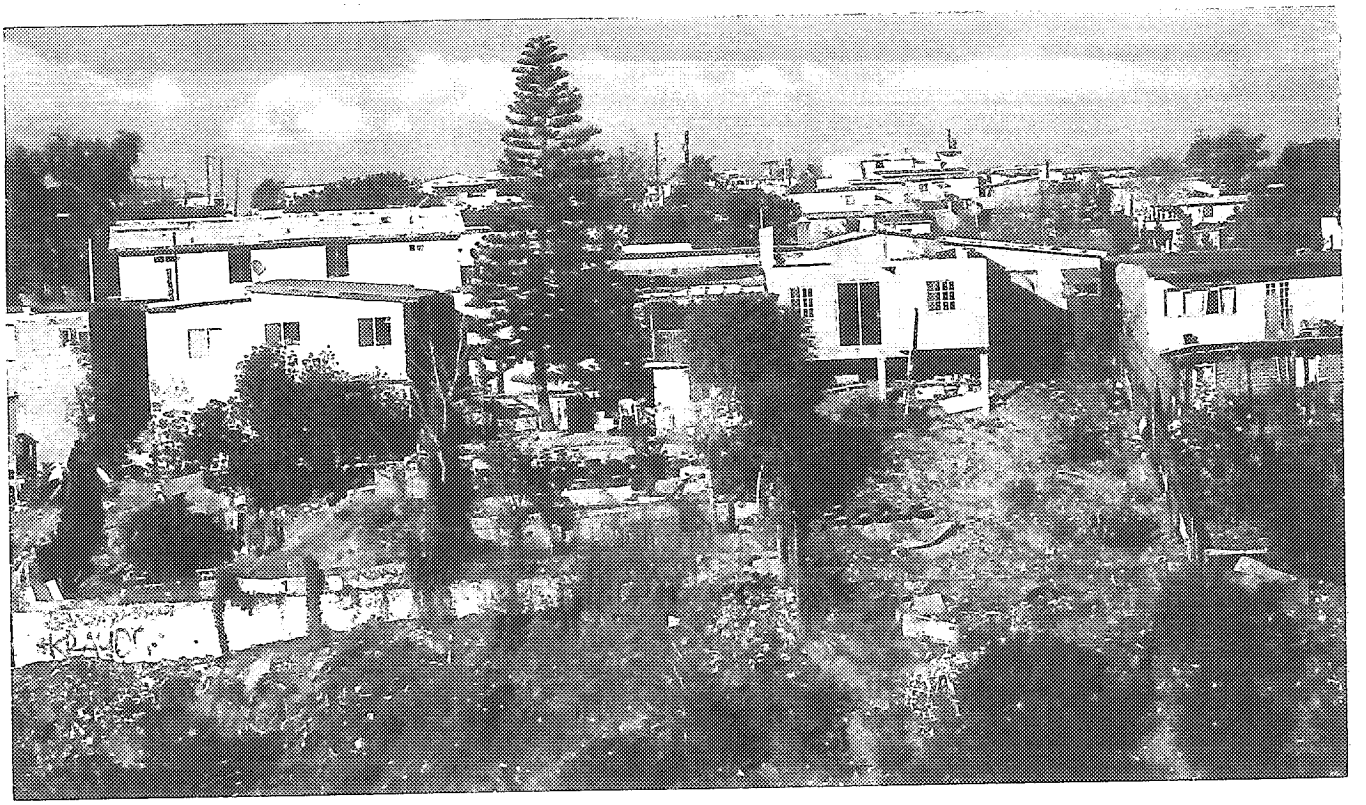


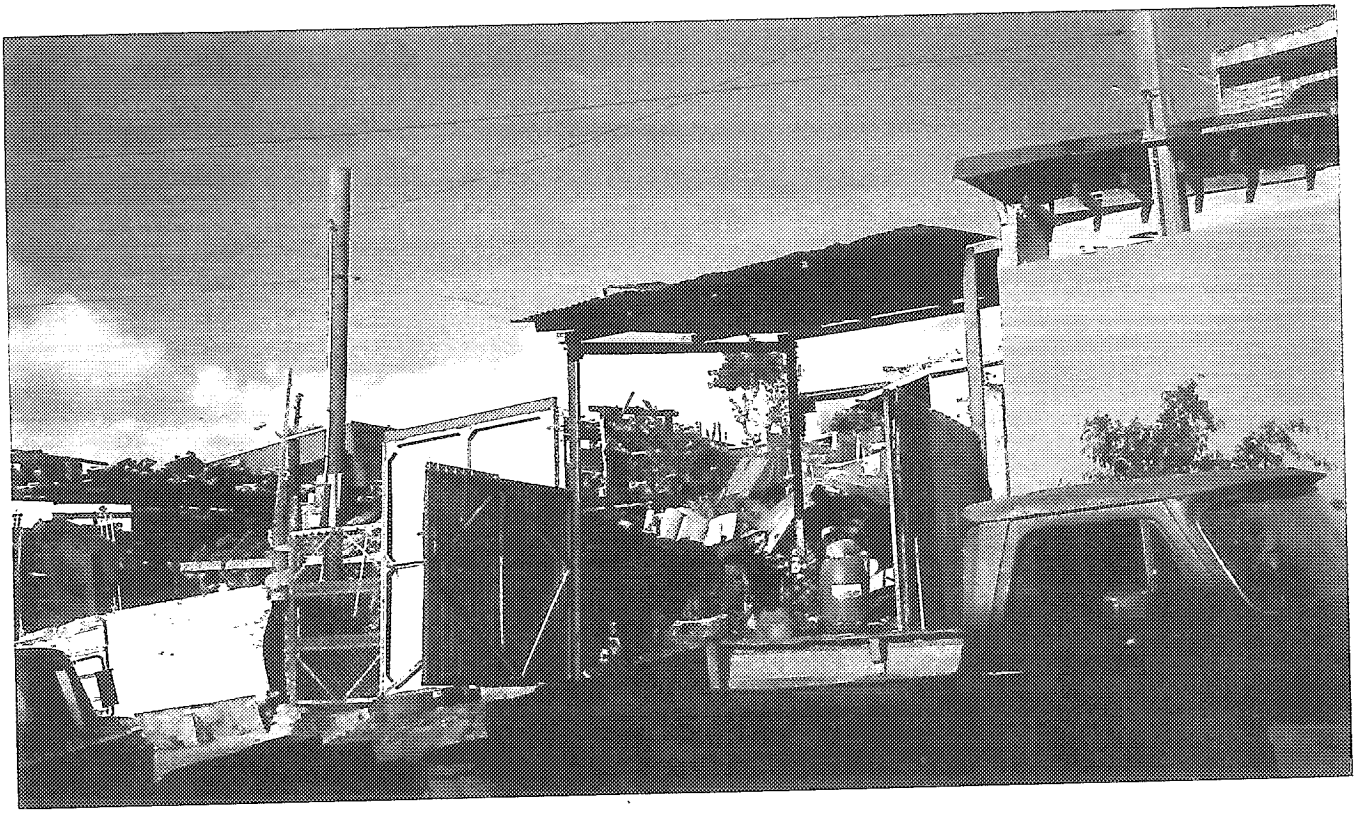


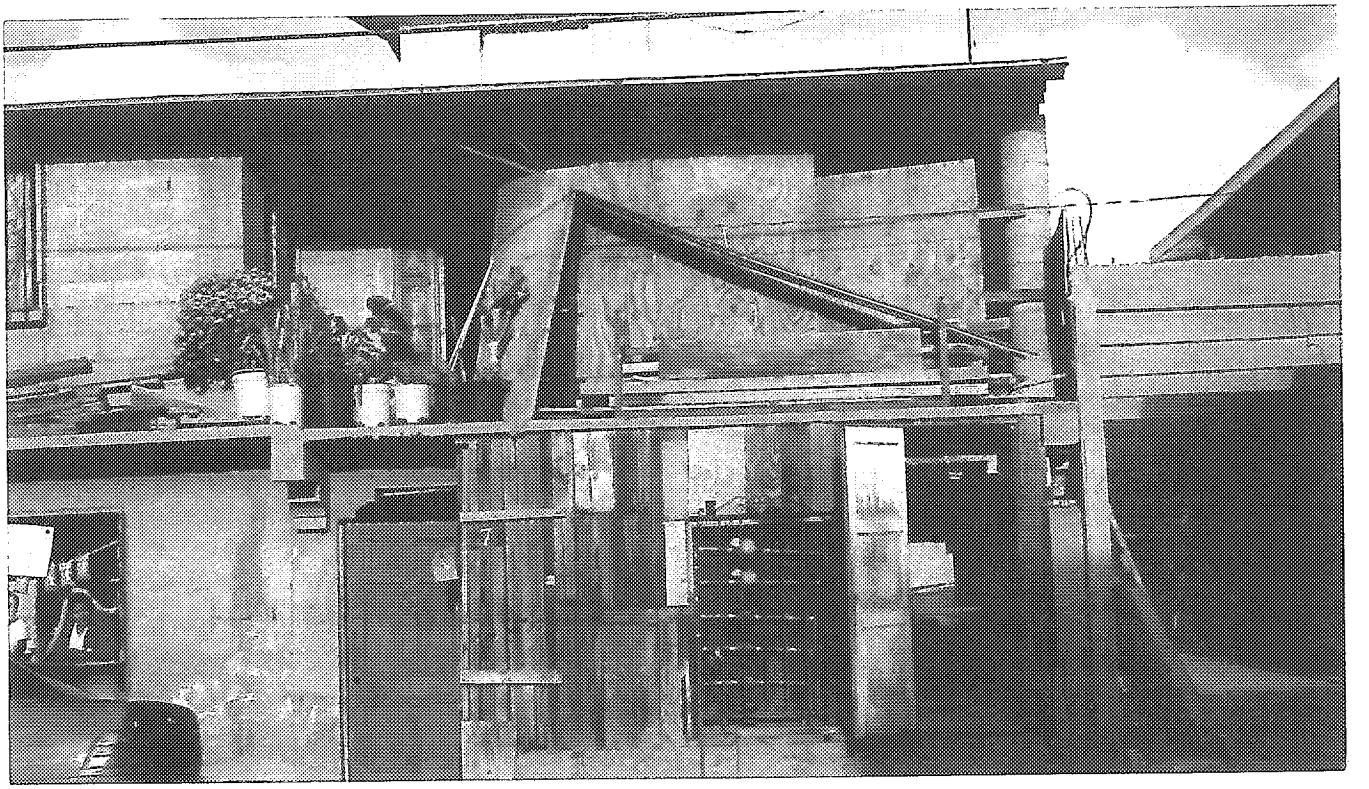












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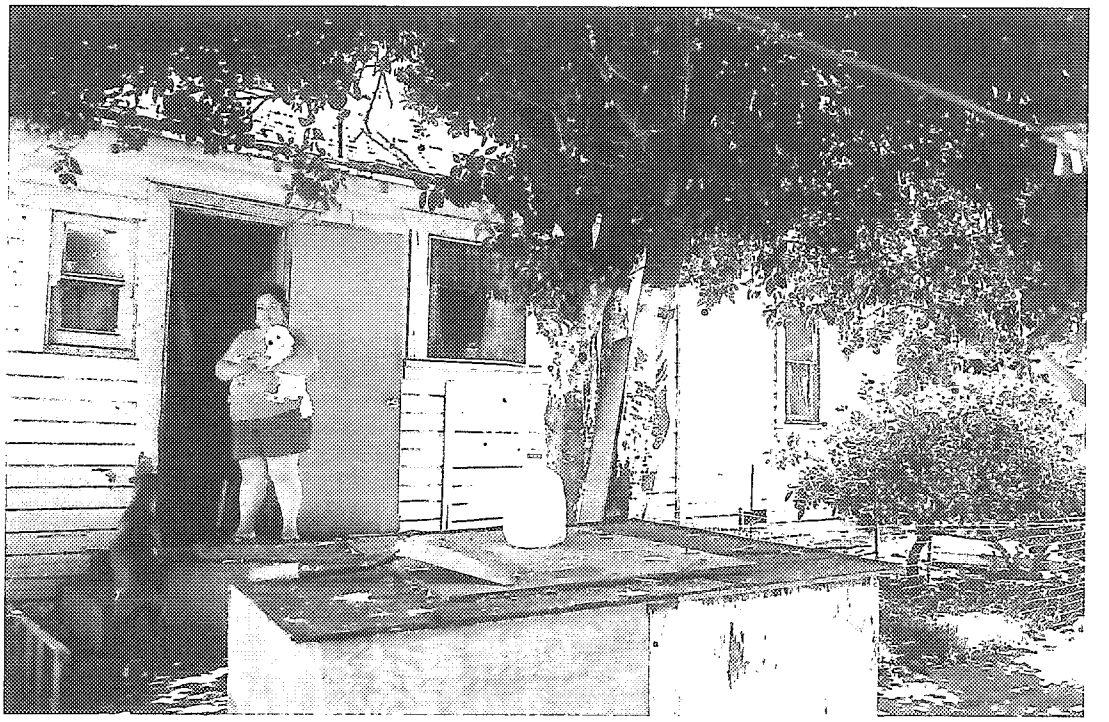

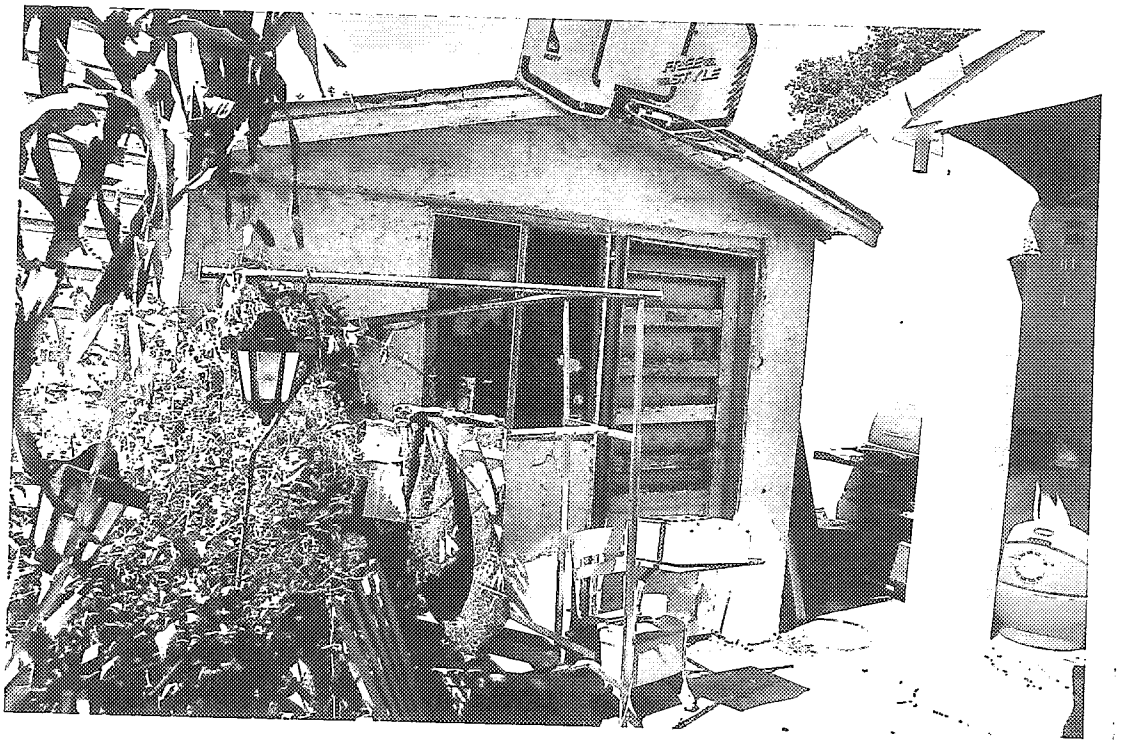

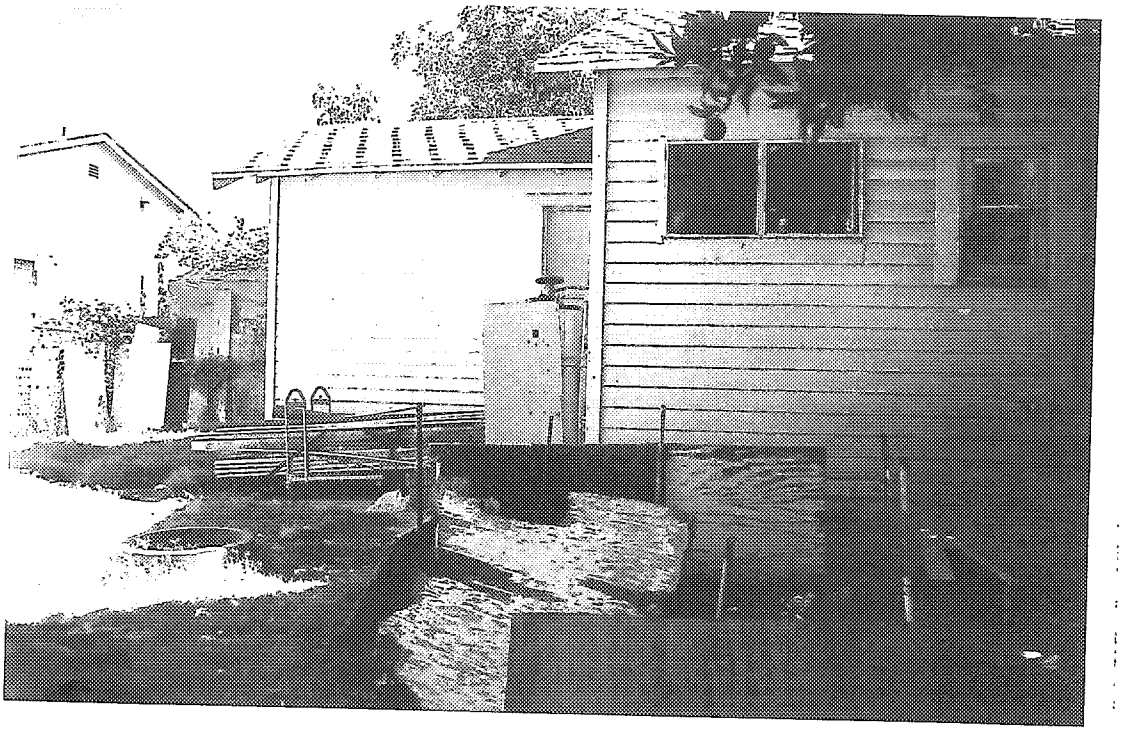

E

(THIS CUMULATIVE RECORD IS CONFIDENTIAL INFORMATION ...)

PHOTOGRAPHS

ESL

634507

SOCIAL SECURITY NO.

FIRST: [illegible]OS ROBERTO

CHECK SEX: M [X] F [ ]

DATE OF BIRTH: MONTH 5 DAY 23 YEAR 54

PLACE OF BIRTH: CITY AGUASCALIENTES STATE MEXICO HOW VERIFIED

PRIOR SCHOOL SCHOOL NAME MEXICO CITY STATE

1. IDENTIFICATION DATA

NONIMMIGRANT FOREIGN STUDENT

VISA TYPE F [ ] , B [ ] , OTHER: ____

VISA NUMBER: ____

CUMULATIVE RECORD
JUNIOR AND SENIOR HIGH SCHOOLS
LOS ANGELES, CALIFORNIA

LOS ANGELES CITY HIGH SCHOOL DISTRICT

REVISED 1966

GRADE LEVEL WHEN PHOTOGRAPHS TAKEN

POLIO IMMUNIZATION: 1 [ ] : 2 [ ] : 3 [ ] : EXEMPT [ ]

2. JUNIOR HIGH SCHOOL RECORD

ALL SUBJECTS RECORDED IN THIS SECTION ARE GRADE LEVEL OF COLUMN IN WHICH POSTED, UNLESS OTHERWISE INDICATED.

SCHOOL					
DATE OF ENTRANCE					
DATE OF LEAVING					
LEFT TO					
SEMESTER ENDING					
ADVISER					

GENERAL SUBJECT FIELD	B-7 SPECIFIC SUBJECT TITLE	SUBJ. GRADE LEVEL	SEM. PER. CREDITS	MARKS IN SUBJECTS	WORK HABITS	COOPERATION	A-7 SPECIFIC SUBJECT TITLE	SUBJ. GRADE LEVEL	SEM. PER. CREDITS	MARKS IN SUBJECTS	WORK HABITS	COOPERATION
ENGLISH												
SOCIAL STUDIES	GEOG.						HIST. GEOG.					
MATHEMATICS												
SCIENCE												
FOREIGN LANGUAGE												
PRACTICAL ARTS												
FINE ARTS												
PHYSICAL EDUCATION												
HEALTH EDUCATION												

GENERAL SUBJECT FIELD	B-8 SPECIFIC SUBJECT TITLE	SUBJ. GRADE LEVEL	SEM. PER. CREDITS	MARKS IN SUBJECTS	WORK HABITS	COOPERATION	A-8 SPECIFIC SUBJECT TITLE	SUBJ. GRADE LEVEL	SEM. PER. CREDITS	MARKS IN SUBJECTS	WORK HABITS	COOPERATION
ENGLISH												
SOCIAL STUDIES	U S HIST. GEOG.	1					U S HIST. GEOG.	2				
MATHEMATICS												
SCIENCE												
FOREIGN LANGUAGE												
PRACTICAL ARTS												
FINE ARTS												
PHYSICAL EDUCATION												
HEALTH EDUCATION												

GENERAL SUBJECT FIELD	B-9 SPECIFIC SUBJECT TITLE	SUBJ. GRADE LEVEL	SEM. PER. CREDITS	MARKS IN SUBJECTS	WORK HABITS	COOPERATION	A-9 SPECIFIC SUBJECT TITLE	SUBJ. GRADE LEVEL	SEM. PER. CREDITS	MARKS IN SUBJECTS	WORK HABITS	COOPERATION
ENGLISH												
SOCIAL STUDIES	WLD. HIST. GEOG.	1					WLD. HIST. GEOG.	1				
MATHEMATICS												
SCIENCE												
FOREIGN LANGUAGE												
PRACTICAL ARTS												
FINE ARTS												
PHYSICAL EDUCATION												
HEALTH EDUCATION												

DATE ISSUED JUL 12 2004
I CERTIFY THAT THE INFORMATION HEREON IS CORRECT.
SIGNED [signature]
MICROFILM SUPERVISOR
LOS ANGELES UNIFIED SCHOOL DISTRICT

JUNIOR HIGH SCHOOL COMPLETION: GRADUATION WITH DIPLOMA [ ] SPECIAL TO HIGH SCHOOL [ ] DATE

3. EXPLANATION OF MARKS AND ABBREVIATIONS

A SUPERIOR
B BETTER THAN AVERAGE
C AVERAGE
D BARELY PASSING
FAIL FAILURE
INC INCOMPLETE
NM NO MARK; ATTENDANCE LESS THAN 3 WEEKS
NO CR NO CREDIT
W WITHDRAWAL (SUMMER SCHOOL MARK ONLY)

AE ACADEMICALLY ENRICHED CLASS FOR ABLE PUPILS
EMR CLASS FOR THE EDUCABLE MENTALLY RETARDED
H HONORS CLASS FOR ACADEMICALLY GIFTED PUPILS
LI LOW INDEX CLASS FOR SLOW LEARNERS
NES CLASS FOR NON-ENGLISH SPEAKING PUPILS
R REMEDIAL CLASS FOR EDUCATIONALLY RETARDED PUPILS OF AVERAGE OR ABOVE AVERAGE ABILITY

4. TRANSMITTAL RECORD

DATE	CUMULATIVE RECORD OR TRANSCRIPT SENT TO	DATE	LETTER OF RECOMMENDATION SENT TO:

E EXCELLENT
S SATISFACTORY
U UNSATISFACTORY

5. SENIOR HIGH SCHOOL RECORD

ALL SUBJECTS RECORDED IN THIS SECTION ARE GRADE LEVEL OF COLUMN IN WHICH POSTED, UNLESS OTHERWISE INDICATED.

	B-10	A-10	B-11	A-11	B-12	A-12
SCHOOL	Garfield	GARFIELD				
DATE OF ENTRANCE	9-14-70	2-2-71	9/2			
DATE OF LEAVING						
LEFT TO						
SEMESTER ENDING	1-24-71	6-18-71				
ADVISER						
MAJOR SEQUENCE	B-10 E S L	A-10 Eng/Lang				
ENGLISH Eng Lang	ENG. ESL 1 5 C S S	ENG. ESL 1 5 B U U	ENG			
	ESL 1 5 C S S	ESL 5 C S S				
SOCIAL STUDIES	ESL 1 5 D V S	ESL 1 5 B U U	U.S. HIST 1	U.S. HIST	U.S. GOVT.	
	ESL 1 5 C S S					
SCIENCE						
MATHEMATICS						
FOREIGN LANGUAGE						
BUSINESS EDUCATION						
HOMEMAKING						
INDUSTRIAL ARTS		METAL 0 5 C U U				
FINE ARTS	Sr. Hi Art 5 C S E					
WORK EXPERIENCE						
PHYSICAL EDUCATION	P.E. 5 D S U	P.E. 5 D U S				
TOTAL SEMESTER PERIODS CREDIT	B-10 CURRENT / CUMULATIVE	A-10 CURRENT / CUMULATIVE	B-11 CURRENT / CUMULATIVE	A-11 CURRENT / CUMULATIVE	B-12 CURRENT / CUMULATIVE	A-12 CURRENT / CUMULATIVE

6. EXTRA YEAR IN SENIOR HIGH SCHOOL

SCHOOL		
DATE OF ENTRANCE		
SEMESTER ENDING		

7. GRADUATION DATA

MAJOR SEQUENCE

APPROXIMATE RANK

NO. IN GRADUATING CLASS

GRADE-POINT AVERAGE

EXPLANATION:
BASIS: 5 SEMESTER PERIODS
A:4 B:3 C:2 D:1 FAIL:0

DATE OF GRADUATION FROM SENIOR HIGH SCHOOL
MONTH DAY YEAR

8. CERTIFICATION (FOR USE ON PHOTOSTAT COPY ONLY)

DATE THIS TRANSCRIPT ISSUED

I CERTIFY THAT THE INFORMATION HEREON IS CORRECT.

(SIGNED)

(PRINCIPAL)

RAMOS ROBERTO 5-23-54

LAST NAME FIRST MIDDLE

ESL

9. INFORMATION CONCERNING HOME

NAME	REP	DEAD
FATHER PEDRO RAMOS		
MOTHER (INCLUDE PRESENT AND DECEASED PARENT)		
STEPFATHER		
STEPMOTHER		
GUARDIAN		

DATE	OCCUPATION OF PARENT OR GUARDIAN	RELATIONSHIP

10. ADDRESSES

DATE	HOME ADDRESS	PHONE
	216 SO. GAG. LOS ANGELES 63	

DATE	BUSINESS ADDRESS	PHONE

11. HOME BACKGROUND

DATE	
	LANGUAGE BACKGROUND
	SIBLINGS—OLDER
	SIBLINGS—YOUNGER
	OTHER DATA

YEAR FIRST REPORTED FOR STATE GIFTED PROGRAM _____

12. SCHOLASTIC CAPACITY TESTS

INTELLIGENCE AND ACHIEVEMENT TEST RESULTS RECORDED AS A SINGLE DIGIT ARE ON A STANINE SCALE FROM 1 (LOW) TO 9 (HIGH)

DATE	GRADE	TEST (NAME, LEVEL, FORM)	C. A.	VERBAL INDEX	NON-VERBAL INDEX	TOTAL INDEX

DATE	GRADE	TEST (NAME, LEVEL, FORM)	C. A.	VERBAL INDEX	NON-VERBAL INDEX	TOTAL INDEX

13. APTITUDE AND INTEREST MEASURES

14. EDUCATIONAL ACHIEVEMENT TESTS

DATE	GRADE	TEST (NAME, LEVEL, FORM)	C. A. TO DATE	INDEX	GR. A. PL. TO DATE	READING		ARITHMETIC		LANG.	SPELL	OTHER TESTS
						VOCAB	COMPR	READ	FUND			

15. HEALTH HC 9/30

JUNIOR HIGH

SENIOR HIGH

SEVENTH

EIGHTH

NINTH

TENTH

ELEVENTH

TWELFTH

17. REFERRALS TO SCHOOL SERVICES OR COMMUNITY AGENCIES (DATE AND SIGN EACH ENTRY)

18. HONORS AND AWARDS (DATE AND SIGN EACH ENTRY)

19. OTHER NOTES (DATE AND SIGN EACH ENTRY)

F

IAL DATE IS VACATED.
URT ORDERS AND FINDINGS:
HE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
ES STATUTORY TIME.
SCHEDULED EVENT:
./15/01 830 AM PRETRIAL CONF/TRIAL SETTING DIST NORTHEAST DEPT NEJ

ODY STATUS: DEFENDANT REMANDED

1/15/01 AT 830 AM IN NORTHEAST DEPT NEJ

SE CALLED FOR PRETRIAL CONF/TRIAL SETTING
IES: JANICE CLAIRE CROFT (JUDGE) DENIS LEEDS (CLERK)
SUSAN L. VELASQUEZ (REP) PATRICIA K DOYLE (DDA)
DEFENDANT IS PRESENT(IN LOCK UP) AND REPRESENTED BY MARK D. LICKER DEPUTY
BLIC DEFENDER
SET AT $70,000

SCHEDULED EVENT:
N MOTION OF DEFENDANT
/26/01 830 AM DISC COMPL/PTC/TRIAL STG DIST NORTHEAST DEPT NEJ
SCHEDULED EVENT 2:
N MOTION OF DEFENDANT
/10/01 830 AM JURY TRIAL DIST NORTHEAST DEPT NEJ

ODY STATUS: DEFENDANT REMANDED

1/26/01 AT 830 AM IN NORTHEAST DEPT NEJ

SE CALLED FOR DISC COMPL/PTC/TRIAL STG
IES: JOSEPH F DE VANON (JUDGE) GERALD BERNI (CLERK)
SHARON BOYER (REP) PATRICIA K DOYLE (DDA)
DEFENDANT IS PRESENT(IN LOCK UP) AND REPRESENTED BY MARK D. LICKER DEPUTY
BLIC DEFENDER
SET AT $70,000
SCOVERY IS COMPLIED WITH THIS DATE.
IAL DATE OF 12/10/01 TO STAND.
URT ORDERS AND FINDINGS:

HE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
SCHEDULED EVENT:
/10/01 830 AM JURY TRIAL DIST NORTHEAST DEPT NEJ

ODY STATUS: DEFENDANT REMANDED

2/10/01 AT 830 AM IN NORTHEAST DEPT NEJ

SE CALLED FOR JURY TRIAL
IES: JOSEPH F DE VANON (JUDGE) NANETTE NAVAL (CLERK)
SHARON BOYER (REP) MELISSA MARSHALL (DA)
NDANT IS PRESENT IN COURT, AND REPRESENTED BY MARK D. LICKER DEPUTY PUBLIC
FENDER
SET AT $70,000
IAL IS TRAILED TO 12-14-01.
URT ORDERS AND FINDINGS:
HE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
SCHEDULED EVENT:

30 AM JURY TRIAL DIST NORTHEAST DEPT NEJ

AT S: DEFENDANT REMANDED

/0 AT 830 AM IN NORTHEAST DEPT NEJ

.LED FOR JURY TRIAL
JOSEPH F DE VANON (JUDGE) NANETTE NAVAL (CLERK)
SHARON BOYER (REP) PATRICIA K DOYLE (DDA)
=F NDANT IS PRESENT(IN LOCK UP) AND REPRESENTED BY MARK D. LICKER DEPUTY
DEFENDER
T AT $70,000
IE COURT FINDS THIS CASE IS 9/10 TODAY AND ORDERS IT
SFERRED FORTHWITH TO DEPT NEE FOR TRIAL ASSIGNMENT. THE
ENDANT IS ORDERED TO APPEAR IN THE ABOVE DEPARTMENT
.THWITH. COURT CLERK TO TRANSPORT THE COURT FILE.
JRT ORDERS AND FINDINGS:

HE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
SCHEDULED EVENT:
/14/01 1030 AM JURY TRIAL DIST NORTHEAST DEPT NEE

ODY STATUS: DEFENDANT REMANDED

2/14/01 AT 900 AM :
CLARATION AND ORDER RE FEES: AMOUNT PAID $45.00
AIM NUMBER U-939564

2/14/01 AT 1030 AM IN NORTHEAST DEPT NEE

SE CALLED FOR JURY TRIAL
ES: TERI SCHWARTZ (JUDGE) ROBIN BARNHART (CLERK)
KATHERINE INGERSOLL (REP) PATRICIA K DOYLE (DDA)
IDANT IS PRESENT IN COURT, AND REPRESENTED BY MARK D. LICKER DEPUTY PUBLIC
ENDER
EOPLE'S MOTION, COURT ORDERS INFORMATION AMENDED BY INTERLINEATION TO ADD

LATION 602(J) PC MISD -TRESPASS:INJURE PROPERTY AS COUNT 02.
DANT ADVISED OF AND PERSONALLY AND EXPLICITLY WAIVES THE FOLLOWING RIGHTS:
BY COURT AND TRIAL BY JURY
NFRONTATION AND CROSS-EXAMINATION OF WITNESSES;
BPOENA OF WITNESSES INTO COURT TO TESTIFY IN YOUR DEFENSE;
AINST SELF-INCRIMINATION;
DANT ADVISED OF THE FOLLOWING:
NATURE OF THE CHARGES AGAINST HIM, THE ELEMENT OF THE OFFENSE IN THE
MATION AND POSSIBLE DEFENSES TO SUCH CHARGES;
POSSIBLE CONSEQUENCES OF A PLEA OF GUILTY OR NOLO CONTENDERE, INCLUDING
E MAXIMUM PENALTY AND ADMINISTRATIVE SANCTIONS AND THE POSSIBLE LEGAL
ECTS AND MAXIMUM PENALTIES INCIDENT TO SUBSEQUENT CONVICTIONS FOR THE
IE OR SIMILAR OFFENSES;
EFFECTS OF PROBATION;
U ARE NOT A CITIZEN, YOU ARE HEREBY ADVISED THAT A CONVICTION OF THE

H YOU HAVE BEEN CHARGED WILL HAVE THE CONSEQUENCES OF
CLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF
IO PURSUANT TO THE LAWS OF THE UNITED STATES;
S THAT EACH SUCH WAIVER IS KNOWINGLY, UNDERSTANDINGLY, AND
E; COUNSEL JOINS IN THE WAIVERS
ITH THE COURTS APPROVAL, PLEADS NOLO CONTENDERE TO COUNT 02 A
O SECTION 602(J) PC. THE COURT FINDS THE DEFENDANT GUILTY.
ISPOSITION: CONVICTED
HAT THERE IS A FACTUAL BASIS FOR DEFENDANT'S PLEA, AND COURT
P EA.
P' AMEND THE INFORMATION BY INTERLINEATION TO ADD A

NDANT WAIVES FURTHER PROBATION REFERRAL AND THE COURT
D CONSIDERS THE PRE-PLEA REPORT.
DF ENDANT WAIVES TIME FOR SENTENCING AND REQUESTS IMMEDIATE
CING.
EDULED EVENT:
N7 NCING

ENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE
SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING
DGMENT:
O COUNT (02):
SITION OF SENTENCE SUSPENDED
NDANT PLACED ON SUMMARY PROBATION
R A PERIOD OF 002 YEARS UNDER THE FOLLOWING TERMS AND CONDITIONS:
RVE 180 DAYS IN LOS ANGELES COUNTY JAIL
ADDITION:
HE DEFENDANT IS TO PAY A RESTITUTION FINE PURSUANT TO SECTION
1202.4(B) PENAL CODE IN THE AMOUNT OF $ 100.00.
TAY AWAY FROM AND HAVE NO CONTACT WITH ANY OF THE VICTIMS OR
THE WITNESSES IN THIS CASE. DEFENDANT IS TO STAY AWAY FROM AND
HAVE NO CONTACT WITH MR. AND MRS. PENA AND STAY AWAY FROM THE
533 W. MARIPOSA ADDRESS.
BEY ALL LAWS AND ORDERS OF THE COURT.
FENDANT IS GIVEN CREDIT FOR 180 DAYS OF CUSTODY TIME, THUS
EDIT FOR TIME SERVED.
FENDANT IS ORDERED TO SEE A DOCTOR FOR PSYCHOLOGICAL NEEDS
) TO TAKE ALL MEDICATIONS PRESCRIBED BY THAT DOCTOR.

FENDANT IS ORDERED TO RETURN TO THIS COURT ON 2/13/02 WITH
OF OF PROGRESS FROM THE DOCTOR HE IS SEEING.
(02): DISPOSITION: CONVICTED
NING COUNTS DISMISSED:
UNT (01): DISMISSED DUE TO PLEA NEGOTIATION
BSTRACT NOT REQUIRED
SCHEDULED EVENT:
13/02 830 AM PROGRESS REPORT DIST NORTHEAST DEPT NEE

DY-STATUS: DEFENDANT RELEASED

/09/02 AT 100 PM :
INARY TRANSCRIPT FILED

13/02 AT 830 AM IN NORTHEAST DEPT NEE

CALLED FOR PROGRESS REPORT
S: TERI SCHWARTZ (JUDGE) ROBIN BARNHART (CLERK)

KATHERINE INGERSOLL (REP) STEVEN M BARSHOP (DDA)
CASE ENT IN COURT, AND REPRESENTED BY MARK D. LICKER DEPUTY PUBLIC
PARTIES
ION IS CONTINUED ON THE SAME TERMS AND CONDITIONS.
FEND/ ORDERED TO RETURN TO THIS COURT ON 3/14/02 WITH
DEFE IE DEFENDANT IS RECEIVING PSYCHIATRIC CARE AND THAT
NELL F IN PRESCRIBED MEDICATIONS.
TH (S AND FINDINGS:
THE ORDERS THE DEFENDANT TO APPEAL ON THE NEXT COURT DATE.
FIL D ED EVENT:
PRC 02 830 AM PROGRESS REPORT DIST NORTHEAST DEPT NEE
THI
CO ATUS: ON PROBATION
T
EXT
/02 AT 900 AM :
ATION AND ORDER RE FEES: AMOUNT PAID $300.00
AI NUMBER S-864936

3/14/02 AT 830 AM IN NORTHEAST DEPT NEE

SE CALLED FOR PROGRESS REPORT
ES: TERI SCHWARTZ (JUDGE) ROBIN BARNHART (CLERK)
KATHERINE INGERSOLL (REP) STEVEN M BARSHOP (DDA)
NDANT IS PRESENT IN COURT, AND REPRESENTED BY MARK D. LICKER DEPUTY PUBLIC
FENDER
MMARY PROBATION IS CONTINUED ON THE SAME TERMS AND CONDITIONS.
D, FENDANT IS ORDERED TO PROVIDE PROOF OF PSYCHOLOGICAL
EATMENT AT THE NEXT HEARING DATE OF 9/17/02.
URT ORDERS AND FINDINGS:
HE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
SCHEDULED EVENT:
/17/02 830 AM PROGRESS REPORT DIST NORTHEAST DEPT NEE
DY STATUS: ON PROBATION

/17/02 AT 830 AM IN NORTHEAST DEPT NEE

E CALLED FOR PROGRESS REPORT
S: TERI SCHWARTZ (JUDGE) JENNIFER BEEAL (CLERK)
KATHERINE INGERSOLL (REP) STEVEN M BARSHOP (DDA)
NT IS PRESENT IN COURT, AND REPRESENTED BY MARK D. LICKER DEPUTY PUBLIC
ER
ND COUNSEL CONFER.
AT ON IS CONTINUED SAME TERMS AND CONDITIONS.
TS THE MATTER FOR A PROGRESS REPORT ON 3/17/03.
DERS AND FINDINGS:
T ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
DL ED EVENT:
830 AM PROGRESS REPORT DIST NORTHEAST DEPT NEE
13/(
L : ON PROBATION

EBY
FILE 830 AM IN NORTHEAST DEPT NEE
N A. (
ES,

_____, DEPUTY

IN-HOME SUPPORTIVE SERVICES
EEDS ASSESSMENT-FACE AND DOCUMENTATION WORK SHEET

INFORMATION

Enrique	CASE NO. 1968-8261272-1	DATE 9-15-00
IO en R Euclid	IHSS COMPANION CASE(S), NAME(S) AND NUMBERS: None	
ts - Dunlar		
ON TIONS, MEDICAL/SOCIAL PROBLEMS: zophrenia, anxiety, R and knee problem	EMERGENCY CONTACTS/INSTRUCTIONS: Guadalupe Jimenez - friend/ lives w Clt. provider	

r. and fell on 7/29/00 and suffered broken R wrist till wears cast, forgetful.

MEDICAL INFORMATION

	Address	Telephone
an r. Huan Nguyen	5400 E. Olympic Blvd. City of Commerce	323 725-755
ian r. Cathleen Godzik	2300 S. Flower St. #301 LA	213 742-1574
ian		( )

DICATIONS	PURPOSE	MEDICATIONS	PURPOSE
sseo - bifix		4. Ranitidine HCl	
aspirin		5. Hydrocodone	
Tylenol		6. Alnacone	

OTHER PERSONS IN HOUSEHOLD

NAME	AGE	RELATIONSHIP	RECEIVE IHSS YES	RECEIVE IHSS NO	HOURS AT SCHOOL/WORK	REASON PERSON CANNOT PROVIDE IHSS TO RECIPIENT
uadalupe Jimenez	74	friend		✓	N/A	provider

SERVICES	TOTAL NEED	ADJ	ALT HRS	AUTH HRS	COMMENTS ALTERNATE RESOURCES Prorated by 2
OMESTIC SERVICES (STATE GUIDELINES)	6.00	3.00		3.00	state std.
REPARATION OF MEALS –	7.00	3.50		3.50	3 meals / 7 days
IEAL CLEAN UP	2.45	1.22		1.23	3 meal clean up / 7 days
IOUTINE LAUNDRY, ETC (STATE GUIDELINES)	1.50	.75		.75	State std.
HOPPING FOR FOOD (STATE GUIDELINES)	1.00	.50		.50	state std.
THER SHOPPING AND ERRANDS (STATE GUIDELINES)	.50	.25		.25	State std.
HEAVY CLEANING					

KER	FILE NO.	TELEPHONE	AREA OFFICE
Elena Harcos	3250	(323) 727-4176	74

-HOME SUPPORTIVE SERVICES
JS ASSESSMENT-FACE AND DOCUMENTATION WORK SHEET

OF ATION

DOB: 05/25/57

Enriquez

CASE NO. 1966 826 1272

DATE 9/30/99

IHSS COMPANION CASE(S), NAME(S) AND NUMBERS:

—0—

S. MEDICAL SOCIAL PROBLEMS

Schizophrenia — Parkinson's Disease, … anxiety, heart burn, arthritis of knee & back, ambulate with a cane

EMERGENCY CONTACTS INSTRUCTIONS:

Carmen Ramos (mother)

213/ 865-4116

DICAL INFORMATION

Huan Nguyen	ADDRESS V.A. Hospital	TELEPHONE
Amanat Abraham	ADDRESS	TELEPHONE
	ADDRESS	TELEPHONE

MEDICATIONS	PURPOSE	MEDICATIONS	PURPOSE
Aspirin 81 mg		acetaminophen 500 mg	→ aches / pain
Ranitidine HCL 150 mg → Heart			
Lorazepam 1 mg Anxiety			

OTHER PERSONS IN HOUSEHOLD

NAME	AGE	RELATIONSHIP	RECEIVE IHSS YES	RECEIVE IHSS NO	HOURS AT SCHOOL WORK	REASON PERSON CANNOT PROVIDE IHSS TO RECIPIENT
None						

SERVICES	TOTAL NEED	ADJ	ALT HRS	AUTH HRS	COMMENTS ALTERNATE RESOURCES
DOMESTIC SERVICES (STATE GUIDELINES)	6.00			6.00	State Std. Explain deviation
PREPARATION OF MEALS	7.00			7.00	Needs 3 meals/da. 7 days/wk. B. 15 min/occ. L. 15 min/occ. D 20 min/…
MEAL CLEAN UP	2.45			2.45	Needs 3 clean up/da. 7 days/wk. B. 5 min/occ. L 6 min/occ. D 10 min/o…
ROUTINE LAUNDRY, ETC (STATE GUIDELINES)	1.50			1.50	State Std.
SHOPPING FOR FOOD (STATE GUIDELINES)	1.00			1.00	State Std.
OTHER SHOPPING AND ERRANDS (STATE GUIDELINES)	.50			.50	State Std.
HEAVY CLEANING					
				18.45	

WORKER: udone Vonghack

FILE NO. 3234

TELEPHONE 727-1624

AREA OFFICE # 70

N-HOME SUPPORTIVE SERVICES
DS ASSESSMENT-FACE AND DOCUMENTATION WORK SHEET

ORMATION

DOB: 05/25/57 | CASE NO. 966-826272 | DATE 9/15/98

Unique Case ID: [illegible] | IHSS COMPANION CASE(S), NAME(S) AND NUMBER(S):

0

...NS, MEDICAL/SOCIAL PROBLEMS: Crohn's Disease, High ... | EMERGENCY CONTACTS/INSTRUCTIONS: Carmen Ramos (Mother) 213/265-4116

...iety, Schizophrenia, Heart burn, arthritis, knees & back, ambulate with a cane

MEDICAL INFORMATION

	NAME	ADDRESS	TELEPHONE
DOCTOR	Dr. Thuan Nguyen	U.S. Hospital	
PHARMACY	Amanat Aberdeen		
OTHER			

MEDICATIONS	PURPOSE	MEDICATIONS	PURPOSE
Risperdal 2mg	Hallucination	Acetaminophen 500mg	Ache/Pain
Elmacine	Heart burn	Lorazepam 1mg	Anxiety
Trandate Capsaicin/0.025%	Arthritis		

OTHER PERSONS IN HOUSEHOLD

NAME	AGE	RELATIONSHIP	PROVIDE IHSS: YES	PROVIDE IHSS: NO	PROVIDE IHSS: CO-EQUAL WORK	REASON PERSON CANNOT PROVIDE IHSS TO RECIPIENT
None						

SERVICES	TOTAL NEED	ADJ	ALT HRS	AUTH HRS	COMMENTS ALTERNATE RESOURCES
DOMESTIC SERVICES (STATE GUIDELINES)	6.00			6.00	State Std. Explain deviation
PREPARATION OF MEALS	7.00			7.00	Needs 3 meals/ea. 7 days/wk. B. 45 min/occ. L. 45 min/occ. D 0 min/
MEAL CLEAN UP	3.50			3.50	Needs 3 clean up/ea. 7 days/wk. B. 5 min/occ. L 6 min/occ. D 0 min/o
ROUTINE LAUNDRY, ETC (STATE GUIDELINES)	1.00			1.00	State Std.
SHOPPING FOR FOOD (STATE GUIDELINES)	1.00			1.00	State Std.
OTHER SHOPPING AND ERRANDS (STATE GUIDELINES)	1.00			1.00	State Std.
HEAVY CLEANING				12.45	

...udone Vonghack | ...E NO. 3234 | TELEPHONE 727-1624 | ...ERVICES 7U

-HOME SUPPORTIVE SERVICES
S ASSESS NT-FACE AND DOCUMENTATION W RK SHEET

ATION

DOB: 5/25/57 — que ...	CASE NO. 1966-826272	DATE 9/19/97
	IHSS COMPANION CASES, NAMES, AND NUMBERS: Ø	

MEDICAL SOCIAL PROBLEMS

...on's disease, anxiety, ... zophrenia, heart burn, arthritis of knee & ...k, ambulate with a cane

EMERGENCY CONTACTS INSTRUCTIONS: Carmen Ramos (mother) (213) 265-4116

MEDICAL INFORMATION

	ADDRESS	TELEPHONE
... O. Kalman	5200 E. Olympic Bl. Commerce	213 894-5360
	ADDRESS	TELEPHONE
	ADDRESS	TELEPHONE

MEDICATIONS	PURPOSE	MEDICATIONS	PURPOSE
Aspirin 325 mg.	Ache/Pain	Lorazepam 1 mg.	Anxiety
...peridone 2 mg.	Hallucination	Maalox - Antacid	Heart Burn
...taminophen codeine	Arthritis	Benztropine Mesylate 2 mg.	Spasm

OTHER PERSONS IN HOUSEHOLD

NAME	AGE	RELATIONSHIP	RECEIVE IHSS YES	RECEIVE IHSS NO	HOURS AT SCHOOL/WORK	REASON PERSON CANNOT PROVIDE IHSS TO RECIPIENT
Ø						

SERVICES	TOTAL NEED	ADJ	ALT HRS	AUTH HRS	COMMENTS ALTERNATE RESOURCES
DOMESTIC SERVICES (STATE GUIDELINES)	6.00			6.00	State Std. Explain deviation
PREPARATION OF MEALS	7.00			7.00	Needs 3 meals/da. 7 days/wk. B. 15 min/occ. L. 15 min/occ. D 30 min/...
MEAL CLEAN UP	[illegible]			3.00	Needs 3 clean up/da. 7 days/wk. B. 5 min/occ. L 5 min/occ. D 10 min/o...
ROUTINE LAUNDRY, ETC (STATE GUIDELINES)	1.50			1.50	State Std. [illegible]
SHOPPING FOR FOOD (STATE GUIDELINES)	1.00			1.00	State Std.
OTHER SHOPPING AND ERRANDS (STATE GUIDELINES)	.50			.50	State Std.
HEAVY CLEANING				19.45	

	FILE NO.	TELEPHONE	AREA OFFICE
...one Vonghack	3234	727-1624	# 70

IS HELD TO ANSWER

CEL

N 06

IN THE MUNICIPAL COURT OF EAST LOS ANGELES JUDICIAL DISTRICT,
COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

A962236
HE PEOPLE OF THE STATE OF CALIFORNIA VS.
NDANT 01: ENRIQUE MORENO RAMOS
3708 5TH
LA, CA
DOB 05/25/57 OLN VLN
ENFORCEMENT AGENCY EFFECTING ARREST: LOS ANGELES COUNTY SHERIFF

BAIL: APPEARANCE DATE	AMOUNT OF BAIL	DATE POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER

SE FILED ON 01/05/88.
OMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING
MMITTED, ON OR ABOUT 01/01/88 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING
FENSE(S) OF:
COUNT 01: 245(A)(1)PC FEL - ASSAULT W DEADLY WEAPON/INSTR..
XT SCHEDULED EVENT:
01/05/88 900 AM ARRAIGNMENT DIST EAST LOS ANGELES DIV 005

SE CALLED FOR ARRAIGNMENT
ON 01/05/88 AT 900 AM IN EAST LOS ANGELES DIV 005
RTIES: COMR HAROLD STANLEY (JUDGE) LEANELLA MCMAHAN (CLERK)
SUSAN SMITH (REP) KELLYJEAN CHUN ()
FENDANT PRESENT, AND WAS REPRESENTED BY RICARD GOMEZ PRIVATE COUNSEL
XT SCHEDULED EVENT:
01/08/88 900 AM BAIL REVIEW DIST EAST LOS ANGELES DIV 005
EXT SCHEDULED EVENT 2:
01/19/88 900 AM PRELIMINARY HEARING DIST EAST LOS ANGELES DIV 005

ASE CALLED FOR PRELIMINARY HEARING
ON 01/19/88 AT 900 AM IN EAST LOS ANGELES DIV 005
OUNT (01): DISPOSITION: HELD TO ANSWER
OUNT (01): DEFENDANT IS HELD TO ANSWER

ABSTRACT NOT REQUIRED.
EXT SCHEDULED EVENT:
PROCEEDING TERM & CLDR CANCEL

0 06

116N

[redacted]

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

GLOBE TICKET AND LABEL COMPANY M-00033

PEOPLE vs	CENTRAL	Bench Warrant		CASE NO. A 962236			
BI/OR	X. 197155	Iss.	Svd/ Rcld	Bond No.	Forf	Rein	Exon
MOS ENRIQUE MORENO A1 12000	DEFT'S ATTY: R. Gomez K. [illegible] DPD						
	X.						
	DEFT'S ATTY:						
	X.						
	DEFT'S ATTY:						

Info/Indic/Cert of GP filed & set: 02 04 88	DEPT 16N	TRIAL JUDGE:	
Date of Crime: 01 01 88		PEOPLE'S ATTORNEY:	STATUS

DEPT.	DATE	CHRONOLOGICAL INDEX OF COURT PROCEEDINGS	STATUS
116N	2-4-88	Crol FTA A&P Cont 2-5-88 3/116N	Held
116N	2-5-88	Arraigned Plea NG PTC/TS 2-26-88 3/116N	Held
116N	2-26-88	PTC/TS [illegible] 3-21-88 3/116N	Held
116N	3-21-88	C&P - PTS - Proc Susp [illegible] Prob w/[illegible]	
	4-25-88	122 CT Cr 122 (41 DT) Rel'd #245677	Prob
116N	4-20-88	SD, 04986 Murphy, + Cal & Pd 362 50	
116N	2-27-90	Prob cont STC + mod	PROB
116N	6-6-91	Pursuant 17 PC; Misdem; Termin pursuant to	
	5/18/61	1203.3 PC; Case dismissed 1203.4 PC.	

A962236

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COUNTY OF LOS ANGELES)
)
) IN RE: ROBERTO MORENO RAMOS
)
STATE OF CALIFORNIA)

DECLARATION OF DR. RICHARD C. CERVANTES

I, RICHARD C. CERVANTES, Ph.D., declare as follows:

1. I am the Director of Research at Behavioral Assessment, Inc. in Los Angeles, California. In this capacity, I have been retained by Sandra Babcock, an attorney for the Government of Mexico, to evaluate Roberto Moreno-Ramos' social history and background.

2. I currently hold an appointment as Senior Research Fellow at the California State University, Long Beach, in the Department of Psychology, Center for Behavioral Research and Services. I also serve as a consultant to the U.S. State Department, through the United States Embassy in Mexico City, where I advise on topics related to high risk youth, delinquency and crime prevention among Mexican youth, and prevention of gang-related violence in the southern regions of Mexico.

3. I am a member in good standing of the American Orthopsychiatric Association, and the American Association of Applied and Preventive Psychology, the American Psychological Society, and received an American Psychological Association award as "Promising Young Research Scientist" from Division 45. I currently am a member of the Hispanic High Risk Youth Cluster Steering Committee, United States Center for Substance Abuse Prevention, Alcohol Abuse and Mental Health Administration.

4. I received a Bachelor's degree in business administration and psychology in 1978, a Master's degree in clinical psychology in 1982, and a Ph.D in clinical psychology in 1984 from Oklahoma State University.

5. Following my educational training, I was employed as a Staff Psychologist at the Didi Hirsch Community Mental Health Center in Culver City, California for five years. From 1984 through 1989, I was an Assistant Research Psychologist at the Spanish Speaking Mental Health Research Center at UCLA. From 1988 to 1990, I was an Assistant Professor and Coordinator of Community/Clinical Track at the California School of Professional Psychology.

6. From 1990 to 1995, I served as an Assistant Professor in the Department of Psychiatry and the Behavioral Sciences at the University of Southern California. I was also the Associate Director of Clinical Psychology Training at USC Medical Center. As part of my work, I conducted psychological evaluations of police officers for the Los Angeles County District Attorney's Office. My professional clinical experience also included serving as a psychologist

for the Oklahoma Department of Corrections, a Pre-Doctoral Intern at the Didi Hirsch Community Mental Health Center in Culver City, California, and as a Diagnostic Technician for the Tulsa Headstart Program.

7. My professional duties have included providing counseling to survivors of domestic abuse, counseling and referral for poly-substance abuse, and counseling for psychological trauma caused by exposure to violence and stressful situations. In addition, I have conducted over 200 psychological evaluations of patients suffering from severe emotional and psychological problems, learning disabilities, mental retardation, and other mental impairments. My evaluations have been relied upon by courts, social service agencies, and educational institutions to determine the social service needs of clients. In addition, I have assisted the courts by providing expert testimony in over 30 capital murder cases in California, Arizona, Idaho, Oklahoma and Texas.

8. I have published over two-dozen scholarly articles in medical journals, a book and numerous chapters in professional reference books and have presented over three-dozen papers at local, national, and international conferences. My topics of research include addressing mental health issues in culturally diverse populations, drug and alcohol abuse and prevention research particularly within the Hispanic community, family dynamics and stress, and Hispanic gangs. I have also studied and published on issues related to youth and adult violence and violence prevention in the Hispanic and immigrant community. I am one of the principal authors of the Hispanic Stress Inventory, a psychological test for Hispanic adults.

9. I have been retained to evaluate Roberto Moreno-Ramos' social history and background, with particular attention to his family, educational, cultural, and medical/psychiatric history. The overall purpose of this evaluation is to provide an understanding of the impact of Mr. Moreno Ramos' history on his psychological development and mental health. Specifically, I will consider the effects of the trauma and stresses experienced by Mr. Moreno Ramos in four broad areas:

a) Multi-generational physical and emotional abuse within the family;
b) The breakdown of the family structure, including lack of adequate parenting and neglect of basic needs;
c) The stresses associated with family immigration, life in a high risk border city, and multiple family separations.;
d) Extreme poverty and uncertainty in meeting daily material needs such as food and housing.

10. Additionally, I have been asked to consider any specific social, medical, or mental health interventions that were provided to Roberto Moreno Ramos or other members of his family during his childhood in Mexico, and/or his adolescent years in the United States.

11. In developing this expert declaration I have relied upon multiple sources of information including: the affidavit of Nancy S. Pemberton ("Pemberton's Affidavit"), court records, school records, investigator reports, and personal interviews with close family members. These are the sorts of sources typically relied upon by experts in the mental health fields to

develop an understanding of an individual's social history and background for purposes of diagnosis and/or clinical intervention and treatment.

Cycle of Violence

12. Over the past three decades behavioral scientists have documented the negative impact of the family cycle of violence on social, emotional, and overall health development. C. S. Widom was one of the first to study and define the term "cycle of violence," which refers to the transmission of violence from one family generation to the next through genetic and social means.[1]

13. Roberto Moreno Ramos' family history exemplifies a cycle of severe and persistent violence, coupled with abandonment and neglect. My interviews as well as the interviews reflected in Pemberton's Affidavit disclosed a cycle of violence that began at least two generations before Roberto.

14. As described in Pemberton's Affidavit, Roberto's paternal grandmother, Carmen Sandoval, was a harsh disciplinarian who suffered a lot of hunger and misery herself. She treated some of her children, particularly Roberto's father Pedro, in a very abusive manner: insulting them, throwing objects at them and inflicting myriad other forms of punishment. Carmen Moreno, the defendant's mother, described to me how her mother-in-law would beat the children with a big stick, with her shoes, or with any object that was around, hitting them on the head, face and body.

15. Ramiro Ramos, younger brother of Roberto, described similar memories of his grandmother's abuse. She would hit his siblings and him on the head, face and body with any object that she could put her hands on at that moment. If she could not find anything else, she would take off her shoe and hit them with that. She insulted the children and yelled at them. She treated Roberto and his siblings worse than she treated her other grandchildren; for example, if she gave a peso to each one of her other grandchildren, she would give Roberto and his siblings a single peso that they all had to share.

16. Natividad, one of Roberto's younger sisters, also confirmed to investigators and to me the abusive nature of Carmen Sandoval. As a young child, she personally suffered abuse at her grandmother's hands.

17. Pedro Ramos, father of Roberto, continued the cycle of violence into the next generation. By all accounts, he was a violent and abusive father toward most family members. His abusive behavior followed the pattern experienced during his own childhood and many of the specific forms of the abuse seem to have been "passed on" from one generation to the next. For example, Pedro's half-brother, Jose Ceballos, used to hang Pedro from his thumbs when he was a child. As an adult, Pedro hung his own children, Roberto and his brothers, upside down from a beam. Similarly, just as his mother had specific children that she targeted either for

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[1] Widom C.S. (1989). The cycle of violence. Science, 244,160-166.

generous or for abusive treatment, Pedro singled Roberto and his brother Enrique for the most severe forms of abuse.

18. Pedro abused not only his children but his wife. From early in the marriage until the time of their final separation, Pedro would threaten to hit his wife and, when she challenged him to follow through, he would hit the wall with his fists. On one occasion, he hit the wall so hard he broke his fist. Before long, he began to hit Carmen Moreno herself. The children often heard their father yelling and hitting their mother despite Carmen Moreno's efforts to keep it from them. This abuse started before Roberto's birth and continued throughout his childhood and adolescent years.

19. Pedro was emotionally abusive to his wife by participating in sexual relations with others during their marriage, making little or no attempt to hide these affairs from Carmen. His relationships with other women began when the family lived in Guadalajara and continued throughout the marriage. Pemberton's Affidavit describes one instance where the family was confronted by their father's infidelity when a woman appeared on the doorstep. On another occasion, Pedro took one of his sons, Gustavo, to the movies with another woman whom he hugged and kissed in front of Gustavo. The family attributes Pedro's erratic disappearances from the family home, both in Mexico and the United States, at least in part to his infidelity.

20. Pedro's abuse of his children, graphically described in Pemberton's Affidavit, was confirmed in my personal interviews with family members. Carlos, the eldest brother, recounted to me one particular incident that happened to him when he was 9 years of age. He was getting onto a bus with his father, when a watermelon that he was holding fell and broke on the stairway of the bus. His father started yelling at him, insulting and hitting him with his hand and fist in face and body in front of all passengers; inside the bus nobody did nor said anything.

21. Natividad described an incident when Pedro went to pick up a check, leaving all of the children on their knees with several pages of homework to be learned by the time he came back. Natividad got so nervous that she could not learn anything and, when her turn came to recite the lesson, she burst out crying and wet herself. Her father took his belt off and hit her with it on her legs, arms, and body. On another occasion while living in Los Angeles Pedro came home from work and Natividad, who was always trying to win her father's approval, went to pull his boots off. He told her to get away and when pushing her away hit her in the nose. She had to be treated at the Bonnie Beach medical clinic because her nose would not stop bleeding.

22. Ramiro the younger brother recalls his father hitting him with the belt when Ramiro was as young as 4 to 6 years.

Robert Moreno Ramos as a Victim of Abuse

23. Although the entire family experienced physical and emotional abuse, several family members indicated to me that Roberto and his brother Enrique were the most abused and most affected children in the Moreno Ramos family.

24. I learned in my personal interviews that the physical abuse perpetrated on Roberto began at the age of about four. When his father was home, Roberto would be frequently brutalized, sometimes more than 2 – 3 times a week, for both real and imagined misbehavior. The forms of abuse were torturous, including burning their hands on the stove, holding their heads under water, and hanging Roberto and his brother from a beam by their ankles or thumbs. None of these were appropriate forms of parental discipline and many of them could have resulted in permanent and severe brain injury

25. As is often the case in abusive families, Roberto sought his father's attention and approval despite the horrific abuse. By all accounts, the only positive attention Roberto received from his father was when he got into fights with other boys. His father would reward Roberto with compliments when he behaved aggressively. At the same time, he would taunt his older son Carlos, calling him a chicken and urging him to follow his brother's example of defending himself against neighborhood bullies.

26. Natividad said that their mother would not intervene or protect the children because she feared her husband, who insisted he was the boss and the one giving orders in that house. According to Carlos (eldest son) the mother did intercede a few times, but only when the level of violence the father inflicted caused the boys to be lying semi-conscious on the floor. This utter lack of protection, combined with the unpredictable nature of the abuse, created an atmosphere of constant terror for Roberto and his brothers. They never knew when their father would be home, and, if he was home, when he would be violent; they did know that if he became violent, no one would intervene or protect them.

27. The family reported that nobody ever witnessed the abuse that was going on in their house because when Pedro was home nobody was allowed to come to the house and visit or play. Pedro kept his family isolated from the neighbors and other people in the community. This is a phenomenon often found in abusive families. The isolation not only facilitates the abuse, but also interferes with the normal social development of the children and increases their sense of being different and set apart from their peers. In addition to the effects of the abuse, the isolation can leave the child with lifelong fears of loneliness and abandonment, anger, and a belief in their own unworthiness.

28. In the United States, teachers and health care professionals are trained to look for signs of child abuse. That training is virtually non-existent in Mexico, particularly since parents there are given wide latitude in disciplining their children. Thus, even when Roberto began to act out in school, one of the classic signs of a troubled child, no professional even attempted to speak to his family. Similarly, no teacher or health care professional ever referred Roberto to a social worker or counselor. When Roberto and his family emigrated to East Los Angeles, the overwhelmed public school district likewise failed to notice the telltale signs of abuse or reach out to Roberto and his siblings.

29. The cycle of violence in the Ramos family co-existed with a pattern of abandonment and neglect. Pedro's absences from the family were unannounced and erratic. When home, Pedro provided no emotional sustenance, although the family felt more physically secure from

outside dangers with him around. The family needed Pedro, despite his abusive treatment, for both physical safety and economic survival.

Pre, Post-Migration Stress Mental Health

30. A 2001 study by researchers Carola and Marcelo Suarez-Orozco provides insight into the important psychological and social implications of immigration for the individual and the family group[2]. On the eve of departure, immigrants face an uncertain future with potential for both gains and losses. It is an enterprise that is often carefully planned and never taken lightly. It also involves separation from family members left behind; it involves the loss of culture and the need to learn and adapt to new cultures.

31. Only twenty percent of the children in the Suarez-Orozcos' study came to the United States as part of a complete family unit. Most of the families experienced separation from other family members for a few months to a few years. For many immigrant children, family reunification is a long, painful, and disorienting ordeal.

32. Acculturation is the process of learning new cultural rules and interpersonal expectations.[3] Language is not the only form of communication that immigrants must learn. Social interactions are culturally structured, as well.

33. According to one study, family cohesion and the maintenance of a well-functioning system of supervision, authority, and mutuality are perhaps the most powerful factors in shaping the well-being and the future outcomes of all children-immigrant and nonimmigrant alike.[4] Without a strong family structure, the stress of acculturation is acute.

34. Immigrant groups are socially and economically disadvantaged in many ways. Language, cultural and socio-economic differences found in the United States often give rise to severe emotional problems (including psychosis), alcohol/substance abuse problems and other problems of "adaptation" among immigrant groups. The effects on family relationships and children's mental health can sometimes be devastating, especially where pre-migration family problems have been present.[5]

35. The pre-migration stressors in the Ramos family began in Guadalajara where they left the only home the children knew, and were exacerbated by the family's lengthy stay in Tijuana.

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[2] Suárez-Orozco, C. & Suárez.-Orozco, M. Children of Immigration. (Cambridge: Harvard University Press, 2001)

[3] Padilla, A. M. (Ed.) Acculturation: Theory, models and some new findings. (Boulder, CO: Westview Press, 1980); Berry, J.W. "Psychology of Acculturation," in Nancy Goldenberg and Judy B. Veroff, eds., The Culture and Pshychology Reader. (New York: New York University Press, 1998); Flaskerud J.H. & Uman G. (1996). Acculturation and its effects on self-esteem among immigrant Latina women. Behavioral Medicine; 22(3),123-33),

[4] Earls, F. (1997). As quoted in Tighter, Safer Neighborhoods. Harvard Magazine November/December

[5] Berry, J.W. & Annis, R.C. (1988). Ethnic Psychology: Research and Practice with immigrants, refugees, native peoples, ethnic groups and sojourners. Amsterdam: Swets & Zeitlinger.

36. Pedro took his family from Guadalajara to Tijuana in 1967 and left them there for three years while he lived in Los Angeles and returned to Mexico only on weekends. Roberto and his siblings had to fend for themselves in the strange and hostile environment of Tijuana. Photos of the neighborhood, appended to Pemberton's Affidavit, attest to the extreme poverty and harsh living conditions of the family while living there.

37. According to a report by the Institute for Regional Studies, the average annual population growth for the Tijuana region between 1960-1970 was 7.5%. Much of Tijuana's explosive growth can be accounted for by migration from other areas of Mexico. The rapid population growths, coupled with poor infrastructure, resulted in many families living in extreme poverty conditions in makeshift housing. These conditions are often associated with community and social disintegration that includes high rates of crime, drug trafficking, prostitution, isolated families and, more recently, with human trafficking.

38. Pedro moved his family to the U.S. in 1970 (some legally and some illegally.) They moved into a small, two-bedroom house on Gage Street in Los Angeles. The family was separated to hide the younger children, who had been brought into the U.S. illegally, from immigration authorities. Once reunited, they continued to live in the same house with only two bedrooms for 12 people.

39. Even in Los Angeles, Pedro continued to be an absent father. On two occasions during 1974-1975 Carmen, went to Mexico to find Pedro and bring him back. Both times, he stayed with them for about a month and then left again. He was living with a woman who had been his mistress when Carmen and the children lived in Guadalajara. The children were resentful and angry at their father, because he had abandoned them, and their mother could not make the payments on the house. Pedro finally abandoned the family permanently in 1976, when Roberto was twelve.

40. Pedro's absences left a hole in the family structure. His abandonment of the family was so complete that Ramiro Ramos, who was born in 1966 does not remember his father and does not feel anything at all for him. When he was a child he often told people that his father was dead.

Culturally-Specific Factors in Evaluating the Family

41. In evaluating the social and emotional development of a child, it is critical that mental health professionals take into consideration culturally-specific factors and their effect on individual behavior. To fully understand the effects of his life experiences on Roberto Moreno Ramos, we must place those experiences in their cultural context.

42. Traditional Mexican culture has been described by numerous researchers and clinicians over the past three decades so that a body of literature is widely available to practitioners. For Mexican children and adults, a set of traits has been identified and described.[6]

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[6] Madsen (1964). The Mexican Americans of South Texas. New York: Holt, Rinebart & Winston; Salgado De Snyder, V.N., Cervantes, R.C., Padilla, A.M. (1990). Gender and ethnic differences in psychosocial stress and generalized distress among Hispanics. Sex Roles, 22(7/8), 441-453.

Such traits include "fatalism", "machismo" and "familism". Based on my assessment of the Moreno Ramos family, some aspects of Mexican culture were clearly present (e.g. machismo), while other aspects such as strong family values were notably absent.

43. Fatalism is a set of beliefs strongly influenced by Catholicism where individuals may feel that they have very little control over future events, and that such events are predetermined by a higher being. To some extent, lowered educational striving, increased interpersonal and gang violence, and a focus on the present as opposed to the future, among many Mexican immigrants, have all been attributed to "fatalism" by various researchers. In the Moreno Ramos family, it is clear that Carmen failed to act in her own best interest, and that she failed to prevent the child abuse that occurred for many years within her own family. In addition to the phenomena of "co-dependence" faced by battered women of all cultures, and the limited options imposed upon her by extreme poverty, Carmen operated within a set of culturally-specific fatalistic beliefs that made it difficult for her to imagine that she was capable of bringing change to her family. This resigned acceptance of Pedro's abusive treatment effectively taught the Moreno Ramos children that such violence was inevitable and even normal.

44. Although "machismo" is a term commonly associated with negative traits, historically, the term has encompassed both positive and negative values. Among Mexican men, strong emphasis is placed on physical strength, protection of one's family, self-respect, and seeing to the financial security of the family. However, when men, particularly those exposed to violence during childhood, feel unable to fulfill these roles because of economic disadvantage, the "dominant" role reserved for men in Mexican families can often result in destructive and sadistic behavior toward their family members. Such behavior is exacerbated by, alcohol or substance abuse, poverty, and stress.

45. Pedro Ramos was, by all accounts, a violent and domineering man who embodied the worst traits of "machismo." As Roberto's primary male role model he inevitably encouraged these traits in his son. Roberto would have been strongly inclined to emulate his father's behavior, given that his family's isolation precluded Roberto from being exposed to healthier male role models to counteract this influence.

46. "Familism" refers to the strong family values which characterize Mexican culture. Within the culture, children are taught to honor and respect the family regardless of any other outside factors or influences. The needs, wants, expectations and desires of the entire family are put before the individual's needs, and in times of need extended family members can often be counted on to help. "Familism" is considered one of the most positive traits of Mexican culture, and one that is often critical in the Mexican immigrant community particularly during the initial period of cultural and economic adjustment

47. Unfortunately, Roberto's parents failed to impart the values of familism to their children. Indeed, the Moreno Ramos family demonstrated a clear lack of strong family values or strong family ties. Pedro lived a nomadic life style and often spent long periods away from his own family, leaving them destitute, only to return to inflict violence and abuse on his wife and children. Each family member that I interviewed indicated a lack of warmth, nurturing or closeness among family members. The Moreno Ramos family appeared to have no strong social

support network or "extended family ties", making adaptation to a new culture very difficult and emotionally stressful. The process of "acculturation" for the Moreno Ramos family was thus not mitigated by strong family ties as is often the case in immigrant communities. Rather, the dislocation exacerbated the breakdown of this family that had already begun in Mexico, and left the members of the family unprotected in dealing with the stresses and uncertainty of their dislocation.

48. The Moreno Ramos family experienced many painful and disorienting family reunifications.[7] Fear, anxiety and desperation were characteristic responses of the children to reunification upon their father's many returns from Mexico, although as is noted below, the family experienced a similarly paralyzing insecurity when Pedro was away.

49. Recent research now suggests that acculturation problems can serve as the basis of the development of psychiatric conditions and various forms of stress disorders. In my previous research (Cervantes, Padilla, and Salgado, 1991) family related immigration stress was found to be highly correlated with symptoms of depression, anxiety, and somatic problems in recent immigrants. It is my opinion that pre-migration family conflicts among the Moreno Ramos family were worsened by post-migration acculturation difficulties.

50. Information about the unique difficulties of immigration and post-immigration adjustment, particularly as it affects Mexican immigrants, was available at the time of Roberto's original trial in the research of numerous experts dating, for example, back to the 1970's[8], the 1980's[9]), and 1990's[10]. This research could have been relied on to develop mitigation themes and expert testimony on behalf of Mr. Moreno Ramos and to present the jury with evidence of the pre-migration stressors, decisions about immigration, the immigration process, the effect of immigration on the Moreno Ramos family, and on Mr. Moreno Ramos.

Risk Factors Associated with Poverty

51. Psychological research has long established that children in poverty are disproportionately exposed to adverse social and physical environmental conditions. Gary Evans (Evans 2004), in consolidating these findings, has identified a host of risk factors, which children in poverty were more likely to be exposed to than children from wealthier families:

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[7] *See* Carola and Marcelo M. Suárez-Orozco (2001), *supra*

[8] Padilla, A. M., Ruiz, R. A., & Alvarez, R. (1975). Community mental health services for the Spanish speaking/surnamed population. American Psychologist,30, 892-905.

[9] Cervantes, R.C. & Castro, F.G. (1985). Stress, Coping, and Mexican American Mental Health: A Systematic Review. Hispanic Journal of Behavioral Sciences, 7(1), 1-73; Berry, 1980, *supra*; Szapoczink, J. & Kurtines, W.M. (1980). Acculturation, biculturalism and adjustment among Cuban Americans. In A.M. Padilla (Ed.), Acculturation: Theory models' and some new findings. Boulder, CO: Westview.

[10] Cervantes, Padilla, & Salgado de Snyder, 1991, supra note 9; Cervantes, R.C. & Acosta, F.X. (1992). Psychological testing for Hispanic Americans. Applied & Preventive Psychology, 1, 209-219; Vega, W A; Kolody, B Aguilar-Gaxiola, S Alderete, E Catalano, R Caraveo-Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. Archives of general psychiatry, 55,9, 771-778.

a) Greater levels of violence, family disruption, and family separation;
b) Greater marital conflict and less warmth and support in the marriage;
c) Unresponsive, harsher more punitive parenting;
d) Smaller social networks, fewer organizational involvements;
e) less cognitive stimulation and enrichment;
f) less residential stability;
g) greater exposure to pollution and toxins in the air and water, in and out of the home;
h) greater likelihood of living in hazardous conditions such as homes with structural defects, rodent infestations, inadequate heating;
i) greater likelihood of living in dangerous neighborhoods.

52. Evans also found that each risk factor has adverse developmental consequences. Exposure to multiple risk factors accelerates and compounds these problems. In the Moreno Ramos family, the children suffered from each and every one of the psychosocial and physical environment risk factors mentioned by Evans.

53. As described in Pemberton's Affidavit and verified by my own interviews with the family, Roberto was raised in extreme poverty. The family did not have enough to eat; the mother often had to resort to selling personal belongings and begging for money from her husband's employer just to put some food on the table. Even after immigrating to the United States, the Moreno Ramos family continued to live in poverty. Carmen had to sell tamales in the streets of Los Angeles, care for other people's children, clean other people's homes, and do piecework in the garment industry to keep a roof over her family's head and food in their stomachs.

54. These dire circumstances were further exacerbated by Pedro's frequent absences. Carmen Moreno was left to fend for herself and her many young children in a home that was not secure from danger as the construction on the home was never completed. In Pedro's absence, the family slept with lights on to ward off potential intruders. The neighborhoods in which they lived exposed them to crime and other physical dangers.

55. This extreme uncertainty and lack of physical safety is extraordinarily damaging to a child and leads to life-long emotional disabilities even if the child manages to escape physical injury. The very first developmental task that all children master is safety and security. As illustrated by Maslow's "Hierarchy of Needs," a child's most fundamental needs must be met before it is possible for him or her to move forward with other aspects of cognitive and emotional development. Children in an environment such as the one survived by Roberto Moreno Ramos don't have the ability to develop cognitively and emotionally in appropriate ways. If a child is not safe and secure, as these children were not, they use all of their psychological resources on the fear and anxiety of their daily lives and learn merely to survive. They cannot learn or develop normal relationships.

56. In the Moreno Ramos family, the children were also exposed to multiple risks for neurological injury. In addition to the violent physical abuse, Roberto was exposed to numerous chemical toxins during early childhood and at a time critical for normal and healthy brain growth. The children were raised in metropolitan areas of Mexico where air and water quality

standards are non-existent. They were exposed to numerous toxins in the home and neighborhood. The children often went hungry and, when food was available, it was not nutritious. Although some of the younger children missed the worst years of this family's deprivation, Roberto was born at such a time that his critical developmental period coincided with some of the family's most difficult years. The poor nutrition, exposure to chemical toxins and traumatic violence spanned over a decade of his childhood.

57. Roberto and his siblings clearly suffered from a chaotic family structure, extreme violence, harsh and unresponsive parenting, and frequent family separations. Many children in such an environment develop symptoms and characteristics of post-traumatic stress disorder. Even if they are not disposed to the full-blown syndrome, such children may learn to dissociate from traumatic events as a means of survival.

58. The children also received little cognitive stimulation or enrichment. When the children were not in school, they were generally expected to be either directly or indirectly contributing to the family's economic survival. Not only were there no resources to provide the stimulation necessary to a child's proper development, neither parent was educated enough to contribute meaningfully to their cognitive development. Moreover, one parent was either absent or uninvolved while the other was overwhelmed with trying to meet the physical needs of her children.

The Cumulative Effect of Abuse, Immigration and Poverty

59. In short, Roberto and the other Moreno Ramos children were exposed to each of the risk factors identified by Evans. While some children can overcome these risk factors if they receive effective intervention, Roberto and his brother Enrique, who suffered the brunt of their father's abuse, were not so lucky. As noted above, school officials and health care professionals failed to provide them with needed services. It is no coincidence that both Roberto and his brother Enrique suffer from mental illnesses. The linkages between childhood exposure to the risk factors listed above and the onset of psychiatric disorders is well established.

60. Both Roberto and his brother Enrique demonstrated emotional problems, odd thinking, and aggressiveness that did not appear to be associated with a conduct disorder, even during their early childhood. For example according to statements made by Ramiro Moreno Ramos, Roberto was so delusional that he would talk about all the possessions he had, while at the same time he was looking for a job and asking for money. He tried to make his siblings believe that he was a successful contractor. According to Ramiro, Roberto was very temperamental and would get mad for no reason, and he acted "weird and psychotic."

61. Ramiro described how Roberto was "weird": Roberto would shave his head for no reason. When he would get upset he would bite his tongue really hard and bang his head with his fists; "he would do really strange things."

62. Natividad told me Roberto had a long history of eccentric thinking, grandiose ideation, and poor regulation of his mood and emotions. For example she reported to me that throughout Roberto's childhood and early adolescence his other siblings would make fun of him

"because of the odd and silly things he would say. He would always tell us that he had lots of money, that he owned lots of property and cars. Even when he was gone for long periods of time as an adult he would come home and tell us unbelievable stories about his material possessions, property and things like that."

63. The oldest sibling, Carlos, told me that during his early adulthood Roberto felt that he had "special power." "Roberto was always 'dreaming', saying things that weren't true. To him his life was an 'illusion.'"

64. Additional incidents in which Roberto acted strangely are described in Pemberton's Affidavit.

65. Based on records appended to Pemberton's Affidavit and the reports of family members, Enrique suffers from schizophrenia and is barely able to care for himself. When he lived at home, he covered his walls with images of the Virgin of Guadalupe, and told his family that he was "Juan Diego, the indigenous who appeared to the Virgin of Guadalupe, in Mexico." His mother had to ask him to leave her home because his behavior scared her. Family members have seen him on the streets, disheveled and talking to himself.

66. While there is ample evidence that both Roberto and Enrique suffered from severe emotional disturbances during their childhood, it is not surprising that neither of them were evaluated for or diagnosed with any mental illness. Given the extreme poverty of the family and the unfamiliarity of immigrant families with any social services which may have been available, it would have been highly unusual for them to have received any treatment at all.

Conclusion

Roberto Moreno Ramos' childhood and young adulthood were defined by multiple, severe and continuous stressors that interrupted his development and placed him at great risk of developing a mental illness as an adult. These risk factors include:

a) Multi-generational physical and emotional abuse within the family. As a child, Mr. Moreno Ramos was subjected to severe physical and emotional abuse. He and his brother Enrique were particularly targeted by their father. All the children witnessed the physical abuse of their mother.

b) The breakdown of the family structure, including lack of adequate parenting and neglect of basic needs. Mr. Moreno Ramos' father was frequently absent and eventually abandoned the family.

c) The stresses associated with family immigration, life in a high risk border city, and multiple family separations.

d) Extreme poverty and uncertainty in meeting daily material needs such as food and housing, particularly while living in Guadalajara, Tijuana and East Los Angeles.

Taken together, these factors greatly increased the risk that Mr. Moreno Ramos would develop a psychiatric disorder as an adult. The abuse meted out by his father, and Mr. Moreno Ramos' exposure to multiple toxins as a child, create conditions conducive to organic brain damage.

My opinion reflects the longstanding conclusions of researchers in this area. There is no question that in 1993, a competent psychologist could have provided this information to defense counsel in the case of Mr. Moreno Ramos for presentation at the penalty phase of his trial.

I swear on pain of penalty of perjury that the foregoing is true and accurate to the best of my knowledge and recollection.

Sworn this 27 day of September, 2004.

Richard C. Cervantes, Ph.D

DAVID SILVERS
Commission # 1360074
Notary Public - California
Los Angeles County
My Comm. Expires Jul 1, 2005

NOTARIZED BY:

On this date, September 27, 2004, in the State of California

County of Los Angeles

References

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VITA

RICHARD C. CERVANTES

Behavioral Assessment, Inc.
291 South La Cienega Blvd.
Suite 308
Beverly Hills, CA 90211
Tel: (310) 652-6449 ***Fax:*** (310) 652-5462
E-mail: bassessment@ao.com
cervantes@bai-eval.com

Birth date: July 14, 1955
Federal Tax ID#: 95-4468364

EDUCATION:

Ph.D.	1984, Oklahoma State University Psychology
M.S.	1982, Oklahoma State University Psychology
B.S.	1978, Oklahoma State University Business Administration and Psychology

AWARDS AND HONORS:

1992	American Psychological Association (APA-Division 45) Emerging Young Professional Research Award
1979-1983	National Institute of Mental Health Predoctoral Fellowship Oklahoma State University
1979	National Hispanic Scholarship Foundation Recipient

PROFESSIONAL AFFILIATIONS:

American Psychological Society (APS)
American Orthopsychiatric Association
American Association of Applied and Preventive Psychology
American Evaluation Association

PROFESSIONAL POSITIONS:

April 2002 Present	California State University, Long Beach Position: ***Senior Research Fellow, Center for Behavioral Research and Services, Department of Psychology***
August 2000 July 2001	California State University, Northridge Position: ***Co-Director, Latino Health and Wellness Institute***
January 1999 Present	University of Oklahoma Department of Human Relations Position: ***Adjunct Associate Professor***
July 1993 Present	Behavioral Assessment, Inc. Position: ***Research Director***
July 1990 October 1995	University of Southern California Department of Psychiatry Position: ***Assistant Professor of Psychiatry (Psychology)***
September 1988 August 1990	California School of Professional Psychology Position: ***Assistant Professor and Coordinator of Community/Clinical Track***
January 1984 June 1989	Spanish Speaking Mental Health Research Center, UCLA Position: ***Assistant Research Psychologist*** Duties: Conduct basic and applied research on mental health issues affecting Hispanics. Implement research project focusing on stress, coping, and adaptation within the Mexican-American population.
December 1983 September 1989	Didi Hirsch Community Mental Health Center Position: ***Staff Psychologist*** Duties: Conduct individual, family, and group psychotherapy, crisis intervention as well as conduct other patient-related activities including personality assessment, diagnosis, treatment, planning, and supervision of interns.

PROFESSIONAL CONSULTATION EXPERIENCE:

November 2002 Present	Association of Central Oklahoma Governments Oklahoma City, OK Position: ***Evaluator/Research Consultant***
October 2002 Present	State Incentive Grant, Evaluator Austin, TX Position: ***Lead Evaluator***

April 2002 Present	University of Houston Houston, TX Position: ***Evaluator/Research Consultant***
October 2000 Present	Pinal Hispanic Council Tucson, AZ Position: ***Evaluator/Research Consultant***
December 1998 Present	State Incentive Grant Santa Fe, NM Position: ***Lead Evaluator***
October 1998 Present	University of Texas at San Antonio San Antonio, TX Position: ***Evaluator/Research Consultant***
October 1998 Present	Orange County Bar Foundation Santa Ana, CA Position: ***Evaluator/Research Consultant***
October 1997 Present	Bienvenidos Family Services Los Angeles, CA Position: ***Evaluator/Research Consultant***
February 1992 Present	San Fernando Valley Partnership, Inc. San Fernando, CA Position: ***Evaluator/Research Consultant***
October 1999 October 2002	YMCA-Honolulu Kalihi, Hawaii Position: ***Research Consultant***
August 1999 September 2002	The Jeffrey Foundation Los Angeles, CA Position: ***Evaluator/Research Consultant***
October 1998 December 2000	Aliviane, Inc. El Paso, TX Position: ***Evaluator/Research Consultant***
October 1998 August 2000	ASDC Washington, DC Position: ***Evaluator/Research Consultant***

October 1998 March 2000	Border Center Application Prevention Technology (CAPT) Tucson, AZ Position: ***Research Director***
October 1998 November 1999	University of Oklahoma Oklahoma, OK Position: ***Evaluator/Research Consultant***
October 1998 November 1999	Pacific Clinic Pasadena, CA Position: ***Evaluator/Research Consultant***
October 1997 November 1999	Border Initiative Project Arizona, AZ Position: ***Evaluator/Research Consultant***
May 1994 June 1998	Programa Shortstop Irvine, CA Position: ***Evaluator/Research Consultant***
August 1990 May 1995	COMADRES Program East Los Angeles, CA Position: ***Evaluator/Research Consultant***
June 1991 June 1992	Cal State Library - Partnership for Change Project Position: ***Research Consultant***

CLINICAL EXPERIENCE:

August 1988 Present	***Forensic Consultation*** Duties: Prepare social histories and develop cultural mitigation and relevant testimony in Capital criminal and civil litigation cases.
September 1982 September 1983	Didi Hirsch Community Mental Health Center, Position: ***Pre-Doctoral Intern*** Duties: Conducted supervised individual and group psychotherapy, crisis intervention treatment, and psychological testing Specialized rotation in Community Mental Health Administration.
January 1982 August 1982	Oklahoma Department of Corrections Position: ***Psychologist I***

Duties: Provided psychological services to male and female incarcerates housed in various residential treatment facilities. Conducted supervision of Case managers.

September 1981 — May 1982
Children's Medical Center
Position: ***Practicum Student***
Duties: Provided supervised services to children and adolescents experiencing psychological problems requiring brief hospitalization.

January 1981 — June 1981
Tulsa Headstart Program
Position: ***Diagnostic Technician***
Duties: Conducted psychological evaluations for Headstart children identified as having behavioral or emotional difficulties.

August 1977 — October 1981
Stillwater Medical Center-Inpatient Psychiatric Unit
Position: ***Psychiatric Technician***
Duties: Supervision and care of psychiatric inpatients, with an emphasis on the maintenance of a viable ward milieu.

June 1979 — May 1982
Psychological Services Center, Oklahoma State University
Position: ***Practicum Student***
Duties: Provided psychological services in outpatient clinic

TEACHING EXPERIENCE:

May 1994 — October 1995
USC Department of Psychiatry and Behavioral Science
Seminar in Research and Clinical Assessment Instruments for Children
Position: ***Instructor***

July 1990 — October 1995
USC Department of Psychiatry and Behavioral Science
Seminar in Research Design and Statistics
Position: ***Instructor***

September 1989 — May 1990
California School of Professional Psychology
Psychodiagnostic Assessment Course
Position: ***Instructor***

September 1989 — May 1990
California School of Professional Psychology
Ethnic Minority Mental Health Course
Position: ***Instructor***

January 1982 — May 1982
Oklahoma State University
Projective Psychodiagnostic Assessment
Position: ***Graduate Teaching Assistant***

August 1981 December 1981	Oklahoma State University Objective Psychodiagnostic Assessment Position: ***Graduate Teaching Assistant***
August 1979 May 1981	Oklahoma State University Psychology of Human Problems, Undergraduate Level Course Position: ***Instructor***

SPECIALIZED TRAINING:

June 1987	Division of Biometry and Applied Sciences Minority Mental Health Services Research Technical Assistance Workshop NIMH, Rockville, MD.
June 1986	Child Abuse: Issues and Prevention, Reporting and Treatment University of California, Los Angeles
January 1986	Training in Human Sexuality California School of Professional Psychology
June 1982	Advanced MMPI lectures presented by Dr. James Butcher and Dr. Raymond Fowler, Oklahoma City
January 1981 May 1981	Advanced psychodiagnostic course Dr. Robert Schlottman, Oklahoma State University
June 1980	Neuropsychological assessment seminar. Halstead-Reitan training. Dr. Robert Schlottman, Oklahoma State University

SPECIAL COMMITTEES:

July 1989 Present	Steering Committee Member Hispanic High Risk Youth Cluster Group, U.S. Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration
March 1988 December 1988	Member, United Way-Western Region Allocations Committee
December 1987 December 1988	Member, United Way-Western Region Latino Task Force
February 1985	Member and Research Resource Specialist Los Angeles County

GRANT AWARDS:

Cervantes, R.C. (2000) Hispanic Cluster Research Conference. SAMHSA.

Takeuchi, D. & Cervantes, R.C. (1991) Mental Health Services for Ethnic Minority Adolescents. National Institute of Mental Health--Small Grant Program.

Cervantes, R.C. (1990-1991) The Hispanic Family Intervention Program. Robert Ellis Simon Foundation.

Cervantes, R.C. (1989) National Conference on Substance Abuse and Gang Violence. ADAMHA, Office for Substance Abuse Prevention.

Cervantes, R.C. (1987-1988). Development of the Hispanic Family Intervention Program. UCLA Program on Mexico.

Cervantes, R.C., Gilbert, M.J. (1986-1987). Alcohol expectancies among Mexican and Mexican American female alcoholic patients. Institute of American Cultures.

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Castro, F.G., Cervantes, R.C., & Romero, G. (1986-1987). Women without work: A multilevel analysis of collective displacement. Social Science Research Council.

Cervantes, R.C., Salgado de Snyder, V.N. (1986-1987). Mexican migration: Patterns, policy and mental health implications. UCLA Program on Mexico.

Cervantes, R.C., Cascallar, E.C. (1985-1986). Psychological stress and coping patterns among Mexican immigrants. UCLA Program on Mexico.

Castro, F.G., & Cervantes, R.C. (1985-1986). Stress and Mexican immigrants. UCLA Academic Senate.

Cervantes, R.C. (1985-1986). Development and validation of the Latin American Stress and Coping Inventory. Biomedical Research Support Grant.

PUBLICATIONS:

Cervantes, R.C. & , Kappos, B., Duenas, N. & Arellano, D. (In Press) Culturally Focused HIV Prevention and Substance Abuse Treatment for Hispanic Women. *Addictive Disorders and Their Treatment.*

Cervantes, R.C. & Duenas, N., Valdez, A., & Kaplan, C. (Under Review) Measuring Violence Risk and Outcomes Among Mexican-American Adolescent Females.

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Romero, G., Castro, F.G., & Cervantes, R.C. (1989). Latinas without work: Family, occupational, and economic stress following unemployment. Psychology of Women Quarterly, 12, 281-297.

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Cervantes, R.C. (1988). Mental health of Hispanic Americans: An epidemiological overview. In Center for Health Policy Development: Hispanic Health Status Symposium. University of Texas Health Science Center.

Gilbert, M.J., & Cervantes, R.C. (1987). Mexican Americans and alcohol (Monograph No. 11). Los Angeles, CA: UCLA Spanish Speaking Mental Health Research Center.

Vargas-Willis, G., & Cervantes, R.C. (1987). Consideration of psychosocial stress in the treatment of the Latina immigrant. Hispanic Journal of Behavioral Sciences, 9(3), 315-329.

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Cervantes, R.C., & Castro, F.G. (1985). Stress, coping and Mexican American mental health: A systematic review. Hispanic Journal of Behavioral Sciences, 7(1), 1-73.

Cervantes, R.C. (1985). Review of Mental health and Hispanic Americans: Clinical perspectives. Hispanic Journal of Behavioral Sciences, 7(2), 199-205.

PRESENTATIONS:

Cervantes, R.C. (2003, April) Developing a Statewide System for Evaluation of Drug Prevention Services. 15th Annual Southwest Regional Behavioral Health Conference. Albuquerque, NM.

Cervantes, R.C. (2002, July). Preliminary Findings on a Drug Treatment and HIV/AIDS Program for High-Risk Latinas in East Los Angeles. XIV International AIDS Conference. Barcelona, Spain.

Cervantes, R.C. (2001, April). Intervention, Prevention and Treatment: What Works and What Doest. U.S. Drug Policies and Latino Communities. Los Angeles, CA.

Cervantes, R.C. (2001, April). Treatment of Substance Abuse in the Latino Community. El Puente Building Bridges with the Latino Community. Scottsdale, AZ.

Cervantes, R.C. (2001, March). Socio-economic and Cultural Factors in Mitigation. First Annual Texas Capital Defense Conference. Houston, TX.

Cervantes, R.C. (2001, March). Culturally Appropriate Science Based Treatment. University of Texas at Pan American. San Antonio, TX.

Cervantes, R.C. (2000, September). Developing and Promoting Science in the Latino Community. Latino Behavioral Health Institute Conference. Northridge, CA.

Cervantes, R.C. (1999, December). Building a Movement for Health: Taking Back Our Communities from the Alcohol & Tobacco industries Panel: From Research to Practice: Research for Community Action. California Latino Leadership United for Healthy Communities, Symposium. Northridge, CA.

Cervantes, R.C. (1999, April). Hispanic/Latino Substance Abuse Prevention Research-Direction Beyond the Year 2000. Southwest Regional Substance Abuse Conference. Albuquerque, NM.

Cervantes, R.C. (1995, December). Methods for Assessing Alcohol, Tobacco, and Other Drug Use Health Impacts. Substance Abuse and Mental Health Services Administration, (CSAP), Washington, D.C.

Cervantes, R. C. (1995, March). Mental Health Services for Ethnic Minorities. Panel Presentation at the Annual Meeting of the Western Psychological Association, Los Angeles, CA.

Cervantes, R. C. (1994, April). Evaluation Issues for Hispanic Grantees. Presented at the National High-Risk Youth Learning Community Workshop. Dallas, TX.

Cervantes, R. C. (1992, April). DSM-IV: Implications for Hispanic Children and Adolescents. Paper presented at the 9th Biennial National Conference on Hispanic Health and Human Services. Chicago, IL.

Cervantes, R. C. (1992, June). A Key to Making your Grant Successful: Effective Evaluation. Paper presented at the Hispanic Grantee Cluster Meeting, Alcohol, Drug Abuse and Mental Health Administration. San Antonio, TX.

Cervantes, R.C. & Ring, J. (1991, July) High Risk Behavior in Hispanic and Anglo HIV test seekers. Paper presented at the 23rd Inter-American Congress of Psychology. San Jose, Costa Rica.

Cervantes, R.C. (1991, February) Drug abuse and AIDS: Interventions in Hispanic American populations. Panel presentation presented at the National Conference on Drug Abuse Research and Practice. National Institute on Drug Abuse. Washington, D.C.

Cervantes, R.C. (1990, April) Alcohol Abuse in Hispanic Populations. Invited presentation at Workshop on Prevention Research Among Special Ethnic Minority Groups. National Institute on Alcohol Abuse and Addiction (NIAAA). Washington, D.C.

Cervantes, R.C. (1990, February) Trends in Drug use Among Hispanic Youth. Paper presented at the U.S. Office for Substance Abuse Prevention 3rd National Community Learning Conference. Washington, D.C.

Cervantes, R.C. & Porche-Burke, L. (1989, October) Ethnic Minority Mental Health: Perspectives From the Black and Hispanic Communities. Invited paper presented at the Psychology Department, University of New Mexico, Albuquerque, New Mexico.

Cervantes, R.C. (1989, August). Psychosocial and Cognitive Correlates of Alcohol Use in younger Hispanic Adults. Presented at the 97th Annual Convention of the American Psychological Association, New Orleans, Louisiana.

Cervantes, R.C. (1989, June). Hispanic Stress Research: Community Applications. Paper presented at the Community Action and Research Conference, Michigan State University.

Cervantes, R.C. (1988, September). The Development of the Hispanic Stress Inventory. Invited paper presented at the 7th Biennial Conference of the Coalition of Hispanic Health and Human Service Providers, COSSMHO, San Antonio, Texas.

Cervantes, R.C. (1988, August). Stress and Mental Health: An Hispanic Perspective. Paper presented at the 97th Annual Convention of the American Psychological Association, Atlanta, Georgia.

Cervantes, R.C. (1988, February) . Recent Developments in the Study of Hispanics and Alcohol: An epidemiological overview. Invited paper presented at A National Conference on Hispanic Alcohol and Drug Problems, COSSMHO , Miami, Florida.

Cervantes, R.C. (1988, January). Family Stress in the Hispanic Community. Invited paper presented to the Hispanic Medical Education and Training Program (HISMET). Los Angeles, CA.

Cervantes, R.C. (1987, December). Competence and Counter- Transference in Cross-Cultural Professional Practice. Invited paper presented to the Los Angeles Society of Clinical Psychologists, USC Campus, Los Angeles, CA.

Cervantes, R.C. (1987, October). Alcohol Use and Associated Problems Among Hispanic Adults. Paper presented at the National Institute of Health Centennial Minority Biomedical Research Support Minority Access to Research Careers Symposium. Washington, D.C.

Cervantes, R.C., & Robles, L. (1987, August). Psychosocial Stress in Children Survivors of the Mexico Earthquake. Paper presented at the 95th Annual Convention of the American Psychological Association, New York City, New York.

Cervantes, R.C. (1987, August). The Development of the Latin American Stress Inventory. Paper presented at the 95th Annual Convention of the American Psychological Association, New York City, New York.

Cervantes, R.C. (1987, August). New Approaches Towards Assessment with Latinos: The Latin American Stress Inventory. Paper presented at the First Regional North American Conference of the International Association for Cross-Cultural Research.

Cervantes, R.C. (1987, July). An Overview of Alcohol use Among Hispanic Youth. Paper presented at the Texas Commission on Drugs and Alcohol, 30th Annual Meeting, Austin, Texas.

Cervantes, R.C. (1986, September). Alcohol Expectancies Among Recent Latino Immigrant: Implications for Treatment. Paper presented at the COSSMHO's National Conference on Health and Human Services, New York City, New York.

Cervantes, R.C., Cascallar, E.C., Gates, T., & Dezan, C. (1986, August). Levels of Victimization and Psychological Response: The Mexico Earthquake. Poster presented at the American Psychological Association Convention, Washington, D.C.

Cervantes, R.C. (1986, April). Hispanic Mental Health: An Overview. Workshop presented at the Community Counseling Center, Los Angeles, CA

Cervantes, R.C. (1986, May). New Approaches Toward the Assessment and Treatment of Latino Patients. Invited presentation to the Patton State Hospital, San Bernardino, California.

Cervantes, R.C. (1985, September). Mexican American Family Structure and other Strange phenomena. Invited paper presented at the Fourth Annual Wisconsin Conference on the Hispanic Family, Milwaukee, Wisconsin.

Cervantes, R.C. (1985, August). New Approaches to Assessing Psychopathology Among Hispanic Clients using the Stress-Illness Paradigm. Invited paper presented at the American Psychological Association 93rd Annual Convention, Los Angeles, California.

Cervantes, R.C., & Castro, F.G. (1985, March). Evaluating Hispanic Clients within a Stress-Illness Framework. Workshop presented at the Third World Counselors Association Tenth Anniversary Conference, University of California, Los Angeles.

Cervantes, R.C., & Castro, F.G. (1984, October). A Systematic Review of Mexican American Mental Health Research. Invited presentation to the Latino Mental Health Network, Didi Hirsch Community Mental Health Center, Culver City, CA.

Cervantes, R.C., & Castro, F.G. (1984, September). Stress Research: Review of Models, Attitudes and Stereotypes. Workshop presented at the Fifth Biennial Conference of the National Coalition of Hispanic Mental Health and Human Services Organization, Lo Angeles, CA.

Revised 7/03

COUNTY OF SAN DIEGO)
)
) IN RE: ROBERTO MORENO RAMOS
)
STATE OF CALIFORNIA)

DECLARATION OF RICARDO WEINSTEIN, Ph.D.

1. My name is Ricardo Weinstein, Ph.D.. I am a neuropsychologist, licensed to practice psychology in California.

2. I have a Ph.D. in Clinical Psychology, and attended a Post-Doctoral Certificate Program in Neuropsychology at the Fielding Institute in Santa Barbara, California. I am in private practice in San Diego, California, where I specialize in clinical, forensic, and neuropsychology. In addition to maintaining a private practice, I am a member of the San Diego County Superior Court panel of approved psychologists for criminal court referrals.

3. As a neuropsychologist, I am trained to administer tests to measure the relationship between brain injuries and the ability to process and utilize information. The tests are standardized and yield scientifically quantifiable, reproducible results, using scores that can be compared to persons of similar age and demographic background as the person being tested.

4. At the request of attorney Sandra Babcock, I conducted a neuropsychological evaluation of Roberto Moreno Ramos to assess his neuropsychological functioning and identify any neuropsychological deficits due to brain damage. Below is a summary of my findings.

5. I conducted my evaluation at the Texas Department of Criminal Justice Polunsky Unit in Livingston, Texas on July 13 and 14, 2004. The interview and portions of the testing were performed in Spanish, the native language of both Mr. Moreno Ramos and this evaluator. I spent approximately 11 hours with Mr. Moreno Ramos.

6. Prior to the evaluation, I reviewed medical and prison records. I have also reviewed the affidavits prepared by Nancy Pemberton and Richard Cervantes.

7. For the neuropsychological evaluation I utilized the following procedures:

Clinical Interview
Mental Status Examination
Computerized Assessment of Response Bias
Rey 15 Item Test
Word Memory Test
Wisconsin Card Sorting Test
Trails (DKEFS)

Figure Fluency Test (DKEFS)
Word Fluency Test
Stroop Test
Face Recognition Test
Proverbs Test (DKEFS)
CTONI
Weschler Adult Intelligence Scale – Third Edition
WRAT (Arithmetic test)
Soper Neuropsychological Status Examination
Ruff 2 & 7 Selective Attention Test
Rey Complex Figure Drawing Test
Tactual Performance Test
Finger Tapping Test
Grip Strength Test
Rhythm Test
Finger Tip Number writing test
Quantitative Electroencephalogram (QEEG)

8. The test results indicate the presence of significant brain dysfunction. Mr. Moreno Ramos demonstrated significant deficits in his ability to mentally process information, and in his ability to perform tasks that require attention and concentration. He has moderate to significant impairment for abstract reasoning and logical analysis, flexibility of thought for complex stimuli, incidental learning of simple stimuli, and psychomotor actions.

9. The results of the QEEG, a neurophysiological measurement, confirm the presence of brain dysfunction and impaired functioning[1]. The QEEG identified multiple abnormalities indicative of significant brain dysfunction. The nature of the dysfunction is both developmental and acquired. These patterns of brain dysfunction are behaviorally manifested by dysregulation of emotions and behavior, poor judgment and a marked tendency to impulsivity.

10. The primary dysfunction of Mr. Moreno Ramos' brain is in frontal lobe function. This area regulates the group of skills called "executive functioning." This includes judgment and impulse control.

11. Mr. Moreno Ramos' brain impairment would manifest in an inability to control his behavior and/or emotions. He has poor impulse control and poor judgment. Although he is intellectually capable of recognizing cause and effect, and right from wrong, he is unable to operationalize this understanding in order to refrain from acting impulsively without proper consideration for the ultimate consequence of his actions. He is not able to "think twice" before acting on his impulses. This dysregulation of emotion would be exacerbated by stress and by substance abuse.

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[1] The raw data from this procedure, as well as the other testing instruments listed above, have been preserved by my office and are available for inspection by other licensed psychologists.

12. Mr. Moreno Ramos' psychosocial developmental history is replete with risk factors and is consistent with the level of functioning that he exhibits. He grew up in abject poverty, in an extremely violent and destructive environment. He was exposed to what any reasonable person would consider torture (being hanged by your feet for example), he was forced into violent physical confrontations as a child, he was physically abused and neglected. These circumstances, particularly the physical abuse and exposure to environmental toxins, are conducive to brain dysfunction. Further, Mr. Moreno Ramos' family history indicates the possibility that his brain abnormality is genetic.

13. The Wechsler Adult Intelligence Scale, Third Edition, indicate that Mr. Moreno Ramos is not mentally retarded. He obtained an I.Q. of 87, which is in the low-average range.

14. Results of the clinical interview, combined with my review of the documents listed above, also indicated that Mr. Moreno Ramos suffers from emotional disorders manifested in anxiety, depression and dissociative processes.

15. I used the Computerized Assessment of Response Bias to evaluate Mr. Moreno Ramos' truthfulness and cooperation during the testing. The results indicate that Mr. Moreno Ramos was not malingering and that he put in a good effort on the testing. Thus, the results of this neuropsychological evaluation are valid and reliable. There are no indications that he feigned or malingered during the evaluation. He made a sincere effort in all tasks required.

16. The testing materials used in this evaluation are widely accepted as reliable and were easily available to mental health professionals in 1993. I have been informed that the psychologist who was retained to evaluate Mr. Moreno Ramos prior to his trial did not administer a neuropsychological battery such as that listed above. It is my understanding that he administered a Bender Gestalt, a subtest of the MMPI and an IQ test. It is also my understanding that the psychologist did not prepare or have access to a social history of Mr. Moreno Ramos.

17. A comprehensive evaluation of brain function must include tests that tap all cognitive domains i.e: attention, memory, concentration, working memory, visual-spatial coordination, etc. The Bender Gestalt is at best a screening instrument. Although there have been several attempts to standardize the results, none are accepted as valid neuropsychological results.

18. The use of the MMPI is inappropriate with individuals with the background, education and cultural upbringing of Mr. Moreno Ramos. Furthermore it is not a common practice or accepted in the scientific community to perform "a subtest of the MMPI".

19. Furthermore, without obtaining information from collateral sources and investigation of the subject's psychosocial developmental history and cultural background, including his level of acculturation, any conclusion would be greatly lacking if not completely invalid. In forensic evaluations relying exclusively on the reports of the subject is considering below the standard of practice.

20. Specifically in the case of Mr. Moreno Ramos, whose organic deficits and life experiences impair his ability to recall and discuss his own history, it is mandatory that other sources of information be consulted in the process of a psychological evaluation. Any competent psychologist, in 1993 or today, should recognize that Mr. Moreno Ramos' lack of insight into his own psychological makeup is not evidence of mental health or of mental disease, but rather simply a factor that creates the need for further sources of information. The evaluation that has been described to me and the testing that was reportedly performed was not sufficient to identify or measure Mr. Moreno Ramos' significant and debilitating brain damage.

Conclusion

It is my professional opinion that Mr. Moreno Ramos suffers from brain dysfunction and impaired functioning that would have affected his behavior at the time of the crime he has been convicted of committing. His organic deficits would have seriously hampered his judgment. Particularly under stress, his brain cannot process information properly, and his analytical judgment is compromised. These deficits provide, at minimum, an explanation for his bizarre and uncharacteristic behavior.

Further, it is my professional opinion that the mental health expert who examined Mr. Moreno Ramos prior to trial did not administer the appropriate testing instruments, and failed to adequately consider the following factors:

1. Moderate to significant brain impairment.
2. Cultural background and developmental history.
3. Psychological and emotional problems stemming from developmental history.

FURTHER AFFIANT SAYETH NOT

Weinstein, PhD

Ricardo Weinstein, Ph.D. 9/27/04

Subscribed and sworn to before me on this ____ day of September, 2004.

_____
Notary Public

My commission expires: _____

RICARDO WEINSTEIN, PH.D.

Clinical, Forensic and Neuropsychology
Bilingual/Bicultural English/Spanish
Ca Lic. PSY8954

1202 Quail Gardens Court
Encinitas, Ca 92024
Tel. (760)753-1890
Fax. (760)942-4004
e-mail: rweins@pacbell.net

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.
- 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, 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 1999-2000
- 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
- American Psychological Association, Division 41
- California Psychological Association
- San Diego Psychological Association
- San Diego Psych-Law Society
- The Reitan Society
- Society for Neuronal Regulation
- Coalition of Clinical Practitioners in Neuropsychology

PUBLICATIONS:

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:

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)

Quantitative Electroencephalogram (QEEG) in Death Penalty Evaluations, Society for Neuronal Regulation, Monterey, CA (2001)

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).

J. Arturo Silva, MD

P.O. Box 20928
San Jose, California 95160
Telephone: 408-927-5941

Diplomate, American Board of Psychiatry and Neurology; Adult and Forensic Psychiatry

September 27, 2004

TO: Ms. Danalynn Recer and Ms. Sandra Babcock
The Mexican Capital Legal Assistance Program

RE: Psychiatric Evaluation of Roberto Moreno Ramos

Dear Ms. Babcock/Recer:

Pursuant to your request, I conducted a psychiatric evaluation of Mr. Roberto Moreno Ramos on August 23 and 24, 2004 for a total of approximately 13 hours and 15 minutes at the Texas Department of Criminal Justice Polunsky Unit in Livingston, Texas, where Mr. Moreno Ramos is housed on death row awaiting execution for the murders of his wife and two children.

After explaining the confidential and psychiatric nature of the evaluation to Mr. Moreno Ramos, and informing him that the evaluation would be provided to his legal team, I conducted a clinical interview and administered a series of testing instruments, as described more fully in my Evaluation Report, attached. My report also contains a list of the documents, family interviews and other sources consulted before and after my visits with Mr. Moreno Ramos.

In assessing Mr. Moreno Ramos, I attempted to answer the following questions: Is Mr. Moreno Ramos presently suffering from a psychiatric disorder? Was Mr. Moreno Ramos suffering from a psychiatric disorder during and around the times when his wife and two children were killed? Were the Psychiatric Disorders from which Mr. Moreno Ramos suffered during and around the time of the deaths of his wife and children diagnosable by mental health professionals? Were the Psychiatric Disorders from which Mr. Moreno Ramos suffered during and around the time of the deaths of his wife and children treatable by mental health professionals?

Based upon these evaluations and the source materials provided, I have formed an opinion within a reasonable degree of medical certainty that Mr. Moreno Ramos suffers from a Bipolar Disorder. He also suffers from a Personality Disorder. Mr. Moreno Ramos was suffering from both of these disorders around the time period when his wife and two children were killed and he was tried and convicted of capital murder. Both of these conditions were treatable and diagnosable during that period of time.

I also utilized testing instruments to measure "malingering," or faking. These measures each indicated that Mr. Moreno Ramos was trying in good faith to do his best on the tests administered and to be honest in his responses. Indeed, Mr. Moreno Ramos insists that he is "not

crazy" and reported that he had no history of psychiatric treatment. He also denied that anybody had ever suggested that he was in any need of psychiatric treatment. However, his family members report that they were aware of Mr. Moreno Ramos' bizarre behavior and they were able to describe traits and behaviors that existed long before Mr. Moreno Ramos' incarceration and which verify the findings of recent evaluations. For instance, brother-in-law Mr. Jose Sarabia stated that Mr. Moreno Ramos would frequently change topics without any warning and that Mr. Moreno Ramos did not appear to be aware of these sudden switches in his topics of conversation. Mr. Sarabia stated that the structure of Mr. Moreno Ramos's sentences was logical, but the change in topics was disconcerting. This is an example of hypomania, and is relevant to the diagnosis of Mr. Moreno Ramos' Bipolar Disorder.

Mr. Moreno Ramos' family was also able to provide a history of his grandiose delusions, which are also examples of manic episodes. For example, Mr. Moreno Ramos would describe himself as someone who claimed to have owned an apartment building with tenants that provided a steady source of income. He described himself as claiming to have owned several homes, including a large home that had four car ports and four vehicles. He also said that he owned a large construction company in Chicago that used large numbers of people and was involved in completing large scale projects such as constructing large buildings. He also claimed to have to have traveled to Europe and said that he had sizable monetary funds. When his family confronted him with the fact that these claims were false, Mr. Moreno Ramos would react with indifference, oblivious disregard or with different degrees of hostility when others did not appear to believe him.

My conclusion from the above information, as well as other data detailed in my report is that Mr. Moreno Ramos suffers from a Bipolar Disorder associated with the hypomanic-manic spectrum of psychopathology.

As set forth in my Evaluation Report, Mr. Moreno Ramos is the product of a family with a significant history of serious Mental Disorder. By all accounts, Mr. Moreno Ramos' brother, Enrique, has been diagnosed as schizophrenic. He reportedly suffers from religious delusions of being the indigenous saint, Juan Diego and was obsessed with the *Virgin of Guadalupe* (essentially the mother of Christ in the religious tradition understood by Mr. Moreno Ramos). Ms. Natividad Sarabia related that Enrique claimed to have secured a copyright in order to protect his religious work because he planned to start a business enterprise. She also remembers that Enrique had attempted to recruit her to sell religious art that he had made, but that she had refused because he appeared to be delusional.

There is also a history of behavior and traits strongly suggesting undiagnosed mental diseases in some family members. Mr. Moreno Ramos' mother, Carmen, describes his father, Pedro, as a violent, hypersexual, and highly controlling man who tended to be grandiose in his general outlook of life. She stated that frequently, her husband would interact appropriately and would speak coherently with others, but that he could suddenly change and begin speaking so fast that she would be unable to understand him. She stated that his fast-paced conversation could continue for a long time within a conversation. She said that this rapid speech pattern was highly characteristic of Pedro Ramos, and that their son, Roberto, had the same problem. As

described more fully in my evaluation, Carmen Moreno Ramos also described instances of grandiosity in both Pedro and Roberto.

All the family members also report that Pedro Ramos was an abusive father and husband, and that he singled out Roberto and his brother Enrique for particularly violent treatment. Mr. Moreno Ramos initially denied a history of child abuse. When confronted with the reports of his family, Mr. Moreno Ramos admitted that he had frequently been punished by his father via corporal punishment, including being hung upside down by his feet from a roof beam. However, he qualified this admission by stating that this was not "abuse," because his father's punishments were commonplace for children in Mexico.

In addition to the clinical interview of Mr. Moreno Ramos and the interviews with his family, I reviewed the neuropsychological testing done by Dr. Weinstein, which indicates that Mr. Moreno Ramos suffers from frontal lobe abnormalities. His father's methods of punishment could have resulted in this damage. However, it should be noted that his test results may be consistent with both Bipolar Disorder and a General Medical Condition.

By 1990, effective psychopharmacological and psychotherapeutic interventions were already well established in clinical psychiatric practice to treat Bipolar Disorder. Actually, as early as the 1970's, effective psychopharmacological treatment of Bipolar Disorder had already become available (Goodwin and Jamison, 1990, pp. 603-629). Had these treatments been provided to Mr. Moreno Ramos, his risk of future dangerousness would have been greatly reduced.

All of the diagnostic impressions that I make in the attached evaluation could have been made in 1993 by any competent mental health professional. Had the proper testing and investigation been done, an expert could have testified to the jury that Mr. Moreno Ramos suffers from an organic brain dysfunction that is either genetic or the result of a brain injury; that he suffers from Bipolar Disorder, which is a severe and debilitating mental disease; that he has been psychologically damaged by a lifetime of poverty and physical abuse; that these conditions impaired his judgment and prevented him from coping with stress in normal, healthy ways; that all of these conditions are treatable and that, with treatment, Mr. Moreno Ramos could manage well in the structured world of a prison and that he would pose a very low risk to society.

I have attached a thorough discussion of the data underlying each of these conclusions and appendices outlining the process by which other potential diagnoses were ruled out.

Thank you very much for allowing me the opportunity to evaluate Mr. Moreno Ramos. If I can be of any further help in clarifying this report, please call me at (408) 927-5941.

Very truly yours,

J. Arturo Silva, M.D.

J. Arturo Silva, MD

P.O. Box 20928
San Jose, California 95160
Telephone: 408-927-5941

Diplomate, American Board of Psychiatry and Neurology; Adult and Forensic Psychiatry

PSYCHIATRIC EVALUATION AND DIAGNOSITC IMPRESSIONS

SUBJECT: ROBERTO MORENO RAMOS

The following sources of information were reviewed and considered:

TABLE 1. INTERVIEWS WITH MR. MORENO RAMOS CONDUCTED BY J. ARTURO SILVA, M.D.

Id.1. Interview with the Mr. Moreno Ramos conducted in English and Spanish for approximately six hours and 15 minutes, on August 23, 2004.
Id.2. Interview with the Mr. Moreno Ramos conducted in Spanish and English for approximately seven hours on August 24, 2004.

TABLE 2. INTERVIEWS CONDUCTED BY J.ARTURO SILVA, M.D. WITH PERSONS OTHER THAN MR. MORENO RAMOS

Io.1. Telephonic interview with Ms. Natividad Sarabia, sister of Mr. Moreno Ramos, for about 50 minutes on September 7, 2004.
Io.2. Telephonic interview with Mr. Jose Sarabia, brother-in-law of Mr. Moreno Ramos, for about 55 minutes on September 12, 2004.
Io.3. Telephonic interview with Ms. Carmen Ramos, mother of Mr. Moreno Ramos, for about 35 minutes on September 12, 2004.
Io.4. Telephonic interview with Ms. Natividad Sarabia, sister of Mr. Moreno Ramos, for about 25 minutes on September 25, 2004.
Io.5. Telephonic interview with Mr. Ramiro Ramos, brother of Mr. Moreno Ramos, for about 50 minutes on September 25, 2004.

TABLE 3. SOURCES OF INFORMATION (DOCUMENTS)

Doc.1. Benton Facial Recognition Test (BFRT) form dated July 14, 2004.
Doc.2. Wisconsin Card Sorting Test summary with test date provided as July 14, 2004.
Doc.3. Category Test summary with test date provided as July 14, 2004.
Doc.4. Affidavit of Nancy Pemberton dated September 2004.
Doc.5. Topometric report by Ricardo Weinstein, Ph.D. dated August 24, 20054.
Doc.6. Videotape with news story pertaining to the killings of Ms. Leticia Ramos, Abigail Ramos and Jonathan Ramos, undated.
Doc.7. Photographs related to the crime Scene investigation.
Doc.8. TDCJ records for Roberto Moreno Ramos from 1993 to 2003.
Doc.9. Edinburg Hospital records dated April 8, 1992

Doc.10. Declaration of Ricardo Weinstein, Ph.D. dated September 27, 2004.
Doc.11. Los Angeles, California school records for Mr. Moreno Ramos.
Doc.12. Autopsy report of Ms. Leticia Ramos by Ruben C. Santos, M.D. dated April 8, 1992.
Doc.13. Autopsy report of Abigail Ramos by Ruben C. Santos, M.D. dated April 8, 1992.
Doc.14. Autopsy report of Jonathan Ramos Ruben C. Santos, M.D. dated April 8, 1992.
Doc.15. Declaration by Dr. Richard Cervantes, from September 2004.
Doc.16. Report by Investigator John Montemayor dated April 8, 1992.

TABLE 4. OTHER SOURCES OF INFORMATION

Si.1. E-mail letter from Nancy Pemberton dated September 2, 2004.
Si.2. E-mail letter from Nancy Pemberton dated September 2, 2004.
Si.3. Brief telephone conversation with Ms. Nancy Pemberton, on September 9 and 10, 2004.
Si.4. Brief telephone conversation with Ms. Sandra Babcock, on September 10, 2004.
Si.5. Brief telephone conversation with Ms. Danalynn Recer, on September 10, 2004.
Si.6. Brief telephone conversation with Ms. Danalynn Recer, on September 13, 2004.
Si.7. Brief telephone conversation with Ms. Danalynn Recer, on September 24, 2004.
Si.8. Brief telephone conversation with Ms. Danalynn Recer, on September 26, 2004.

The numbers in brackets at the end of a paragraph or block, [1], denote report paragraph or block number beginning with the psychiatric issues section.

I. PSYCHIATRIC-LEGAL ISSUES

In assessing Mr. Ramos, I attempted to answer the following questions: Is Mr. Moreno Ramos presently suffering from a psychiatric disorder? Was Mr. Moreno Ramos suffering from a psychiatric disorder during and around the times when his wife and two children were killed? Were the Psychiatric Disorders from which Mr. Moreno Ramos suffered during and around the time of the deaths of his wife and children diagnosable by mental health professionals? Were the Psychiatric Disorders from which Mr. Moreno Ramos suffered during and around the time of the deaths of his wife and children treatable by mental health professionals? Would treatments available in 1993 have significantly reduced Mr. Moreno Ramos' likelihood of posing a continuing threat to society? [1]

II. PSYCHIATRIC-LEGAL OPINIONS

Mr. Moreno Ramos is presently suffering from a Bipolar Disorder. He also suffers from a form of Personality Disorder. Mr. Moreno Ramos was suffering from

both of these mental illnesses at the time his wife and children were killed, and any competent mental health professional should have been able to diagnose these disorders using testing instruments that had been widely available for many years. Both of Mr. Moreno Ramos' disorders are treatable and were treatable in 1993. The treatments available for these disorders, both in 1993 and today, would have the effect of significantly reducing the probability that Mr. Moreno Ramos would pose a continuing threat to society. [2]

III. DATA

1. Psychiatric History:

Mr. Moreno Ramos reports no history of psychiatric hospitalizations or outpatient psychiatric treatment prior to the beginning of his current legal problems. Mr. Moreno Ramos also stated that nobody had ever suggested that he was in need of psychiatric treatment. However, Mr. Jose Sarabia stated that around 1990, over a three-month period, he noted that Mr. Moreno Ramos would frequently change topics without any warning and that Mr. Moreno Ramos did not appear to be aware of these sudden switches in his topics of conversation. Mr. Sarabia stated that he had the distinct impression that Mr. Moreno Ramos would frequently not track other people's conversations especially if they required attention to depth and if the focus was on people other than Mr. Moreno Ramos. However, Mr. Sarabia stated that the structure of Mr. Moreno Ramos sentences were logical. He stated that it was the change in topics that was disconcerting to Mr. Sarabia. [3.1]

Mr. Moreno Ramos stated that he never suffered from any problems associated with lability. However his sister Natividad (io.1), his mother (io.3), his brother Ramiro (io.5) and Jose Sarabia, his brother-in-law (io.2) all stated that Mr. Moreno Ramos had problems with mood lability since Mr. Moreno Ramos was young. The report of Nancy Pemberton also provides evidence that Mr. Moreno Ramos suffered from mood instability (doc.11). [3.2]

Ms. Natividad Sarabia remembers that Roberto would lose control of himself when he was angry, and later behave as if he did not remember doing so. [3.3]

Mr. Moreno Ramos stated that he had difficulties sharing his feelings with others. He also stated that his inability to express feelings other than anger had allowed him to cope with his father's violence. He stated that his inability to experience strong feelings of fear and depression helped him deal with life during his childhood. He stated that he was not aware that he acted emotionally inappropriately but acknowledged that he had been involved in many physical fights during his life that were associated with anger. [3.4]

2. Family Psychiatric History:

Mr. Moreno Ramos stated that the only formal history of mental disorder in his family involved his brother Enrique Ramos. According to Mr. Moreno Ramos and his sister, Natividad Sarabia, their brother Enrique suffered from religious delusions of being the indigenous saint, Juan Diego and was obsessed with the *Virgin of Guadalupe (*essentially the mother of Christ in the religious tradition understood by

Mr. Moreno Ramos). Ms. Natividad Sarabia stated that Enrique claims to have secured a copyright in order to protect his religious work because he planned to start a business enterprise. She also remembers that Enrique had attempted to recruit her to sell religious art that he had made, but that she had refused because he appeared to be delusional. [4.1]

Mr. Moreno Ramos' mother, Carmen Moreno Ramos, indicated that Roberto reminded her of his father, Pedro Ramos. Pedro presented with similar behavioral characteristics to those in Mr. Moreno Ramos, except that Roberto had never been as violent as his father. She described Mr. Moreno Ramos' father as a very violent, hypersexual, highly controlling man who tended to be grandiose in his general outlook of life. She said that her husband was excessively interested in sex and, even after ten years of being married, he still desired to engage in sexual intercourse with her four or more times per week. She denied that her husband suffered from any specific abnormal sexual interests. She stated that frequently, her husband would interact appropriately and would speak coherently with others, but could suddenly change and begin speaking so fast that she would be unable to understand him. She remembers that his fact paced conversation could continue for a long time within a conversation. She said that this rapid speech pattern was highly characteristic of Pedro Ramos, and that their son, Roberto, had the same problem. She also stated that her husband would claim to others that he had no economic needs or problems, that he always had good jobs, when in reality, he was economically impoverished. She stated that Mr. Moreno Ramos was "*una y carne*", a term used by her to emphasize that both Pedro Ramos and Roberto Moreno Ramos presented with very similar behavior patterns (io.3). [4.2]

3. Drug and Alcohol History:

Mr. Moreno Ramos essentially denied any significant history of substance abuse. However, his sister stated that the defendant had written a letter to her in which he had stated that he had experimented with multiple drugs. See appendix 1 for more details regarding the defendant's drug history. [5]

4. Family Drug and Alcohol History:

Mr. Moreno Ramos denied any specific history of substance abuse in his family. See appendix 2 for more relevant information in this area. [6]

5. Medical Non-psychiatric History:

With the exception of musculoskeletal pain, Mr. Moreno Ramos denied a history of non-psychiatric medical illnesses. However, he stated that several members of his paternal family including himself were short in stature. See next paragraph and appendix 3 for a more detailed analysis. [7]

6. Family Medical Nonpsychiatric History:

Mr. Moreno Ramos stated that many members from the maternal side of his family were of short stature. He stated that he had short hands and fingers as well

as short toes, a characteristic that he shared with his sister, Natividad. His sister Natividad agreed with him that she and other members of their father's family were very short in stature (i.e. about five feet) and that she had short hands and arms. The significance of these findings must await further evaluation including a consult with an expert on genetic illnesses. Other information regarding Mr. Moreno Ramos family medical history is provided in appendix 4. [8]

7. Developmental History:

Mr. Moreno Ramos' mother remembers him as an irritable and tearful infant. She said that from early childhood, Roberto would frequently have temper tantrums. Her other children were less likely to have temper tantrums. Mr. Moreno Ramos' mother stated that Roberto had no difficulties meeting children and initiating friendships, but that he tended to be intrusive with other children and that this behavior frequently led to interpersonal conflicts. Mr. Moreno Ramos' mother and his sister Natividad stated that from a young age, Roberto tended to be grandiose and would make up stories about having more money and material goods than what the family objectively had. [9]

Mr. Moreno Ramos said that he had no problems making friends during his childhood years. However, he also said that he had a fundamental mistrust of people in general. He said that although he could easily befriend a person, he was "a loner by choice" and that he "enjoyed his solitude". He said "I don't trust a lot of people", but added "I am not a hermit". Mr. Moreno Ramos used the term "compartmentalization" when he described his tendency to act one specific way with a number of people while consistently behaving in a very different way with other people or with himself. His brother-in-law, Mr. Jose Sarabia said that although Mr. Moreno Ramos could easily engage in conversation with others, he had the impression that it was difficult to truly know Mr. Moreno Ramos. Mr. Moreno Ramos said that he did not mind compartmentalizing his life. He stated that he always had a good sense about who he was even though he often compartmentalized his life. However, he stated that he shared most important details of his life with Leticia, his first wife. See also Appendix 5. [10]

8. Psychosexual History:

Mr. Moreno Ramos stated that he first experienced sexual intercourse when he was 14 years of age with a 23 year-old-female who was his girlfriend. Mr. Moreno Ramos stated that he had experienced sexual intercourse with about 15 females in his lifetime. Mr. Moreno Ramos also stated that he had never had any voluntary homosexual experiences and that he had no homosexual inclinations. [11]

Mr. Moreno Ramos said that he was about 17 when he met Leticia, his first wife (id.1 ;(id.2). Mr. Moreno Ramos stated that he married Leticia when he was approximately 18 years of age. Leticia was about 23 years of age at the time that they married. [12]

Mr. Moreno Ramos' brother, Ramiro Ramos, stated that Mr. Moreno Ramos manifested mood lability at least on a weekly basis and that some of this lability was witnessed by him on repeated occasions when Mr. Moreno Ramos was

interacting with Leticia. Mr. Moreno Ramos stated that his second wife was Maria Elena Aguilar and that he had met her in a trip to Mexico. He stated that he married her about one year prior to the death of his first wife and children. He stated that he married Maria Elena in Reynosa, her hometown and that his first wife was aware of his second marriage. This examiner asked Mr. Moreno Ramos if he thought that it was unusual to have married Ms. Aguilar while he was still married to Leticia. He replied that the marriage was legal and that I should be able to find the marriage certificate in Reynosa, the city where he married Maria Elena. He also stated that the cost of the marriage certificate was 30 pesos (id.2). [13.1]

Mr. Moreno Ramos stated that his third wife's name is Marita Robledo. He stated to this examiner that Leticia, his first wife, knew of his affair with Ms. Robledo. Mr. Moreno Ramos says he never told Ms. Robledo that Leticia knew about the affair because he did not think Ms. Robledo would have understood the nature of his relationship with Leticia (id.2). Mr. Moreno Ramos married his third wife a few days after the deaths of his first wife and two children. He stated that he had been dating his third wife for some time prior to the deaths of Leticia Ramos, his first wife and his two children. [13.2]

Mr. Moreno Ramos demonstrated unusual thought content in that he appeared to have some difficulties understanding the inappropriateness of having married Ms. Robledo a few days after the death of his first wife and children. Mr. Moreno Ramos suggested that perhaps he had been influenced by Leticia's philosophy, that her Guatemalan cultural heritage led her to believe that "a bad event must be coupled with a good event". He then stated the death of his wife and two children had to be coupled with a "good" event, namely his marriage to Ms. Robledo. On August 23, 2004, this examiner asked Mr. Moreno Ramos several times if he truly believed this explanation and he replied that he was only attempting to look for an answer but truly did not have one. [13.3]

The next day, Mr. Moreno Ramos volunteered the same explanation, that he had assimilated his wife's cultural religious beliefs of combining a good with a bad event. When this examiner asked Mr. Moreno Ramos about our previous conversation the day before on exactly the same subject, he did not appear to recall that conversation. When this examiner pointed out that Mr. Moreno Ramos himself was not from Guatemala, he did not seem perturbed. He then stated again that he did not have a real answer for his behavior. [13.4]

Mr. Moreno Ramos repeatedly stated that Leticia had been the foundation of his marriage and his home. He also stated that she was responsible for the internal aspects about how their home was run, except when he had to make structural changes such as repairs within their home. [13.5]

Mr. Moreno Ramos denied any sexual dysfunction such as being unable to achieve full penile erections or experiencing recurrent physical pain during sexual intercourse. Mr. Moreno Ramos said that he had never been interested in pornography and that he had never hired the services of prostitutes. [14]

While discussing his relationship with Leticia, Mr. Moreno Ramos repeatedly stated that he trusted her with everything he did, including his extramarital affairs, since relating these affairs appeared to draw her closer to him in a paradoxical way that he himself found peculiar or unusual. [15]

Other aspects of Mr. Moreno Ramos psychosexual history that were completed but yielded negative results can be found in appendix 6. [16]

9. Social History:

Mr. Moreno Ramos said that he was born on May 23, 1954 and is presently 50 years of age. He stated that he was born in the city of Aguascalientes, located in the state of Aguascalientes, Mexico. Mr. Moreno Ramos' mother stated that she was born in Zacatecas but raised mostly in Aguascalientes, Mexico (io.3). Mr. Moreno Ramos was raised by his biological parents. Mr. Moreno Ramos said that he was born and raised in Aguascalientes until approximately age 10 or 11 years, at which time he and his family moved to the city of Guadalajara, Jalisco, Mexico. He stated that he was the second of 10 children born to his biological parents. He said that he has two brothers and four sisters. He stated that he immigrated at about age 16 years to the United States. Mr. Moreno Ramos stated that around 1979 he and his family moved to the city of Chicago, where he lived for a period of about nine years. Mr. Moreno Ramos said that he and his wife decided to move to Puerto Progreso, Texas around 1988. Mr. Moreno Ramos repeatedly stated that Leticia had been the foundation of his marriage and his home. He also stated that she was responsible for the internal aspects of how their home life was run, except when he had to make structural changes such as repairs within their home. Mr. Moreno Ramos stated that in Progreso, Texas, he was never able to find a stable construction job as he had been able to do for most of his adult life. He said that he did not mind living in Texas even though he had no stable job. [17]

10.1. Social History of Having been the Victim of Physical Abuse:

Mr. Moreno Ramos had denied a history of child abuse when asked by previous interviewers. However, his family reported to Nancy Pemberton, Dr. Richard Cervantes and to myself that Roberto had been the victim of severe and frequent abuse at the hands of his father. When confronted with the reports of his family, Mr. Moreno Ramos admitted that he had frequently been punished by his father via corporal punishment but explained that this was not abuse because his father's punishments were commonplace for children in Mexico. He stated that he was not affected in any significant way from a psychological viewpoint because "After a while I learned to take it. . . . I just got used to it. . . I would not cry". Mr. Moreno Ramos stated that he would never forget the physical punishments even though he learned to cope with them". [18]

Ms. Natividad Sarabia, sister of Mr. Moreno Ramos, stated that Mr. Moreno Ramos had been the victim of physical abuse at the hands of their father. According to Ms. Sarabia, Mr. Moreno Ramos and his older brother had been the victims of physical abuse because their father would punish Mr. Moreno Ramos and his brother by hanging them upside down from a beam in order to punish them for alleged transgressions. Ms. Sarabia stated that she would hear her brothers cry while they hang upside down. She also stated that they would cry, laugh and then blame each other, a situation that she recalled as odd and deeply disturbing. She stated that the last time that she recalled that Mr. Moreno Ramos had been punished in this manner, was during their stay in Guadalajara (io.1). Mr. Moreno Ramos stated that he and his older brother had been punished by his father by being hung from their feet upside down and that the time period of punishment

could be long because he recalled that at times he was in need to defecate and proceeded to defecate while he was still tied to a beam. The reports of Nancy Pemberton and Dr. Richard Cervantes provide a similar description of this mode of punishment by Mr. Moreno Ramos' father. [19]

10.2. Social History of Violent Behavior:

Mr. Moreno Ramos stated that he hardly ever disciplined his children via corporal punishment. Mr. Moreno Ramos stated that on one occasion he was bathing his son and attempted to discipline his older son by submerging him in water and complete the bath. Mr. Moreno Ramos stated that his son reacted with extreme fright. Mr. Moreno Ramos stated that he was perplexed that his son reacted in such a way because Mr. Moreno Ramos did not think that he was being particularly inappropriate or abusive toward his older son. He said that his son was still a child and that they were living in Chicago. See also the section on psychosexual history and psychiatric history. [20]

11. Educational History:

Mr. Moreno Ramos stated that he began elementary school in Guadalajara, Jalisco, Mexico. He also stated that he attended two elementary schools in Guadalajara and earned an elementary school diploma. Mr. Moreno Ramos said that he was a fast learner but that he was unable to follow the school structure (id.1; id.2). According to his mother, Mr. Moreno Ramos had substantial difficulties in elementary school largely because Mr. Moreno Ramos was unable to stop interrupting classes. She said that on several occasions, he was expelled from school, and that she had to negotiate with various schools in order to reinstate him in school (io.3). [21]

According to Mr. Moreno Ramos, he attended Belvedere Junior High School in East Los Angeles, California during the evenings and around the time that he was 16 years of age. Mr. Moreno Ramos stated that shortly after he arrived in East Los Angeles, his father helped him start to learn about the construction trade. Mr. Moreno Ramos said that his father soon helped him join the labor union (Local 300). Mr. Moreno Ramos stated that he learned the construction trade on the job. He also said that as a result of working in general construction, he became a very good handy man. Mr. Moreno Ramos said that he had a very difficult time adjusting to East Los Angeles because the social milieu was foreign to him and because he did not speak English. Mr. Moreno Ramos stated that these problems led him to run away from his parent's home without informing them on one occasion. His mother said that he informed her that Mr. Moreno Ramos planned to leave Los Angeles for Tijuana because he "needed to check if his green card" was "authentic". She stated that she thought at that time that his reasoning was odd because his father had arranged for legal residence for the other members of his family of similar age to him. She stated that after a few days, Mr. Moreno Ramos returned to live in his parent's home in Los Angeles, California. [22]

Mr. Moreno Ramos stated that on another occasion he returned to Baja California, Mexico with a female acquaintance of similar age to him and lived there with her for a few months. Mr. Moreno Ramos stated that during those few months,

he lived in Tijuana, Mexicali and Tecate, Baja California. Mr. Moreno Ramos stated that his female friend and Mr. Moreno Ramos developed a sexual relationship that lasted for possibly 2 months. Mr. Moreno Ramos stated that he opted not to pursue the relationship with her, because she wanted to marry him and he thought he was too young and not ready for marriage. [23]

Mr. Moreno Ramos stated that he learned to make ceramic ware and that he was paid much less than he was able to earn with his father in Los Angeles, but felt more comfortable in Mexico. He stated that he felt comfortable living in northern Baja California because that was the sociocultural milieu in which he had been raised during his early adolescence (id.1). He stated that several members of his family were able to locate him and that he returned to East Los Angeles to live with them (id.2). He stated that he attended James Garfield High School for approximately one and one half years but added that he did not complete the 12th grade. He stated that he completed about 11 and one half years of education. Mr. Moreno Ramos said that he quit high school partially because he never fully adjusted to the social milieu of high school. He stated that although most students in Garfield High School were of Mexican ethnic background, he was unable to adjust to the level of assimilation displayed by most of them. [24]

Mr. Moreno Ramos stated that he had always had a difficult time learning within the school structure, and therefore he did not perform well in school. He said that nonetheless, he developed an early passion for reading literature since he was a 10 or 11 years of age. He said that he has enjoyed reading works by Jean Paul Sartre, Federico Garcia Lorca and Gabriel Garcia Marquez. He stated that he likes Mexican Bolero music, mariachi music but that he later gained an appreciation for the opera. He said that he enjoyed attending poetry readings and the theatre since he was an adolescent living in Mexico. [25]

He said that he began collecting stamps and coins when he was living in Mexico but that he became more serious about stamp collecting. He stated that he had a very large stamp collection by 1992, just prior to his current arrest (id.1). Mr. Moreno Ramos said that both Mr. Moreno Ramos and Leticia, his first wife participated in stamp collecting. He said that stamp collecting allowed him to educate himself informally in topics such as history, nature and the geography of the world. [26]

Mr. Moreno Ramos stated that as an adult, he learned about cars by assembling plastic models of cars when he was able to earn money and buy the models. He said that he worked on "less than 100" models. He stated that as an adult he learned that he had the mechanical facility to repair cars but that he did not fully capitalize in this ability. [27]

12. Occupational History:

Guadalajara, Jalisco, Mexico (1964-1967). Mr. Moreno Ramos stated that he was 10 years old when he had his first job was that of an ice cream vendor. He said that he sold popsicles and ice cream from small push cart and that are very common in Mexico. He stated that the job lasted for about two months. Mr. Moreno Ramos stated that he lived most of his childhood in Guadalajara. [28.1]

Tijuana, Baja California (1967-1970). Mr. Moreno Ramos stated that when he lived in Guadalajara he did not work. He stated that he began to work in Tijuana on a regular basis. Mr. Moreno Ramos stated that when he lived in Guadalajara he did not work on a regular basis (id.2) Mr. Moreno Ramos stated that he worked caring and killing goats and preparing their meat that would then be sent to a restaurant. Mr. Moreno Ramos stated that he never worked as a pimp or as a prostitute. (id.2) [28.2]

Los Angeles, California (1970-1980). Mr. Moreno Ramos stated that he worked in the construction industry while he lived in Los Angeles. He stated that his father introduced him to construction. He stated that his father helped him join the labor union and that Mr. Moreno Ramos became very proficient in this trade. [28.3]

According to Jose Sarabia, Mr. Moreno Ramos' brother-in-law, Mr. Moreno Ramos worked for about three months in Los Angeles, with Mr. Sarabia. Mr. Sarabia stated that Roberto Moreno Ramos worked with him caring for mentally ill individuals in a group home. Mr. Sarabia said that he and Mr. Moreno Ramos probably had this job around 1989 or 1990, and that Mr. Moreno Ramos' family was already living in Texas (io.2). [28.4]

Chicago (1980-1990). Mr. Moreno Ramos stated that he arrived with his family in Chicago during the year 1980. He stated that while he lived in Chicago, he continued to work in construction. He stated that he was able to develop a small construction business that did not require heavy equipment. He said that ordinarily he would employ no more than four workers. He stated that he continue to work in the construction field for as long as he lived in Chicago. He stated that he had his own construction company for about 9 years. He said that his construction job was viable at the time that he and his family decided to move to Texas. Mr. Moreno Ramos and his family left Chicago to live in Texas in the late 1980s. [28.5]

Puerto Progreso, Texas (1986-1992). Mr. Moreno Ramos stated that in Texas he soon found out that the economy was not very good. He stated that while he lived in Texas he worked making wood kitchen cabinets. Mr. Moreno Ramos stated that he did not become discouraged by the lack of work opportunities while he lived in Texas. He said that during the first year that he lived in Progreso, Texas. [28.6]

13. Mental Status Examination:

Concerning his appearance Mr. Moreno Ramos was a well-developed, well-nourished male of short stature, who appeared his stated age and was dressed in prison attire. His behavior was consistent with someone who was intermittently mildly anxious. Overall he was cooperative throughout the interview. However, he appeared to be evasive when he was asked about behaviors that were suggestive of abnormal behaviors that may relate to him, whether or not these behaviors were of an antisocial nature. His body kinetics were overall within normal limits. Concerning his sensorium, Mr. Moreno Ramos was alert and oriented to person, place, time, and purpose. Memory was intact for immediate recall, short-term and long-term memory. [27]

In regard to his mood, the Mr. Moreno Ramos stated that his mood was overall "good". Mr. Moreno Ramos affect was intermittently inappropriate throughout his interviews with me. For example, Mr. Moreno Ramos would at times appear rather jovial while discussing his history of having been the victim of abuse

as a child. However, at other times he appeared to be dysphoric while discussing his children's deaths, the death of his first wife or his experiences of having been the victim of abuse while he was a child. Overall, Mr. Moreno Ramos' affect appeared intermittently mildly irritable, intermittently mildly dysphoric and on rare occasion hostile. His thought processes revealed that his thoughts were overall well organized and well-formed. They were devoid of derailing, circumstantiality, tangentiality or loose associations. However his thoughts were at times illogical. Thought content showed no evidence of delusions, suicidal or homicidal ideations. Concerning his perceptions, he denied, and demonstrated no evidence for, auditory or visual hallucinations. He did not endorse abnormal perceptual phenomena suggestive of olfactory, gustatory or tactual hallucinations. There was also no evidence for perceptual illusions. He denied depersonalization and derealization. His attention was overall within normal limits. His insight into major aspects of his life, his legal difficulties and mental problems was often impaired and his judgment ranged from fair to poor. His abstract abilities were overall fair but variable. His general fund of knowledge was within normal limits. [28]

14. Other Psychiatric Data

1. *Measures of Psychopathology.* On the Brief Psychiatric Rating Scale (BPRS), a general measure of psychopathology, administered on August 30, 2004, he scored 30, indicative of a mild degree of general symptoms of psychopathology during the week prior to rating him with the scale. Mr. Moreno Ramos was interviewed with the Structured Clinical Interview for DSM-IV-Axis I Disorder (SCID-I). The SCID-I is a semi-structured interview designed to aid mental health professionals in the comprehensive evaluation of Axis I Disorders. Most Psychiatric Disorders (i.e. Attention Deficit and Hyperactivity Disorder), including the major Psychiatric Disorders such as the Bipolar Disorders are subsumed under Axis I. The revised version of the Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D) was used to evaluate Mr. Ramos for Dissociative Disorders. On the observer rated version of the Conners' Rating Scales-Revised (CAARS-O: L), Ms. Sarabia rated Mr. Moreno Ramos as she recalled him in his late adolescence and early twenties and T scores of greater than 70 were obtained in the hyperactivity/restlessness factors, the DSM-IV-Hyperactive-Impulsive Symptoms factor, DSM-IV ADH symptoms total and the ADHD Index, scores that are strongly suggestive of someone with ADHD. Moreover all but one of the remaining factors fell in the 66-69 range. However, it should be noted that the inconsistency Index is 9 and therefore these results need to be interpreted with caution particularly since Ms. Sarabia's is rating him retrospectively and also because the rating was completed telephonically. [29]

Measures of Mood Psychopathology. On the Young Mania Rating Scale (YMRS) administered on August 24, 2004, an observer rated scale for mania, Mr. Moreno Ramos scored 18.5, consistent with a low level of manic symptoms. On the Hamilton Rating Scale for Depression Scale (HRSD) administered on August 23, 2004, he scored 4, consistent with a very low degree of clinical symptoms of depression during the week prior to rating the scale. [30]

Measures for Neuropsychiatric Developmental Psychopathology. On the observer rated version of the Conners' Rating Scales-Revised (CAARS-O: L), Ms.

Sarabia rated Mr. Moreno Ramos as she recalled him in his late adolescence and early twenties and T scores of greater than 70 were obtained in the hyperactivity/restlessness factors, the DSM-IV-Hyperactive-Impulsive Symptoms factor, DSM-IV ADH symptoms total and the ADHD Index, scores that are strongly suggestive of someone with ADHD. Moreover all but one of the remaining factors fell in the 66-69 range. However, it should be noted that the inconsistency Index is 9 and therefore these results need to be interpreted with caution particularly since Ms. Sarabia's is rating him retrospectively and also because the rating was completed telephonically. [31]

On the Asperger Syndrome Diagnostic Scale (ASDS) Mr. Moreno Ramos' results are not suggestive of Asperger's Disorder or a similar disorder. This examiner administered the BarOn Emotional Quotient Interview Research Version (BEQI-RV). This semistructured interview revealed that Mr. Moreno Ramos is experiencing long-term difficulties with emotional self awareness. These problems relate to his self understanding of emotions and how well he can identify the emotions of others. On the BEQI-RV he scored very low in the empathy scale. [32]

Measures of Personality Disorder Psychopathology. Mr. Moreno Ramos was interviewed with the Structured Clinical Interview for DSM-IV-Axis II Personality Disorders (SCID-II). The SCID-II is a semistructured interview designed to aid in the comprehensive evaluation of Personality Disorders. On the SCID-II, Mr. Moreno Ramos scored positive on personality traits for Schizotypal, Borderline, Narcissistic and Schizoid Personality Disorder traits. There are some indications of personality psychopathology that do not reach DSM-IV-TR thresholds that may nonetheless be important in understanding Mr. Moreno Ramos. This examiner administered the BarOn Emotional Quotient Interview Research Version (BEQI-RV). This semi-structured interview revealed that Mr. Moreno Ramos is experiencing long-term difficulties with emotional self awareness. These problems relate to his self understanding of emotions and how well he can identify the emotions of others. On the BEQI-RV he scored very low in the empathy scale. [33]

2. *Measures of Cognition*. On the Mini Mental Status Examination (MMSE) he scored 29/30, within normal limits and not suggestive of gross cognitive deficits. On the CLOX, a screening test for executive dysfunction, the result was not suggestive of executive dysfunction. Both the CLOX and other screening tests such as the Bender Gestalt are far weaker than the measures of executive dysfunction or of Cognition used by Dr. Weinstein. [34]

3. *Measures of Malingering*. The Miller Forensic Assessment of Symptoms Test (M-FAST) is an instrument used to evaluate the possibility that a person may be malingering psychopathology. The M-FAST score of zero is consistent with a person who is not malingering. On the Structured Interview of Reported Symptoms (SIRS) administered on August 23, 2004, Mr. Moreno Ramos profile is that of someone who is not malingering. The SIRS profile scales fall in the "Honest" range. Other supplementary scores are also not suggestive of malingering. On the DS scale, he scored 16, consistent with someone who may minimize everyday problems. [35]

IV. DISCUSSION INVOLVING DIAGNOSTIC IMPRESSION

1. General Considerations Regarding Diagnostic Impression:

General Considerations. The application of psychiatric diagnostic systems in psychiatric-legal contexts often requires added considerations beyond those encountered in clinical non-forensic settings. This is in part why DSM-IV-TR states "When the DSM-IV-categories, criteria, and textual descriptions are employed for forensic purposes, there are significant risks that diagnostic information will be used or misunderstood" (DSM-IV-TR, pp. xxxii-xxxiii). Therefore, this examiner has made use of special procedures or considerations in order to deal with problems that may originate from the use of nosological systems in forensic-psychiatric contexts. The following diagnostic analysis was made in accordance with the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Text Revision (DSM-IV-TR). [36]

2. Evaluation for Bipolar Disorder:

Evaluation for Hypomanic Episode. Mr. Moreno Ramos presented with a history suggestive of both Hypomanic and Manic states. Therefore, I considered the possibility that Mr. Moreno Ramos may have experienced Hypomanic or Manic Episodes. The informants that provided key information for my evaluation of Hypomanic/Manic spectrum illness is provided in appendix 7. Essentially this appendix provides key information relevant for Mr. Moreno Ramos case regarding Bipolar Disorder psychopathology. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 -18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. The fourth bracket stands for the standard DSM-IV-TR rating. According to DSM-IV-TR the diagnostic criteria for a Hypomanic Episode can be summarized as provided in table 5. Mr. Moreno Ramos presents with a history of hypomanic psychopathology that has varied throughout his lifetime as has been reported by his mother and his sister, Natividad Sarabia. Mr. Moreno Ramos qualified for a history of frequent episodes frequently consistent with Hypomanic-like Episodes. They are not termed Hypomanic episodes because their origin may be partially due to gross brain trauma or a general medical condition. However, it should be noted that the psychopathological structure of these episodes conform with a Hypomanic Episode. [37]

TABLE 5. DSM-IV-TR CRITERIA FOR HYPOMANIC EPISODE:

A. A distinct period of persistently **elevated**, expansive, or **irritable** mood, lasting throughout at least **4 days**, that is clearly different from the usual nondepressed mood

B. During the period of mood disturbance, **three (or more)** of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

1. inflated self-esteem or grandiosity [+, 1], [+, 1], [+, 2], [+, 2]
2. decreased need for sleep (e.g., feels rested after only 3 hours of sleep) [I, I], [I, I], [I, I], [I, I]
3. more talkative than usual or pressure to keep talking [+, 1], [+, 1], [+, 1], [+, 1]
4. flight of ideas or subjective experience that thoughts are racing [I, I], [I, I], [I, I], [I, I]
5. distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) [+, 2], [+, 02], [+, 2], [+, 2]
6. increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation [I, I], [I, I], [+, 1], [+, 1]
7. excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments) [I, I], [+, 1], [+, 2], [+, 2]

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic [I, I], [I, I], [+, 1], [+, 1]

D. The disturbance in mood and the change in functioning are observable by Others [I, I], [I, I], [+, 1], [+, 1]

E. The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features [I, I], [I, I], [+, 1], [+, 1]

F. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism) [-, 1], [-, 1], [-, 1], [-, 1]

Note: Hypomanic-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar II Disorder. [38]

Evaluation for Manic Episode. According to DSM-IV-TR the diagnostic criteria for a Manic Episode can be summarized as outlined in table 6. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 -18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. [39]

Criteria B for Mania are qualitatively the same as those for Hypomanic Episode. However, they are more intense and cause greater disability. Most importantly, Mr. Moreno Ramos' family provides a history of grandiose delusions. For example, he described himself as someone who claimed to have owned an apartment building with tenants that provided a steady source of income. He described himself as claiming to have owned several homes, including a large home that had four car ports and four vehicles. He described himself as someone who owned a large construction company in Chicago that used large numbers of people

and was involved in completing large scale projects such as constructing large buildings. He described himself as someone who claimed to have to have traveled to Europe for vacationing. He also described himself as someone that had sizable monetary funds. However, little objective information has ever been uncovered to substantiate these claims. Moreover, he would react to confrontations on his grandiosity with indifference, oblivious disregard or with different degrees of hostility when others did not appear to believe him. Also, his grandiose cognitions were impervious to change over long spans of time (i.e. they could last days or much longer). [40]

However, because it remains unclear to what extent Mr. Moreno Ramos became further disabled when these states were noted, I term them Manic-like Episodes rather than Manic Episodes. From a clinical perspective of detecting a Bipolar Disorder, it is clear that Mr. Moreno Ramos' Hypomanic-like and Manic-like episodes fall in the Hypomanic-Manic spectrum. Moreover, I emphasize that within this spectrum, Mr. Moreno Ramos experiences grandiose delusional thinking that is recurrent in nature. From a psychiatric-legal perspective it is not important whether Mr. Moreno Ramos' psychopathology is termed Hypomanic versus Hypomanic-like or whether it is termed Manic versus Manic-like. What is important is to recognize that Mr. Moreno Ramos suffers from a Bipolar Disorder associated with the hypomanic-manic spectrum of psychopathology and that such a spectrum of symptoms is associated with recurrent psychotic states, mood lability, aggressive ideation, poor impulse control, agitation, impaired insight and a resulting predisposition towards violent behavior. [41]

In conclusion, given all of the available information relevant to Bipolar Disorder psychopathology, Mr. Moreno Ramos frequently functioned in mental states consistent either with Hypomanic-like Episodes (when his grandiose cognitions were of a non-delusional nature) or Manic-like Episodes (when his grandiose cognitions reached delusional proportions). Given all of the available information, Mr. Moreno Ramos suffers from a DSM-IV-TR Bipolar Disorder Not Otherwise Specified. Also the results of the YMRS, an observer rated scale for mania, are consistent with Bipolar Disorder symptomatology. Mr. Moreno Ramos scored 18.5, consistent with a low but clear level of manic symptoms. [42]

Mr. Ramos was formally evaluated for Schizophrenia because he has a history of suffering from recurrent psychotic states. However, he did not meet criteria for Schizophrenia See appendix 8. [43]

The nature of his Bipolar Disorder may be further clarified if additional sources of collateral information become available for review, if I have the opportunity to interview other family members and if I have the opportunity to evaluate Mr. Moreno Ramos in the future. However any further exploration of Mr. Moreno Ramos' psychopathology will continue to have some limitations in that Mr. Moreno Ramos' psychopathology involves impairment of insight associated with psychological defenses that prevent him from realizing the nature and extent of his psychopathology. This is a frequent finding among people who suffer from Bipolar Disorder, especially those who tend to gravitate toward the Hypomanic-Manic end rather than those who become depressed. Given the nature of his psychopathology, he is more likely to acknowledge and report the nature of his psychopathology to others if he has been appropriately treated and stabilized with psychotropic agents. [44]

TABLE 6. DSM-IV-TR CRITERIA FOR MANIC EPISODE

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

1. inflated self-esteem or grandiosity [+, 1], [+, 1], [+, 1], [+, 2], [+, 2].
2. decreased need for sleep (e.g., feels rested after only 3 hours of sleep) [-, 0], [-, 0], [-, 0], [-, 0].
3. more talkative than usual or pressure to keep talking [+, 1], [+, 1], [+, 1], [+, 1].
4. flight of ideas or subjective experience that thoughts are racing [I, I], [I, I], [I, I], [I, I].
5. distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) [+, 1], [+, 1], [+, 1], [+, 1].
6. increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation [I, I], [I, I], [+, 1], [+, 1].
7. excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments) [I, I], [+, 1], [+, 2], [+, 2].

C. The symptoms do not meet criteria for a Mixed Episode. (See linked section) [-, 0], [-, 0], [-, 0], [-, 0].

D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are **psychotic features** grandiosity [I, I], [I, I], [+, 2], [+, 2].

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism) [-, 1], [-, 1], [-, 1], [-, 1].

Note: Manic-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar I Disorder.

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic [I, I], [I, I], [I, I], [I, I].

D. The disturbance in mood and the change in functioning are observable by others [I, I], [I, I], [I, I], [I, I].

E. The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features [I, I], [I, I], [-, 0], [-, 0].

F. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism) [I, I], [I, I], [I, I], [I, I].

Note: Hypomanic-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar II Disorder. [45]

Evaluation for Depressive Psychopathology. With regard to Depressive Disorders, I first considered if Mr. Moreno Ramos had ever suffered from a Major Depressive Episode. I found no evidence that he ever suffered from a Major Depressive Episode. Also I considered if Mr. Moreno Ramos ever suffered from a Depressive Disorder qualitatively similar to Dysthymic Disorder, a chronic but less intense depressive disorder than a Depressive Disorder associated with Major Depressive Episodes. However, my exploration was negative. Therefore, Mr. Moreno Ramos' Bipolar Disorder does not appear to be associated with a significant depressive component. See appendix 7 for more relevant details. [46]

2. Evaluation for Cognitive Disorders:

Mr. Moreno Ramos was administered the WAIS-III by Dr. Weinstein and in the resulting WAIS-III Statistical Report, both Mr. Moreno Ramos' verbal and full IQ are 87, at the low average range (doc.4). This IQ is not consistent with Mental Retardation. However, this IQ may still be consistent with brain abnormalities. Mr. Moreno Ramos was evaluated with the WCST, a well known measure of executive function. According to the Wisconsin Card Sorting Test Computer Version Client Information Sheet, Mr. Moreno Ramos' results are consistent with significant executive dysfunction. Overall these results point to frontal lobe abnormalities. However, it should be noted that these abnormalities may be consistent with Bipolar Disorder or a General Medical Condition. Mr. Moreno Ramos' hypersexuality is more likely to be secondary to the psychological structure of his hypomanic-manic spectrum of psychopathology. However, it should be noted that brain damage may predispose some individuals to become hypersexual or otherwise sexually inappropriate. Abnormalities in the temporal lobe areas may be associated with abnormalities in sexual behavior. From this perspective, the findings of Dr. Weinstein's topometric EEG study are not inconsistent with this possibility. [47.1]

The findings in neuropsychological testing are yet another reason why Mr. Moreno Ramos has been diagnosed by this examiner as suffering from Bipolar Disorder Not Otherwise Specified, rather than just Bipolar Disorder. In other words, Mr. Moreno Ramos' abnormalities in executive dysfunction may be not only associated with hypomanic-manic spectrum psychopathology but may also be related to brain insults independent of the psychopathology originating from a Bipolar Disorder. Mr. Moreno Ramos presents with a long history of multiple beating at the hands of his father which may have resulted in head trauma. For example his father's frequent practice of punishing Mr. Moreno Ramos by hanging him head down from a beam may have resulted in cerebral insults with permanent neuropsychiatric sequelae. [47.2]

Mr. Moreno Ramos presented with deficits in emotional processing and empathy in a setting where psychopathy can not explain the findings. Rather, from a neuropsychiatric perspective, these difficulties point toward deficits associated with frontal lobe and temporal lobe dysfunction, consistent with the type of findings in Dr. Weinstein's testing. Psychotic conditions are also known to present with affective difficulties including inappropriate affect, constricted affect, mood lability and deficits with empathy as well as with abnormalities with temporal and frontal lobe dysfunction. [47.3]

3. Evaluation for Neuropsychiatric Developmental Disorders:

Some neuropsychiatric developmental disorders may be associated with mood psychopathology and antisocial behaviors. Therefore, this examiner evaluated Mr. Moreno Ramos for some of these Disorders but the evidence does not support such a diagnosis. See appendix 9. [48]

4. Evaluation of Personality Disorders:

Mr. Moreno Ramos presented with a history of psychopathology suggestive of various Personality Disorders. The results of this analysis indicate that Mr. Moreno Ramos qualified for a Personality Disorder Not Otherwise Specified with features of Borderline, Schizoid, Narcissistic, and Schizoid Personality Disorder traits. A more detailed summary of these results is found in appendix 11. Other relevant results related to evaluations about personality psychopathology are found in appendix 12. [49]

5. Evaluation for Malingering:

DSM-IV-TR states that, "The essential feature of Malingering is the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs". Therefore, this examiner conducted an extensive investigation of the possibility that Mr. Moreno Ramos may be Malingering. The results of this investigation strongly indicate that Mr. Moreno Ramos is not likely to be Malingering. See appendix 13. [50]

IV. DSM-IV-TR CULTURAL FORMULATION

In the present case, there are various psychosociocultural factors that this examiner has taken into account in order to arrive at an optimal psychiatric-legal evaluation. DSM- IV- TR recommends that the cultural factors be taken into account in evaluating individuals with psychiatric difficulties and states, "Diagnostic assessment can be especially challenging when a clinician from one ethnic or cultural group uses the DSM-IV classification to evaluate a person from a different or cultural group. A clinician who is unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, belief, or experience that are particular to the individual's culture" (DSM-IV-TR, pp. xxxiv). Alternatively, failure to take into account cultural parameters may fail to uncover evidence of psychopathology. Accordingly, I have used the DSM-IV-TR Cultural Formulation to analyze important psychosociocultural factors. However, this examiner emphasizes that my analysis of Mr. Moreno Ramos' case was not limited to the use of the cultural formulation of DSM-IV-TR. Application of other paradigms involving neuropsychiatric, developmental, ecological and historical approaches also were of some importance. See appendix 14 for a full detail regarding the cultural formulation analysis. [51]

V. DSM-IV-TR MULTIAXIAL DIAGNOSIS

1. Current DSM Diagnosis (DSM-IV-TR Diagnostic Impression):

Given the available data and the reasoning provided in this report, I provide the current DSM-IV-TR diagnostic impression given in table 7.

TABLE 7. DSM-IV-TR MULTIAXIAL DIAGNOSIS

Axis I. Clinical Disorders/Other Conditions that May Be a Focus of Clinical Attention:

1. Bipolar Disorder Not Otherwise Specified

Axis II. Personality Disorders/Mental Retardation

1. Personality Disorder Not Otherwise Specified Specified with Borderline, Schizotypal, Narcissistic and Schizoid Personality Disorder features.

Axis III. General Medical Conditions

1. Defer to Other Specialists

Axis IV. Psychosocial and Environmental Problems

1. Problems related to interaction with the legal system/crime
2. Problems related to the social environment

Axis V. Global Assessment of Functioning

1. GAF=45 (current).
2. GAF=5 (during instant offense)
3. GAF=48 (highest level past year). [52]

2. Lifespan DSM Diagnoses for Mr. Moreno Ramos:

At the time that Mr. Moreno Ramos' wife and their two children died, Mr. Moreno Ramos was suffering from Bipolar Disorder Not Otherwise Specified. He also met diagnostic criteria for a Personality Disorder. These are the same types and variants of Psychiatric Disorders from which he currently suffers. The Psychiatric Disorders from which Mr. Moreno Ramos suffered during and around the time of the deaths of his wife and children had been diagnosable by mental health professionals a) for at least a period of years prior to the time that Mr. Moreno Ramos wife and two children died (using DSM-III or DSM-II-R), b) during and around the time of the deaths of his wife and children (using DSM-III-R) c) from the times of their deaths until the time that he was arrested (using DSM-III-R), d) from the time that he was arrested until the end of the trial (using DSM-IV-R) and e) from the time period beginning with the end of his trial until the time of my evaluation with Mr. Moreno Ramos (using DSM-III-R, DSM-IV or DSM-IV-TR). The Diagnostic and Statistical Manuals of Mental Disorders of relevance to these considerations discussion are DSM-III published in 1980 (APA, 1980), DSM-III-R (APA, 1987), DSM-IV, published in 1984 (APA, 1984) and DSM-IV-TR (APA, 2000) Other psychiatric and psychological tools necessary or useful for making the above named diagnoses were also available for all for the above mentioned time periods. [53]

VI. TREATMENT ISSUES:

The Psychiatric Disorders from which Mr. Moreno Ramos suffered during and around the time of the deaths of his wife and children have been treatable by mental health professionals for many years, beginning long before the time that Mr. Moreno Ramos' wife and two children died, and continuing until the present. With regard to Bipolar Disorder, it should be clear that by1990, effective psychopharmacological interventions were already well established in clinical psychiatric practice. Actually, as early as the 1970's, effective psychopharmacological treatment of Bipolar Disorder had already become available (Goodwin and Jamison, 1990, pp. 603-629). Moreover, by 1990, psychotherapeutic techniques had long been introduced in the treatment of Bipolar Disorder (Goodwin and Jamison, 1990, pp. 725-745). With regard to the components of Mr. Moreno Ramos' Personality Disorder, there are both biological as well as psychotherapeutic interventions that may be of benefit. See, for example, Soloff, 2000. Many of these interventions were available well before 1990. [54]

Had Mr. Moreno Ramos been properly diagnosed prior to trial, an expert could have testified before the jury that his conditions were treatable and that proper medication would greatly reduce the likelihood of his being violent in the future, particularly if he were living in the controlled environment of a prison. [55]

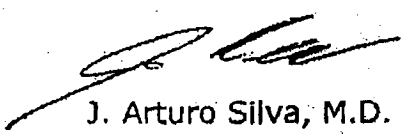
VII. CONCLUSION AND RECOMMENDATIONS

Mr. Moreno Ramos is presently suffering from a Bipolar Disorder Not Otherwise Specified. He also meets criteria for a Personality Disorder Not Otherwise Specified with Borderline Schizotypal, Narcissistic and Schizoid Personality Disorder traits.

All of the diagnostic impressions that I have made could have been made in 1993 by any competent mental health professional. Had the proper testing and investigation been done, an expert could have testified to the jury that Mr. Moreno Ramos suffers from an organic brain dysfunction that is either genetic or the result of a brain injury; that he suffers from Bipolar Disorder, which is a severe and debilitating mental disease; that he has been psychologically damaged by a lifetime of poverty and physical abuse; that these conditions impaired his judgment and prevented him from coping with stress in normal, healthy ways; that all of these conditions are treatable and that, with treatment, Mr. Moreno Ramos could manage well in the structured world of a prison and that he would pose a very low risk to society.

If a psychiatric report of greater depth is desirable, I recommend that Mr. Moreno Ramos be evaluated by a specialist in genetic diseases and that the psychiatric records of his brother, Enrique, be provided to me. Contingent upon the results of those inquiries, additional clinical interviews of Mr. Moreno Ramos and/or his family members could be indicated.

However, the current evaluation is complete and sufficient to make the above diagnoses within a reasonable degree of medical certainty.



J. Arturo Silva, M.D.
September 27, 2004
San Jose, California

VIII. APPENDICES

Appendix 1. Evaluation for Substance Abuse:

Mr. Moreno Ramos provided the following history regarding his pattern of substance abuse during three different time periods (see table 8. The endorsed responses are provided in bold letters). [60]

TABLE 8. SUBSTANCE ABUSE DURING THE LAST FOUR WEEKS, LAST SIX MONTHS AND DURING LIFETIME

Substance used	Last 4 Weeks	Last 6 Months	Lifetime
1. Alcohol	Yes **No**	Yes **No**	**Yes** No
2. Amphetamine	Yes **No**	Yes **No**	Yes **No**
3. Anabolic steroids	Yes **No**	Yes **No**	Yes **No**
4. Cannabis	Yes **No**	Yes **No**	**Yes** No
5. Cocaine	Yes **No**	Yes **No**	Yes **No**
6. LSD*	Yes **No**	Yes **No**	Yes **No**
7. Opioids	Yes **No**	Yes **No**	Yes No
8. Mescaline	Yes **No**	Yes **No**	Yes No
9. MDMA (Ecstasy)*	Yes **No**	Yes **No**	Yes **No**
10. Phencyclidine (PCP)	Yes **No**	Yes **No**	Yes No
11. Solvents	Yes **No**	Yes **No**	Yes **No**
12. Nicotine	Yes **No**	Yes **No**	**Yes** No [61]

Concerning alcohol abuse, Mr. Moreno Ramos stated that he hardly ever drank alcohol. However, Mr. Jose Sarabia husband stated that he had seen Mr. Moreno Ramos buy beer. Mr. Moreno Ramos stated to this examiner that Mr. Moreno Ramos hardly ever used street drugs. Ms. Natividad Sarabia said that he once sent a letter to her in which Mr. Moreno Ramos had explained to her that he had used many types of street drugs (io.1). With regard to marijuana abuse, Mr. Moreno Ramos stated that he had experimented with it a few times when he was young (id.2). Mr. Moreno Ramos' mother stated that she had once found two marijuana cigarettes in Mr. Moreno Ramos when he was still living with her (io.3). [62]

Appendix 2. Evaluation for Family Alcohol and Drug Abuse History:

Mr. Moreno Ramos denied any knowledge of substance abuse history in his original family. However the report of Ms. Nancy Pemberton states that Andrea, sister of Mr. Moreno Ramos had difficulties with substance abuse (doc.11). Mr. Moreno Ramos stated that on rare occasion, Leticia Ramos had smoked marijuana. [63]

Appendix 3. Evaluation of Non-psychiatric Medical Illnesses:

Mr. Moreno Ramos stated that he had been suffering from musculoskeletal problems for at least several years. He stated that he was taking an anti-inflammatory agent on a daily basis because he was experiencing pain in the pelvic area bilaterally. Ramos denied a history of significant head injuries. Mr. Moreno Ramos denied any other history of medical problems secondary to general medical conditions. He said that he had never had any surgeries. He was asked about some specific non-psychiatric medical illnesses and his answers are summarized in table 9. [64]

TABLE 9. HISTORY OF NONPSYCHIATRIC MEDICAL ILLNESSES

Disease	History	Activity
1. Allergies	Absent	NA
2. Blood Related	Absent	NA
3. Cancer	Absent	NA
4. Diabetes	Absent	NA
5. Infectious Diseases	Absent	NA
6. Heart Disease	Absent	NA
7. Kidney Disease.	Absent	NA
8. Lung Disease	Absent	NA
9. Seizure Disorders.	Absent	NA
10. Thyroid Disorders.	Absent	NA [65]

Appendix 4. Evaluation of Family Medical Non-psychiatric History:

Mr. Moreno Ramos' mother said that she suffers from diabetes mellitus, and high blood pressure. According to Ms. Natividad Sarabia, all of her sisters had been diagnosed with systemic lupus erythematosus. She stated that her sister Andrea died of this disease and an associated medical condition called scleroderma. Ms. Sarabia stated that various members of her family suffered from thyroid abnormalities. (io.1). Mr. Moreno Ramos also stated that his sister Andrea died due to complications from systemic lupus erythematosus and scleroderma. (Id.1; Id.2) [66]

Appendix 5. Evaluation for Developmental History:

Mr. Moreno Ramos' Mother was asked about Mr. Moreno Ramos' basic developmental landmarks and her replies are provided in table 10. With regard to item 1, she said that during all of her pregnancies she had retained fluid in her lower extremities but also said that she had retained substantially more fluid in her lower extremities when she was pregnant with Mr. Moreno Ramos, compared to her other pregnancies. [67]

TABLE 10. DEVELOPMENTAL LANDMARKS

Landmark	Nature of the landmark	Comments
1. Pregnancy	Retained excessive edema	None
2. Delivery	Unremarkable	None
3. Speech*	Unremarkable	None
4. Walking*	Unremarkable	None
5. Toilet training *	Unremarkable	None

* Refers to onset of behavior. [68]

Appendix 6. Evaluation of Mr. Moreno Ramos' Psychosexual History:

Mr. Moreno Ramos was asked if he had ever been interested in becoming involved or if he had actually been involved in the types of sexual activities listed in tables 8-9. His affirmative responses (denoted as 'Present') or negative responses (denoted as 'Absent') are also provided in tables 11-12. [69]

TABLE 11. PREVALENCE OF SEXUAL FANTASIES AND ACTIVITIES DURING LAST SIX MONTHS

Sexual Activity	Fantasy	Activity
1. Exhibitionistic	Absent	Absent
2. Fetishistic (inanimate objects)	Absent	Absent
3. Transvestic fetishistic (crossdressing)	Absent	Absent
4. Fetishistic (partialistic)	Absent	Absent
5. Frotteuristic	Absent	Absent
6. Pedophilic	Absent	Absent
7. Masochistic	Absent	Absent
8. Sadistic	Absent	Absent
9. Voyeuristic	Absent	Absent
10. Telephone scatologic	Absent	Absent
11. Necrophilic (cadavers)	Absent	Absent
12. Vampiristic (fresh blood)	Absent	Absent
13. Zoophilistic (animals)	Absent	Absent
14. Coprophilistic (feces)	Absent	Absent
15. Urophilistic (urine)	Absent	Absent
16. Klismaphilistic (enemas)	Absent	Absent
17. Asphyxiophilic	Absent	Absent
18. Coercive	Absent	Absent
19. Hypersexuality	Absent	Absent
20. Paraphilic pyromania	Absent	Absent [70]

TABLE 12. LIFETIME PREVALENCE OF SEXUAL FANTASIES AND ACTIVITIES

Sexual Activity	Fantasy	Activity
1. Exhibitionistic	Absent	Absent
2. Fetishistic (inanimate objects)	Absent	Absent
3. Transvestic fetishistic (crossdressing)	Absent	Absent
4. Fetishistic (partialistic)	Absent	Absent
5. Frotteuristic	Absent	Absent
6. Pedophilic	Absent	Absent
7. Masochistic	Absent	Absent
8. Sadistic	Absent	Absent
9.Voyeuristic	Absent	Absent
10. Telephone scatologic	Absent	Absent
11. Necrophilic (cadavers)	Absent	Absent
12. Vampiristic (fresh blood)	Absent	Absent
13. Zoophilistic (animals)	Absent	Absent
14. coprophilistic (feces)	Absent	Absent
15. urophilistic (urine)	Absent	Absent
16. Klismaphilistic (enemas)	Absent	Absent
17. Asphyxiophilic	Absent	Absent
18. Coercive	Absent	Absent
19. Hypersexualistic	Absent	Absent
20. Paraphilic pyromania	Absent	Absent [71]

Appendix 7. Evaluation for Mood Disorders:

This section provides an overview of most of the Mental Disorders for which Mr. Moreno Ramos was evaluated in order to arrive at a diagnosis of Bipolar Disorder Not Otherwise Specified. [72]

1. Informants who Provided Important Information for the Diagnosis of Hypomanic/Manic Spectrum of Mental Illness:

TABLE 13. INFORMANTS WHO PROVIDED INOFORMATION FOR CONSIDERING A DSM-IV-TR HYPOMANIC/MANIC SPECTRUM ILLNESS.

Informants >	RR	CR	NS	JS	RaR
Criterion					
A.	**Yes**	**Yes**	**Yes**	No	**Yes**
B1.	**Yes**	**Yes**	**Yes**	**Yes**	**No**
B2.	No	No	No	No	No
B3.	**Yes**	**Yes**	**Yes**	**Yes**	No
B4.	No	No	No	No	No
B5.	**Yes**	**Yes**	**Yes**	**Yes**	No
B6.	No	No	**Yes**	**Yes**	**Yes**
B7.	**Yes**	**Yes**	**Yes**	No	**Yes**
C.	**Yes**	**Yes**	**Yes**	No	**Yes**
D.	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
E.	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
F.	**Yes**	**Yes**	**Yes**	No	**Yes**

RR= Roberto Moreno Ramos, CR = Carmen Ramos, mother of RR, NS = Natividad Sarabia, sister of RR, JS = Jose Sarabia, brother-in-law of RR, husband of Natividad Sarabia and RaR = Ramiro Ramos, brother of RR.

*: This information was used by this examiner as the basis for evaluating for Hypomanic or Manic Episodes. At no point, did the informants provide any direct ratings for the diagnosis of Hypomanic Episode. [73]

2. Evaluation for Cyclothymic Disorder:

Although Mr. Moreno Ramos may be considered by some diagnosticians to be suffering from DSM-IV-TR Cyclothymic Disorder given the evidence for executive dysfunction, the possibility of a history of brain trauma and the evidence for psychotic states, I conclude that presently Mr. Moreno Ramos can not qualify for Cyclothymic Disorder. [74]

3. Evaluation for Major Depressive Episode.

According to DSM-IV-TR the diagnostic criteria for a Major Depressive Episode can be summarized as provided in table 14. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 -18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. The fourth bracket stands for the standard DSM-IV-TR rating. Mr. Moreno Ramos does not qualify for a history of DSM-IV-TR Major Depressive Episode. However, further in-depth evaluation may reveal that Mr. Moreno Ramos has suffered from one or more Major Depressive Episodes in the past. [75]

TABLE14. DSM-IV-TR CRITERIA FOR MAJOR DEPRESSIVE EPISODE.

According to DSM-IV-TR, the criteria for Major Depressive Episode is (The + sign denotes that the criterion is met, whereas a - sign means that the defendant did not qualify for that criterion. If there is insufficient information to make a decision regarding a criterion this is designated with the letter I. NA means that the rating of an item is not applicable for the defendant).

A. **Five (or more)** of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

1. depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood [+, 1], [+, 1], [+, 1], [+, 1].
2. markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others) [-, 0], [-, 0], [-, 0], [-, 0].
3. significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains [+, 2], [+, 2], [+, 2], [+, 2],.
4. insomnia or hypersomnia nearly every day[-/+,L, I, NA].
5. psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed

down) [+, 2}, [+, 2], [+, 2], [+, 2].
6. fatigue or loss of energy nearly every day [-, 0], [-, 0], [-, 0], [-, 0].
7. feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick) [I, 1], [+, 1], [+, 1], [+, 1].
8. diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others) [I, 1], [+, 1], [+, 1], [+, 1].
9. recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide [-, 0], [-, 0], [-, 0], [-, 0].

B. The symptoms do not meet criteria for a Mixed Episode (See linked section) {+, 2}, [+, 2], [+, 2], [+, 2].
C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning [+, 2}, [+, 2], [+, 2], [+, 2].
D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g. hypothyroidism) [+, 2}, [+, 2], [+, 2], [+, 2].
E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation [+, 2}, [+, 2], [+, 2], [+, 2], [76]

4. Evaluation for Dysthymic Disorder:

According to DSM-IV-TR the diagnostic criteria for a Major Depressive Episode can be summarized as provided in table 15. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 - 18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. The fourth bracket stands for the standard DSM-IV-TR rating. While there is evidence that Mr. Moreno Ramos may suffer at time from low self esteem and clear problems with concentration, there is no clear evidence that he suffers from these symptoms because of an associated depressive mood. Therefore, Mr. Moreno Ramos does not qualify for DSM-IV-TR Dysthymic Disorder or a similar depressive disorder. See table 15. [77]

TABLE 15. DSM-IV-TR DIAGNOSTIC CRITERIA FOR DYSTHYMIC DISORDER

A. Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least 2 years. Note: In children and adolescents, mood can be irritable and duration must be at least 1 year.

B. Presence, while depressed, of **two (or more)** of the following:
1. poor appetite or overeating [-, 0], [-, 0], [-, 0], [-, 0].
2. insomnia or hypersomnia [-, 0], [-, 0], [-, 0], [-, 0].
3. low energy or fatigue [-, 0], [-, 0], [-, 0], [-, 0].
4. low self-esteem [I, I], [I, I], [I, I], [I, I].
5. poor concentration or difficulty making decisions [I, I], [I, I], [I, I], [I, I].
6. feelings of hopelessness [-, 0], [-, 0], [-, 0], [-, 0].

C. During the 2-year period (1 year for children or adolescents) of the disturbance, the person has never been without the symptoms in Criteria A and B for more than 2 months at a time [NA, NA], [NA, NA], [NA, NA], [NA, NA].

D. No Major Depressive Episode (See linked section) has been present during the first 2 years of the disturbance (1 year for children and adolescents); i.e., the disturbance is not better accounted for by chronic Major Depressive Disorder, or Major Depressive Disorder, In Partial Remission.
Note: There may have been a previous Major Depressive Episode provided there was a full remission (no significant signs or symptoms for 2 months) before development of the Dysthymic Disorder. In addition, after the initial 2 years (1 year in children or adolescents) of Dysthymic Disorder, there may be superimposed episodes of Major Depressive Disorder, in which case both diagnoses may be given when the criteria are met for a Major Depressive Episode [NA, NA], [NA, NA], [NA, NA], [NA, NA].

E. There has never been a Manic Episode (See linked section), a Mixed Episode (See linked section), or a Hypomanic Episode (See linked section), and criteria have never been met for Cyclothymic Disorder [NA, NA], [NA, NA], [NA, NA], [NA, NA].

F. The disturbance does not occur exclusively during the course of a chronic Psychotic Disorder, such as Schizophrenia or Delusional Disorder [NA, NA], [NA, NA], [NA, NA], [NA, NA].

G. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism) [NA, NA], [NA, NA], [NA, NA], [NA, NA].

H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning [NA, NA], [NA, NA], [NA, NA], [NA, NA].

Specify if:
Early Onset: if onset is before age 21 years
Late Onset: if onset is age 21 years or older
Specify (for most recent 2 years of Dysthymic Disorder):
With Atypical Features (See linked section). [78]

Appendix 8. Evaluation for Psychotic Disorders:

As previously stated, there is evidence for a psychotic component in Mr. Moreno Ramos' case. This evidence originates from his grandiose cognitions, which intermittently penetrate into the delusional range. Also, during my interviews with him, he presented with evidence of poor reality testing when I asked him about situations that clearly required such abilities. These problems are highlighted by his tendency to ignore or rationalize his unusual behaviors, such as his marriage to his third wife several days after his first wife and children had died. Mr. Moreno Ramos

also acknowledged knowing that his wife and children had died at around the time that they expected to have died. His levels of rationalization and denial concerning these events are highly concrete and more consistent with what I would expect in individuals suffering from Psychotic Disorders or Cognitive Disorders. Another example is his report of having married his second wife while he was still married to Leticia. In such a situation he proceeded attempt to explain that Leticia, his wife, a person that was well known for her jealousy, in a rather perverse way encouraged him to become sexually intimate with other women. This in my opinion represents a very unlikely scenario. [79]

Given Mr. Moreno Ramos' reality testing, I formally considered Schizophrenia as a prototypical Psychotic Disorder. The + signs denote that a criterion is met, - if it is not met, NA if criterion is not applicable and I if there is insufficient information to consider the criterion. See table 16. As previously stated, Mr. Moreno Ramos presents with a history of episodes that are associated with grandiose delusional thinking. These may or may not last up to 1 month. In essence, Mr. Moreno Ramos does not qualify for Schizophrenia. However, as previously stated in my analysis of Bipolar Disorders, it is possible that Mr. Moreno Ramos may have experienced Manic episodes associated with Mania or for a lifetime history of a Psychotic Disorder. [80]

TABLE16. DSM-IV-TR DIAGNOSTIC CRITERIA FOR SCHIZOPHRENIA.

A. Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

1. delusions [I, I], +, 1][+, 1], [+, 1]
2. hallucinations [I, I], [I, I], [I, I], [I, I]
3. disorganized speech (e.g., frequent derailment or incoherence) [I, I], [I, I], [-, 1], [-, 1]
4. grossly disorganized or catatonic behavior [I, I], [I, I], [I, I], [I, I]
5. negative symptoms, i.e., affective flattening, alogia, or avolition [I, I], [I, I], [-, 0], [-, 1]

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.

B. Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement [I, I], +, 1][+, 1], [+, 1].

C. Duration: Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences [I, I], +, 1][+, 1], [+, 1].

D. Schizoaffective and Mood Disorder exclusion: Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out because either (1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms; or (2) if mood episodes have occurred during active-phase symptoms, their total duration has

been brief relative to the duration of the active and residual periods [I, I], +, 1], [+, 2], [+, 2].

E. Substance/general medical condition exclusion: The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition [I, I], -, 1][-, 1], [-, 1].

F. Relationship to a Pervasive Developmental Disorder: If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated) [I, I], +, 2][+, 2], [+, 2].

Classification of longitudinal course (can be applied only after at least 1 year has elapsed since the initial onset of active-phase symptoms): [I, I], [I, I], [I, I], [I, I]

Episodic With Interepisode Residual Symptoms (episodes are defined by the reemergence of prominent psychotic symptoms); also specify if: With Prominent Negative Symptoms

Episodic With No Interepisode Residual Symptoms

Continuous (prominent psychotic symptoms are present throughout the period of observation); also specify if: With Prominent Negative Symptoms

Single Episode In Partial Remission; also specify if: With Prominent Negative Symptoms

Single Episode In Full Remission

Other or Unspecified Pattern. [81]

Appendix 9. Evaluation for Neuropsychiatric Developmental Disorders:

Three neuropsychiatric developmental disorders were formally considered. The results for ADHD are shown in table 17 and are consistent with ADHD Not Otherwise Specified. Mental Retardation was considered elsewhere in this report. Asperger's Disordered was also considered but my exploration for this Disorder was negative. See table 18 for more details. [82]

1. Evaluation for Attention Deficit and Hyperactivity Disorder ADHD:

Attention Deficit and Hyperactivity Disorder (ADHD) was formally explored. According to DSM-IV-TR, the diagnostic criteria for ADHD are provided in table 17. The + signs denote that a criterion is met, - if it is not met, NA if criterion is not applicable and I if there is insufficient information to consider the criterion. I have also used a graded rating system where 2 denotes that the criterion is fulfilled, 0 if the criterion is not met and 1 if some evidence for the criterion is present. The first, second, third and fourth bracketed signs refer to the childhood, adolescence, adult and the standard DSM-IV-TR rating respectively. The most relevant informants with regard to ADHD were Mr. Moreno Ramos' mother, Ms. Natividad Sarabia, sister of Mr. Moreno Ramos and Mr. Moreno Ramos' himself. Essentially Mr. Moreno Ramos presents with many lifetime indicators for ADHD. Also, Mr. Moreno Ramos' sister, Ms. Natividad Sarabia also rated him via the CAARS-O: L), an observer rated instrument for ADHD, and the results are suggestive of ADHD

psychopathology. It should also be stressed that differentiating ADHD from a Bipolar Disorder is a challenging problem, primarily because both Mental Disorders share many symptoms. However, the available evidence indicates that Mr. Moreno Ramos has a long history of suffering from grandiose cognition (nondelusional and delusional) coupled with other evidence of poor reality testing, difficulties with organizing his thoughts, impaired insight and hypersexuality. Deficits in executive functioning may also be present in Bipolar Disorder. In conclusion the current evidence supports a diagnosis of Bipolar Disorder rather than ADHD. [83]

TABLE 17. DSM-IV-TR CRITERIA FOR ATTENTION/DEFFICIT AND HYPERACTIVITY DISORDER (ADHD).

A. Either (1) or (2):

(1) **Six (or more)** of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

(a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities [+, 1],[+, 1], [+, 1], [+, 1].
(b) often has difficulty sustaining attention in tasks or play activities [+, 2], [+, 2], [+, 2], [+, 2].
(c) often does not seem to listen when spoken directly [I, I] [I, I], [I, I], [I, I].
(d) often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions) [+, 2], [+, 2], [+, 2], [+, 2].
(e) often has difficulty organizing tasks and activities [I, I] [I, I], [I, I], [I, I].
(f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework) [+, 1] [+, 2], [+, 2], [+, 2].
(g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools) [I, I], [I, I], [-, 0], [-, 0].
(h) is often easily distracted by extraneous stimuli [I, I] [I, I], [I, I], [I, I].
(i) is often forgetful in daily activities [+, 1], [+, 1], [I, I], [I, I].

(2) Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

(a) often fidgets with hands or feet or squirms in seat [+, 2],[+, 2], [+, 1], [+, 1].
(b) often leaves seat in classroom or in other situations in which remaining seated is expected [-, 0], [-, 0], [-, 0], [-, 0].
(c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness) [+, 1], [+, 1], [+, 1], [+, 1].
(d) often has difficulty playing or engaging in leisure activities quietly [-, 0], [-, 0], [-, 0], [-, 0].
(e) is often "on the go" or often acts as if "driven by a motor" [+, 2], [+, 2], [+, 2], [+, 2].
(f) often talks excessively [+, 1], [+, 1], [+, 1], [+, 1].

Impulsivity

(g) often blurts out answers before questions have been completed [I, I], [I, I], [I, I], [I, I].
(h) often has difficulty awaiting turn [I,I], [I, I], [-, 0], [-, 0].
(i) often interrupts or intrudes on others (e.g., butts into conversations or games) [I, I], [I, I], [I, I], [I, I].

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years [+, 2], [+, 2], [+, 2], [+, 2].

C. Some impairment from the symptoms is present in two or more settings (e.g., **at school** [or work] and at **home**) [+, 1][+, 1], [+, 1], [+, 1].

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning [+, 2], [+, 2], [+, 2], [+, 2]

E. The symptoms do not occur exclusively during the course of Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, or Dissociative Disorder, or a Personality Disorder) [-, 1], [-, 1], [-, 1], [-, 1].

Code based on type [deferred]:

Attention-Deficit/Hyperactivity Disorder, Combined Type: If both Criteria A1and A2 are met for the past six months
Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: If criterion A1 is met but Criterion A2 is not met for the past 6 months.
Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: if criterion A2 is met but Criterion A1 is not met for the past 6 months.

Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "in partial Remission" should be specified. [84]

2. Evaluation for Asperger's Disorder:

My general impression has been that it is unlikely that Mr. Moreno Ramos suffers from high functioning autistic psychopathology. As previously stated, Mr. Moreno Ramos suffers from some Schizoid Personality psychopathology. Because Asperger's Disorder psychopathology frequently co-occurs with Schizoid Personality Disorder psychopathology, I have formally considered the possibility that Mr. Moreno Ramos may be suffering from mild autistic psychopathology. The DSM-IV-TR diagnostic criteria for Asperger's Disorder are presented in table 18. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 -18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. The fourth bracket stands for the standard DSM-IV-TR rating. As can be see from table 18, Mr. Moreno Ramos does not come close to meeting criteria for Asperger's Disorder. Nonetheless there are some elements suggestive of this type of psychopathology. [85]

TABLE 18. DSM-IV-TR CRITERIA FOR ASPERGER'S DISORDER.

A. Qualitative impairment in social interaction, as manifested by at least two of the following :

1. marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction [-, 0], [-, 0], [-, 0], [-, 0].
2. failure to develop peer relationships appropriate to developmental level [I, I], [-, 1], [-, 1], [-, 1].
3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people) [-, 0], [-, 0], [-, 0], [-, 0].
4. lack of social or emotional reciprocity [I, I], [-, 1], [-, 1], [-, 1].

B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus [I, I], [-, 0], [-, 0], [-, 0].
2. apparently inflexible adherence to specific, nonfunctional routines or rituals [I, I], [I, I], [I, I], [I, I].
3. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements) [-, 0], [-, 0], [-, 0], [-, 0].
4. persistent preoccupation with parts of objects [-, 0], [-, 0], [-, 0], [-, 0].

C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning [NA, NA], [NA, NA], [NA, NA], [NA, NA].

D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years) [NA, NA], [NA, NA], [NA, NA], [NA, NA].

E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction), and curiosity about the environment in childhood[NA, NA], [NA, NA], [NA, NA], [NA, NA].

F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia [NA, NA], [NA,NA], [NA,NA], [NA,NA] [86]

Appendix 10. Evaluation for Posttraumatic Stress Disorder:

According to DSM-IV-TR the diagnostic criteria for a Posttraumatic Stress Disorder (PTSD) is provided in table 19. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 -18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. The fourth bracket stands for the standard DSM-

IV-TR rating. As it can be seen from table 8, Mr. Moreno Ramos does not qualify for PTSD or for an Anxiety Disorder Not Otherwise Specified, with PTSD features. [87]

TABLE 19. DSM-IV-TR DIAGNOSTIC CRITERIA FOR PTSD.

A. The person has been exposed to a traumatic event in which both of the following were present:

1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others [+, 2], [+, 1], [I, I], [+, 2].
2. the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways [I, I], I, I], [I, I], [I,I]:

1. recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2. recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
3. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.
4. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
5. physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following [I, I], I, I], [I, I], [I,I]:

1. efforts to avoid thoughts, feelings, or conversations associated with the trauma.
(2). Efforts to avoid activities, places, or people that arouse recollections of the trauma.
(3). Inability to recall an important aspect of the trauma.

(4). Markedly diminished interest or participation in significant activities.

(5). Feeling of detachment or estrangement from others.
(6). Restricted range of affect (e.g. unable to have loving feelings).

(7). Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two) or more) of the following [I, I], I, I], [I, I], [I,I]:

(1). Difficulty falling asleep or staying asleep.
(2). Irritability or outbursts of anger.
(3). Difficulty concentrating.
(4). Hypervigilance [-],[-], [-] [-].
(5). Exaggerated startle response.

Duration of the disturbance symptoms in criteria B,C and D) is more than one month.

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months.
Chronic: if duration of symptoms is 3 months or more

Specify if:

With Delayed Onset: if onset of symptoms is at least 6 months after the stressor [-]. [88]

Appendix 11. Evaluation for Personality Disorders Except Antisocial Personality Disorder:

1. Evaluation for Borderline Personality Disorder:

Mr. Moreno Ramos presented with a history of psychopathology suggestive of Borderline Personality Disorder traits. Therefore I formally considered that Mr. Moreno Ramos may be suffering from Borderline Personality Disorder. I rated Mr. Moreno Ramos by using DSM-IV-TR's binary method (i.e. the trait is either present or absent. In table 20, the + signs denote that a criterion is met, - if it is not met, NA if criterion is not applicable and I if there is insufficient information to consider the criterion. I have also used a graded rating system where 2 denotes that the criterion is fulfilled, 0 if the criterion is not met and 1 if some evidence for the criterion is present. The first, second, third and fourth bracketed signs refer to the childhood, adolescence, adult and the standard DSM-IV-TR rating respectively. Mr. Moreno Ramos qualified for four Borderline Personality Disorder traits. He did not qualify for Borderline Personality Disorder traits. Moreover it should also be noted that Mr. Moreno Ramos Borderline Personality Disorder traits may be more indicative of his Bipolar Disorder and not Borderline Personality Disorder per se. [89]

TABLE 20. DSM-IV-TR DIAGNOSTIC CRITERIA FOR BORDERLINE PERSONALITY DISORDER.

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by **five (or more)** of the following:

1. frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5 [-, 0], [-, 0], [-, 0], [-, 0].
2. a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation [+, 1], [+, 1], [+, 1], [+, 1].
3. identity disturbance: markedly and persistently unstable self-image or sense of self [-, 1], [-, 1], [-, 1], [-, 1].
4. impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5 [I, I], [-, 1], [-, 1], [-, 1].
5. recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior [-, 0], [-, 0], [-, 0], [-, 0].
6. affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days) [+, 1], [+, 1], [+, 1], [+, 1].
7. chronic feelings of emptiness [-, 0], [-, 0], [-, 0], [-. 0].
8. inappropriate, intense anger or difficulty controlling anger (e.g., frequent

displays of temper, constant anger, recurrent physical fights) [+, 2], [+, 2], [+, 2], [+, 2].
9. transient, stress-related paranoid ideation or severe dissociative symptoms[I, 1], [I, I], [I, I], [I, I]. [I, I]. [90]

2. Evaluation for Narcissistic Personality Disorder:

The DSM-IV-TR diagnostic criteria for Narcissistic Personality Disorder are presented in table 21. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 -18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. The fourth bracket stands for the standard DSM-IV-TR rating. Although Mr. Moreno Ramos does not qualify for Narcissistic Personality Disorder he has substantial psychopathology suggestive of Narcissistic Personality psychopathology traits. However, I am also of the opinion that his apparent Narcissistic Personality traits are a function of his Bipolar Disorder. [91]

TABLE 21. DSM-IV-TR CRITERIA FOR NARCISSISTIC PERSONALITY DISORDER

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts,
As indicated by **five (or more)** of the following:

1. has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements) [+, 1], [+,1], [+, 2], [+, 2].
2. is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love [+, 1], [+, 1], [+, 1], [+, 1].
3. believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions) [-, 0], [-, 0], [-, 0], [-, 0].
4. requires excessive admiration [+, 1], [+, 1], [+, 1], [+, 1].
5. has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations [I,I], [I,I], [I,I], [I,I].
6. is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends [-, 0], [I, I], [I, I], [I, I].
7. lacks empathy: is unwilling to recognize or identify with the feelings and needs of others [I, I], [-, 1], [-, 1], [-, 1].
8. is often envious of others or believes that others are envious of him or her [I, I], [I, I], [I, I], [I, I].
9. shows arrogant, haughty behaviors or attitudes [I, I], [+, 1], [+, 1], [+, 1]. [92]

3. Evaluation for Schizoid Personality Disorder:

According to DSM-IV-TR the diagnostic criteria for Schizoid Personality Disorder can be summarized as provided in table 22. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is

not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 - 18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. The fourth bracket stands for the standard DSM-IV-TR rating. The results show that Mr. Moreno Ramos meets criteria for one Schizoid Personality Disorder trait. [93]

TABLE 22. DSM-IV-TR DIAGNOSTIC CRITERIA FOR SCHIZOID PERSONALITY DISORDER

A. A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. neither desires nor enjoys close relationships, including being part of a family [I, I], [-, 0], [-, 1], [-, 1].
2. almost always chooses solitary activities[I, I],[-, 1], [-, 1],[-, 1].
3. has little, if any, interest in having sexual experiences with another person
4. takes pleasure in few, if any, activities [I, I], [-, 0], [-, 0], [-, 0].
5. lacks close friends or confidants other than first-degree relatives [I, I], [-, 0], [-, 0], [-, 0].
6. appears indifferent to the praise or criticism of others [-, 1], [-, 1], [-, 1], [-, 1].
7. shows emotional coldness, **detachment**, or flattened affectivity[-, 1], [+, 1], [+, 1], [+, 1].

B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder with Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder and is not due to the direct physiological effects of a general medical condition [I, I],[-, 1],[-, 0],[-, 0].

Note: If criteria are met prior to the onset of Schizophrenia, add "Premorbid," e.g., "Schizoid Personality Disorder (Premorbid)." [94]

4. Evaluation for Schizotypal Personality Disorder

The diagnostic criteria for a Shizotypal Personality Disorder are provided in table 23. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 -18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. The fourth bracket stands for the standard DSM-IV-TR rating. Mr. Moreno Ramos almost qualified for Schizotypal Personality Disorder. Although Mr. Moreno

Ramos does not meet criteria for this Disorder, he qualifies for four of the five necessary number of traits. This is not a surprising finding, given the earlier finding of a recurrent psychotic component in Mr. Moreno Ramos. [95]

TABLE 23. DSM-IV-TR DIAGNOSTIC CRITERIA FOR SCHIZOTYPAL PERSONALITY DISORDER

A. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. ideas of reference (excluding delusions of reference) [I, I], [-, 0], [-, 0], [-, 0].
2. odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations) [I, I], [I, I], [I, I], [I, I].
3. unusual perceptual experiences, including bodily illusions [I, I], [I, I], [I, I], [I, I].
4. odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped) [-, 1], [+, 1], [+, 1], [+, 1].
5. suspiciousness or paranoid ideation [-, 0], [I, I], [+, 1], [+, 1].
6. inappropriate or constricted affect [-, 1], [+, 1], [-, 1], [+, 1].
7. behavior or appearance that is odd, eccentric, or peculiar [-, 0], [-, 1], [+, 1], [+, 1].
8. lacks close friends or confidants other than first-degree relatives [I, I], [-, 0], [-, 0], [-, 0].
9. excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self [I, I], [I, I], [I, I], [I, I].

B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, another Psychotic Disorder, or a Pervasive Developmental Disorder [I, I], [-, 1], [-, 0], [-, 0].

Note: If criteria are met prior to the onset of Schizophrenia, add "Premorbid," e.g. [96]

5. Evaluation for DSM-IV-TR Paranoid Personality Disorder:

The DSM-IV-TR the diagnostic criteria for Paranoid Personality Disorder is presented in table 24. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The first bracket corresponds to a rating for the childhood period (approximately birth to age 12 years. The second bracket stands for about age 13 -18, the adolescence period. The third bracket is a rating for the adulthood period, approximately age 19 and above. The fourth bracket stands for the standard DSM-IV-TR rating. Mr. Moreno Ramos did not qualify for Paranoid Personality Disorder. [97]

TABLE 24. DSM-IV-TR DIAGNOSTIC CRITERIA FOR PARANOID PERSONALITY DISORDER.

A.-A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her [-, 0], [-, 0], [-, 1], [-, 1].
2. Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates [I, I], [-, 0], [-, 0], [-, 0].
3. is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her [I, I], [-, 1], [-, 1], [-, 1].
4. reads hidden demeaning or threatening meanings into benign remarks or events [I, I], [I, I], [I, I], [I, I].
5. persistently bears grudges, [i.e., is unforgiving of insults, injuries, or slights [I, I], [I, I], [-, 0], [-, 0].
6. perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack.
7. has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner [NA, NA], [NA, NA], [-, 0], [-, 0].

B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, or another Psychotic Disorder and is not due to the direct physiological effects of a general medical condition [+, 2], [+, 2], [+, 2], [+, 2].

Note: If criteria are met prior to the onset of Schizophrenia, add "Premorbid," e.g., "Paranoid Personality Disorder (Premorbid)." [98]

Appendix 12. Evaluation for Antisocial Personality Disorder and Related Disorders:

1. Evaluation for Oppositional Defiant Disorder:

The DSM-IV-TR diagnostic criteria for Oppositional Defiant Disorder are presented in table 25. The + sign represents a positive endorsement for a criterion. The negative sign means that the criterion is not met. The capital letter I means that there is insufficient information to make a rating NA stands for a rating not being applicable for the current situation. In addition, I employed a Likert-like rating system where 2 equals the criterion is met, zero if the criterion is met and 1, if there are noteworthy elements that fulfill the criterion. The rating corresponds to the childhood period. Although there are sufficient criteria for Oppositional Defiant Disorder, Mr. Moreno Ramos does not qualify for a childhood history of this Disorder because he was also suffering from Bipolar Disorder since childhood. [99]

TABLE 25. DSM-IV-TR CRITERIA FOR OPPOSITIONAL DEFIANT DISORDER.

"A. A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which **four (or more)** of the following are present:
(1) often loses temper [+].
(2). often argues with adults [I].
(3). often actively defies or refuses to comply with adults' requests for rules [I].
(4). often deliberately annoys people [+].
(5). often blames others for his or her mistakes or misbehavior [-].
(6). is often touchy or easily annoyed by others [+].
(7). Is often angry and resentful [+].
(8). Is often spiteful or vindictive [-].

Note: Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning [NA].

C. The behaviors do not occur exclusively during the course of a Psychotic or Mood disorder [NA].

D. Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder" [NA]. [100]

2. Evaluation for Conduct Disorder:

This examiner also considered that Mr. Moreno Ramos might have suffered from Conduct Disorder earlier in his lifetime. Conduct Disorder is a mental illness that may be found in very young people who display a pattern of chronic antisocial behaviors. The criteria for DSM-IV-TR (pp. 98-99) Conduct Disorder are as given in table 26. The + signs denote that the criterion is met by Mr. Moreno Ramos and the – sign indicates that Mr. Moreno Ramos did not fulfill requirements for that criterion. NA means that for the index case consideration of the item is not applicable while the capital letter I means that there was insufficient information to consider the criterion. There is insufficient history to diagnose Mr. Moreno Ramos as having suffered from Conduct Disorder. The difficulties that he experienced initially after immigrating to the United States are partially explained as an Acculturation Problem. However, part of the reason why he engaged in antisocial activities during adolescence can be traced to his Bipolar Disorder. Given the available information Mr. Moreno Ramos has never suffered from DSM-IV-TR Conduct Disorder. [101]

TABLE 26. DSM-IV-TR CRITERIA FOR CONDUCT DISORDER

"A. A repetitive and persistent pattern of behavior in which the basic rights of others or a major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past six months []:

Aggression to people and animals

(1) often bullies, threatens, or intimidates others [-], [-], [-], [-].
(2) often initiates physical fights [+], [+], [+], [+].
(3) has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun) [-], [+], [-], [-].
(4) has been physically cruel to people [-], [I], [I].
(5) has been physically cruel to animals [-], [-], [-].
(6) has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery [-], [-], [-].
(7). Has forced someone into sexual activity [-], [I], [-], [-].

Destruction of Property

(8). Has deliberately engaged in fire setting with the intention of causing serious damage [-, 0], [-, 0], [-, 0], [-, 0].

(9). Has deliberately destroyed others' property (other than by fire setting) [-, 0], [-, 0], [-, 0], [-, 0].

Deceitfulness or theft

(10). Has broken into someone else's house, building or car [-], [-], [-], [-].
(11). Often lies to obtains goods or favors or to avoid obligations (i.e., "cons" others) [-], [I], [I], [I].

(12). Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery) [-], [I], [I], [I].

Serious violations of rules

(13). Often stays out at night despite parental prohibitions, before age 13 years [-], [-], [-], [-].
(14). Has run away from home at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period) [-, 0], [-, 0], [-, 0], [-, 0].
(15). Is often truant from school, beginning before age 13 years [I], [I], [I], [I].

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning [NA].

C. If the individual is 18 years or older, criteria are not met for antisocial personality disorder [NA].

Code based on age at onset [NA]:

Conduct Disorder, Childhood-Onset Type: onset of at least one Criterion characteristic of Conduct Disorder prior to age 10 years [NA].

312.82 Conduct Disorder, Adolescent-Onset Type: absence of any criteria characteristic of Conduct Disorder prior to age 10 years [NA].

312.89 Conduct Disorder, Unspecified Onset: age at onset is not known [NA].

Specify severity:

Mild: few if any conduct problems in excess of those required to make the diagnosis and conduct problems cause only minor harm to others.
Moderate: number of conduct problems and effect on others intermediate between "mild" and "severe".
Severe: many conduct problems in excess of those required to make the diagnosis or conduct problems cause considerable harm to others". [102]

3. Evaluation for Antisocial Personality Disorder:

This examiner also considered the possibility that Mr. Moreno Ramos is presently suffering from DSM-IV-TR Antisocial Personality Disorder. The DSM-IV-TR (page 706) criteria for Antisocial Personality Disorder (301.7) is listed in table 27 (the + signs denote that the criterion is met by him and the – sign indicates that the defendant did not fulfill requirements for that criterion. NA means that for the index case consideration of the item is not applicable while I means that there was insufficient information to consider the criterion). Essentially, the available information does not suggest a DSM-IV-TR diagnosis of Antisocial Personality Disorder. The results of the SCID-II are consistent with this impression. [103]

Given that the Mr. Moreno Ramos has a history of antisocial behaviors, this examiner formally considered that Mr. Moreno Ramos may be currently suffering from an Antisocial Personality Disorder. The results of my exploration did not reveal sufficient information consistent with the above mentioned three disorders. See appendix 12 for more details. 1) One of the most important reasons why Mr. Moreno Ramos can not be diagnosed with an Antisocial Personality Disorder is because much of his antisocial behavior can be traced to the Bipolar Disorder construct, especially with regard to his mood lability associated with mania. Moreover, the nature of his spectrum of hypomanic/hypomanic-like states makes the consideration of Antisocial Personality highly problematic. 2) As stated in DSM-IV-TR, the diagnosis of Antisocial Personality and related precursors must take into account the individual in the context of his or her familial, social and cultural environments from a life-span as well as an intergenerational perspective. The

results of the social history of Mr. Moreno Ramos by Dr. Richard Cervantes are consistent with this view. [104]

Dr. Cervantes has analyzed Mr. Moreno Ramos' life trajectory from these perspectives. He points out that Mr. Moreno Ramos antisocial activities are inextricably linked to the intergenerational cycle of violence that can be traced at least since Mr. Moreno Ramos' paternal grandmother, who had been markedly abusive to Mr. Moreno Ramos father. As Dr Cervantes stated "Pedro Ramos, father of Roberto, continued the cycle of violence into the next generation (doc.15, pp. 6)." In situations where the familial, social, and cultural milieus are likely to be strongly predispose offspring to behave antisocially, the clinician must exercise great caution about diagnosing Antisocial Personality Disorder or related constructs such as Conduct Disorder, psychopathy and Oppositional Defiant Disorder. Therefore, I am in agreement with Dr. Cervantes' view that psychosociocultural, life-span and intergenerational factors related to Mr. Moreno Ramos' life trajectory, do not support a diagnosis such as Conduct Disorder. For similar reasons, Mr. Moreno Ramos does not qualify for Antisocial Personality Disorder (io.16). See appendix 12 for more details related to this analysis. [105]

TABLE 27. DSM-IV-TR CRITERIA FOR ANTISOCIAL PERSONALITY DISORDER.

"A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:

(1). failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest [-].
(2). deceitfulness, as indicated by repeated lying, use of aliases, or conning others for profit or pleasure [-].
(3). impulsivity or failure to plan ahead [-].
(4). irritability and aggressiveness, as indicated by repeated physical fights or assaults [-].
(5). reckless disregard for safety of self or others [-].
(6). consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations [-].
(7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another[-].

B. The individual is at least age 18 years [NA].

C. There is evidence of Conduct Disorder (see page 98[of DSM-IV-TR]) with onset before 15 years [NA].

D. The occurrence of antisocial behavior is not exclusive during the course of Schizophrenia or a Manic Episode. [NA]" [106]

Appendix 13. Evaluation for Malingering:

According to DSM-IV-TR, "Malingering should be strongly suspected if any combination of four items is noted (pp. 739). See table 28. The + signs denote that a criterion is met, - if it is not met, NA if criterion is not applicable and I if there is insufficient information to consider the criterion. [107]

TABLE 28. DSM- TABLE IV-TR CRITERIA FOR CONSIDERING MALINGERING

"1. Medico-legal context of presentation (e.g., the person is referred by an attorney to the clinician for examination)[+].
2. Marked discrepancy between the person's claimed stress or disability and the objective findings [-].
3. Lack of cooperation during the diagnostic evaluation and in complying with the prescribed treatment regimen [-].
4. The presence of Antisocial Personality Disorder [-]". [108]

In the case of Mr. Moreno Ramos, item 1 applies to him because he was evaluated in a psychiatric-legal context. With regard to item 2, his history was overall internally consistent. Independent sources of information often were not consistent with his history because he tended to minimize or deny his psychopathology. Therefore, this inconsistency was in the opposite direction than would be expected of Malingering. In regard to item 3, he was superficially cooperative in providing his history. However, I am of the opinion that he was consciously uncooperative in that he consistently tried to appear more mentally healthy than is objectively true. Therefore this item was scored negative. As previously stated, the defendant does not qualify for Antisocial Personality Disorder. Therefore, he does not qualify for item 4. [109]

In conclusion, from a DSM-IV-TR perspective, Mr. Moreno Ramos is a person that carries a low index of suspicion regarding malingering. The scores of both the M-FAST and the SIRS are consistent with the above DSM-IV-TR analysis on Malingering in that they clearly are not suggestive of Malingering. However, Mr. Moreno Ramos is at somer risk for under-reporting his psychopathology because he is very much interested in appearing to be normal. [110]

Appendix 14. Cultural Formulation:

The cultural formulation of DSM-IV-TR is composed of five categories that are considered in order to "...assist the clinician in systematically evaluating and reporting the impact of the individual's cultural context (DSM-IV-TR, pages 843-844). [111]

Cultural Identity of the Individual.

A. *Cultural Reference Groups*. Mr. Moreno Ramos' stated that his father and grandparents were culturally Mexican. They were born and raised in Mexico. Mr. Moreno Ramos' mother stated that she was born in Zacatecas, Mexico and raised in Aguascalientes, Mexico. Most of Mr. Moreno Ramos' social networks have been of Mexican/other Latin-American origin. His first wife was a woman of cultural Guatemalan heritage. [112]

Mr. Moreno Ramos stated that his second wife was from Mexico. Mr. Moreno Ramos stated that his third wife was also from Mexico. Mr. Moreno Ramos lived the first 16 years of his life in Mexico. All of this information indicates that his cultural identity is robustly Latin-American and mostly Mexican. [113]

B. *Language*. Mr. Moreno Ramos' native language is Spanish and during the first 16 years of his life, while he lived in Mexico, he only spoke Spanish. He

formally began to learn English at age 16, when he immigrated with his family to the United States. Mr. Moreno Ramos consistently stated that he used Spanish far more frequently than English. [114]

Mr. Moreno Ramos said that he feels comfortable speaking both Spanish and English. In most of the homes where he lived, Spanish was the primary language. With his wives, he spoke mostly Spanish. In Mexico he spoke Spanish, his native language. At work he spoke both English and Spanish. [115]

C. *Cultural Factors in Development*. During his childhood and early adolescence he was raised in large Mexican metropolitan centers. As an adult he has lived in the United States. Mr. Moreno Ramos stated that he tended to become involved in fights while he lived in Mexico. He said that although he may have been involved in as many as 100 fights in his lifetime, many of these confrontations were not initiated by him. He also said that although he tended not to start physical fights, he was not the one who would shy away from fights because he was supposed to defend himself, his family or his friends. He said that he never belonged to gangs in part because he never depended in large social groups (id.1; id.2). [116]

Mr. Moreno Ramos said that especially in Mexico, he lived in social milieus where physical fighting was endemic. However, his mother stated that Mr. Moreno Ramos was prone to become involved in physical fights or verbal altercations more than the rest of her children (io.4). Mr. Moreno Ramos' sister Ms. Natividad Sarabia said that her father was an important influence in that he valued physical aggression and he served as a role model for Mr. Moreno Ramos, thereby encouraging Mr. Moreno Ramos to become violent. Ms. Natividad Sarabia, sister of Mr. Moreno Ramos, stated that Mr. Moreno Ramos very much wanted to be liked by his father and that Mr. Moreno Ramos made substantial attempts to emulate him. She said that Mr. Moreno Ramos attempted to be aggressive and to portray a persona of a man who would defend himself and stand for his rights but that their father never considered Mr. Moreno Ramos to be his favorite son (io.1). After Mr. Moreno Ramos settled in Texas, he began to make frequent trips to northern Mexico (id.2). [117]

D. *Involvement with Culture of Origin*. Mr. Moreno Ramos interacted more frequently with people from Mexico or with people in the United States who had a strong affiliation with the Mexican culture or other Latin-American cultures. This process is exemplified by his marriages, all of which involved women of Latin-American background. [118]

E. *Involvement with Host Culture*. The host culture is mainstream American culture. Mr. Moreno Ramos has had moderate to substantial involvement with members of mainstream United States society at school, at work, in social settings and in the prison system. [119]

Cultural Explanations of the Individual's Illness.

A. *Predominant Idioms of Distress and Local Illness Categories*. Mr. Moreno Ramos did not appear to use Mexican culture bound explanations for psychiatric or non-psychiatric medical problems. Ms. Carmen Ramos, mother of Mr. Moreno Ramos stated that her family never entertained the possibility that Mr. Moreno Ramos had been (*embrujado)* bewitched. She also stated that to her knowledge,

no one in her family had been reported as having been bewitched (id.1; id.2; io.3). [120]

B. *Meaning and Severity of Symptoms in Relation to Cultural Norms.* Although Mr. Moreno Ramos did not make use of culture bound illness categories. He did not view most of his mental symptoms of as indicative of a mental disorder or as indicative of a clinical process. He conceptualized most of his symptoms as part of "problems of life". [121]

C. *Perceived Causes and Explanatory Models.* Mr. Moreno Ramos thought that most of his traumatic childhood experiences were not only expected but natural. Mr. Moreno Ramos has a very rudimentary understanding of mental illness. This dearth of knowledge is due not only to cultural reasons but also to psychiatric and socioeconomic factors. [122]

D. *Help Seeking Experiences and Plans.* He was raised in psychosociocultural and especially familial settings where expressing emotional distress in emotions other than anger was incongruent with his role as a man and with his sense of dignity. In this regard, his father but also the socioeconomic milieus where he was raised were powerful shaping influence in the development of help seeking behaviors and strategies. [123]

Cultural Factors Related to Psychosocial Environment and Levels of Functioning:

A. *Social Stressors.* Most of Mr. Moreno Ramos' stressors currently derive from his legal problems and psychiatric Disorders. [124]

B. *Social Supports.* Prior to his incarceration, his social acquaintances and family were mostly of Latin American origin or background. Currently his main support systems are the attorneys and associated legal staff that are helping him with his legal difficulties and related problems. [125]

C. *Levels of Functioning and Disability.* Mr. Moreno Ramos was able to make some positive inroads in his educational, social and educational life. However his difficult upbringing involving , protracted and intense physical abuse, family instability, difficulties inherent in intercultural transition, issues related to adolescent development including poor educational attainment, , economic difficulties, and especially serious psychopathology, have also resulted in significant social, educational and occupational disability. [126]

Cultural Elements of the Relationship Between the Individual and the Clinician:

Mr. Moreno Ramos' mother stated that they hardly ever were evaluated by a physician while they lived in Mexico. For example, she stated that for her pregnancy care and delivery she relied in the *parteras* (midwives). Essentially, Mr. Moreno Ramos has had limited contact with the health care system. Of some interest is that he once worked in a group home, caring for individuals who suffered from serious mental illness. According to Mr. Jose Sarabia, Mr. Moreno Ramos was appropriate with the group home residents (io.2). Available information, including consideration of his interview behavior during my interviews with him (id.12; id.2), indicates that he should be able to derive benefit from psychotherapeutic interventions provided that these are made from a culturally sensitive perspective. [127]

Overall Cultural Assessment for Diagnosis and Care:

In conclusion, psychosociocultural factors are important in arriving at an optimal diagnostic picture. They may also have an important if not crucial role in explicating the nature of the deaths of his wife and two children. However, adequate exploration of this issue is likely to require consideration of more sources of information than were currently available to this examiner. However, I am also of the opinion that cultural factors intrinsic to the Mexican culture are not likely to explain the conduct involved in the deaths of Mr. Moreno Ramos wife and her children. [128]

In my opinion Mr. Moreno Ramos represents a person who has achieved a moderate level of integration in United States mainstream society. However this was dramatically complicated by his history of relentless physical and psychological abuse as a child and as an adolescent, family instability, as well as relative isolation via cultural, educational and economic barriers and serious psychopathology. Both his psychopathology and his psychosocioculturally based limitations have resulted in significant emotional isolation that culminated in no treatment for his serious mental difficulties. This situation in turn could have helped facilitate the chain of events that led crimes such as those for which Mr. Moreno Ramos was convicted. However, as previously stated, his cultural background in and of itself can not explain the antisocial activities encompassed in the chain of events that culminated in the deaths of his wife and children. [129]

Appendix 15. Evaluation for Assessment of Functioning:

Axis V requires that The Global Assessment of Functioning (GAF) Scale be completed. Therefore a complete multiaxial diagnostic impression using DSM-IV-TR must involve one or several ratings, depending on the individual being diagnosed. From a psychiatric-legal perspective the notion of psychological functioning can be very important depending on the nature of disability and the way in which considering this disability may affect specific psychiatric-legal issues. The actual scale as it appears in DSM-IV-TR is provided in table 29. In the case of Mr. Moreno Ramos, he often functions at the 40-60 range. At the time of the deaths of his two children and wife, he was functioning at the 1-10 range. [130]

TABLE 29.GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF).

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health–illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code
(Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

100
|
91
Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No

symptoms.
90
|
81
Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80
|
71
If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
70
|
61
Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60
|
51
Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
50
|
41
Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40
|
31
Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30
|
21
Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
20
|
11
Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10
|
1
Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
0
Inadequate information." [131]

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CURRICULUM VITA
J. ARTURO SILVA, M.D.

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I. GENERAL INFORMATION

A. Personal Data:

1. Business Address:	P.O. Box 20928, San Jose, California, 95160
2. Telephone:	(408) 927-5941
3. FAX number	(408) 927-5928
4. e-mail Address:	silvapsychcorp@earthlink.net
5. Citizenship Status:	United States
6. Birthplace:	Los Angeles, California
7. Foreign Language Fluency:	Spanish

B. Education:

1. Undergraduate School:	Stanford University, California, 1968-1972, B.S. Biology, 1973.
2. Graduate School:	University of California, San Diego, Biology. Focus: DNA Replication/neurobiology, 1972-1977
3. Medical School:	Stanford University, California, 1977-1981, M.D., 1981
2. Postgraduate Education:	
1. Internship:	Psychiatry and Medicine, Stanford University Hospital, Stanford, California, 1981-1982. 1981
2. Residency:	Psychiatry, Stanford University Hospital, California, 1982-1984.
3. Fellowship:	Individual Development and Social Change, Center for Advanced Study in the Behavioral Sciences, Stanford, California, summer, 1984.
4. Fellowship:	Postdoctoral Scholar, Focus on Cultural Psychiatry, Department of Psychiatry and the Behavioral Sciences, Stanford University, Stanford, California, July, 1984- June, 1985.

5. Fellowship;	Southern California Institute of Law and the Behavioral Sciences, Los Angeles, California, July, 1985- June, 1986.

C. Certifications and Licensure:

1. Licensure:	California, May 25, 1983, Permit G49996, September 30, 1984.
2. Certifications:	A. American Board Of Psychiatry and Neurology (Psychiatry), April 1987, No. 24235. B. American Board of Psychiatry and Neurology (Forensic Psychiatry) April 5. 1998, No. 593.
3. DEA Number:	BS5936010.

D. Honors and Awards:

1. Ford Foundation Fellow, Biology, University of California, San Diego, 1972-1979.
2. Associate Fellow, Chicano Fellows Program, Stanford University, 1978-1979.
3. Fellow, American Academy of Forensic Sciences, 1991-2004.
4. Excellence in Teaching Award, Department of Psychiatry, The University of Texas Health Science Center at San Antonio, 1994-1995.
5. Selected to the Best Doctors in America, Woodward White, 1996-1997.
6. National Alliance For the Mentally Ill (NAMI) Exemplary Psychiatrist Award, 2002.
7. Selected to America's Top Psychiatrists, Consumers' Research Council of America, 2002-2003.

II. CLINICAL EXPERIENCE

A. Current Clinical Appointments/Interests

1. Private Practice: Forensic Psychiatry, San Jose, California, 1998-2003.

2. Psychiatrist, National Center for Posttraumatic Stress Disorder, Menlo Park Division and Outpatient Psychiatry Service, Veterans Affairs Palo Alto Health Care System, Palo Alto, California, 1997-2003.

3. Clinical Interests:	1.Posttraumatic Stress Disorders/ Other Stress Disorders. 2. High Functioning Autism Spectrum Disorders. 3. Adult and Adolescent Attention Deficit Hyperactivity Disorder. 4. Cultural Issues in Psychiatric illness.

B. Outpatient Clinical Experience

1.Psychiatric Physician, Josefa Narvaez Mental Health Clinic, County of Santa Clara, California, 1984-1985.

2. Staff Psychiatrist, Northeast Clinic, Department of Mental Health, County of Los Angeles, California, 1986-1987.

3. Staff Psychiatrist, Emergency Psychiatry Service, Department of Mental Health, County of Los Angeles, California, Los Angeles County-USC Medical Center, 1987-1988.

4. Staff Psychiatrist, West Los Angeles Veterans Administration Medical Center, Emergency Psychiatry Service, 1988-1990.

5. Staff psychiatrist, National Center for Posttraumatic Stress Disorder, Clinical/Education Division, Veterans Affairs Palo Alto Health Care System, Menlo Park Division, 1997-2003.

C. Inpatient Clinical Experience:

1. Staff Psychiatrist, Psychiatric Intensive Care Unit (COPES), West Los Angeles Veterans Administration Medical Center, 1987-1988.

2. Ward Chief, Inpatient General Psychiatric Unit, West Los Angeles Veterans Administration Medical Center, 1990-1991.

3. Staff Psychiatrist, Regional Acute Psychiatric Treatment Unit (RAPT), West Los Angeles Veterans Administration Medical Center, 1991-1992.

4. Staff Psychiatrist, Psychiatry Research Unit, South Texas Veterans Health Care System, Audie L. Murphy Division, San Antonio, Texas, 1992-1997.

D. Forensic Psychiatry Experience

1. Consultations in Cases of National Interest:

1.1. California v. Cary Anthony Stayner (San Jose, California). Consultant to the Superior Court and the defense (triple murder of visitors to Yosemite National Park), 2002.

2. Expert Testimony in Cases of National Interest:

2.1. California v. Cary Anthony Stayner. Testified at trial during guilt phase on July 29, 30, 31 and August 1, 2002. Testified during the penalty phase on October 1 and 2, 2002.

3. Consultations in Other Cases of Notable Interest:

3.1.California v. Martha Cordero. (Los Angeles, California). Consultant to the defense (Young Mexican woman commits neonaticide raising biopsychosociocultural and developmental issues), 1986.

3.2. California v. Gilberto Sanchez. (Los Angeles, California). Consultant to the defense (Young man from El Salvador commits filicide raising biopsychosociocultural and developmental issues), 1989.

3.3. California v. Rodolfo Hernandez (San Jose, California). Consultant to the defense (man with delusional religious misidentification ritually beheads mother and animals), 2003.

3. Psychiatric-Legal Experience:

Over 1100 Psychiatric-Legal Evaluations in Criminal and Civil Cases.
Over 50 Appearances as Psychiatric Expert Witness in Criminal and Civil Cases.

4. Criminal Psychiatric-Legal Issues:

Criminal Competence
Criminal Responsibility
Cultural and Racial Factors
Abnormal Sexual Behaviors
Autism Spectrum Disorders
Attention Deficit and Hyperactivity Disorder
Posttraumatic Stress Disorder/Other Stress Disorders
Violence Secondary to Psychotic Disorders
Sentencing Issues
Workplace Violence

4. Civil Psychiatric-Legal Issues:

Violence Risk Assessment/Duty to warn or Protect
Autism Spectrum Disorders
Cultural and Racial Issues
Competencies and Capacities
Personal Injury
Workplace Aggression
Workers Compensation

5. Consultantships (present and past):

1. Law Office of the Capital Collateral Regional Counsel, Middle Region, State of Florida, 2003-2004.
1. United States District Court, Northern District of California, 2003
2. Agreed Medical Examiner (A.M.E.) in Psychiatry, Workers Compensation, 1987-1991.
3. Juvenile Court of Los Angeles County, 1988-1990.
4. Municipal Court of the City of Los Angeles, 1988-1991.
5. Member, Superior Court of Los Angeles County Panel of Psychiatrists and Psychologists, 1987-1990.
6. Member, Psychiatric Panel, United States District Court, Central District of California, 1988-1990.
7. Consulting Psychiatrist, Sex Offender Commitment Program, California Department of Mental Health, 2000-2002.

8. Member, Panel of Forensic Evaluators of the Superior Court, Santa Clara County, 1998-2004.
9. Member, Panel of Psychiatrists and Psychologists of the Superior Court, Criminal Division, San Mateo County, 1998-2004.
10. Member, Panel of Psychiatrists and Psychologists of the Superior Court, Monterey County, 1999-2003.
11. Consultant, Superior Court of Santa Cruz County, 2000-2004.
12. Federal Bureau of Prisons, Terminal Island, San Pedro, California, 1985-1986.

E. Other Employment/Information:

1. Summer Research Experience, Department of Pathology, School of Medicine, UCLA, 1967, 1968.
2. Summer Research Experience, Department of Pathology, School of Medicine, UC Irvine. 1969, 1970.
3. Research Experience, Department of Biology, Stanford University, 1968-1969.
4. Hospital Affiliation, Western Medical Hospital, Anaheim, California, 1986-1987.
5. Hospital Affiliation, Ingleside Hospital, Rosemead, California, 1988-1989.

III. ADMINISTRATIVE EXPERIENCE

A. Clinical Directorships:

1. Co-Director of Psychiatry Research Unit, South Texas Veterans Health Care System, Audie Murphy Division, San Antonio, 1992-1997.

2. Co-Director of Regional Acute Psychiatric Treatment Unit, West Los Angeles Veterans Affairs Medical Center, 1991-1992.

B. Committees:

1. Department

1. Member, Residency Education Committee. The University of Texas Health Science Center at San Antonio, 1995-1996.

2. Member, Planning Committee, Forensic Psychiatry Training Program, University of California, Los Angeles. 1991-1992.

2. School

1. Member, Self Study Committee for the Liaison Committee on Medical education. Section on Clinical Science Departments, University of Texas Health Science Center at San Antonio, 1994-1995.

3. Hospital

West Los Angeles Veterans Affairs Medical Center, Brentwood Division

3. Hospital

1. Member, Drug Utilization Evaluation Subcommittee, 1991-1992.

South Texas Veterans Health Care System, San Antonio

1. Member, Bed Census Task Force, 1993
2. Member, Task Force, White Paper on Aggression, 1993.
3. Member, Clozaril Treatment Committee, 1996-1997.
4. Member, Medical Records Committee, 1993-1995.
5. Chairman, Clinical Ethics Committee, 1993-1996.
6. Member, Quality Improvement Committee, 1994-1996.
7. Member, Psychiatric service Total Quality Improvement Team, 1995.
8. Member, Patient Rights and Organizational Ethics Committee, 1995-1996.
9. Member, Prevention and Management of Disturbed Behavior Committee, 1993-1997. Co-Chairman, 1997.

IV. ACADEMIC APPOINTMENTS

1. Teaching Assistant, University of California, Department of Biology, San Diego, 1973-1976.

2. Instructor, Chicano Fellows Program, Stanford University, Stanford, California, 1986.

3. Clinical Instructor, University of Southern California Institute of Psychiatry, Law and the Behavioral Sciences, Los Angeles, California, 1985-1986.

4. Assistant Clinical Professor of Psychiatry and Biobehavioral Sciences, UCLA, 1986-1992.

5. Associate Professor of Psychiatry, University of Texas Health Science Center, San Antonio, 1992-1997.

V. TEACHING EXPERIENCE

A. Classroom/Laboratory:

1. Teaching Assistant, Course: Cell Biology, Department. of Biology, University of California, San Diego, 1973.

2. Teaching Assistant, Course: Microbial Genetics Laboratory, Department.of Biology, University of. California, San Diego, 1975.

3. Teaching Assistant, Course: Introduction to Microbiology, Department.of Biology, University of. California, San Diego, 1976.

4. Teaching Assistant, Course: Biology and the Third World, Department.of Biology, University of. California, San Diego, 1976.

5. Teaching Assistant, Course: Microbial Genetics Laboratory (Section on Plasmid Replication), Department of Biology, University of California, San Diego, 1976.

6. Instructor, Course: Issues in Chicano Health Care, Stanford University, Stanford, California, 1979.

7. Lecturer, Course: Cross-cultural Psychiatry, Stanford University, Stanford, California, 1983.

8. Instructor, Course: Cross-cultural Research-Writing Papers and Grants, Department of Psychiatry and Biobehavioral Sciences, School of Medicine, University of California, Los Angeles, 1988.

9. Lecturer, Course: Ethnicity in Health and Disease, School of Medicine, U.C. Los Angeles, 1988-1990.

10. Lecturer, Clinical Psychiatry Medical Student Clerkship, Medical School, of the U. C. L.A., 1988-1992.

11. Lecturer, Emergency Psychiatry Lecture Series, Department of Psychiatry, West Los Angeles Veterans Affairs Medical Center, 1988-1991.

12.Lecturer, Course: Legal and Ethical Issues in Psychiatry, Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles Medical School, 1991.

13. Lecturer, Course: Adult Clinical Syndromes, Harbor-UCLA Psychiatry Residency, Torrance CA, 1991.

14.Lecturer, General Psychiatry Lecture Series, Department of Psychiatry, West Los Angeles Veterans Affairs Medical Center, 1991.

15. Instructor, Course: Cross-cultural Research, Department of Psychiatry and Biobehavioral Sciences, School of Medicine, University of California, Los Angeles, 1991.

16. Lecturer, Forensic Psychiatry Fellowship Program, School of Medicine, U. C. Los Angeles, 1991.

17. Lecturer, Cross-cultural Psychiatry seminar, Sepulveda Veterans affairs Hospital, Psychiatry Residency Program, Sepulveda, CA, 1992.

18. Lecturer, Med. Prep./Biomed-Med Program, University of Texas Health Science Center at San Antonio, 1992-1994.

19. Faculty Discussant, Consultation and Liaison Psychiatry Residency Conference, University of Texas Health Sciences Center at San Antonio, 1993.

20. Discussant and Lecturer, Department of Psychiatry Lecture Series, Audie Murphy VAMC, San Antonio, TX, 1993-1994.

21. Lecturer, Psychiatry Research Unit Lecture Series, Audie Murphy VAMC, San Antonio, TX, 1994-1995.

22. Lecturer/ Discussant, Lectures in Clinical Ethics, Audie Murphy VAMC, San Antonio, TX1984-1985.

23.Instructor, Developmental Models in Psychiatry, Medical Student Elective Course, University of Texas Health Science Center at San Antonio, 1994.

24. Discussant, Department of Psychiatry Journal Club, University of Texas Health Sciences Center at San Antonio, 1995.

25. Instructor, Mental and Evolutionary Models in Psychiatry. Medical Student Elective Course. University of Texas Health Sciences Center, San Antonio, 1996.

26. Lecturer, PRIME psychiatry residency lecture series, South Texas VA Health Care System, 1996.

27. Discussant, Behavioral Sciences Medical Student Groups: Cultural issues in the clinical setting, University of Texas Health Sciences Center at San Antonio, 1996.

28. Discussant, Emergency Psychiatry Residency Conference Series, University of Texas Health Sciences Center at San Antonio, 1996.

29. Co-instructor, Transcultural Psychiatry Residency Seminar, University of Texas Health Science Center at San Antonio, 1995-1997.

30. Discussant, Forensic Psychiatry Residency Seminar, University of Texas Health Science Center at San Antonio, 1997.

31. Guest Lecturer, Lecture Series and Seminar: Ethnicity and Medicine, Stanford University School of Medicine Center of Excellence, Stanford, California, 1999.

B. Clinical Teaching:

1. Supervisor, Year III-IV Medical Students, Clinical Psychiatry Clerkship at 1. Intensive Care Ward and 2. Emergency Psychiatry Division. University of California, Los Angeles, 1988-1989.

2. Clinical Supervisor for forensic psychiatry, University of Southern California Institute of Psychiatry, the Law and the Behavioral Sciences, Los Angeles California, 1985-1986.

3. Lecturer, Course: Clinical Fundamentals, Psychiatry Section, School of Medicine, University of California at Los Angeles, 1991.

4. Clinical Supervisor of Psychiatry Residents. !. Intensive Care Psychiatry and 2. Emergency Psychiatry, Department of Psychiatry and the Behavioral Sciences, University of California at Los Angeles, 1987-1990.

5 . Clinical Supervisor, Minority High School Research Apprentice Program, School of Medicine, University of California, Los Angeles, 1988-1990.

6. Supervisor, Independent Study Mentorship Program, San Antonio North side Independent school District, High School Gifted and Talented Program, San Antonio, Texas, 1992-1993.

7. Oral Examiner, Medical Student Psychiatry Clerkship, The University of Texas Health Science Center, San Antonio, 1992-1993.

8. Clinical Supervisor, Psychiatry Research Unit Medical Student Clerkship, Audie Murphy Medical Center and the University of Texas Health Science Center, San Antonio, 1992-1996.

9. Postdoctoral fellows supervised: One postdoctoral fellow in forensic psychiatry supervised, 1991. Three postdoctoral fellows in biological psychiatry supervised, 1992-1995.

10. Clinical Supervisor, Psychiatry Internship Rotation, Psychiatry Research Unit, Audie Murphy Medical Center/The University of Texas Health Science Center, San Antonio, 1992-1995.

11. Interviewer, Psychiatry Boards Practice Interviews, Wilford USAF Hall Medical Center Psychiatry Residency, San Antonio, Texas, 1993.

12. Career Supervisor, Psychiatry Residency, The University of Texas Health Science Center, San Antonio, 1993-1997.

13. Supervisor, Medical Student Clinical Interviewing Small Groups, University of Texas Health Science Center at San Antonio, 1993-1994.

14. Supervisor, Psychiatry Residents (PGY IV) Forensic Psychiatry, The University of Texas Health Science Center, San Antonio, 1993.

15. Interviewer, Psychiatry Boards Practice Interviews, PGYII, PGYIV Psychiatry Residents, The University of Texas Health Science Center at San Antonio, 1994.

V. RESEARCH

A. Bibliography:

1. Books/Monographs:

1. Griffith, E, Alarcon, RD, Bland, I, Desai, P, Foulks, EF, Jacobsen, F, Lewis-Fernandez, R, Lu, F, Oquendo, M, Ruiz, P, *Silva, JA*, Wintrob, R, Yamamoto, J, Hayden, TF, Harvey, RL, Ndela, JC and Wang, D. Cultural Assessment in Psychiatry, Group for the Advancement of Psychiatry (GAP) Report No. 145, American Psychiatric Publishing, Inc., Washington, DC, 2001.

2. Articles:

1. Burnham, PA, *Silva, JA*. and Varon, S: Anabolic Responses of embryonic dorsal root ganglia to nerve growth factor, insulin, concanavalin A or serum in vitro. Journal of Neurochemistry 23: 689-695, 1974.

2. *Silva, JA* and Yesavage, JA: Covariance of affective and schizophrenic symptoms in schizoaffective psychosis. The Journal of Nervous and Mental Disease 168: 559-561, 1980.

3. *Silva, JA*, Jalali, B and Leong, GB: Delusion of exchanged doubles in an immigrant: a new Capgras variant? The International Journal of Social Psychiatry 33: 299-302, 1987.

4. Leong, GB and *Silva, JA*: Right to refuse treatment. American Academy of Psychiatry and the Law Newsletter 13: 23-24, 1988.

5. Leong, GB and *Silva, JA*: The right to refuse treatment: an uncertain future. Psychiatric Quarterly 59: 293-305, 1988.

6. Leong, GB and *Silva, JA*: Ethical considerations of clinical use of Miranda-like warnings. Psychiatric Quarterly 59: 293-305, 1988.

7. Leong, GB, Shaner,AL and *Silva, JA*: Anti-manic and anti-panic clonazepam use. VA Practitioner 6(1): 65-66, 1989.

8. *Silva, JA*, Leong, GB and Weinstock, R: A case of skin and ear self mutilation. Psychosomatics30: 228-230, 1989.

9. *Silva, JA*, Leong, GB, Weinstock, R and Boyer, CL: Capgras syndrome and dangerousness. The Bulletin of the American Academy of Psychiatry and the Law 17: 5-14, 1989.

10. *Silva, JA*, Leong, GB and Weinstock, R: An HIV-infected psychiatric patient: some clinicolegal dilemmas. The Bulletin of the American Academy of Psychiatry and the Law 17: 33-44, 1989.

11. *Silva, JA*, Leong, GB, Shaner, AL and Chang, CY: Syndrome of intermetamorphosis: a new perspective. Comprehensive Psychiatry 30: 728-730, 1989.

12. *Silva, JA*, Leong, GB, Weinstock, R and Ready, DJ: Factitious AIDS in a Psychiatric Inpatient. Canadian Journal of Psychiatry 34: 728-730, 1989.

13. Leong, GB, Shaner, AL and *Silva, JA*: Narcolepsy, paranoid psychosis and analeptic abuse. Psychiatric Journal of the University of Ottawa 14: 481-483, 1989.

14. Leong, GB, *Silva, JA* and Weinstock, R: Capgras and other misidentification syndromes VA Practitioner 6(10): 52-55, 1989.

15. *Silva, JA*, Leong, GB and Luong, MT: Split body and self: an unusual case of misidentification. Canadian Journal of Psychiatry 34: 728-730, 1989.

16. Leong, GB and *Silva, JA*: Asian American forensic psychiatrists. Psychiatric Annals 19: 629-632, 1989.

17. *Silva, JA*, Leong, GB and O'Reilly, T: An unusual case of Capgras syndrome: the psychiatric ward as a stage. Psychiatric Journal of the University of Ottawa 15: 44-46, 1990.

18. Benson, KL, King, R, Gordon, D, *Silva, JA* and Zarcone, VP: Sleep patterns in borderline personality disorder. Journal of affective disorders 18: 267-273, 1990.

19. Weinstock, R, Leong, GB and *Silva, JA*: Psychiatric patients with AIDS: the forensic clinician perspective. Journal of Forensic Sciences 35: 664-652, 1990.

20. *Silva, JA*, Leong, GB and Shaner, AL: A classification system for misidentification syndromes. Psycho-pathology 23: 27-32, 1990.

21. Leong, GB, *Silva, JA* and Leong, CA: Judicial discharge of involuntary patients. Psychiatric Quarterly 61: 135-141, 1990.

22. Leong, GB, Eth, S and *Silva, JA*: Wharton and the post-Tarasoff erosion of confidentiality. American academy of Psychiatry and the Law Newsletter 15: 87-88, 1990.

23. Leong, GB, *Silva, JA* and Weinstock, R: Dangerous mentally disordered criminals: unresolvable societal fear? Journal of Forensic Sciences 36: 210-218, 1991.

24. *Silva, JA*, Leong, GB, Longhitano, M and Botello, TE: Delusion of fetal duplication in a Capgras patient. Canadian Journal of Psychiatry 36: 46-47, 1991.

25. *Silva, JA*, Leong, GB and Weinstock, R: Misidentification syndromes and pseudocyesis. Psychosomatics 32: 228-230, 1991.

26. *Silva, JA*, Leong, GB and Ferrari, MM: Post-traumatic stress disorder in burn patients. Southern Medical; Journal 84: 530-531, 1991.

27. Leong, GB and *Silva, JA*: Lovesick: the erotomania syndrome. VA Practitioner 8: 39-41, 1991.

28. Leong, GB, Eth, S and *Silva, JA*: The Tarasoff dilemma in criminal court. Journal of Forensic Sciences 36: 728-735, 1991.

29. *Silva, JA*, Leong, GB, Weinstock, R and Ferrari, MM: Misidentified political figures: an underappreciated danger. Journal of Forensic Sciences 36: 1170-1178, 1991.

30. *Silva, JA* and Leong, GB: A case of "subjective" Fregoli syndrome. Journal of Psychiatry and Neuroscience 16: 103-105, 1991.

31. *Silva, JA*, Leong, GB and Shaner, AL: The syndrome of intermetamorphosis. Psychopathology 24: 158-165, 1991.

32. Weinstock, R, Leong, GB and *Silva, JA*: Opinions by APPL forensic psychiatrists on controversial ethical guidelines: a survey. Bulletin of the American Academy of Psychiatry and the Law 19: 237-248, 1991.

33. Leong, GB and *Silva, JA*: The physician as erotomanic object. Western Journal of Medicine 156: 77-78, 1992.

34. *Silva, JA*, Leong, GB and Weinstock, R: The dangerousness of persons with misidentification syndromes. Bulletin of the American Academy of Psychiatry and the Law 20: 77-86, 1992.

35. *Silva, JA*, Sharma, KK, Leong, GB and Weinstock, R: Dangerousness of the delusional misidentification of children. Journal of Forensic Sciences 37: 830-838, 1992.

36. Weinstock, R, Leong, GB and *Silva, JA*: The death penalty and Bernard Diamond's approach to forensic psychiatry. Bulletin of the American Academy of Psychiatry and the Law 20: 197-210, 1992.

37. Leong,GB, Eth, S and *Silva, JA*: The psychotherapist as witness for the prosecution: the criminalization of Tarasoff. American Journal of Psychiatry 149: 1011-1015, 1992.

38. Leong, GB, Weinstock, R and *Silva, JA*: Revisiting diminished capacity in California: ten years after its abolition. American Academy of Psychiatry and the Law Newsletter 17: 59-61, 1992.

39.Leong, GB, *Silva, JA* and Weinstock, R: Reporting dilemmas in psychiatric practice. Psychiatric Annals 22: 482-486, 1992.

40. *Silva, JA*, Leong, GB, Wine, DB and Saab, S: Evolving misidentification syndromes and facial recognition deficits. Canadian Journal of Psychiatry 37: 574-576, 1992.

41. *Silva, JA*, Leong, GB and Weinstock, R: Folie-a-deux: the syndrome of shared delusions. VA Practitioner 9: 45-48, 1992.

42. *Silva, JA* and Leong, GB: The Capgras syndrome in paranoid schizophrenia. Psychopathology 25: 147-153, 1992.

43. Leong, GB, Weinstock, R, *Silva, JA* and Eth, S: Psychiatry and the death penalty: the past decade. Psychiatric Annals 23: 41-47, 1993.

44. Leong, GB and *Silva, JA*: The problem of treatment-refractory insanity acquittee-patients. American Journal of Forensic Psychiatry 14: 41-49, 1993.

45. *Silva, JA*, Leong, GB and Wine, DB: Misidentification delusions, facial misrecognition and right brain injury. Canadian Journal of Psychiatry 38: 239-241, 1993.

46. Yamamoto, J, *Silva, JA*, Sasao, Wang, C and Nguyen, L: Alcoholism in Peru. American Journal of Psychiatry 150: 1059-1062, 1993.

47. *Silva, JA*, Leong, GB, Weinstock, R and Wine, DB: Delusional misidentification and dangerousness: a neurobiologic hypothesis. Journal of Forensic Sciences 38: 904-913, 1993.

48. *Silva, JA* and Leong, GB: Delusions of transformation of the self. Psychopathology 26:181-188,1993.

49. *Silva, JA* and Leong, GB: Delusional misidentification syndromes and prominent figures. American Journal of Forensic Psychiatry 14: 39-44, 1993.

50. *Silva, JA*, Leong, GB and Weinstock, R: The psychotic patient as security guard. Journal of Forensic Sciences 38: 1436-1440, 1993.

51. *Silva, JA* and Leong, GB: I. Misidentification delusion in alcohol withdrawal. The Psychiatric Forum 16: 27-29, 1993.

52. *Silva, JA* and Leong, GB: II. Cotards' syndrome as a misidentification process. The Psychiatric Forum 16: 30-32, 1993.

53. Leong, GB. Eth, S and *Silva, JA*: "Tarasoff" defendants: social justice or ethical decay? Journal of Forensic Sciences 39: 86-93, 1994.

54. Leong, GB and *Silva, JA*: Proposed changes in the insanity defense in the post-Foucha era. American Journal of Forensic Psychiatry 15: 53-61, 1994.

55. Weinstock, JA, Leong, GB and *Silva, JA*: Competence to terminate life sustaining care-ethical and legal considerations. The American Journal of Geriatric Psychiatry 2: 95-108, 1994.

56. *Silva, JA*, Leong, GB, Tekell, JL, Bowden, CL and De Hoyos, J: Erotomania and delusional misidentification as risk factors for aggression. American Journal of Forensic Psychiatry 15: 13-21, 1994.

57. Leong, GB, Eth, S and *Silva, JA*: Silence or death: the limits of confidentiality when a psychotherapist is threatened by the patient. The Journal of Psychiatry and the Law 22; 235-244, 1994.

58. Leong, GB, Weinstock, R and *Silva, JA*: The California legislature accelerates the assault on privilege. American Academy of Psychiatry and the Law Newsletter: 19: 39-40, 1994.

59. *Silva, JA*, Leong, GB, Weinstock, R, Sharma, KK and Klein, RL: Delusional misidentification and dangerousness. Psychopathology 27: 215-219, 1994.

60. *Silva, JA* and Leong, GB: Delusions of psychological change of the self. Psychopathology 27: 285-290, 1994.

61. Leong, GB, *Silva, JA*, Garza-Trevino, ES, Oliva, D,Jr., Ferrari, MM, Komanduri, RV and Caldwell, JCB: The dangerousness of persons with Othello syndrome. Journal of Forensic Sciences 39: 1455-1467, 1994.

62. *Silva, JA*, Leong, GB, Garza-Trevino, ES, Le Grand, J, Oliva, D. Jr., Weinstock, R and Bowden, CL: A cognitive model of dangerous delusional misidentification syndromes. Journal of Forensic Sciences 39: 1455-1467, 1994.

63. *Silva, JA*, Leong, GB and Ferrari, MM: Delusional misidentification of health care professionals. Psychiatric Quarterly 66: 51-56, 1995.

64. *Silva, JA* and Leong, GB: Visual-perceptual abnormalities in delusional misidentification. Canadian Journal of Psychiatry 40: 6-8, 1995.

65. *Silva, JA*, Leong, GB, Weinstock, R and Klein, RL: Psychiatric factors associated with dangerous misidentification delusions. Bulletin of the American Academy of Psychiatry and the Law 23: 53-61, 1995.

66. Leong, GB and *Silva, JA*: A psychiatric-legal analysis of psychotic criminal defendants charged with murder. Journal of Forensic Sciences 40: 570-573, 1995.

67. *Silva, JA*, Leong, GB, Weinstock, R and Penny, G: Dangerous delusions of misidentification of the self. Journal of Forensic Sciences 40: 570-573, 1995.

68. *Silva, JA*, Leong, GB, Ferrari, MM, Tekell, JL and Bowden, CL: The mental health professional as erotomanic object. American Journal of Forensic Psychiatry 16: 31-39, 1995.

69. Leong, GB and *Silva, JA*: Psychiatric-legal analysis of criminal defendants charged with murder: a sample without mental disorder. Journal of Forensic sciences 40: 858- 861, 1995.

70. Leong, GB, *Silva, JA* and Weinstock, R: Another courtroom assault on the confidentiality of the psychotherapist-patient relationship. Journal of Forensic Sciences 40:862-864, 1995.

71. Maas, JW, Miller, AL, Tekell, JL, Funderburg, L, *Silva, JA*, True, J, Velligan, D, Berman, N and Boweden, CL: Clonidine plus haloperidol in the treatment of schizophrenia/psychosis. Journal of Clinical Psychopharmacology 15: 361-364, 1995.

72. *Silva, JA*, Leong, GB, Tekell, JL and Bowden, CL: Visual-perceptual disturbances in delusional misidentification. Israel Journal of Psychiatry and Related Sciences 32: 286-290, 1995.

73. Klein, R, Leong, GB and *Silva, JA*: Employee sabotage in the workplace: a biopsychosocial model. Journal of Forensic Sciences 41: 52-55, 1996.

74. *Silva, JA*, Leong, GB, Weinstock, R and Penny, G: Sexual assault of mothers by by mentally disordered sons. American Journal of Forensic Psychiatry 17: 55-63, 1996.

75. *Silva, JA*, Leong, GB Tekell, JL and Brannan, SK: The antichrist delusion as a dangerous misidentification state. American Journal of Forensic Psychiatry 17: 55-63, 1996.

76. *Silva, JA*, Leong, GB and Miller, AL: Delusional misidentification syndromes: drug treatment options. CNS Drugs 5: 89-102, 1996.

77. *Silva, JA*, Leong, GB, Weinstock, R, Yamamoto, J and Ferrari, MM: A biopsychosociocultural approach for the evaluation of parents who kill their children. American Journal of Forensic Psychiatry 17: 25-36, 1996.

78. *Silva, JA*, Garza-Trevino, ES and Leong, GB: Othello syndrome: a disorder of delusional jealousy. Federal Practitioner 13: 14-16, 21, 1996.

79. *Silva, JA*, Harry,BE, Leong, GB and Weinstock, R: Dangerous delusional misidentification and homicide. Journal of Forensic Sciences 41: 641-644, 1996.

80. Weinstock, R, Leong, GB and *Silva, JA*: California's diminished capacity evolution and transformation. Bulletin of the American Academy of Psychiatry and the Law 24: 347-366, 1996.

81. *Silva, JA*, Ferrari, MM and Leong, GB: The synergistic effect of the delusions of jealousy and erotomania in the development of violent behavior. American Journal of Forensic Psychiatry 17: 5-18, 1996.

82. *Silva, JA* and Leong, GB: The relation of Cotard's syndrome to delusional misidentification. Israel Journal of Psychiatry and Related Sciences 33: 188-193, 1996.

83. *Silva, JA* and Leong, GB: Multi-delusion systems, delusional misidentification and the genesisis of aggression. American Journal of Forensic Psychiatry 18: 1-14, 1997.

84. Mayberg, HS, Brannan, SK, Mahurin, RF, Jarabek, PA, Brickman, JS, Tekell, JL, *Silva, JA*, McGinnis, S, Glass, TG, Martin, CC and Fox, PT: Cingulate function in depression: a potential predictor of treatment response. NeuroReport 8: 1057-1061, 1997.

85. *Silva, JA*, Leong, GB, Rhodes, LJ and Weinstock, R: A new variant of "subjective" delusional misidentification associated with aggression. Journal of Forensic Sciences 42: 406-410, 1997.

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14. Weinstock, R, Leong, GB and *Silva, JA*: How diminished is diminished capacity. American academy of Forensic Sciences, 46th Annual Mtg. San Antonio TX. Presented on February 19, 1994. Abs. I11, 176, AAFS Publication 94-2, Williams Printing Company Inc. Colorado Springs, CO 1994.

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16. *Silva, JA*, Leong, GB, Garza-Trevino, ES, Le Grand, J Oliva, D, Weinstock, R and Bowden, CL: A cognitive model of dangerous delusional misidentification syndromes American Academy of Forensic Sciences 46th Annual Mtg., San Antonio, TX. Presented on February 19, 1994. Abstract I23, 179, AAFS Publication 94-2, Williams Printing Inc., Colorado Springs, CO, 1994.

17. Mayberg, HS, Mahurin, RK, Brannan, SK, *Silva, JA*, Tekell, JL, Glass, TG, Jarabek, PA, Martin, CC and Fox, PT: Effects on fluoxetine on regional brain glucose metabolism, mood and cognitive tasks in unipolar depressives. Abstracts of Panels an Posters of the 33rd Annual Mtg. of the American College of Neuropsychopharmacology, San Juan, Puerto Rico. Presented on December 16, 1994.

18. Leong, GB and *Silva, JA*: A sample of psychotic criminal defendants charged with murder. American Academy of Forensic Sciences. Abs. 3, 178, Annual Meeting, Seattle, WA. McCormack-Armstrong Co., Colorado Springs, CO, 1995. Presented on February 17, 1995.

19. *Silva, JA*, Leong, GB, Weinstock, R, Yamamoto, J and Ferrari, MM: An inquiry into the classification of childhood homicide. American academy of Forensic Sciences. Abs. I4, 178, Annual Mtg. Seattle WA. Presented on February 17, 1995.mcCormick Armstrong Co., Colorado springs, CO, 1995.

20. *Silva, JA*, Leong, GB, Weinstock, R and Penny, G: Dangerous delusional misidentification of the self. American Academy of Forensic Sciences. Abs. I13, 181, Annual Mtg., Seattle, WA. Presented on February 18, 1995. McCormick-Armstrong Co., Colorado Springs, CO, 1995.

21. Klein, RL, Leong, GB and *Silva, JA*: Sabotage behavior in the workplace. American Academy of Forensic Sciences 1: Abs. I15, 182, Annual Mtg., Seattle, WA. Presented on February 18, 1995.McCormick- Armstrong Co. Colorado Springs, CO, 1995.

22. Tekell. JL, Silva, JA, Bowden, CL, Ingmundson, PT and Royall, DR: Span of apprehension: relation to severity of illness, negative symptoms and executive functioning. Proceedings of the 8th Annual Meeting of the Southern association of research in Psychiatry, New Orleans, LA. Abs. 8, 18. Presented on 5-22-95.

23. Tekell, JL, *Silva, JA* and Bowden, CL: Span of apprehension in schizophrenia: relation to behavioral ratings, negative symptoms and neurochemistry. Abstracts of the 5th International Congress of schizophrenia Research, 137, Warm Springs, Virginia. Presented on April, 1995.

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25. Brannan, SK, Mahurin, RK, Tekell, JL, *Silva, JA*, and Mayberg, HS: Mood, motor and cognitive variability of depression. Abs. NR296. Proceedings of the 148th Annual Mtg. of the American Psychiatric association, Miami, FL. Presented on May 23, 1995.

26. Mayberg, HS, Brannan, SK, Mahurin, RK, *Silva, JA*, Tekell, JL, Jarabek, PA and Fox, PT: FDG PET in depression: baseline variability and relationship to treatment response . Abstracts of the 42nd Annual MTG. of the Society of Nuclear Medicine, Minneapolis, Minnesota,. Presented on June 1995.

27. Mayberg, HS, Brannan, SK, Mahurin, RK, *Silva, JA*, Tekell, JL, Jarabek, PA, Glass, TG, Martin, CC and Fox, PT: Functional correlates of mood and cognitive recovery in depression: an FDG study.1st Intl. Conference on Functional Mapping of the Human Brain, Satellite Conference of the Society of Cerebral Blood Flow and Metabolism, Paris, France,. Presented on June, 1995. Human Brain Mapping, Suppl.1, 42B, 1995.

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function and behavioral ratings. The Journal of Neuropsychiatry and Clinical Neurosciences 7: Abstract P105, 424, 1995. Presented on October 15, 1995.

29. *Silva, JA*, Harry, BE, Leong, GB and Weinstock, R: Delusional misidentification and homicidal behavior. American Academy of Forensic Sciences-Vol.2, Abs. I8, Annual Mtg., Nashville, TN, McCormick-Armstrong Co., Colorado Springs, CO, 1996. Presented on Feb. 22, 1996.

30. *Silva, JA*: Cultural formulation of delusional misidentification. Abs. 63D, 124-125. Syllabus and Proceedings of the 149th. Annual Mtg. of the American Psychiatric Association, New York, New York. Presented on May 7, 1996.

31. Tekell, JL, *Silva, JA* and Bowden, CL: Selective attention, illness duration and symptoms. Abstract NR516, 211. New Research Program Proc of the American Psychiatric Association, New York, NY, Presented on May 8, 1996.

32. Lim, RF, Brainin-Rodriguez, JE, *Silva, JA* and Dassori, AM: Cross-cultural curriculatwo models for training. Workshop No. 38. Proceedings Summary of the 48th Institute on Psychiatric Services. Presented on October 23, 1996, Chicago, Illinois, 178, American Psychiatric Association, Washington, DC, 1996. Presented on October 21, 1996.

33. Mayberg, HS, Brannan, SK, Liotti, M, Mahurin, RK, Brickman, JS, *Silva, JA*, Tekell, JL, Jarabek, PA, Martin, CC and Fox, PT: The role of the cingulate in mood homeostasis. Presented on November 20 1996 The Society for Neurosciences Abstracts 22: Part 1, Abs. 109.13, 1996.

34. Leong, GB and *Silva, JA*: Two cases of uxoricide. American Academy of Forensic sciences- Vo. 3. Abs. I7, 169, Annual Mtg., New York, NY. McCormack-Armstrong Co., Colorado Springs, CO, 1977. Presented on February 20, 1997.

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40. *Silva, JA*, Leong, GB, Harry, B, Ronan, J and Weinstock, R: Dangerous misidentification of people due to flashback phenomena in posttraumatic stress disorder. American academy of Forensic Sciences 4: Abs. I7, 218, Annual Mtg., San Francisco, CA, McCormick-Armstrong Co., Colorado Springs, CO 1998. Presented on February 12, 1998.

41. *Silva, JA*, Leong, GB and Connolly, RW: Violence in the workplace. American Academy of Forensic Sciences Annual Mtg. 4: Abs. I17, 222, San Francisco, CA. McCormick-Armstrong, Co., Colorado Springs, CO. Presented on February 13, 1998.

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50. Tucker, DE and *Silva, JA*: Psychopharmacologic treatment of sexual offenders. Abstract I28, 293, Proceedings of the American Academy of Forensic Sciences 53rd. Annual Meeting., Seattle, Washington. Publication Printers Corp., Denver, CO. Presented on February 23, 2001.

51. Mayberg, HS, Brannan, SK, *Silva, JA*, Tekell, JL, Mahurin, RK, McGinnis, S and Jerabek, PA: Antidepressant drug response is not the placebo effect: an FDG PET study. Biological Psychiatry 49: 153S, 2001. Presented at the 56th Annual convention of the Society for Biological Psychiatry on May, 2001.

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54. *Silva, JA*, Ferrari, MM and Leong, GB: What happened to Jeffrey? A neuropsychiatric developmental analysis of serial killing behavior Abs. I11, Volume 8, 257-258, Proceedings of the American Academy of Forensic Sciences 54th Annual Meeting. Atlanta, Georgia. Publication Printers Corp., Denver, CO. Presented on February 17, 2002.

55. *Silva, JA*, Ferrari, MM and Leong, GB: The neuropsychiatric developmental model of serial killing behavior. American Academy of Psychiatry and the Law 33rd Annual Meeting, Newport Beach, California, Abstract S5, pp. 60 Presented on October 26, 2002.

56. *Silva, JA*, Smith, Leong, GB, Hawes, E and Ferrari, MM and Leong, GB: The genesis of serial killing behavior in the case of Joel Rifkin using the combined BRACE/NDM approach. Abs. I10, Volume 9, 285-286. Proceedings of the American Academy of Forensic Sciences 55th Annual Meeting. Chicago, Illinois. Publication Printers Corp., Denver, CO. Presented on February 21, 2003.

57. Maldonado, EE, *Silva, JA*, Leong, GB and Ferrari, MM: A biopsychosocial analysis of the serial sexual crimes of serial killer Richard Ramirez. Abstract I11, Volume 9, 286 .Proceedings of the American Academy of Forensic Sciences 55th Annual Meeting. Chicago, Illinois. Publication Printers Corp., Denver, CO. Presented on February 21, 2003.

58. *Silva, JA*, Leong, GB and Derecho, DV: A transcultural-forensic psychiatric analysis of a filicidal Hispanic man. Abstract I12, Volume 9, 287. Proceedings of the American Academy of Forensic Sciences 55th Annual Meeting. Chicago, Illinois. Publication Printers Corp., Denver, CO. Presented on February 21, 2003.

59. *Silva JA*, Wu JC, Leong GB: Neuropsychiatric developmental an analysis of sexual murder. American Academy of Psychiatry and the Law 34th Annual Meeting, San Antonio, Texas. Abstract T7, pp. 13. Presented on October 16, 2003.

60. *Silva JA* and Leong, GB: The dangerousness of shared psychotic disorder. Volume 10, Proceedings of the American Academy of Forensic Sciences 56th Annual Meeting. Dallas, Texas. Abstract I3, pp. 334. Publication Printers Corp., Denver, CO. Presented on February 19, 2004.

61. *Silva JA* and Leong, GB: The murder case of Cary Anthony Stayner: psychiatric diagnostic issues. American College of Forensic Psychiatry. Presented at the 22nd Annual Symposium in Forensic Psychiatry, San Francisco, California on March 25, 2004.

62. Smith, RL, *Silva JA*, Nair, M and Hawes, E: A profile analysis of spy Robert Philip Hanssen. Presented at the 22nd Annual Symposium in Forensic Psychology, San Francisco, California on April, 3, 2004.

2. Other Symposia Presentations:

1. Yamamoto, J and *Silva, JA*: Do Hispanics underutilize mental health services? Conference on health and behavior: Research Agenda for Hispanics. Chicago, Illinois, May 16, 1987.

2. Yamamoto, J and *Silva, JA*: Psychosocial issues of adult development in Asian and Hispanic Populations. Presented at the joint meetings of the Texas Society of Psychiatric Physicians and the American association of Social Psychiatry, San Antonio, Texas, November 5, 1989.

3. Yamamoto, J and *Silva, JA*: Treatment of patients from traditional backgrounds. Presented at the 34th winter Meeting. of the American academy of Psychoanalysis. San Antonio, Texas, December 7, 1990.

4. Yamamoto, J, *Silva, JA*, Sasao, T, Minobe, S, Kato, M, Perales, A, Warthon, D, Llamos, R, Sogi, C, Telles, C, Hough, C and Loya, F: Alcohol abuse/dependency in Lima, Peru. Society for the Study of Psychiatry and Culture, Annual Mtg., Natchez, Mississippi, October 13, 1991.

5. *Silva, JA*, Leong, GB, Weinstock, R and Wine, DB: Delusional misidentification and dangerousness: a neurobiologic hypothesis. 45th Annual Mtg. of the American academy of Forensic Sciences, Boston, MA.
Presented on February 19, 1993.

6. Weinstock, R, Leong, GB and *Silva, JA*: Ethics and Forensic Psychiatry.Annual Mtg. of the American Psychiatric association, Philadelphia, PA, May 24, 1994.

7. Maas, JW, Miller, AL, Bowden, CL, Funderburg, LG and *Silva, JA*: Effects of clonidine plus haloperidol in schizophrenia. National Clinical drug Evaluation, 34th Annual Mtg. Poster presentation no. 58, Marco Island, FL, June, 1994.

11. *Silva, JA*: Evaluation of the assaultive patient. In: The Prevention and Management of Disruptive Behavior. Audie L. Murphy Veterans Hospital, San Antonio, Texas, September 14, 1994.

12. *Silva, JA*: Violence, the workplace and the nursing profession. University of Texas Health Science Center, San Antonio, Texas, December 16, 1994.

13. *Silva, JA*: The relation between aggression and psychiatric disorders. Behavior Management: Dealing With Disturbed Behavior. Kerville, VA Medical Center, Texas, February 26, 1997.

14. *Silva, JA*: Violence in the workplace: an overview of the problem. Conference on Violence in the Workplace, A Growing Serious Problem. Kerville VA Medical Center, Kerville, Texas, Texas, February 27, 1997.

15. *Silva, JA*, Leong, GB and Connolly, R: Workplace violence: an introduction to the problem. Corpus Christi Veterans Affairs Clinic, June 27, 1997.

16. *Silva, JA*: A neuropsychiatric analysis of serial killing behavior. Psychiatry Grand Rounds. Kaiser Medical Group, Santa Clara, California, September 23, 2002.

17. *Silva, JA*: The psychopharmacology of autism spectrum disorders. The Morgan Center for Autism Spectrum Disorders. October 11, 2002.

18. *Silva, JA*: An adolescent with Asperger's disorder and multiple paraphilic psychopathologies. Kaiser Medical Group, Child and Adolescent Psychiatry Division, Santa Clara, California, February 6, 2003.

19. *Silva, JA*: Asesinos en serie: analysis por el modelo neuropsychiatrico Y del desarroyo. Sociedad Mexicana de Geografia Y Estadisticas en Zamora, Zamora, Michoacan, Mexico, March 26, 2003.

20. *Silva, JA*, Tucker, D and Wilkinson, G (panelists) : The practice of forensic psychiatry; views from four practitioners. Santa Clara County Society of Psychiatric Physicians. Los Gatos, California, December 17, 2003.

21. *Silva, JA*: Psychopharmacological treatment of autism spectrum disorders. The Morgan Center for Autism Spectrum Disorders, May 4, 2004.

4. Public Media Presentations:

1. *Silva, JA* and Reta, C: Talks on Planned Parenthood: focus on stress in the Hispanic community, Radio KALI Presentation, Los Angeles, California. Presented on June 14, 1987.

2. *Silva, JA*: Panelist, Television program: Cara a Cara. Title: Crimes of passion, KVEA, Ch. 52, Glendale, California, November 23, 1988.

3. *Silva, JA*: Panelist, Television Program: Cara a Cara, Title: AIDS, KVEA, Ch. 52, Glendale, CA, July 21, 1988.

4. *Silva, JA*: Panelist, Television Series: Cara a Cara, Title: Stepfathers and stepmothers, KVEA, Channel 52, Glendale, CA, July 21, 1989.

5. *Silva, JA:* Discussant, Psychological aspects of diets. In: A Su Salud. KWEX-TV. Ch. 41, San Antonio, TX. January 17, 1995.

6. *Silva, JA*: Television Series: American Justice. Title: The Yosemite Killer, CA, October 29, 2003.

5. Community Presentations:

1. *Silva, JA* and Gomez, J: Manic-depressive illness. National alliance for the Mentally Ill, East San Gabriel Chapter, La Puente, California, August 25, 1988.

2. *Silva, JA*: Panelist, Addressing gang activity in our community. Lions Club International Sponsored Community Meeting, Livermore, California, March 14, 1999.

3. *Silva, JA*: Panelist, Career choices: passion or paycheck? Ninth Annual Student and Alumni Symposium. El Centro Chicano, Stanford University, Stanford, California, October 15, 1999.

4. Ferrari, MM and *Silva, JA*: Attention deficit hyperactivity disorder. Williams Elementary School/PTA, San Jose Unified School District, San Jose, California, February 9, 2000.

5. Ferrari, MM and *Silva, JA*: The diagnosis and treatment of attention deficit and hyperactivity disorder. Santa Clara Unified School District, Santa Clara, California, March 1, 2000.

6. *Silva, JA* and Ferrari, MM: The origins of childhood aggression. Williams Elementary School/PTA, San Jose Unified School District, San Jose, California, May 25, 2000.

7. *Silva, JA*: Career Presentations (panelist). Hispanic Drop-out rate- business leaders narrowing the gap. Hispanic Chamber of Commerce, Contra Costa County Education and Business Conference, December 14, 2001.

6. Acknowledgments:

1. Kramer, K, Last, B, Getson, A and Reines, S: The effects of a selective D sub 4 dopamine receptor antagonist (L-745,870) in acutely psychotic inpatients with schizophrenia. Archives of General Psychiatry 54: 567-572, 1997.

C. Areas of Research Interest:

Major Area of Research Interest: Psychiatric, Psychosocial and Cultural Aspects of Violence.

Other Areas of Research Interest:
1. Cultural Aspects of Forensic Psychiatry.
2. Forensic-psychiatric Aspects of Autism Spectrum Disorders in Relation to Dangerousness.

3. Psychiatric, Psychosocial and Criminological Factors Associated With the Genesis of Serial Killing Behavior.
4. Forensic Psychiatry of PosttraumaticStress Disorder.
5. Clinical Transcultural Psychiatry
6. Forensic Psychiatry of the Paraphilias.
7.Clinical and Forensic Psychiatry of Stalking Behaviors.

D. Current Projects:

1. Forensic Psychiatry

1. Clinical and psychosocial aspects of child killing behavior (1992-2004).
2. Typology of aggressive behaviors in posttraumatic stress disorder syndrome (1996-2004).
3. Psychiatric-legal aspects of Hispanic Child sexual molesters (1991-2004).
4. Classification of stalking behaviors (1997-2004).
5. A study of violence in United States Postal Service Workers With PTSD (1999-2004).
6. Psychiatric-legal aspects of delusional jealousy (1992-2004).
7. A psychiatric-legal analysis of the Heaven Gate's religious group (1997-2004).
8. A review of sleep related violence (1997-2004).
9. A psychiatric-legal study of psychiatrically ill security guards (1996-2004).
10. Highway stress induced aggression in posttraumatic stress disorder (1998-2004).
11. The evaluation of malingering in PTSD from a psychosociocultural perspective (2000-2004).
12. The relation of command auditory hallucinations to aggressive behavior, (2000-2004).
14. A biopsychosocial and psychiatric-legal study of clinical vampirism, (2000-2004).
15. A single case study of man with coercive sexual behavior toward his mother (2001-2004).
16. A psychiatric-legal study of cannibalistic behavior (2004).
17. Forensic-psychiatric aspects of autism spectrum disorders (2000-2004).
18. A psychiatric-legal analysis of the James Riva case (2001-2004).
19. 20. An analysis of the Organized/Disorganized model of serial killing behavior using the NDM in the case of Jeffrey Dahmer (2002-2004).
21. The Neuropsychiatric Developmental Model (NDM) of serial killing behavior (2000-2004).
22. A Psychiatric developmental analysis of the Unabomber case (2002-2004).
23. Cultural formulation in forensic-transcultural psychiatric settings (1997-2004).
24. An analysis of the case of the serial killing behavior of Richard Ramirez according to the Neuropsychiatric Developmental Model (NDM) (2001-2004).
25. An analysis of the cases of serial killer Joel Rifkin by combined use of the BRICE/NDM methodologies (2002-2004).
26. An analysis of the case of Cary Anthony Stayner Using the Neuropsychiatric Developmental Model (NDM) (2003-2004).
27. A psychiatric-legal study of the case of Cary Anthony Stayner (2003-2004).
28. An analysis of the case of Robert Phillip Hansen Using the Neuropsychiatric Developmental Model (NDM) (2003-2004).
29. Psychiatric-Legal aspects of Shared Delusional Disorder(1996-2004).
30. A historical/psychosocial study of the Ciudad Juarez femicides (2002-2004)

31. The State of Michoacan Forensic Psychiatric Project (2002-2004).

2. Cultural Psychiatry:

1. The Inclusion of Race, Ethnicity, and Culture in Current Psychiatric Literature. (2000-2004).

3. Delusional Misidentification Syndromes, 1987-2004.

1. Phenomenology of the Delusional Misidentification Syndromes.
2.Psychiatric-Legal Aspects of the Delusional Misidentification Syndromes.
3. Neuropsychiatry of the Delusional Misidentification Syndromes.
4. Facial Recognition in the Delusional Misidentification Syndromes.
5. A Theory of Mind Model for the Delusional Misidentification Syndromes.

4. Psychiatric Education:

1. The teaching of research in a psychiatric residency program (1988-2004).

5. Life-Span Psychiatry:

1. Life-span, cultural and ecological approaches in the psychotherapy of posttraumatic stress disorder (1984-2004).

6. Biological Psychiatry:

1. CLOX: Use as a measure of executive functioning in psychiatric inpatients, 1996-2004.

F. Past Participation in Funded Projects:

1. A triple- blind placebo controlled evaluation of remoxepride in the presentation of relapse in schizophrenia, 1991.
2. MRI Assessed brain structures and amine systems in schizophrenia (1992-1993).
3. The study of men in midlife, 1993-1994.
4. Comparison of efficiency and safety of Depakote vs. carbamazepine in the treatment of the manic phase of Bipolar Disorder: a Randomized Single- Blind Study, 1992-1995.
5. The effects of Prozac treatment on Mood, Cognition and Brain Glucose Metabolism in Patients with Primary Unipolar Depression, 1992-2003.
6. Span of Apprehension in Schizophrenia, 1992-1996.
7. The Clinical and Economic Impact of Clozapine Treatment on Refractory Schizophrenia, 1993-1995.
8. Debrisoquin as an Agent for the Study of Psychotic States, 1993-1995.
9. A Double-Blind Placebo Controlled Study, Tolerability and Preliminary Antipsychotic Activity Study of L-745,870 in Hospitalized Schizophrenic Patients, 1995.
10. A Comparative Cost Effectiveness Study of Depakote and Usual Care Versus Lithium and Usual Care in the Treatment of Bipolar Disorder, 1996.
11. The role of the noradrenergic system in schizophrenia, 1993-1996.
12. Biological Aspects of Depression and Antidepressant Drugs, 1996-1997.

VI. SERVICE

A. Professional Affiliations:

1. Current Professional and Scientific Organizations and Societies:

American Psychiatric Association, 1985-2004.
Northern California Psychiatric Society, 1985, 1998-2004.
Santa Clara Society of Psychiatric Physicians, 1998-2004.
California Coalition on Sexual Offending, 2004
Group for the Advancement of Psychiatry, 1995-2004.
American Academy of Forensic Sciences, 1989-2004.
American Academy of Psychiatry and the Law, 1985-2004.
American College of Forensic Psychiatry, 1994-2004.
American Association for the Advancement of Science, 1974-1981, 1989-1999, 2002-2004.

2. Past Professional and Scientific Organizations and Societies:

Children and Adults With Attention Deficit/Hyperactivity Disorder (CHADD), 1999-2003.
The International Society for Traumatic Stress Studies, 2001-2003
Association for Transpersonal Psychology, 1997-1999.
The American College of Physician Executives, 1996-1999.
Society for the Study of Psychiatry and Culture, 1987-1998.
American Society of Hispanic Psychiatry, 1996-1997.
Texas Society of Psychiatric Physicians, 1993-1997.
Behar County Psychiatric Society, 1993-1997.
Hispanic Faculty Association of the University of Texas Health Science Center, San Antonio, 1996-1997.
Association for Academic Psychiatry, 1993-1997.
International Academy of Law and Mental Health, 1992-1995.
Association for the Advancement of Philosophy and Psychiatry, 1994-1995.
Southern California Psychiatric Society, 1985-1992.
American Academy of Psychiatry and the Law-Southern California Chapter, 1989-1992.
The Chicano/Latino Medical Association of California, 1991-1992.
San Antonio Alliance for the Mentally Ill, 1992-1994.

3. Current Positions and/or Offices Held in Professional Organizations:

1. Member, Liaison with American Academy of Forensic Sciences Committee, American Academy of Psychiatry and the Law, 1991-1994, 2000-2004.
2. Chairman, Neuropsychiatric Developmental Disorders Committee, Psychiatry and Behavioral Sciences Section, American Academy of Forensic Sciences, 2003.
3. Chairman, Transcultural Forensic Psychiatry Committee, Psychiatry and Behavioral Sciences Section, American Academy of Forensic Sciences, 2003.
4. Member, Cultural Committee, American Academy of Psychiatry and the Law, 2003-2004.
5. Member, Board of Directors, American Academy of Forensic Sciences, 2003-2004.
6. Member, Committee on Developmentally Disabled, American Academy of Psychiatry and the Law, 2003-2004.

4. Past Positions and/or Offices Held in Professional Organizations:

1. Member, Program Committee, American Academy of Psychiatry and the Law, 1988-1993.
2. Member, Government Affairs Committee, Southern California Psychiatric Society, 1989-1990
3. Member, Psychiatry and Behavioral Sciences Committee, American Academy of Forensic Sciences strategic Planning Project, 1989-1990.
4. Member, Program Committee, American Academy of Forensic Sciences, 1990-1991.
5. Co-Chairperson, Psychiatry and Behavioral Sciences Section, Program Committee, American Academy of Forensic Sciences, 1990-1991.
6. Member, Research Committee, American Academy of Psychiatry and the Law, 1991-1996.
7. Member, Ethics Committee, American Academy of Psychiatry and the Law, 1991-1993, 1995-1996.
8. Member, Task Force on Minority Issues and Recruitment, American Academy of Psychiatry and the Law, 1991-1992.
9. Member, Government Committee, Texas Society of Psychiatric Physicians, 1994-1995.
10. Strategic Planning Profession Oversight Task Force, American Academy of Forensic Sciences, 1995-1996.
11. Member, Scientific Resources Committee, 1993-1997, Vice-Chairman, 1995-1997, Texas Society of Psychiatric Physicians.
12. Member, Criminal forensic psychiatry task force, Texas Society of Psychiatric Physicians, 1993-1997.
13. Member, Psychopharmacology Committee, American Academy of Psychiatry and the law, 1996-1998.
14. Member, Administrative Psychiatry Committee, Texas Society of Psychiatric Physicians, 1996-1997.
15. Chairperson, Committee on Research, American Academy of Forensic sciences Psychiatry and Biobehavioral Sciences Section, 1990-2003.
16. Member, Cultural Psychiatry Committee, Group for the Advancement of Psychiatry, 1995-2003.
17. Member, Criminal Behavior Committee, American Academy of Psychiatry and the Law, 1997-1999.
18. Member, Addiction Committee, American Academy of Psychiatry and the Law, 1997-2002.
19. Member, Psychiatry and Behavioral Sciences Division Awards Committee, American academy of Forensic Sciences, 1998-2002.
20. Secretary, Psychiatry and Behavioral Sciences Division, American Academy of Forensic Sciences, 1999-2000.
21. Member, Council, American Academy of Forensic Sciences, 1999-2002.
22. Member, Membership Committee, American Academy of Forensic Sciences, 1999-2002.
23. Councilor, Santa Clara Society of Psychiatric Physicians (four terms), 1999-2004.
24. Chairman, Psychiatry and Behavioral Sciences Section, American Academy of Forensic Sciences, 2000-2003.
25. Member, Nominating Committee, American academy of Forensic Sciences, 2000-2003.
26. Member, Continuing Education Committee, American Academy of Forensic Sciences, 2000-2003.

27. Member, Committee on Membership and Promotion Requirements/Guidelines for International Applicants, Psychiatry and Behavioral. Sciences Section, American Academy of Forensic Sciences, 2000-2003.
28. Member, Minutes Approving Committee, Psychiatry and Behavioral Sciences Section, American Academy of Forensic Sciences, 2002-2003.

5. Membership in Other Organizations (Past):

1. American Rock Art Research Association, 1992-1996.
2. Institute of Noetic Sciences, 1999.
3. Lions Club International and East Bay Hispanic Lions Club, 1998-2002.
4. The World Future Society, 1996-2001.
5. Hispanic Chamber of Commerce, Santa Clara County, California, 2000-2002.

B. Other Professional Activities:

1. Invited Reviewer:

Professional Journals:

Journal of the American Academy of Psychiatry and the Law, 2004.
Journal of Forensic Sciences, 2002-2004.
Collegium Antropologicum, 2003.
Journal of Clinical Psychiatry, 1995, 1999.
Psychosomatics, 1991

Other:

Brunner-Routledge: Book proposals, 2003.

2. Grant Proposals Reviewer:

South Texas Health Research Center, 1995-1997.

3. Community Activities:

1. Consultant, Texas Math and Science Hotline, 1994-1997.
2. Assistant Coach, Youth Basketball (Grades 1-2), South Valley YMCA, San Jose, California, 1999-2001.

LIEUTENANT APPROVAL	[illegible] COUNTY SHERIFF'S DEPT [illegible] DETENTION CENTER INCIDENT REPORT	SPN NUMBER
REPORTED ( )RADIO ( ) ON SITE ( )PERSON( )PHONE		DATE 4-8-92

TIME CALL RECEIVED ( )HRS. ( )A.M.( )P.M.	TIME OF BEGINNING INCIDENT 2130 ( )HRS. ( )A.M.( )P.M.	TIME OF ENDING INCIDENT ( )HRS. ( )A.M.( )P.M.

NATURE OF VIOLATION: Attempted Suicide

LOCATION: Echo-One Cell #7

SUBJECT(S)NAME: Ramos Roberto Moreno

VICTIM(S)NAME:

RELATED REPORTS
(✓) INCIDENT REPORT
( ) OFFENSE REPORT
( ) MISCONDUCT REPORT
( ) BULL VIOLATION(S)
( ) ( ) ( )

NARRATIVE: On Wednsday April 8, 1992 I officer T. Nicolls at 1400 responded from the booking desk to Echo-section in reference to a 10-33 (Emergency).

Inmate Ramos Roberto Moreno was being escorted from Echo-One with a towel around his wrist. I officer T. Nicolls assisted escorting inmate from the catwalk to the nurse's station. Inmate was then attended to by the nurse a sent to Edinburg General Hospital for cuts on his right arm.

DETENTION OFFICER: Timothy Nicolls D-1400 DETENTION OFFICER I.D.#

09576

LIEUTENANT APPROVAL

HIDALGO COUNTY SHERIFF'S DEPT
JUVENILE DETENTION CENTER
INCIDENT REPORT

SPN NUMBER

REPORTED ( )RADIO ( ) ON SITE
(✓)PERSON( )PHONE

DATE 4/8/92

TIME CALL RECEIVED ( )HRS.
( )A.M.( )P.M.

TIME OF BEGINNING INCIDENT 2200 ( )HRS.
( )A.M.( )P.M.

TIME OF ENDING INCIDENT ( )HRS.
( )A.M.( )P.M.

NATURE OF VIOLATION Transporting an inmate
LOCATION to Hospital
SUBJECT(S)NAME Ramos Roberto Moreno
VICTIM(S)NAME

RELATED REPORTS
(✓) INCIDENT REPORT
( ) OFFENSE REPORT
( ) MISCONDUCT REPORT
( ) RULE VIOLATION(S)
( ) ( ) ( )

NARRATIVE On April 8, 1992 Approximately 2200hrs I D/O Benito Salinas and/o Dale Gordon (1559, 1569) transported an inmate to Edinburg General Hospital after said inmate attempted to commit suicide by cutting his wrists. We transported inmate and said inmate received stiches from the doctor on his wrist. Inmate was later identified as Ramos Roberto Moreno who is housed in Echo One.

D. Salinas 1559

09577

LIEUTENANT APPROVAL	HIDALGO COUNTY SHERIFF'S DEPT ADULT DETENTION CENTER INCIDENT REPORT	SPN NUMBER
REPORTED ( )RADIO ( ) ON SITE (✓)PERSON( )PHONE		DATE March 8, 1992

TIME CALL RECEIVED ( )HRS. ( )A.M.( )P.M.	TIME OF BEGINNING OF SHIFT ( )HRS. ( )A.M.( )P.M.	TIME OF ENDING INCIDENT ( )HRS. ( )A.M.( )P.M.

NATURE OF VIOLATION
Attempted Suicide

LOCATION
Echo - One (1) cell 7

SUBJECT(S)NAME
Ramos, Roberto Moreno

VICTIM(S)NAME

RELATED REPORTS
( )____ INCIDENT REPORT
( )____ OFFENSE REPORT
( )____ MISCONDUCT REPORT
( )____ RULE VIOLATION(S)
( ) ( ) ( )

NARRATIVE

On the 8th day of April 1992 I R/O David Bernal was assigned to Echo section R/O Bernal had a 15min check on 95 Ramos, Roberto. During the 15min check R/O Bernal saw inmate Ramos reading a book. At about 9:30 p.m. R/O Bernal went on break. as R/O Bernal came back to Echo section, Officer Juan Hernander said that inmate Ramos was going up front. Officer Hernandez handed R/O Bernal the Keys, Officers Gorden, Ramirez and Hernandez handled the inmate and found the inmate had cut his right arm. The three Officer then took inmate Ramos up front.

INVESTIGATING OFFICER	D. Bernal	D.# 1507	DETENTION OFFICER	I.D.#

#92-6037

LIEUTENANT APPROVAL	HIDALGO COUNTY SHERIFF'S DEPT ADULT DETENTION CENTER INCIDENT REPORT	SPN NUMBER
REPORTED ( )RADIO ( ) ON SITE ( )PERSON( )PHONE		DATE 4-08-92

TIME CALL RECEIVED ( )HRS. ( )A.M.( )P.M.	TIME OF BEGINNING INCIDENT 9:15 ( )HRS. ( )A.M.(✓)P.M.	TIME OF ENDING INCIDENT 9:30 ( )HRS. ( )A.M.(✓)P.M.

NATURE OF VIOLATION: Attempted Suicide

LOCATION: Echo-1, cell #7

SUBJECT(S)NAME: Roberto Ramos Moreno

VICTIM(S)NAME:

RELATED REPORTS
(✓) INCIDENT REPORT
( ) OFFENSE REPORT
( ) MISCONDUCT REPORT
( ) RULE VIOLATION(S)
( ) ( ) ( )

NARRATIVE On Wednesday, 4-08-92 at approximately 9:15pm, I Detention Officer Juan A. Hernandez was relieving Officer David Bernal in Echo section. Juliette 12 advised me that inmate Roberto Ramos Moreno was needed up front. I opened the door to Echo-1 Dayroom and advised Ramos that he was wanted up front. Inmate Ramos was located in cell #7 and the door was closed. Ramos replied that he did not want to go up front. I advised back up to come to Echo and escort Ramos up front.

Officer Dale Gordon arrived first and I advised him of the situation. He entered Echo-1 dayroom area and the cell of Ramos. Gordon tried to convince the inmate to go up front willingly. At approximately this time Officer Leonel Ramirez arrived and entered Echo-1 dayroom to assist officer Gordon. A little after, officer David Bernal arrived at Echo section too. I handed him the keys and entered Echo-1 dayroom while he remained at the control box. As I entered I noticed inmate Roberto Ramos had his right arm covered and was holding up a religious book with his left hand as of he was reading it. He still attempted to ignore us and seemed only partially willing to go. Officer Bernal asked if we needed some help we replied negatively. We finally began to surround the inmate back and I wound up close to his head. His right arm became partially uncovered as his gray blanket slipped down. I noticed he had his right arm in his mouth. I became cautious, then I noticed he had blood on his arm and in his head. Officer Leonel Ramirez advised booking of the occurrence and we got him up and escorted him to the nurses's station. He was later taken to the hospital.

DETENTION OFFICER	I.D.#	DETENTION OFFICER	I.D.#
Juan A. Hernandez	1165	Leonel Ramirez Jr.	1540

David Bernal

EDINBURG HOSPITAL
333 WEST FREDDY GONZALEZ DRIVE
P.O. BOX 2000
EDINBURG, TX 78539
(512) 383-6211

Emergency Room Record

ACCOUNT RECEIVABLE NO. 51611333

DATE OF ADMISSION	TIME ADMITTED	HOSP SVC	FAM PHYSICIAN	NO	ATTENDING PHYSICIAN	DR NO	MEDICAL REC NO	FC	RACE
04/08/92	21:46	EMR	NO PHYSICIAN		GILBERTO DIAZ D	888	156408	K	S

PATIENT NAME (LAST, FIRST, MIDDLE)	PATIENT ADDRESS (CITY, STATE, ZIP)	BIRTHDAY	AGE	SEX	M S
RAMOS,ROBERT MORENO	P.O. BOX 8361 WESLACO TX 78596	05/23/54	37	M	

RELIGION	HOME PHONE	WORK PHONE	ARRIVED BY	INFO TAKEN BY	SOC SEC/MEDICARE NO	PAT TYPE	NOTES - PHYSICAL ADDRESS
			CAR	JFA	566961338	ER	

GUARANTOR NAME (FIRST) (M I) (LAST)	ADDRESS	CITY	STATE	ZIP	PHONE
ROBERT MORENO RAMOS	P.O. BOX 8361	WESLACO	TX	78596	

RELATIONSHIP	GUARANTOR'S EMPLOYER	ADDRESS (CITY, STATE, ZIP)	PHONE
SELF	JAIL INMATE		

INSURANCE CO. NAME ADDRESS CITY STATE ZIP	POLICY	CERT NO	GROUP NO
SELF PAY			

NEXT OF KIN	ADDRESS	PHONE
NONE GIVEN		

TET TOXOID 1988 ALLERGIES NKA

CHIEF COMPLAINT two lac to (R) wrist. 1" & 2" 1° prior to arrival.

VITAL SIGNS ON ADM: T 98 P 72 R 20 B/P 132/90
GR ___ P ___ AB ___ LMP ___
HEIGHT: ___ WEIGHT: ___

M D EVALUATION

37M transfer from Co Jail c "self-inflicted" Laceration to (R) wrist Denies any suicide gesture

PE (R) wrist c 2 Laceration one 4cm two 3cm.
N/ Sensory - intact

88102
1986
86.59
120.00

Repair { 5-0 nylon
neosporin oint
dressing

LAB	
TIME ORDER	
TIME DONE	
CBC	☐
H&H	☐
GLUC	☐
LYTES	☐
ABG	☐
S. AMYL	☐
C. ENZY	☐
SMA	☐
UA	☐
C&S	☐
EKG	☐
ICCU	☐
OTHER	☐

X-RAY
TIME ORDER ___
TIME DONE ___

DISPOSITION TIME 2250
ADMITTED ○
HOME ○
OFFICE ○
POLICE ☑
CORONER ○
RM NO. ___
ADMITTING M D ___
CONDITION Stable

ORDERS: [signature] Duria / 7 pm

DX: Laceration (R) wrist

INSTRUCTIONS GIVEN
LACERATION ___
FEVER ___
DIARRHEA ___
HEAD ___

FOLLOW-UP CARE INSTRUCTIONS
1. suicide precautions
2. Laceration care
3. Co Jail Thursday
4. sutures out 7-8 day

09774

[signature] 1559 — PATIENT'S SIGNATURE
[signature] — NURSE'S SIGNATURE
[signature] — PHYSICIAN'S SIGNATURE

I DO HEREBY GIVE MY CONSENT FOR ANY MEDICAL AND/OR SURGICAL TREATMENT DEEMED NECESSARY BY:

DOY MI CONSENTIMIENTC PARA CUALQUIER TRATAMIENTO MEDICO O QUIRURGICO QUE SE JUZGUE NECESARIO.

DR: _____ _____ _____
PHYSICIAN PATIENT RELATIONSHIP

AUTHORIZATION FOR THE RELEASE OF HEALTH RECORDS

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO ANY INSURANCE COMPANY, IN ORDER TO PROCESS THIS CLAIM. I REQUEST PAYMENT OF INSURANCE BENEFITS TO EDINBURG HOSPITAL. THE EDINBURG HOSPITAL IS HEREBY RELEASED FROM LEGAL RESPONSIBILITY OR LIABILITY FOR THE RELEASE OF THE MEDICAL RECORDS.

YO, AUTORIZO EL TRASPASO DE TODA INFORMACION MEDICA NECESARIA PARA CUALQUIER COMPANIA DE SEGUROS, PARA EL PROCESO DE ESTE RECLAMO, SOLICITO QUE EL PAGO DE BENEFICIOS DEL SEGURO SEAN HECHOS DIRECTAMENTE AL HOSPITAL DE EDINBURG. EL HOSPITAL DE EDINBURG ESTA DESOBLIGADO DE TODA RESPONSIBILIDAD LEGAL O EXPUESTO, POR EL TRASPASO DE ESTA INFORMACION MEDICA.

Witness _____ Patient or Guardian (in case of minor)

Witness _____ Relationship 04-08-92 Date

I UNDERSTAND THAT I WILL BE BILLED SEPARATELY BY THE PHYSICIANS, RADIOLOGIST, ANESTHESIOLOGIST AND PATHOLOGIST. I UNDERSTAND MY HEALTH INSURANCE MAY NOT PAY FOR THIS SERVICE AND AGREE TO PAY ANY PHYSICIANS, ANESTHESIOLOGIST, RADIOLOGIST AND PATHOLOGIST FOR SERVICES RENDERED.

Witness _____ Patient or Guardian (in case of minor)

Witness _____ Relationship 04-08-92 Date

09775

EDINBURG HOSPITAL

NURSES EMERGENCY ROOM ADMISSION FORM

Triage Date: 4/8/92 Time: 2155 Code: 1 (Immediate) 2 (Urgent) 3 (Non-urgent)

Patient: Roberto Ramos Age 37 yr.

ER Physician: ______ Time Notified: 2200

Trauma Room		Holding Area		Treatment		GYN

Private MD: ______ coming: YES ☐ NO ☑ Time Paged ______ Response ______ Time Paged ______ Response ______

Referred to: ______ coming: YES ☐ NO ☐ Time Paged ______ Response ______ Time Paged ______ Response ______

NOTIFIED
- ☐ Relative
- ☐ J.P.
- ☐ Police
- ☐ Animal Shelter
- ☐ Poison Control

TIME: ______

Allergies: NKA

Last T.T. 1987

Chronic Health Hx: none

Home Meds: none

Chief Complaint: two lacerations to (L) wrist one 2" one 1" — happened one hour ago — suicide attempt

Temp 98.2 P 72 R 20 B/P 132/90

Wt 154 lbs

Ambulance ☑ Carried ☐ c̄ Stretcher ☐ W/C ☐ c̄ Ambulatory ☐ two police offic

c̄ foot chain

NEUROLOGICAL SYSTEM

Right Pupil: reactive ☑ nonreactive ☐ fixed ☐ dilated ☐ constricted ☐
Left Pupil: reactive ☑ nonreactive ☐ fixed ☐ dilated ☐ constricted ☐
Oriented: time ☑ place ☑ person ☑
Motor Response: obeys ☑ withdraws ☐ flexion ☐ extension ☐ paralysis ☐
Verbal Response: oriented ☑ confused ☐ inappropriate words ☐ none ☐

CARDIOVASCULAR SYSTEM

Heart Rate: 72 Rhythm regular Findings normal
Skin: pallor ☐ flushed ☐ pink ☑ jaundiced ☐ cyanotic ☐ diaphoretic ☐
warm ☐ cool ☐ hot ☐ dry ☐ moist ☐ ulcers ☐
Capillary Return: brisk ☑ prolonged ☐
Pulses: weak ☐ full ☑ bounding ☐ absent ☐

RESPIRATORY SYSTEM

Breath Sounds: clear ☑ crackles ☐ wheeze ☐ absent ☐ diminished ☐ other ______
Respirations: rate 20 regular ☐ labored ☐ assisted ☐ orthopnea ☐ reactions ☐ cough ☐
productive cough ☐ cyanosis ☐ no resp. distress ☐
Airway/Ventilations: 02 L/min. ☐ mask ☐ cannula ☐ intubated ☐ none ☑

GASTROINTESTINAL SYSTEM

Abdomen: soft ☑ firm ☐ distended ☐ No abd. pain ☐ Last meal ______
Bowel Sounds: hypo ☐ hyper ☐ absent ☐ normal ☐
Pain: RUQ ☐ RLQ ☐ LUQ ☐ LLQ ☐ epigastric ☐ suprapubic ☐ flank ☐
Nausea ☐ Vomiting ☐ Diarrhea ☐ last bowel movement ______ color ______ N/A

GENITOURINARY SYSTEM

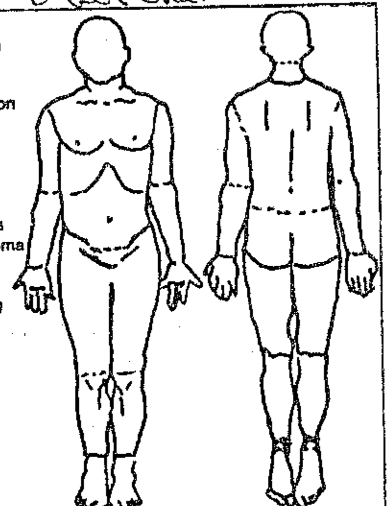
Voiding: continent ☐ incontinent ☐ dysuria ☐ hematuria ☐ frequency N/A foley ☐
LMP ______ Pregnant: yes ☐ no ______ FHT: ______
(No urinary problems) ☐ G: ☐ P: ☐ AB: ☐ normal

IMMOBILIZATION

Cervical collar ☐ Sandbags ☐ Board ☐
Splints: Leg (short) ☐ leg (long) ☐ arm ☐
Restraints: ______

gauze to (L) wrist site c̄ small mod. amt of blood drainage (ER)

1 - Abrasion
2 - Burn
3 - Avulsion
4 - Laceration
5 - GSW
6 - Stab Wound
7 - Fracture
8 - Pain
9 - Cyanosis
10 - Hematoma
11 - Foreign Body
12 - Swelling
13 - Other:



ANTERIOR POSTERIOR

M		V		E	
Obeys Command	6	Oriented	5	Spontaneous	4
Localize Pain	5	Confused	4	To Speech	3
Flexion Withdraw	4	Verbalizes	2	To Pain	2
Abnormal Flexion	3	Vocalizes	2	No Eye - Opening	1
Abnormal Extension	2	No Vocalization	1		
No Motor Response	1				

TIME	COMA SCALE M	V	E	PUPILS R	L	Reaction R	L	Hand Grip R	L	Leg Motion R	L
2155	N/A										
	oriented & alert										

Physical Assessment Done By: B Kinzel

NURSE'S INITIALS B. Kinzel

VALUABLES:
CLOTHING ☐ WALLET ☐ DENTURES ☐
EYEGLASSES ☐ MONEY ☐ JEWELRY ☐
NONE ☐

none

DISPOSITION OF VALUABLES:
SECURITY ☐ FUNERAL ☐ NAME: ______
FAMILY ☐ HOME ☐ ______

09776

TIME	TEMP	PULSE	RESP	B/P
2152	98.2	72	20	1[illegible]/70
2250	98.3	75	18	1[illegible]/[illegible]

TIME	TEMP	PULSE	RESP	B/P

TIME	TEMP	PULSE	RESP	B/P

TIME	NURSING INTERVENTIONS
2200	To Rm #7 c HCSD & handcuffs. Physician notified. Jorge Sutures set.
2230	Neosporin adaptic dressing Kerlix dressing [illegible]
2250	Pt vital signs stable, Pt discharge teaching completed. Pt discharged in care of Hidalgo County Sheriff's Dept.

TIME	PHYSICIAN'S ORDERS

Physician's Signature

Nurse's Signature [illegible] RN

09777

NAME: 51611333 CHART # 04/08/92 PHYSICIAN: DATE:
RAMOS, ROBERT M. M-32 -K
DIAZ
PATIENT POST-CARE INSTRUCTION
EMERGENCY DEPARTMENT
05/23/54

The examination and treatment received here have been rendered on an emergency basis only. They were not intended to be substitutes for complete medical care. Your follow-up doctor will receive a copy of your records and all test results. It is important that you let your doctor check you again, and that you report any problems at that time, because it is impossible to recognize and treat all elements of injury in a single emergency department visit. Follow the directions specified below.

PATIENT INSTRUCTIONS

___ A. Call and make an appointment with your family physician within _____ days.
___ B. You are referred to the following physician. Make an appointment for follow-up treatment with Dr. _____ in _____ days.
___ C. X-rays will be initially reviewed by the emergency physician or your private physician. They will be reviewed by the radiologist the following day. You will be notified if there is a discrepency from the initial interpretation.

MEDICATIONS

___ A. The medications you received may cause drowsiness or dizziness. Do not drink alcohol or operate an auto or other dangerous machinery.
___ B. Take medications as prescribed by the physician.
___ C. If you develop nausea, vomiting, diarrhea, itching, skin rashes, or any other unusual symptoms notify your physician or return to the emergency room.

WOUND CARE

___ Keep dressing intact, wound clean and dry for 21 days.
___ Do not remove dressing for 24 hours.
___ Clean daily with Betadine.
___ Look for unusual redness, purulent drainage, and/or increased pain and tenderness indicating infection. Notify physician of symptoms.
___ Stitches should be removed in 7-8 days.

CAST CARE

___ Elevate above heart level to reduce swelling.
___ Do not get cast wet or soiled.
___ Do not put objects between cast & skin.
___ Wiggle toes or fingers to decrease swelling.
___ If extremity gets cold, blue or numb, or if pain increases markedly, return to E.R.
___ Cast will not be dry completely for 48 hours.

ORTHOPEDIC INJURIES

___ Keep injured part elevated _____ days.
___ Apply dry, cold packs each hour for 20 minutes for _____ hour
___ Apply warm packs/compresses/soaks.
___ Don't bear weight on injured foot/leg
___ Wear splint continuously until you have been rechecked by a physician.

FEVER CONTROL

___ Check temperature every 4 hours
___ For fever take: (every 4 hours)
_____ tylenol: dose: _____
___ Sponge baths using lukewarm water for temp. over 103 degree.
___ Drink plenty of fluids.

EYE INJURY OR FOREIGN BODY

___ Leave patch in place for ____ hours.
___ Do not drive while wearing eye patch.
___ Call doctor for increased pain, redness or drainage.

DIARRHEA AND VOMITING

___ Give frequent small amounts of clear liquid.
___ Avoid milk or milk products for 24 hours.
___ Consult physician for continous vomiting or diarrhea or temp over 103 degrees.

BACK INJURIES

___ Bed rest. Up only to the bathroom.
___ Lie on a firm bed with knees and hips bent for maximum comfort.
___ Avoid lifting, pulling, straining, bending for ____ days.
___ Hot packs/heating pad/ warm tub soaks.
___ If you have difficulty urinating, moving your bowels or developing definite weakness, call your doctor or the E.R.

HEAD INJURY

___ Rest at home 24 hours. Stay with responsible adult.
___ Awaken every 2 hours first 8 hours to assure arousability
___ No alcohol.
___ Report immediately for the following: severe headache, persistent nausea/vomiting, unusual sleepiness, confusion blurred or double vision, uncoordination, unequal pupils, convulsions.

SPECIAL INSTRUCTIONS: Suicide Precautions

DRUG/FOOD INTERACTION: Lacerain cure

ACTIVITY: MD to see at County Jail Thursday

Sutures out 7-8 days

I HEREBY ACKNOWLEDGE THE RECEIPT OF THE INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I HAVE RECEIVED EMERGENCY TREATMENT ONLY. I WILL ARRANGE FOR FOLLOW-UP CARE.

x Bentolalit #1559

PATIENT/SIGNIFICANT OTHER NURSE ; PHYSICIAN

09778