

04-7199  
Swm

OREGON STATE HOSPITAL  
REPORT OF ORS 161.295/161.315 EVALUATION

NAME: GIFFEN, Todd Michael  
OSH#: 70380  
WARD: 50H - FETS

DATE OF REPORT: 1/7/05  
DATE OF EVALUATION: 12/14/04

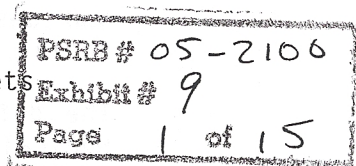
DOCKET NUMBER: 220411806

IDENTIFYING DATA: This is the first Oregon State Hospital referral for Mr. Todd Michael Giffen, a 19-year-old single Caucasian male, born March 13, 1985. He is charged with Menacing/Domestic Violence, a Class A misdemeanor, and Harassment/Domestic Violence, a Class C misdemeanor, under docket number 220411806 in Lane County Circuit Court. He was referred to the Oregon State Hospital for an evaluation of Criminal Responsibility as he intends to rely upon the defense of mental disease or defect as outlined under Oregon Revised Statute (ORS) 161.295 in an order dated July 21, 2004, and signed by the Honorable Cynthia D. Carlson.

INFORMATION RELIED UPON: The defendant, Mr. Todd Giffen, was evaluated in a clinical interview which lasted approximately 90 minutes and occurred on December 14, 2004, at the Oregon State Hospital Forensic Evaluation Service. Present throughout was Stacy Caraballo, BA, CADC-III, psychological trainee, as an observer. The defendant was advised at the start of the interview of the limitations on confidentiality associated with this forensic evaluation, clearly expressed his understanding of these rights, signed a Patient Rights form, and agreed to proceed with the evaluation.

Records reviewed for this report included:

1. Lane County court documents, including an affidavit of probable cause dated June 18, 2004, and a charging document dated June 21, 2004.
2. Springfield Police Department reports regarding the instant offense on June 18, 2004.
3. Law Enforcement Data System (LEDS) criminal history sheets
4. Lane County Jail mental health records.
5. A report by Rebecca S. McAlexander, MA, a mental health specialist with Lane County Corrections, dated June 23, 2004.
6. Lane County Mental Health Center records from March 16, 2004 until September 13, 2004.
7. Mercy Medical Center Emergency Room records from February 10, 1998 until February 11, 1998.
8. A letter from Happy Shaw Trapp, MS, licensed professional counselor, to Franc Strgar, MD, dated January 21, 1999.



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DOCUMENTATION-EVALUATION  
OSH-STK: 75069-MR 2-7/2004  
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9. Psychiatric records from Franc Strgar, MD, from February 9, 1999 until April 8, 1999.
10. Oregon State Hospital records for an admission from June 30, 2004 until December 16, 2004.
11. Minnesota Multiphasic Personality Inventory - Second Edition (MMPI-2).
12. Personality Assessment Inventory (PAI).
13. Rogers Criminal Responsibility Assessment Scales (R-CRAS).

CRIMINAL HISTORY: This is the first adult arrest for this 19-year-old. A history of involvement with the juvenile legal system is suggested at some time in his past of unclear extent and duration.

PAST PSYCHIATRIC HISTORY: The defendant reported problems with depression dating back to the age of 11 or 12, for which he participated in counseling for a year or two with Happy Shaw Trapp, MS. Mr. Giffen also reported that he was prescribed Zoloft and Prozac in the past. Happy Shaw Trapp described the defendant as a multi-problem child with a chaotic family background, history of abuse, fearful of attending school, and presenting in an odd manner with pronounced social withdrawal along with depression, suggestive of a schizotypal personality. A family history of severe depression in the grandmother with whom he was living at this point in time was also reported by Ms. Trapp. She referred him to Dr. Franc Strgar for medication evaluation, and he prescribed Zoloft, with reported minimal improvement. Dr. Strgar also noted poor eye contact, latency of responses, and described problems with depression, anxiety, anger, and poor psychosocial support.

The defendant reported a diagnosis of an anxiety disorder at Sacred Heart Medical Center in Eugene and participated in counseling with the Lane County Mental Health Center and White Bird Clinic in Eugene, where he was treated with antidepressant medication (Prozac). Mr. Giffen reported to this evaluator that while under the Oregon Health Plan he was originally prescribed 20 mg of Prozac in November 2003 and that this medication had been increased to 30 mg by the Lane County Mental Health Center in approximately March 2004. He related that posttraumatic stress disorder (PTSD) was what his "counselor on the outside" thought his problem was; adding, "I think I was abused pretty bad." He also reported a family history of attention deficit hyperactivity disorder (ADHD) in his brother and sister on his mother's side, a history of "probable bipolar" disorder in his mother, and depression in his grandmother. The defendant also reported a history of a diagnosis of ADHD with treatment with Ritalin in

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the fourth and fifth grades. At this time "other people said" that he did better when taking the Ritalin.

Available Lane County Mental Health Center records indicate that the defendant had been seen in counseling at the White Bird Clinic since February 2004, seeing Merrie Sennett, MA, for individual counseling. It was reported that approximately one year prior to beginning outpatient counseling at White Bird Clinic that the defendant used to be outgoing. He was also noted to have been previously diagnosed with ADHD, to have mood swings, and to have been abused by several people, including his father and former stepmother. It was noted that he was not employed, had no income, and might lose his Oregon Health Plan Plus benefits on April 4, 2004.

Mr. Giffen was seen at the Lane County Mental Health Center on March 16, 2004 and March 31, 2004, following a referral for psychiatric medications on March 9, 2004, by the White Bird Clinic. He was seen by a nurse practitioner who increased the Prozac prescribed by the defendant's primary care provider from 20 mg to 30 mg in the morning (consistent with his self-report). When Mr. Giffen first presented to Lane County Mental Health Center on March 16, 2004, he was described as very quiet, making little eye contact, looking at the floor, and being "consistently reticent to speak." It was also noted that he sometimes did not answer a question or, more often, took a long time to answer. His voice was described as soft, with a low volume and sometimes difficult to hear, but coherent and rational. He was described as "withdrawn and anxious with minimal social skills." At that time he denied feeling depressed but reported anxiety. He did, however, acknowledge suicidal thoughts and the fact that he kept a knife in his room. He was evasive regarding current suicidal ideation but acknowledged not making a no self-harm contract with his counselor at the White Bird Clinic, and he also did not respond to requests to make one at the Lane County Mental Health Center. He acknowledged having made a contract at White Bird Clinic to not harm others, describing homicidal ideation as being "very angry" at his father, who lived in Arizona. Diagnoses offered by the Lane County Mental Health Center included a generalized anxiety disorder, rule out PTSD, rule out major depressive disorder, rule out dysthymia, rule out delusional disorder, and rule out schizophrenia. The defendant kept appointments on March 16, 2004 and March 31, 2004, but following this he did not keep his two-week followup appointment and made no further contact with the Lane County Mental Health Center. His case was closed on September 13, 2004.

Mercy Medical Center Emergency Room records reveal an overnight admission on February 10, 1998, for a "potentially unstable" 12-year-old who had run away from home following an altercation with a relative, and reported to police officers that he was thinking of killing himself. He was diagnosed with a conduct disorder and suicidal ideation. He was noted to use foul

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language when talking to the emergency room physician, with no evidence of delusions or hallucinations and no appearance of intoxication. He presented with some refusal to answer questions, a refusal to shower, and a depressed mood. By the day following his admission (February 11, 1998), Mr. Giffen denied suicidal ideation. When his grandmother was contacted, she stated, "I think you guys just jump to conclusions, he would not hurt himself." He was offered treatment with diphenhydramine (Benadryl) and released to the custody of his father for followup outpatient mental health treatment.

Available Lane County Jail mental health records describe the defendant as "hostile" and "aggressive" in the jail with "unpredictable behavior" following his arrest on June 18, 2004, such that he was on a two-officer escort when he needed to be moved. He was also noted to have been "despondent" since his arrest, reportedly standing in one place for six hours, being very slow to answer questions, staring at the floor without blinking, avoiding eye contact when approached, and appearing to respond to internal stimuli. Additionally, the defendant had not eaten since his arrest on June 18, 2004. Although he denied an intent to commit suicide while incarcerated, he reported possible suicide plans, including "not drinking water, throwing myself off something to break my neck ... but they'd all be ineffective."

A letter to defense counsel by Rebecca McAlexander, MA, dated June 23, 2004, indicates that the defendant was seen by that examiner at the Lane County Jail on June 19, 2004, at which time he presented with increased latency of verbal responses, behavioral evidence of attention to internal stimuli, and pressured speech. Ms. McAlexander noted collateral reports of recent bizarre, disorganized, violent, and assaultive behavior. She offered diagnostic impressions of "psychosis, schizophrenia, and personality disorder." She also noted that the defendant had reportedly been "catatonic and nonresponsive" in court, and stated that it was unclear whether he was "despondent and catatonic or merely uncooperative." Ms. McAlexander opined that the defendant was unfit to proceed in court and recommended hospitalization for further evaluation and treatment.

The defendant was subsequently hospitalized at the Oregon State Hospital from June 30, 2004 until December 16, 2004, under ORS 161.370. He presented upon admission as disheveled and guarded, making no eye contact, with significant anxiety and suggestions of paranoia. Diagnoses upon admission included rule out psychotic disorder, not otherwise specified, and rule out an anxiety disorder, not otherwise specified. Mr. Giffen was treated with psychotropic medications, including Paxil, Zyprexa, and Celexa, for symptoms of depression and psychosis. He had to be involuntarily medicated. He demonstrated self-harm behaviors and agitation repeatedly while hospitalized, requiring special precautions. Diagnoses at

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the time of discharge were of PTSD, chronic and delayed; major depression, recurrent, with psychotic features; and a personality disorder, not otherwise specified, with schizotypal and borderline features. He was also noted to have a profound disorder of attachment during this most recent hospitalization.

**SUBSTANCE ABUSE HISTORY:** The defendant denies any history of alcohol or drug usage. There are no records or reports to indicate that this is a problem for Mr. Giffen.

**SOCIAL/DEVELOPMENTAL HISTORY:** The defendant, Mr. Todd Giffen, was born on March 13, 1985, in Cottage Grove, Oregon, raised in Springfield and Eugene, Oregon. His parents divorced when he was an infant, and he lived with his father and stepmother in Arizona until the middle of his sixth grade year. After this, he was raised by his paternal grandparents. He was raised as an only child by his grandparents. He reportedly only saw his mother once when he was 11, at which time he lived with her for a few months. The defendant is the oldest and only natural child of his natural mother and father, reportedly having a half brother and half sister on both his mother's and father's side. He grew up with his father, stepmother, and one younger sister, who is reportedly "manic depressive." He reported a history of "severe abuse," including physical and emotional abuse and neglect by his father, stepmother, and the father's girlfriend; and sexual abuse when he was 4 or 5 by his father's girlfriend's niece. Mr. Giffen reported a family history of alcohol and drug abuse in his mother, a history of "probably bipolar" problems in his mother, and depression and anxiety in his paternal grandmother (the grandmother who raised him).

The defendant reported that his brother and sister on his mother's side were "very close to the same as me." He noted that his sister had been hospitalized psychiatrically, was "very wild," "cuts on herself," and had tried to kill herself and others, including his brother. He also noted that this brother had tried to kill himself by hanging in the past. He reported that both of these siblings have ADHD, and he thought that his sister had schizophrenia. He stated, "All of us have been abused." He further reported that when living with his grandparents, his father would come by and "try to force me to do stuff." He reported one instance where his father "tried to force his way into my room." He told this evaluator that he hated his family when he first came into the Oregon State Hospital, and that he was "so upset that they didn't do anything to get me help when I was younger."

The defendant is single, has never been married, and has fathered no children. He reports never having had a girlfriend, and indications are that he was isolative during much of his childhood and adolescence, without forming significant friendships.

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**EDUCATION/EMPLOYMENT HISTORY:** The defendant reported completing school only through the sixth grade and indicated that his grades started to go down when he was in the sixth grade. He commented that in the fourth grade he was in a "4/5 split" class and participated in advanced math. He stated that he liked math and science. He also reported being prescribed Ritalin in the fourth and fifth grades for ADHD. It appears, however, that his family was so chaotic and so abusive that this may have been the primary difficulty he was experiencing in school, rather than an attentional disorder. He further reported that he would go to the library and study for his GED with a teacher from his school in his junior high school years. He also noted that he saw a counselor "a lot" while he was in school. This apparently included Happy Shaw Trapp, MS, after he began refusing to go to school at approximately age 14.

**CURRENT MENTAL STATUS EXAMINATION:** The defendant, Mr. Todd Giffen, presented upon interview as a tall, thin, young-appearing, 19-year-old Caucasian male with short, brown hair, hazel eyes, and the beginning of beard growth on his face. His dress was casual and hygiene was adequate. The defendant remained alert, cooperative, and highly motivated for the current evaluation, with intact thinking, an upbeat mood, and stable and congruent affect. Some restlessness and anxiety was noted, with particular discomfort in discussing his history of abuse and mental health symptoms. Mr. Giffen tended to sit straight and back somewhat in his chair with his arms folded, although at times he did relax and lean forward during conversations. He maintained a good focus of attention during the mental status examination and when discussing his legal situation. His speech was clear and audible, although he was somewhat soft-spoken, and normal with respect to rate, rhythm, and flow. Eye contact was appropriate.

The defendant was fully oriented to person, place, time, and purpose. He had thought over whether or not he wanted to consider using a mental health defense prior to the second interview and was able to demonstrate his understanding of the purpose for the evaluation of his criminal responsibility and state of mind at the time of the alleged criminal offenses. Immediate memory, attention, and concentration were intact upon evaluation, as were recent and remote memory. Fund of knowledge is suggestive of average intellectual functioning. Mr. Giffen's reasoning appeared intact for both simple problem solving and abstract reasoning, although he did appear to be a somewhat concrete thinker. Judgement was mildly impaired when asked about simple social scenarios, reflecting some lack of social awareness. There were no indications of a current mood disorder, but strong indications of a prior depressive disorder. Current problems with sleep and appetite were denied, but previous problems were endorsed. In particular, the defendant reported that he had lost 50 pounds over the course of a year prior to his arrest, and noted that he had gained 43 pounds since admitted to the hospital. He stated that sometimes he did

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not "feel like eating" and, in fact, had not eaten for 11 days following his arrest and prior to his admission to Oregon State Hospital. He also noted problems sleeping prior to his admission to the hospital, such that he would stay up for several days. He endorsed early morning awakening and sometimes waking up due to nightmares. This may be a reflection of PTSD, but he would not clearly endorse symptoms related to PTSD.

Apparent withdrawal and anhedonia were noted over a year or more prior to his most recent arrest. Mr. Giffen spent a great deal of time in his room and noted that in 2002 he even stopped talking to people on-line. Suicidal thoughts were noted to "come up a couple of times a day," usually prompted by social situations where he did not know people (that is, social anxiety). At the time of the second interview, Mr. Giffen had been off suicide precautions for two weeks and been able to contract for safety. He did not report a current suicidal plan. He told this evaluator that he had reported to the police that he was suicidal when he was 11 or 12 but that this problem was not sufficient to require hospitalization (hospital records support this information). Regarding homicidal ideation, the defendant reported that he had been thinking about hurting people in his family, "mainly my dad," apparently a result of significant anger related to his history of abuse and neglect. He denied current thoughts of harming his grandmother. The defendant's grandmother had reported to several evaluators that during the four days prior to his arrest, Mr. Giffen shut himself in his bedroom, laid on his bed, would not eat, and cried uncontrollably. She also described him as "fixated on knives."

#### PSYCHOLOGICAL TESTING

Minnesota Multiphasic Personality Inventory - Second Edition (MMPI-2): The defendant completed an MMPI-2 on December 2, 2004. Validity indicators reveal an unusual style of responding in which Mr. Giffen claimed an unrealistic amount of virtue while also endorsing a great number of psychological difficulties, which likely reflects some unconventional and possibly bizarre beliefs, as well as his generally unsophisticated attitude. His clinical profile reveals a pattern of chronic psychological maladjustment in an individual overwhelmed by anxiety, tension, and depression, feeling helpless and alone, inadequate and insecure, and believing that life is hopeless and nothing is working out right. The defendant attempts to control his worries through intellectualization and unproductive self-analysis, but has difficulty concentrating and making decisions. This rather chronic behavioral pattern is typical of someone who lives a disorganized and pervasively unhappy existence and may have episodes of more intense and disturbed behavior resulting from an elevated stress level. At the time of testing, Mr. Giffen was functioning at a very low level of efficiency, tending to overreact to even minor stress and prone to show rapid behavioral deterioration. He tends to blame himself

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for his problems, his lifestyle is chaotic and disorganized, and he has a history of poor work and achievement. He may be preoccupied with obscure religious ideas. The clinical profile obtained by the defendant is relatively frequent in various inpatient settings, and the resultant pattern of severe behavioral deterioration is often diagnosed as a schizophrenic disorder. Other diagnostic possibilities include an anxiety disorder or dysthymic disorder in a schizoid personality.

There is some lack of clarity in the defendant's profile definition. It is possible that on retesting, acting-out, aggressive, and irresponsible behavior might become more prominent. Results reveal problematic interpersonal relationships and the appearance of a lack of basic social skills, as well as an individual who is behaviorally withdrawn. Mr. Giffen may relate to others ambivalently, never fully trusting or loving anyone, and may never actually establish lasting intimate relationships. He is a highly introverted and interpersonally avoidant person, very uneasy in close interpersonal involvements. His emotional detachment appears to be of long-standing duration. Individuals with similar profiles are typically rigid and overcontrolled, tend to worry a great deal, and may experience periods of low mood in which they withdraw almost completely from others. His generally reclusive behavior, introverted lifestyle, and tendency towards interpersonal avoidance are likely to be prominent in any future test results. Additionally of note is that individuals with this clinical profile usually receive psychotropic medications for their extreme depression, intense anxiety, or thought disorder. Additionally, an intensive therapeutic effort might be required in order to bring about any significant change due to the likelihood that many of his problems tend to be chronic, and with many psychological and situational concerns it may often be difficult to maintain a focus in treatment. He is seen as someone who is in need of a great deal of emotional support. He tends to be overideational and prone to unproductive rumination, and may represent a clear suicide risk.

Personality Assessment Inventory (PAI): The validity indicators on the PAI reveal some unusual responses to particular items, a likely effect of confusion and idiosyncratic interpretation of individual items. Mr. Giffen's response patterns are unusual in that they indicate defensiveness about particular personal shortcomings as well as an exaggeration of certain problems. As such, the results may underrepresent the extent and degree of significant findings in certain areas due to the defendant's difficulties in acknowledging negative or unpleasant aspects of himself and may also overrepresent the extent and degree of significant findings in certain areas. Interestingly, compared to the MMPI-2, where almost all clinical scales were elevated and suggestive of an extreme degree of distress, the PAI clinical profile reveals no marked elevations that are considered to indicate the presence of clinical psychopathology.

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He does describe problems involving thoughts of death or suicide; unsupportive family or friends; poor interpersonal rapport; unhappiness; poor sense of identity; physical signs of anxiety; feelings of helplessness, tension, and apprehension; hostility and bitterness; stress in his environment; failures in close relationships; irrational fears; impact of traumatic events; disruptions in thought process; and preoccupation with physical functioning. Some of the difficulties reported are consistent with transient depressive symptomatology and include pessimism and dwelling on thoughts of worthlessness, hopelessness, and person failures. The defendant describes himself as a socially isolated individual with few personal relationships that could be described as close and warm. He is more wary and sensitive in interpersonal relationships and reportedly experiencing some degree of anxiety and stress. He demonstrates a rather negative self-evaluation and a tendency to be self-critical. He reports being very uncomfortable in social situations, appears to have little interest or need for interacting with others, and takes a passive submissive stance when dealing with others, which may lead to feelings of resentment. He also reports intense and recurrent suicidal thoughts at a level typical of individuals placed on suicide precautions. However, his level of treatment motivation is somewhat lower than is typical of individuals being seen in treatment. Thus, overall, the PAI results are consistent with possible PTSD, a major depressive disorder or dysthymic disorder, and a personality disorder with passive-aggressive, schizoid, or borderline traits.

**DIAGNOSTIC IMPRESSIONS/DISCUSSION:** The defendant, Mr. Todd Giffen, presents as a 19-year-old Caucasian male with a severe history of physical, emotional, and sexual abuse and neglect, consistent with a diagnosis of PTSD. He has presented with social avoidance and withdrawal, restricted affect, sleep disturbance, anger outbursts, and difficulty concentrating since childhood (all symptoms of PTSD). He even received a diagnosis of ADHD as a child, which may have been more reflective of his traumatic history than an attentional disorder.

Over the past year, the defendant has become increasingly depressed, withdrawn, suicidal and homicidal, with indications of bizarre behavior and paranoia. He was diagnosed upon admission to the Oregon State Hospital with a psychotic disorder, not otherwise specified, and an anxiety disorder, not otherwise specified, but is currently diagnosed with PTSD and major depression with psychotic features.

Finally, the defendant's instability in affect, self-image, and interpersonal relationships is consistent with a diagnosis of borderline personality disorder. Intense anger, suicidal gestures, and transient paranoid ideation or dissociation may be a part of this diagnosis as well. Reported symptoms of depression and anxiety are consistent with this

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diagnosis, as are brief transient psychotic episodes, particularly in response to stress. Mr. Giffen also demonstrates a pervasive pattern of social and interpersonal deficits marked by acute social anxiety associated with paranoid fears, a reduced capacity for close relationships, and odd thinking and behavior at times, consistent with a schizotypal personality disorder. It was the impression of the defendant's adolescent therapist that he presented as an individual with a schizotypal personality. Psychological testing is consistent with the presence of a personality disorder, suggestive of borderline and/or schizotypal features.

DIAGNOSES (DSM-IV-TR/ICD-9-CM)

Axis I Posttraumatic stress disorder (PTSD), chronic and delayed  
Major depression, recurrent, with psychotic features  
Attention deficit hyperactivity disorder (ADHD), by history

Axis II Personality disorder, not otherwise specified, with borderline  
and schizotypal features

Axis III None contributory

Axis IV Psychosocial and Environmental Problems  
- Involvement with the criminal justice system  
- Unemployment  
- Educational deficits (sixth-grade education)  
- Disrupted family support system

Axis V Global Assessment of Functioning (GAF)  
- Current: 60  
- At the time of the instant offense: 25

COMPETENCY TO STAND TRIAL: Regarding competency to stand trial, ORS 161.360 states: "A defendant may be found incapacitated if, as a result of mental disease or defect, the defendant is unable:

- (a) To understand the nature of the proceedings against the defendant; or
- (b) To assist and cooperate with the counsel of the defendant, or
- (c) To participate in the defense of the defendant."

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A complete evaluation of the defendant's competency to proceed to trial was completed by this evaluator on November 23, 2004. At that time I opined

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that he was able to aid and assist in his own defense. He indicated that he did not wish to use a mental health defense at that point in time and as he was competent to proceed, this evaluator did not continue with the criminal responsibility evaluation. However, approximately two weeks later, Mr. Giffen contacted the evaluator after speaking with his attorney and decided that he did wish to participate in an evaluation of his state of mind at the time of the alleged criminal actions. Therefore, on December 14, 2004, a second interview was conducted.

**CRIMINAL RESPONSIBILITY:** Pursuant to ORS 161.295, "A person may be found guilty except for insanity if, as a result of mental disease or defect at the time of engaging in criminal conduct, the person lacked substantial capacity either to appreciate the criminality of the conduct or to conform the conduct to the requirements of the law." It is also noted in this statute that the terms mental disease and defect "do not include any abnormality manifested only by repeated criminal or otherwise antisocial conduct, nor do they include any abnormality consisting solely a personality disorder."

**SUMMARY OF POLICE REPORTS:** Available Springfield Police Department reports indicate that on June 18, 2004, the defendant reportedly was "upset" about the dinner his grandmother had made and became "very angry, throwing a fan box across the room." He also reportedly tipped over chairs and threw some pillows off the sofa; then went to his bedroom and came back out with a 13-inch knife in his right hand. He allegedly held the knife over his right shoulder "with an overhand grip." He is alleged to have grabbed his grandmother's right wrist and to have pulled her closer to him and was quoted as stating that it was "time for you to die ...". The grandmother reportedly was able to get away and call the police. Police reports indicate that the defendant had lived with his grandmother and grandfather for the past six years. The grandmother reported to the police that he "has had many mental issues and was seeing a psychiatrist at White Bird by the name of Mary." She also reported that the defendant had been "hitting her and pushing her around the house for at least two months." She stated that she "does not want him back and he should be put away in a mental hospital forever." By the time police arrived, the defendant had reportedly barricaded himself in his room, and officers had to kick down the door in order to arrest him. When taken into custody, Mr. Giffen reportedly would not talk to the officers or answer any questions at the time of the arrest or during his booking at the jail.

**DEFENDANT'S ACCOUNT OF ALLEGED OFFENSES:** The defendant was asked by the evaluator about his account of the alleged offense. He stated the following regarding the period of time immediately preceding the instant offense on June 18, 2004:

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I was living with my grandparents in Springfield, Oregon ... didn't have too much contact with them. I was staying in my room and being on-line most of the time, playing games and reviewing technology web sites ... I had pretty much stopped most of my contact with people on-line since 2001 ... I started to feel weird around them, like I never knew what to say to them or the right thing to say. I made a lot of enemies. A lot of people hated me. I don't really remember. My mind is blank.

I didn't want to be seen. One time my grandfather saw me coming out of my room and it really freaked me out and I wanted to run ... When I came out of my room I'd sneak out on my hands and knees and if they saw me I'd run back into my room. Sometimes it would make me angry if they saw me. I tried not to be heard as well. I'd try to walk real quietly and not even make the floor creak and take a real long time to walk out ... I showered five times a day at least, brushed my teeth a lot. Anytime I ate or drank anything I brushed my teeth ... I remember that dirty feeling.

When asked about his preoccupation with knives, Mr. Giffen offered the following comments:

Last November my grandmother came out of the room and asked if I wanted to go to the hospital ... I was upset. I might have had a knife ... knives I kept were steak knives, really dull ones. I cut myself with knives but never really hurt myself ... The most intense time of cutting myself was right before I got arrested ... I was really trying to hurt myself, feeling scared, thinking about killing myself ... I thought 'the wrist isn't going to work, I have to try the neck' ... I stopped when I heard the cops outside.

When asked regarding the events of June 18, 2004, the defendant stated the following:

I don't remember anything about that day ... It happened in the evening on a Sunday, no, it was a Friday ... I know my grandmother was gone all day and my grandfather didn't return until the weekend ... I think I came out of my room. I was a little more comfortable around her (referring to his grandmother). She kind of understood the way I was and she'd leave me alone ... I did go up to her ... The last thing I remember is asking her if we could order a pizza. She said that I could use the money I had ... I thought that she still thought I had some money in my room, but I didn't, so I thought that

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meant my grandpa went in my room and took it. I got upset and went back in my room. I was upset not about the money, just that he went in my room.

It happened in the living room and dining room ... I was ... can I draw a picture? (At this point the defendant drew a diagram of his grandmother's home to describe the events.) I came into the dining area, she was sitting in a chair watching TV. That's when I said, "It's time for you to die," or whatever I said. I had the knife in my hand. It was in my room and I brought it out. I was standing in the doorway when I said it. I didn't go up and grab her like the report said ... After I said that she didn't even care that I said it, so I pushed the back of the chair so she'd get up. She said, 'What did I ever do to you?' I was thinking in my head I wanted to rephrase it to, "What did you ever do for me?" ... because no one ever cared, no one ever tried to get me help. Then I walked a little closer and we just stood there for a while. She started trying to walk around me. I grabbed her arm and she got away easily. (When asked why he grabbed his grandmother's arm.) Because she was walking away. I wanted to say something to her. I wanted her to do something.

When asked regarding his thoughts and feelings around the time of the alleged criminal actions, the defendant offered the following comments:

I think I was pretty scared. I don't even know if I can answer correctly ... I don't know if I can say how I felt, if I was really scared or not ... or when I got scared ... If I'm going to say the wrong thing ... I get confused easily ... I feel depressed ... I don't want to say I was depressed. I don't know if it's correct or true. I'm really worried that I leave out something that's important or that I say something wrong.

The defendant was then asked about his thoughts, feelings, and actions immediately following the alleged criminal actions. He stated:

I just went back to my room, laid in my bed, and started to mess with the knife (referring to cutting on himself) ... After the cops came I put the knife away under the bed and just stayed there laying on my bed and let them break the door down. They were telling me it would be a lot easier if I just opened the door ... They were talking real nice like they were my friends so they could get me to do what they wanted ... They had me put my hands up and they put the cuffs on me. I was fully cooperative except I wouldn't talk to them ... sort of like when I can't talk

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sometimes because I don't know what to say. I think I was pretty scared.

**SUMMARY OF CRIMINAL RESPONSIBILITY:** It appears clear that at the time of the instant offense, the defendant had been progressively spiraling into an acute episode of major depression, isolating himself in his room, refusing to eat, crying uncontrollably, and fixated on knives with increasing suicidal ideation and self-harm behavior (cutting). He also demonstrated bizarre behavior likely associated with PTSD, including fear of being seen or heard, crawling around the house, extreme anxiety and startle responses, an obsessional preoccupation with feeling dirty, and paranoid ideation. He was in a state of near terror as in a PTSD flashback, and barely spoke, although he was generally coherent when he did speak. Periods where Mr. Giffen's mind was "blank" are suggestive of dissociation. His functioning was severely impaired at the time of the alleged criminal actions with an inability to maintain social relationships or work; disordered and highly ritualistic behavior intruding in day-to-day functioning, at times to the point of catatonia. There was a pervasive loss of judgement and decision-making ability which led to a substantial loss of cognitive and behavioral control.

**ADMINISTRATION OF CRIMINAL RESPONSIBILITY SCALES:** The Rogers Criminal Responsibility Assessment Scales (R-CRAS) were applied to the information from the evaluation of Mr. Todd Giffen. The R-CRAS is designed to quantify essential psychological and situational variables at the time of the crime and to implement criterion-based decision models for criminal responsibility. In scoring the instrument, the results are compared to the American Law Institute (ALI) Standard which states, "A person is not responsible for criminal conduct if, at the time of such conduct as a result of mental disease or defect, he lacks substantial capacity either to appreciate the criminality (wrongfulness) of his conduct or to conform his conduct to the requirements of the law." Mr. Giffen's results met the American Law Institute Standard for the insanity defense.

With a reasonable degree of psychological certainty, it is opined that Mr. Todd Giffen met the DSM-IV-TR criterion for several major psychiatric disorders at the time of the offense, including major depression, recurrent, with psychotic features, and PTSD. Bizarre behavior was observed semicontinuously during the period of time surrounding the instant offense and during the alleged criminal actions. There were periods of dissociation in which Mr. Giffen's mind went "blank." Mood was extremely depressed with suicidal ideation, anxiety was extreme and pervaded day-to-day life as well as the commission of the alleged crime, and anger and fear (almost to the point of terror) consistent with PTSD and possible flashback experiences were noted throughout. Delusions and hallucinations were not clearly present, although a high degree of paranoia was noted.

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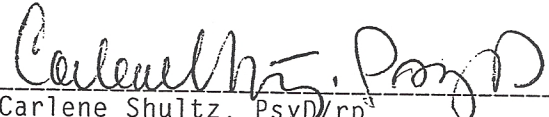


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The defendant demonstrated long latencies of responding, possible thought blockage, and was frequently mute, although when he did speak his speech was coherent. The defendant's awareness of the criminality during the commission of the alleged crime was limited. He had at least a vague awareness of the criminality of the act, a somewhat rudimentary awareness of the wrongfulness of the behavior, and a lack of appreciation of the severity of the crime, which was unplanned, impulsive in nature, and appeared to lack a full awareness of what he was in fact doing. Additionally, Mr. Giffen demonstrated severe impairment in his ability to conform his behavior to the requirements of the law as a result of the previously mentioned mental diseases.

SUMMARY AND PSYCHOLOGICOLEGAL OPINION: With a reasonable degree of psychological certainty, it is my opinion that the defendant, Mr. Todd Giffen, met the DSM-IV-TR criterion for a major psychiatric disorder (major depression with psychotic features and PTSD). There is, therefore, clear evidence that a mental disease appeared to contribute to Mr. Giffen's alleged actions. He was at least mildly impaired in his capacity to appreciate the criminality of his conduct and substantially impaired in his capacity to conform his conduct to the requirements of the law.

  
Carlene Shultz, PsyD/rp  
Licensed Clinical Psychologist  
Forensic Evaluation Service  
Oregon State Hospital

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R. 1/7/05  
T. 1/12/05  
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