

**APPENDIX A TO STEPHEN WEST'S
RESPONSE TO STATE'S MOTION TO
SET EXECUTION DATE**

**REPORT OF CLAUDIA R. COLEMAN,
M.D. DATED 11/7/01**

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Forensic Psychology • Neuropsychology • Psychological Assessment

PSYCHOLOGICAL EVALUATION

Name: WEST, Stephen
Date of Birth: 09-16-62
Age: 39
Date of Evaluation: 11-07-01
Referral Source: Dana C. Hansen, Assistant Federal Community Defender

Identifying Information and Reason for Referral: Mr. Stephen West is a thirty-nine-year-old divorced white male who was found guilty in 1987 in Union County, Tennessee of two counts of First Degree Murder; two counts of Aggravated Kidnapping; and one count of Aggravated Rape relative to the deaths of Wanda and Sheila Romines on March 17, 1986. Mr. West's post-conviction counsel, Dana C. Hansen, Assistant Federal Community Defender, requested that an evaluation be conducted to assess any psychological factors that might have influenced Mr. West's thinking and behavior at the time of the offenses, and thereby might have had some bearing on possible defenses and/or mitigation issues at the time of his trial in 1987.

Date of Contact and Procedures Administered: A clinical interview was conducted with Mr. West on November 7, 2001 at the Riverbend Maximum Security Institution in Nashville, Tennessee. Psychological assessment conducted at that time consisted of the administration of the Millon Clinical Multiaxial Inventory, Third Edition (MCMI-III) and the Beck Depression Inventory-Second Edition (BDI-II). In addition to the MCMI-III and BDI-II test results, the results from extensive neuropsychological and psychological testing performed in 1995 by Eric S. Engum, Ph.D., J.D. was available through Dr. Engum's report of 09-22-96 and also through his testimony at a post-conviction hearing on September 24, 1996. All of the findings were considered in the current evaluation.

Extensive collateral records were made available for review. These records included the following:

- Supreme Court case opinion of 02-06-89;
- Three statements of Ronnie Martin (co-defendant);
- TBI memo regarding Mr. Martin's statements dated 05-28-87;
- Arrest warrant for Ronnie Martin;
- Interview of John F. Allen;
- Five statements of Stephen West;
- Transcription of Steve Hunley tape;
- Clinical notes of Dr. Ben Bursten (1986);
- Competency Evaluation notes from February, 1989 (unsigned);
- Neuropsychological Evaluation Report of Eric S. Engum, 09-22-96;

Affidavit of Dr. Engum dated 01-31-96;
 Affidavits of Daniel Matthews, Joseph Ingle, Elisabeth Donnovin, William Harris, Jerry Welborn,
 Karin Elsea, and Darlene Foote (February, 2001);
 Letter from Glenn Fuller dated 02-28-01;
 Affidavit of Vestor West (father), dated 12-31-98;
 Affidavit of Debra Harless (sister), dated 12-31-98;
 Medical Records from Riverbend dated 02-01-01 to 05-30-01;
 Trial testimony, Vol. 3, pp. 2-17;
 Letter from Stephen West to Judge Asbury;
 Trial testimony, Vol. 10, pp. 31-142;
 Trial testimony, Vol. 11, pp. 6-35
 Trial testimony, Vol. 11, pp. 76-129;
 Trial testimony, Vol. 13, pp. 93-137;
 Post-conviction testimony of Dr. Engum, pp. 56-168 (1996);
 Post-conviction testimony of sister, Debra West, pp.158-192 (1996);
 Post-conviction testimony of aunt, Ruby West, pp. 380-391 (1996);
 Post-conviction testimony of Dr. Bursten, pp. 421-483 (1996);
 School records;
 Military discharge record;
 Affidavit of Dr. Keith Caruso dated 02-23-01;
 Medical records of birth from Community Hospital;
 Post-conviction testimony of sister, Patricia DePew, pp.369-380 (1996);
 Trial testimony of Patty Rutherford, pp. 45-61.
 Affidavit of Karen West Bryant dated 12-18-01;
 Mental Health Records of Ronnie Martin from the Regional Mental Health Center of Oak Ridge
 for services in 1983

Additional information was obtained by telephone interviews with Mr. West's ex-wife and his older sisters.

Background Information: Mr. West was born in Anderson, Indiana. His father is still living, but his mother died several months after his conviction. He has two older sisters and one older brother. Mr. West reported essentially no memory of his childhood. The collateral records indicated that Mr. West was severely abused by his parents. There has been family testimony that he was born after his mother was psychiatrically hospitalized due to a suicide attempt by gas inhalation. Further, the records reflected that Mr. West received recurrent beatings by his mother with belts, shoes, and her hands, frequently leaving bruises and marks. The mother was noted to grab Mr. West by his feet and sling him into a wall, at one point apparently injuring his eyes such that he later needed several surgeries. An aunt reported that she once took Mr. West to the hospital after his mother threw him against the wall. The aunt also reported that Mr. West's mother would make him stay in a very cold room on a urine-soaked mattress. One of Mr. West's sisters stated that he became so fearful of his mother that he would tense if she simply walked near him, and that he would flinch, become immobilized, and start crying if she raised her arm toward him in any manner. His sister also described the mother as pinching the children until they bled, simply "for fun".

Mr. West's father was described as an alcoholic who also was physically and verbally abusive toward him. The father frequently called Mr. West a "bastard", specifically because he (the father) thought Mr. West was not his own child. Family members report that it was an open secret among many that Mr. West was actually the child of the father's brother. Mr. West's sisters described him as a timid, shy, and fearful child because of the parental abuse. They reported that he did not act out; he was a passive child not an aggressive one. He apparently sustained multiple ankle and foot fractures, along with the eye problems, as a result of the abuse.

Despite the severe abuse, Mr. West did attend school and was not in special classes. He began drinking alcohol while he was still in junior high school because it made him "feel better". He dropped out of school in the eleventh grade, and, to escape the violent home situation, joined the United States Army. Mr. West obtained his GED while in the Army. He served approximately three years in the military, and received a discharge under honorable conditions in 1982.

Mr. West noted that his drinking increased significantly while he was in the service. Often he would begin drinking early in the morning and drink a case of beer by noon. He also drank hard liquor and began smoking marijuana daily. After discharge from the military, his alcohol and marijuana use decreased for a period of time, but he slowly began drinking more and was again drinking around a case of beer a day when he met his wife, Karen, in 1983. The couple met in Cleveland, Ohio where Mr. West was working in construction.

In discussing his use of alcohol, Mr. West admitted that he had blackouts at times from alcohol, but denied that he became aggressive or abusive when drinking. This information was confirmed by his ex-wife. She denied that he was ever threatening or abusive to her, even when drinking. Mr. West's ex-wife described Mr. West as a friendly individual who was very well-liked by others. Both Mr. West and his ex-wife discussed his chronic use of marijuana. He reported that smoking marijuana, just as using alcohol, "calmed his nerves" and decreased the tension he "always" felt.

Mr. West and his wife moved to Tennessee only a few months prior to Mr. West's arrest on the instant offenses. His wife was several months pregnant at the time of his arrest. Mr. West and his wife were eventually divorced in 1992.

Medical history is positive for the eye surgeries and multiple bone fractures in childhood as noted previously. Mr. West also reported hearing loss in his left ear that has been present as long as he can remember. There is a family history of mental illness. An older sister has been diagnosed with Bipolar Disorder and continues to remain on medication for this illness. The sister stated that her adult daughter also has Bipolar Disorder and that at least two of Mr. West's maternal aunts have suffered from this illness. The sister further reported that the mother had symptoms consistent with Bipolar Disorder, but that the family did not know if she was actually diagnosed with the illness when she was psychiatrically treated. The mother was described as having psychotic symptoms. She experienced auditory hallucinations and believed there was a little man in her head that spoke to her. The mother also was very paranoid at times, thinking that others were talking about her and plotting against her. As mentioned previously, the mother made at least one suicide attempt by gas inhalation when she was pregnant with Mr. West. The family is aware that the mother was treated with ECT after Mr. West was born.

Mr. West had no history of psychiatric/psychological treatment prior to his incarceration. He was evaluated after his arrest by Dr. Ben Bursten on July 26, 1986. Dr. Bursten's notes from this interview were available as was a transcript of his testimony from the 1996 post-conviction hearing. There were indications in the notes of various factors that are typically associated with a stress response. For example, Mr. West reported suddenly seeing the co-defendant holding a knife to Wanda Romines' throat and afterward making threats. Mr. West described feeling dazed, crying and shaking, and feeling unable to do anything to resist. He also reported feeling as though the events were not happening. Mr. West testified to these factors at trial. Nevertheless, the testimony of Dr. Bursten at the post-conviction hearing in 1996 indicated that he found no evidence of mental state issues as a result of his interviewing Mr. West in 1986 that could have had bearing on defense or sentencing issues. Dr. Bursten noted in his records and his testimony that Mr. West denied having been abused during his childhood. The only testing performed by Dr. Bursten in 1986 was administration of the Shipley Scale, a brief screening measure for verbal intelligence. No personality or other psychological testing was given. Dr. Bursten did conduct an interview with Mr. West's parents.

The collateral records contained notes from an interview conducted in 1989 reflecting psychological problems, but there was no signature accompanying the notes. Nevertheless, there was indication in that record that Mr. West was abused during childhood and that he had no substantial memory for events in childhood. The interview notes also indicated that Mr. West had on-going problems with dizziness and blurred vision as well as chronic problems with anxiety and racing thoughts.

In 1995, Dr. Eric Engum performed a comprehensive neuropsychological evaluation including standard personality and psychological assessment. Although he did not find evidence of neuropsychological deficit associated with either pre-natal maternal exposure to gas or to head injury related to the pattern of abuse Mr. West experienced in childhood, Dr. Engum did find that Mr. West had long-standing personality features that have characterized his psychological functioning during adulthood. Dr. Engum described these features in both his report and during his post-conviction testimony in 1996. Specifically, Dr. Engum reported that the test results showed schizoid, avoidant, self-defeating and dependent personality traits. Dr. Engum noted that individuals with such personality features tend to be overly compliant in order to avoid rejection and abandonment, thereby being, "...exceedingly passive, submissive, dependent...". Dr. Engum's opinion was that, based upon Mr. West's statements to law enforcement and to Dr. Bursten after his arrest, Mr. West was in "extreme emotional distress" at the time of the offenses" and that "...he was emotionally overwhelmed by the events initiated by and sustained by the co-defendant, Ronnie Martin". Dr. Engum also found Mr. West to be suffering from depression at the time of the evaluation in late 1995. Dr. Engum's diagnoses were Depressive Disorder, NOS, and Mixed Personality Disorder with Schizoid, Avoidant, Self-defeating, and Dependent Characteristics. Dr. Engum further noted that the test findings, coupled with Mr. West's amnesia for childhood, were consistent with significant abuse during childhood. In testimony, Dr. Engum stated that he viewed Mr. West as functioning at an emotional level consistent with early adolescence.

More recently, medical records from the Tennessee Department of Correction showed that Mr. West was diagnosed with Major Depression on April 5, 2001 and was started on the antidepressant medication, Paxil. At the time of the current evaluation in November of 2001, Mr. West reported that he was then taking the antidepressant, Effexor, and a low dose of Haldol at bedtime.

There were some mental health records obtained regarding Mr. West's co-defendant, Ronnie Martin. This information was considered in an effort to assess how Mr. Martin's personality and behavioral factors might have interacted with and thereby affected Mr. West's behavior at the time of the offenses.

Mr. Martin's records were from two contacts at the Regional Mental Health Center in Oak Ridge in 1983. At that time, he was fourteen and was seen for assessment regarding possible treatment in the center's in-patient program. Mr. Martin had been arrested for stealing \$7000 worth of equipment from TVA and had also threatened to harm himself with a knife in the school cafeteria. The records indicated that Mr. Martin reported being "bored and unhappy" and noted much conflict with his mother. The record also reflected that he believed he had committed the theft of property "for the excitement", and he reported that he liked to be "scared". A history of occasional outbursts of temper and mild destructiveness was noted. Mr. Martin was described as expressing "considerable anger toward others who are in occasional conflict with him, teachers, neighbors, relatives, peers." The progress notes further reflected that Mr. Martin "...does seem to be an angry young man who fantasizes violence toward those who frustrate his desires". The notes showed that he was viewed as "skillfully manipulative" and that his mother was tired of his "playing games" with other people. The mother was noted to not take Mr. Martin's provocative behavior seriously. She apparently was concerned that he did not have insight into the difficulties that could stem from breaking the law and from "...fabricating stories about possibly hurting himself or others". The examiner noted that Mr. Martin's veiled threats of harming himself or others appeared "...to be related to boredom and a desire for excitement and challenge". The examiner also stated that Mr. Martin's anger could be due to feelings of abandonment by his father. Mr. Martin was diagnosed as having a Conduct Disorder, Undersocialized, and non-aggressive at that time. The possibility of out-patient and/or in-patient treatment was discussed with Mr. Martin and his mother after the evaluation, but treatment was declined.

Behavioral Observations: Mr. West presented as a medium-statured man who appeared his stated age. He was somewhat reserved initially and appeared mildly anxious. Over the course of the interview, he became less tense and was very cooperative with the procedures. He was alert and fully oriented. There was no evidence of a formal thought disorder and Mr. West denied psychotic symptoms. He expressed no clearly delusional thinking, but did describe having "racing thoughts" for as long as he could remember. He denied other symptoms associated with mania or hypomania, other than on-going sleep disturbance. Affect was tearful at times and mood was viewed as mildly depressed and moderately anxious. Mr. West denied suicidal thinking. He reported that his mood had improved over the months preceding the evaluation and it was his belief that the improvement was a direct result from the antidepressant medication he was taking. Nevertheless, he reported continued difficulties with chronic worry and with disturbed sleep and appetite. As noted previously by others, Mr. West denied memory for his childhood. He did report significant parental abuse during early adolescence and stated that he joined the military to escape the home environment. Mr. West also noted that, after his arrest, he finally became somewhat closer to his mother and father.

In discussing the events surrounding the offenses, Mr. West reported some fragmentation of memory. He admitted that, over the course of time, it was increasingly more difficult to recall some of the events of that morning and reported that when he actively tries to recall them he becomes very anxious. He does, however, have a clear, recurring and intrusive memory of sitting on the sofa with Sheila Romines, hearing

her gasp, and looking up to see Ronnie Martin with a knife to Wanda Romines' throat. He also remembers at one point sitting on the floor crying. He still feels as though he is remembering most of the events as though they did not really happen and he was not actually there. Mr. West described that for months after his arrest, he had recurrent intrusive thoughts of the events, particularly of first seeing Ronnie Martin with the knife. He also experienced nightmares and would frequently wake up in a near-panic from the dreams of the events. He reported that he had the "shakes" for months, along with increased heart rate and sweating, and that he experienced frequent uncontrollable crying spells. When asked if these symptoms were simply associated with his legal circumstance, Mr. West stated that they were related to what happened at the time of the offenses because he could not get those images from his mind. Over many months, these symptoms diminished considerably, but he continues to have them on occasion. His sister and ex-wife confirmed that Mr. West was extremely nervous, tense, and "shaking" during the months after his arrest.

When asked about his passivity and non-intervention at the time of the offenses, Mr. West described having been very frightened of Ronnie Martin since Martin had the knives and the gun. He stated that, after he first saw Martin with the knife, he felt as though things were unreal, as though they were not happening although he knew they actually were. He described feeling unable to resist and as having no control of the situation.

Test Findings: As described above, previous psychological testing by Dr. Engum in 1996 revealed that Mr. West has long-standing personality traits characterized by schizoid, avoidant, self-defeating and dependent features. The current psychological testing indicated highly similar personality factors. The findings showed that Mr. West is an individual who did not develop cohesive, mature emotional coping mechanisms during his formative years. His self-image is that he is weak and ineffectual and he has marked feelings of social inadequacy. He typically relates to others in a dependent manner, seeking acceptance and approval through passivity. He is prone to become confused and to regress emotionally during episodes of stress by psychological withdrawal. He is susceptible to disabling anxiety with depersonalization at such times and may experience confusion to such a degree that there is some breakdown in reality-testing.

The current test results further showed that Mr. West suffers from a prominent anxiety disorder characterized by social anxiety, chronic apprehension, restlessness, sleep disturbance, fatigue and poor concentration. Additionally, the findings reflected that he was previously confronted by a traumatic event that precipitated intense fear and horror and that he continues to have some persistent residual symptoms associated with this event. Specifically, he has recurrent and distressing recollections of the event, he seeks to avoid cues associated with event, he has nightmares and sleep difficulties, and he is prone to having a subjective sense of numbing of his emotions. A chronic pattern of dysthymic mood was also indicated by the testing.

Impressions: Given the overall findings from review of the collateral material, information obtained from family members, and results of psychological evaluation, it is clear that Mr. West suffered from intense psychological trauma and anxiety as a child directly due to the severe physical and emotional abuse of his parents. He was described as hypersensitive to stimuli associated with abuse, such as his mother simply walking close to him or even innocuously throwing her hand out, and as having intense

psychological stress reactions to such cues. He was also observed to be a passive, essentially immobilized, recipient of the harsh abuse. Given that memory of these events has been blocked and Mr. West cannot now personally recall his childhood does indicate the severity of the distress he suffered during that period. Due to his amnesia for that period of time, it is difficult to assess the full range and exact nature of all the symptoms he experienced at an early age, but the pattern of responses that is known strongly supports the development of Posttraumatic Stress Disorder.

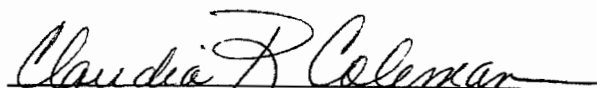
It is also clear that Mr. West's passive, dependent, and avoidant personality traits as an adult stem from his traumatic childhood experiences. While unable to exert any change over his unpredictable and threatening environment, he obviously remained passive and compliant in attempts to avoid acute conflict and fear-provoking situations. This strategy became quite entrenched as Mr. West's coping response to stress, later forming a basis of his personality integration. When he became a teenager, he found another way to temper and avoid his pervasive fears and anxieties when he began drinking and using marijuana. His continued use of these substances over time appears to have been an attempt to self-medicate his chronic anxiety. The history supports diagnoses of Alcohol and Cannabis Dependence.

Mr. West has reported that, at the time of the offenses, he experienced intense fear for his life and for the lives of others due to Mr. Martin's actions. Mr. West described feelings of derealization, depersonalization, and numbing associated with the events of that morning. He described being psychologically immobilized and unable to resist or obtain assistance. He subsequently experienced persistent recollections of the events in the form of flashbacks, recurrent intrusive thoughts, and nightmares, along with chronic generalized anxiety and difficulty with memory. While his symptoms diminished over the course of some months, many of the symptoms still persist. The available history indicated that Mr. West experienced an overwhelming Acute Stress Disorder at the time of the offenses and subsequently had Posttraumatic Stress Disorder from the experience. He continues to have residual symptoms of this disorder.

The current evaluation also showed evidence of chronically depressed mood. The records reflect that Mr. West has been depressed over the last several years and that he was diagnosed with Major Depression, Moderate, last year. He has since been treated with antidepressant medication and his mood has improved. He remains on medication.

Conclusions: There are several factors that appear to have influenced Mr. West's psychological response and therefore his behavior at the time of the offenses. His background of extreme trauma and anxiety during childhood set the stage for Mr. West's having an acute stress response and becoming emotionally overwhelmed by the situation, experiencing intense dissociative symptoms of depersonalization and derealization. Mr. Ronnie Martin's psychological history indicates that, although younger than Mr. West, he was an angry individual who had a hostile, aggressive and manipulative personality features. It is my opinion that this more dominating and pathological personality style, in contrast to Mr. West's submissive and fearful personality traits, did serve to reinforce Mr. West's long-standing pattern of becoming passive and compliant when confronted with intense stress. It is my opinion that he had very limited psychological resources for proactive resistance due to the psychological trauma and anxiety reaction he was experiencing at that time. His lack of sleep and his intoxication at the time further depleted his ability to more effectively cope with the traumatic situation.

Based upon the evaluation findings, it is my opinion that Mr. West was suffering from a mental disorder at the time of the offenses and that this mental disorder might have had relevance as a defense and/or mitigation issue at trial. The acute anxiety disorder, along with sleep deprivation and intoxication, appear to have significantly compromised Mr. West's judgment, reasoning, decision-making and problem-solving abilities at the time of the offenses. It is also my opinion that a complete forensic evaluation prior to trial, consisting of repeated observation and clinical interviews over time, psychological testing, in-depth assessment of psychosocial history, and review of all investigative records, would have been able to determine the presence and possible legal relevance of Mr. West's significant problems with anxiety.


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