REPORT OF PSYCHIATRIC EXAMINATION

Mr. Alexander CAMERON underwent this date a psychiatric examination of about 50 minutes under the provisions of Section 19.2-300, Code of Virginia.

The subject understood the purpose of the examination and its consequent limitations on confidentiality, and cooperated.

The salient features of the history elicited from Mr. Cameron included: probable early psychosocial deprivation with poverty as ninth among a dozen siblings in a fatherless setting; academic deficiencies in grade school leading to psychological testing; some prior encounters with law enforcement; some substance misuse; interests in sports; U.S. Army service terminating with less than honorable discharge; recent cardiac by-pass surgery by mother. No suplementary documentations had been provided.

He claimed robust health, but mentioned "blackouts", "trance"-like states, mainly at night, of 2-3 hours, about 2-3 times a year since age 13, during which he retains awareness of his surroundings but fails to respond to external stimuli. He denied any history of head injury and claimed unconcern about these hypnoid states for which he reportedly never underwent evaluation. Two brothers have experienced what sounds like convulsions in their younger years.

Status mentis disclosed a powerfully built, morose, and taciturn young man in no apparent physical distress. He tended to avoid eye contact, and scanned his surroundings vigilantly. He spoke softly, almost inaudibly at times, laconically, in a monotone. He denied psychiatric impairment. He related the circumstances surrounding his arrest last Fall and recent trial in a relevant, coherent, rational, cautious, and plausible manner. He denied any involvement in the acts of which he has been accused, blamed his attorney for the unfavorable outcome of the trial, deplored his ability to secure another lawyer a fortnight before the trial, and threatened to kill himself if indeed sentenced to a protracted incarceration. The affect was constricted. The mood was unhappy and disgruntled. He wished for "freedom, a nice house, and play pro football." There was no psychosis. He was aware of his situation and surroundings. Memory was intact. Intellect was estimated within normal range.



Conclusions:

No indication at this time of any psychosis, intrinsic mood disorder, or brain syndrome. There is indication of entrenched personality deficits with immature and anti-social features, rather impervious to psychiatric treatment.

He is understandably, situationally "depressed" in his current predicament, and presents some risk of violence to himself by his own words, and to others because of the massive situational stress impinging on a young man with immature personality structure. Appropriate surveillance is indicated.

The occasional "blackouts" described by Mr. Cameron raise the question of a dissociative state e.g. cataplexy, sleep paralysis, and the like, and warrant evaluation by a neurologist.

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Rolf W. Steyn, M.D.

July 10, 1987