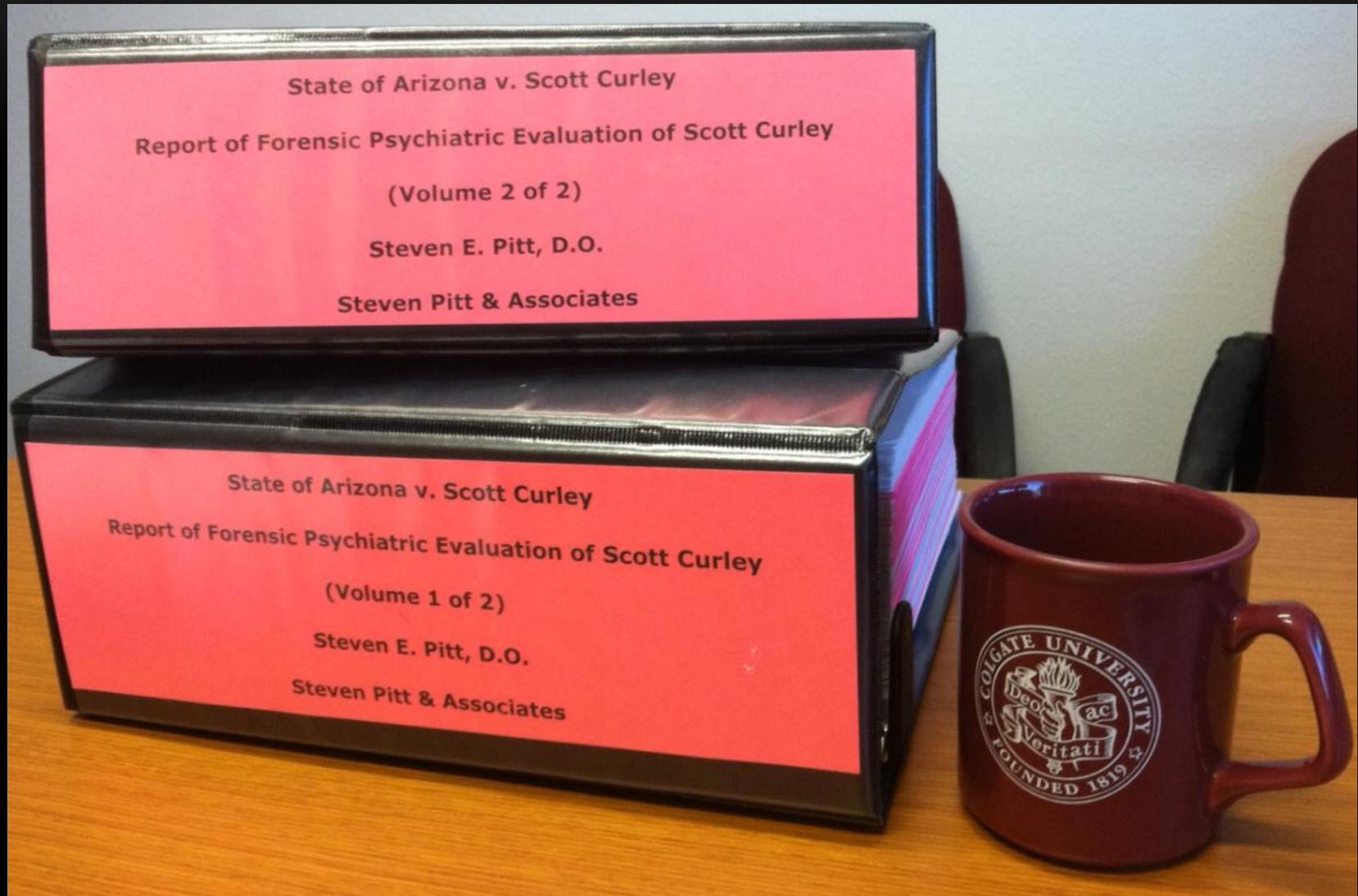


DR. PITT'S REPORT: IT'S ALL ABOUT THE BEHAVIOR



State of Arizona v. Scott Curley

Report of Forensic Psychiatric Evaluation of Scott Curley

(Volume 2 of 2)

Steven E. Pitt, D.O.

Steven Pitt & Associates

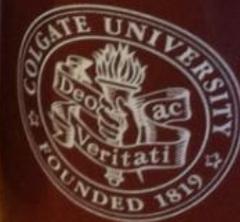
State of Arizona v. Scott Curley

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DR. PITT'S REPORT: FOCUS ON BEHAVIOR

Jonathan C. Mosher, Esq.
Michael J. Lessler, Esq.
Bryan F. Shea, Esq.
Re: *State of Arizona v. Scott Curley*
April 9, 2012
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momentary, temporary conditions arising from the pressure of the circumstances, moral decadence, depravity or passion growing out of anger, jealousy, revenge, hatred or other motives in a person who did not suffer from a mental disease, or defect, or an abnormality that is manifested only by criminal conduct.

At the time Scott Curley committed the instant offenses he had a mental disease or defect, namely Schizophrenia, Paranoid Type. Notwithstanding the presence of this mental illness, the defendant's behavior, in addition to the statements he made to representatives from the Coconino County Sheriff's Office and me, demonstrate that he appreciated the wrongfulness of his conduct. To wit:⁶⁸

- a. On August 24 or 25, 2010, Scott Curley broke into Andrew Carman's residence to steal the assault rifle used to kill Deputy Harris. When entering the Carman residence, the defendant did so at a time when he knew no one was home and entered through a side window so that he would not be seen. (See Pages 16 and 66 - 68)
- b. Once inside the Carman residence, Scott Curley swept away the footprints that he made in the flour that was left on the floor. He did so in order to "cover" his "tracks." (See Pages 57, 58 and 66 - 67)
- c. After Scott Curley stole the assault rifle from the Carman residence, he hid it (first in his broken down truck and then in an abandoned house) so

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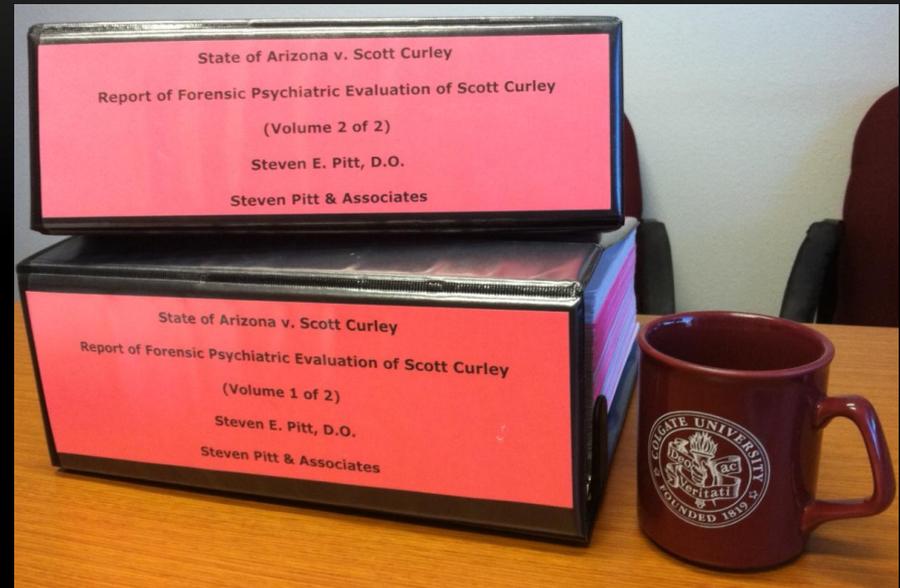
that his parents would not find out that he had it in his possession. (See Pages 18 and 71 - 74)

- d. By stealing the assault rifle from the Carman residence, Scott Curley knew that he could get arrested for "burglary, theft, and breaking in I think . . .". (See Pages 57 and 76 - 77)
- e. On August 25, 2010, after Scott Curley confronted Mike Waters, he left the school grounds because he knew that the police would be looking for him. (See Pages 81 - 82)
- f. Scott Curley knew that it was wrong to threaten Mike Waters. (See Page 81)
- g. While on the dike near the school and in an effort to learn how to use the stolen assault rifle, Scott Curley fired off some practice rounds. He shot into the ground because he was "not stupid enough to shoot into the air." (See Pages 20 - 21, 55 and 79 - 80)
- h. When Scott Curley saw more than one police officer near the dike, he "backed off to hide." (See Pages 21, 22 and 44 - 45)
- i. When Scott Curley returned to his residence and realized that his father was going to call the police, he left and spent the night in the desert because he knew that if he stayed, he would be arrested. (See Pages 22 - 23 and 84 - 85)

⁶⁸ This section includes multiple citations. These citations are not meant to be all-inclusive but instead represent a

DR. PITT'S REPORT: COMPONENTS

- Referral question(s)
- Sources of information
- Style
- Transcript
- Exhibits
- Don't take my word for it
- Behavior
- Issue of diagnosis
- Forensic opinions



IS S(HE) FAKING IT?

DR. SULLIVAN & THE MALINGERING ISSUE

Definition of Malingering

- 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 (DSM-5)
-

COMPETENT FORENSIC MENTAL HEALTH EVALUATION

- **All evaluations must explicitly address response style**
 - **Malingering**
 - **Defensiveness**
 - **Why is this the standard of practice?**
 - **MHP must be able to document validity of results for TOF**
 - **Assertion of malingering is often dispositive**
-

MALINGERING FACTS

- Malingering and authentic impairment are not mutually exclusive-symptom exaggeration.
- Base rate of malingering in criminal forensic mental health evals is at least 20%. Likely higher in high stakes evals (Rogers, 2012)
- People are not good lie detectors- MHPs, lawyers, law enforcement professionals are unable to identify deception at a better than chance rate (Ekman, 2001)

MALINGERING FACTS

- Professional experience is not correlated with accuracy of clinical judgment (Dawes, 1989)
- Actuarial approaches to detection of malingering are vastly superior to clinical, or “intuitional” approaches (Faust, et al, 1991)

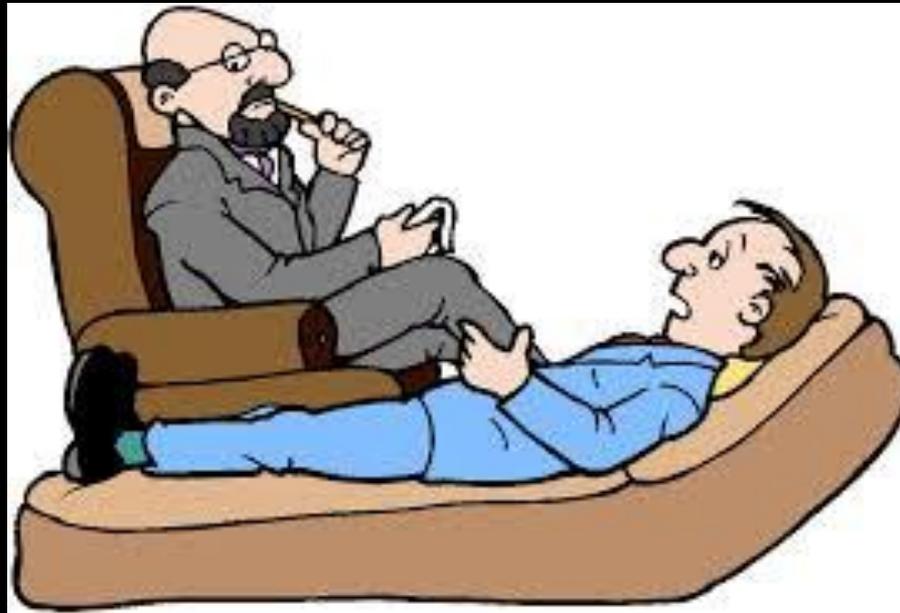
ACTUARIAL APPROACHES IN BRIEF

- **Cognitive vs. psychiatric**
- **Malingering of cognitive impairment (TOMM, VIP, WMT)**
- **Malingering of psychiatric impairment (MMPI-2; PAI; M-FAST; SIRS-2)**

WHAT YOU SHOULD EXPECT FROM THE OPPOSING EXPERT

- **Multiple formal and validated measures of malingering are administered**
- **Measures assessing feigning of both mental disorder and cognitive impairment are administered during each session**
- **Record review is used to substantiate defendant report**
- **Conclusions flow logically from foundation, no black box evals - “show your work”**
- **“I say so” and “The research shows...” justifications don’t cut it.**

WHAT YOU'RE LIKELY TO GET



CONCLUSIONS BASED SOLELY ON CLINICAL JUDGMENT

Cross-exam strategies (Rogers & Shuman, 2005)

- Defense or prosecution expert (the inquiries are the same!)
- Accuracy
- Qualifications
- Literature
- Clinical vs. actuarial detection
- Generally accepted actuarial detection strategies (cognitive impairment)
- Define ___ (e.g. rare symptoms, symptom combinations, performance curve, floor effect)

VISIONS OF INSANITY: WHAT DOES INSANITY LOOK LIKE?

- Diagnostic considerations
- Appreciation of wrongfulness/forensic conclusions
- Case examples



CROSS-FIRE: EVALUATING OPPOSING POINTS OF VIEW

- **Methodology**
- **Analysis**
- **Diagnostic impressions**
- **Forensic conclusions**



OTHER KEY ASPECTS OF THE REPORT

- **Materials Reviewed**
- **Informed Consent**
- **Selective reference to other experts**
- **Antisocial Personality Disorder**
- **The Briar Patch: History, Symptoms, Delusions**