

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM SUMTER COUNTY
Court of Common Pleas
William H. Seals, Jr., Circuit Court Judge

Appellate Case No. 2019-000610

Stephen Corey Bryant, ... Petitioner-Respondent,

v.

State of South Carolina, ... Respondent-Petitioner.

Appendix Volume IX of IX – Pages 4001-4142

E. Charles Grose, Jr.
S.C. Bar Number 66063
The Grose Law Firm, LLC
404 Main Street
Greenwood, SC 29646
(864) 538-4466
(864) 538-4405 (fax)

Division of Appellate Defense
S.C. Commission on Indigent Defense
P.O. Box 11433
Columbia, SC 29211-1433

***Attorneys for Petitioner-Respondent
Stephen Corey Bryant***

Alan Wilson
Attorney General

Melody J. Brown
Senior Assistant Deputy Attorney General

Sherrie Butterbaugh
Assistant Attorney General

Office of the Attorney General
Post Office Box 11549
Columbia, South Carolina 29211-1549
(803) 734-3970

***Attorneys for Respondent-Petitioner State of
South Carolina***

RECEIVED
DEC 02 2019
S.C. SUPREME COURT

INDEX

VOLUME I

Record on Appeal from Direct Appeal (Appellate Case No. 2008-103130)

Sentencing Hearing Transcript.....	1
Court Reporter's Index	2
Pre-Trial Matters	9
Motion to Suppress.....	22
Testimony	
David Earl Florence	
Direct Examination by Mr. Jackson	28
Cross Examination by Mr. Clark.....	46
James R. Turner	
Direct Examination by Mr. Jackson	56
Cross Examination by Mr. Clark.....	68
Opening Remarks	
By Mr. Saleeby.....	95
By Mr. Clark	104
Testimony	
Joel Steven Sexton	
Direct Examination by Mr. Saleeby	105
Jamie Turner	
Direct Examination by Mr. Saleeby	137
David Alvin Caldwell	
Direct Examination by Mr. Saleeby	141
John Mark Creech	
Direct Examination by Mr. Saleeby	149
David Earl Florence	
Direct Examination by Mr. Saleeby	158

Sharon A. Holland	
Direct Examination by Mr. Jackson	170
Cross Examination by Mr. Clark.....	180
Redirect Examination by Mr. Jackson	183
Robert Thomas Dennis	
Direct Examination by Mr. Jackson	185
Cross Examination by Mr. Clark.....	196
James Allen Ammons	
Direct Examination by Mr. Jackson	197
Tony Hansen	
Direct Examination by Mr. Jackson	211
Barbara Cusso Ryan	
Direct Examination by Mr. Saleeby	218
Debra DuRant	
Direct Examination by Mr. Saleeby	228
Jennifer Barnes LeRoux	
Direct Examination by Mr. Saleeby	237
Clinton Brown	
Direct Examination by Mr. Jackson	244
Mark Crabbie	
Direct Examination by Mr. Jackson	257
Cross Examination by Mr. Clark.....	262
Robert Cecil Oates	
Direct Examination by Mr. Jackson	263
Roy Lee Lambert	
Direct Examination by Mr. Jackson	270
Cross Examination by Mr. Clark.....	277
Williams D. Morton	
Direct Examination by Mr. Jackson	282
Lowman C. Mayes	
Direct Examination by Mr. Jackson	287
Raymond A. Mackessy	
Direct Examination by Mr. Jackson	292

Christopher Dale Gainey	
Direct Examination by Mr. Jackson	303
Brian James Horton	
Direct Examination by Mr. Jackson	318
Jamie Turner	
Direct Examination by Mr. Jackson	318
Benjamin R. Stiles	
Direct Examination by Mr. Jackson	330
Tawanda Govan	
Direct Examination by Mr. Jackson	350
Cross Examination by Mr. Clark.....	355
Tony Curtis Jackson	
Direct Examination by Mr. Jackson	358
Roderick Green	
Direct Examination by Mr. Jackson	362
Herman Jones	
Direct Examination by Mr. Jackson	380
Larry Allen Justice	
Direct Examination by Mr. Jackson	389
Cross Examination by Mr. Clark.....	397
Wanda D. Grinnell	
Direct Examination by Mr. Jackson	410
Cross Examination by Mr. Clark.....	417
Mildred Carol Tietjen	
Direct Examination by Mr. Saleeby	423
Cross Examination by Mr. Clark.....	468
Redirect Examination by Mr. Saleeby	471
Kimberly Sue Dees	
Direct Examination by Mr. Saleeby	472
Robert Bruce Deese	
Direct Examination by Mr. Saleeby	479
Robert E. Summers	
Direct Examination by Mr. Saleeby	482

Terrence Rondell Colclough	
Direct Examination by Mr. Saleeby	488

Phillip E. Coonfield	
Direct Examination by Mr. Saleeby	498

VOLUME II

Phillip E. Coonfield (continued)	
Direct Examination by Mr. Saleeby	501
Cross Examination by Mr. Clark.....	521

Cindy C. Pierson	
Direct Examination by Mr. Saleeby	523

Richard Dennis Watkins	
Direct Examination by Mr. Saleeby	526

Phillip E. Coonfield (continued)	
Direct Examination by Mr. Saleeby	536

Raymond A. Mackessy	
Direct Examination by Mr. Saleeby	538

David Florence	
Direct Examination by Mr. Saleeby	552

Jamie Turner	
Direct Examination by Mr. Saleeby	571
Cross Examination by Mr. Clark.....	574

William Scott Worsham	
Direct Examination by Mr. Saleeby	578

Janice Bryson	
Direct Examination by Mr. Saleeby	884
Cross Examination by Mr. Clark.....	588

Nancy Skreba	
Direct Examination by Mr. Saleeby	590
Cross Examination by Mr. Clark.....	595

Ira Byrd Parnell, Jr.	
Direct Examination by Mr. Saleeby	597

Nora Ann Davis	
Direct Examination by Mr. Jackson	616
William Cockerill	
Direct Examination by Mr. Jackson	623
Bob Summers	
Direct Examination by Mr. Saleeby	632
Troy Baker	
Direct Examination by Mr. Jackson	638
George Perry Summers	
Direct Examination by Mr. Jackson	650
Judy Russell	
Direct Examination by Mr. Jackson	658
Kimberly Tietjen Dees	
Direct Examination by Mr. Jackson	663
Mildred Tietjen	
Direct Examination by Mr. Jackson	686
Renewal of Rule 5 Discovery Motion and <i>Brady</i> Motion.....	704
State Rests 711	
Motion for Mistrial and/or Directed Verdict	712
Ruling by the Court	722
Testimony	
Jamie Turner	
Direct Examination by Mr. Clark.....	730
Gina Creech	
Direct Examination by Mr. Howle	734
Cross Examination by Rm. Jackson	740
Sharon Holland	
Direct Examination by Mr. Howle	747
Cross Examination by Mr. Jackson	749
Redirect Examination by Rm. Howle	764
Recross Examination by Mr. Jackson.....	769

Shirley Freeman	
Direct Examination by Mr. Howle	770
Cross Examination by Mr. Jackson	784
Redirect Examination by Mr. Howle	785
Terry Lee Bryant Caulder	
Direct Examination by Mr. Howle	788
Cross Examination by Mr. Jackson	797
Andrea Caulder Slaton	
Direct Examination by Mr. Howle	800
Cross Examination by Mr. Jackson	805
Donna Marie Schwartz-Watts	
Direct Examination by Mr. Howle	806
Cross Examination by Mr. Saleeby	836
Redirect Examination by Mr. Howle	865
William Alexander Morton, Jr.	
Direct Examination by Mr. Howle	873
Cross Examination by Mr. Jackson	902
Redirect Examination by Mr. Howle	922
Marty Loring	
Direct Examination by Mr. Howle	926
Cross Examination by Mr. Saleeby	961
Redirect Examination by Mr. Howle	979
James Evans Aiken	
Direct Examination by Mr. Howle	981
Cross Examination by Mr. Jackson	995
Redirect Examination by Mr. Howle	999

VOLUME III

Renewal of Directed Verdict Motion	1001
Colloquy Regarding Mr. Bryant's Right to Testify	1002
Closing Arguments	
By Mr. Jackson	1006
By Mr. Howle	1027
Remarks by Victim's Family	1042
Sentencing	1047

Preliminary Hearing Transcript dated December 21, 2004	1054
Preliminary Hearing Transcript dated December 13, 2005	1076
Arraignment Hearing Transcript dated April 27, 2007	1086
Appointment of Counsel Transcript dated May 14, 2007	1091
Appointment of Counsel Transcript dated May 24, 2007	1108
Hearing Scheduling Trial Date dated December 14, 2007	1124
Hearing on Funding Motion by Defense dated March 6, 2008	1158
Pre-Trial Motions Transcript dated April 3, 2008	1204
Examination of Jurors Transcript dated April 18, 2008	1233
Appointment of Counsel Transcript dated July 18, 2008	1309
Guilty Plea Transcript dated August 18, 2008	1323
Death Sentence	1387
Affirmation	1389
Sentencing Report	1392

Direct Appeal Pleadings and Orders

Final Brief of Appellant filed September 24, 2010	1393
Final Brief of Respondent filed September 16, 2010	1409
<i>State v. Bryant</i> , 390 S.C. 638, 704 S.E.2d 344 (2011)	1452
Petition for Rehearing filed January 24, 2011	1461
Remittitur filed February 2, 2011	1463
Motion for Stay of Execution filed February 4, 2011	1464
Return to Motion for Stay of Execution dated February 7, 2011	1469
Order Granting Stay of Execution dated March 3, 2011	1475

Prior Post-Conviction Relief Action (Appellate Case No. 2013-000518)

Appointment of Counsel Transcript dated April 1, 2011	1477
Application for Post-Conviction Relief filed May 10, 2011	1483
Return filed June 13, 2011	1486

VOLUME IV

Return filed June 13, 2011 (continued)	1501
Motion for Continuance and Affidavit of Dr. Schwartz-Watts filed May 9, 2012	1528
Plaintiff's Exhibit #1 (Affidavit of Dr. Schwartz-Watts)	1530
Amended Application for Post-Conviction Relief filed May 21, 2012	1532
Competency Hearing Transcript dated June 11, 2012	1537
Defendant's Exhibit #1 (Affidavit of Witness)	1572
Defendant's Exhibit #2 (SCDC Medical Records)	1574
Second Amended Application for Post-Conviction Relief filed October 1, 2012	1632
Post-Conviction Relief Hearing Transcript dated October 1-3, 2012	1639
Testimony	
Investigator Durwood Joseph Barton	
Direct Examination by Mr. Taylor	1657
Cross Examination by Mr. Zelenka	1674
Agent David Givens	
Direct Examination by Mr. Taylor	1703
Cross Examination by Mr. Zelenka	1766
Redirect Examination by Mr. Taylor	1788
Recross Examination by Mr. Zelenka	1790
Jack Howle	
Direct Examination by Mr. Taylor	1793
Cross Examination by Ms. Brown	1818
Redirect Examination by Mr. Taylor	1839
Recross Examination by Ms. Brown	1841

Edward L. Gause	
Direct Examination by Mr. Taylor	1849
Cross Examination by Ms. Brown.....	1855

James Babb	
Direct Examination by Ms. Armstrong.....	1865
Cross Examination by Ms. Brown.....	1914

Kelly Jackson	
Direct Examination by Ms. Armstrong.....	1953
Cross Examination by Mr. Zelenka	1970
Redirect Examination by Ms. Armstrong	1986
Recross Examination by Mr. Zelenka.....	1996
Further Redirect Examination by Ms. Armstrong	1999

John Clark	
Direct Examination by Ms. Armstrong.....	2001

VOLUME V

John Clark (continued)	
Direct Examination by Ms. Armstrong (continued).....	2001
Cross Examination by My Mr. Zelenka.....	2017
Redirect Examination by Ms. Armstrong	2028

Joseph L. Savitz, III	
Direct Examination by Ms. Armstrong.....	2041
Cross Examination by Mr. Zelenka	2045

Dr. Donna Schwartz-Watts	
Direct Examination by Ms. Armstrong.....	2049
Cross Examination by Mr. Zelenka	2061
Redirect Examination by Ms. Armstrong	2080
Recross Examination by Mr. Zelenka.....	2080
Further Redirect Examination by Ms. Armstrong	2081

Dudley Saleeby	
Direct Examination by Mr. Taylor	2083
Cross Examination by Mr. Zelenka	2094
Redirect Examination by Mr. Taylor.....	2098

Closing Arguments	
By Ms. Armstrong	2122
By Mr. Taylor.....	2132
By Mr. Zelenka.....	2146

Plaintiff's Exhibit #1 (Investigative Report)	2171
Plaintiff's Exhibit #2 (Attachment 79)	2205
Plaintiff's Exhibit #3 (Case Notes)	2225
Plaintiff's Exhibit #4 (Internet History)	2237
Plaintiff's Exhibit #5 (Internet History)	2244
Plaintiff's Exhibit #6 (Internet History)	2269
Plaintiff's Exhibit #7 (Internet History)	2293
Plaintiff's Exhibit #9 (Rule 5 Motion)	2308
Plaintiff's Exhibit #10 (<i>Brady</i> Motion)	2309
Plaintiff's Exhibit #11 (Rule 5 Disclosure)	2310
Plaintiff's Exhibit #12 (Tender of Guilty Plea)	2313
Plaintiff's Exhibit #13 (Tender of Guilty Plea)	2319
Plaintiff's Exhibit #14 (Tender of Guilty Plea)	2328
Plaintiff's Exhibit #15 (Letter to Babb from Jackson)	2337
Plaintiff's Exhibit #16 (Motions)	2338
Plaintiff's Exhibit #17 (Order of Discovery)	2345
Plaintiff's Exhibit #18 (Letter Critical Need)	2348
Plaintiff's Exhibit #19 (Letter)	2352
Plaintiff's Exhibit #20 (Report of Dr. Schwartz-Watts)	2353
Plaintiff's Exhibit #21 (Affidavit of Teresa Norris)	2370
Defense Exhibit #1 (Letter from Mr. Howle to Mr. Bryant)	2374
Defense Exhibit #2 (Memo)	2376
Defense Exhibit #3 (Statements of Mr. Bryant)	2377

Defense Exhibit #4 (Report)	2383
-----------------------------------	------

VOLUME VI

Defense Exhibit #4 (Report) (continued)	2501
Defense Exhibit #5 (Letter)	2513
Defense Exhibit #6 (Affidavit of Tripp Mayes).....	2514
Respondent’s Proposed Order of Dismissal	2516
Order of dismissal filed December 3, 2012	2572
Objections to Final Order Denying PCR Pursuant to Rule 59(e) filed February 22, 2013	2626
Order Denying Rule 59(e) Motion filed February 19, 2013.....	2634
Indictments and Sentencing Sheets	2650

Supplemental Appendix (Appellate Case No. 2013-000518)

Missing Page 2 from Arraignment Transcript dated April 27, 2007	2678
Missing Page 4 from Arraignment Transcript dated April 27, 2007	2679
Missing Page 6 from Arraignment Transcript dated April 27, 2007	2680
Missing Page 8 from Arraignment Transcript dated April 27, 2007	2681

Second Supplemental Appendix (Appellate Case No. 2013-000518)

Selected Documents from Plaintiff’s Exhibit No. 8 (Disc)	2682
--	------

VOLUME VII

Selected Documents from Plaintiff’s Exhibit No. 8 (Disc) (continued)	3001
--	------

Current Post-Conviction Relief Action (Appellate Case No. 2019-00610)

Orders

Order of the South Carolina Supreme Court dated May 31, 2016 Assigning the Honorable Thomas W. Cooper, Jr.....	3345
Order dated July 13, 2016 Denying State’s Motion to Dismiss.....	3347
Order of the South Carolina Supreme Court dated August 1, 2016 Assigning the Honorable William H. Seals, Jr.	3354
Scheduling Order dated September 1, 2016.....	3356
Order dated January 27, 2017 for Release of Records and Authorization for Subsequent Release of Privileged Records with Applicant’s Consent.....	3358
Order dated March 13, 2017 Granting Motion to Dismiss Amended Application and Limiting Action to Allegation of Intellectual Disability	3361
Order dated April 4, 2017 Allowing Releases of DJJ Records and Authorization for Receipt and Use of Information.....	3364
Order dated May 12, 2017 Denying Motion for Reconsideration	3367
First Amended Scheduling Order dated October 31, 2017.....	3369
Order dated October 31, 2017 Denying State’s Summary Judgment Motion	3370
Second Amended Scheduling Order dated April 14, 2018.....	3372
Order dated July 22, 2018 Denying Second Motion for Summary Judgment.....	3373
Order dated July 22, 2018 Denying Second Motion to Amend.....	3376
Order dated January 3, 2019 Overruling Objections to Proposed Order of Dismissal	3381
Order of Dismissal dated January 3, 2019	3383
Order dated Denying Applicant’s Rule 59(e) Motion	3421

Pleadings

Application for Post-Conviction Relief	
Application	3423
Affidavit of Dr. Donna Schwartz Maddox.....	3430

Return and Motion to Dismiss Application for Post-Conviction Relief Pursuant to <i>Atkins v. Virginia</i>	3432
Memorandum in Opposition to State's Motion to Dismiss Application for Post-Conviction Relief based on <i>Atkins v. Virginia</i>	3446
Motion for Order Allowing Release of Records and Authorization for Subsequent Release of Privileged Records	3452
First Amended Application for Post-Conviction Relief Pursuant to <i>Atkins v. Virginia & Hurst v. Florida</i>	3460
Motion to Dismiss	3468
Rule 59(e), SCRCF Motion	3477
Motion to Extend Scheduling Order	3482
Motion for Summary Judgement Pleading	3484

VOLUME VIII

Motion for Summary Judgment (continued)	
DJJ Records	3501
Affidavit of Kevin Everhart, Ph.D.	3513
Affidavit of Tracy D. Gunter, MD	3518
Excerpt from Petition for Writ of Habeas Corpus	3524
Response in Opposition to State's Motion for Summary Judgement	
Pleading	3530
Affidavit of Caroline Everington, Ph.D.	3533
CV of Dr. Caroline Everington, Ph.D.	3542
Declaration of George Woods, Jr. M.D.	3555
Notarized Declaration of George Woods, M.D.	3566
Motion to Amend Application for Post-Conviction Relief	
Pleading	3579
Proffer of Second Amended Application for Post-Conviction Relief	3581
Report of George Woods, M.D.	3589
Motion for Summary Judgment	3600
Objections to State's Proposed Order of Dismissal	3615

Reply to Objections to Proposed Order of Dismissal.....	3635
Rule 59(e), SCRPC Motion	
Pleading.....	3648
Order of South Carolina Supreme Court in <i>State v. Bryant</i>	3653
Order of South Carolina Supreme Court in <i>State v. Starnes</i>	3655
Excerpts of Transcript in <i>Dickerson v. State</i>	3657
Public Index – <i>Starnes v. State</i>	3662
Public Index – <i>Torres v. State</i>	3664
Emails between Court and Counsel.....	3668
Supplemental Citation Letter	
Letter	3671
Fourth Circuit Court of Appeals Opinion in <i>Williams v. Stirling</i>	3672
Response in Opposition to Applicant’s Rule 59(e), SCRPC Motion	
Pleading.....	3701
Excerpts for Order of Dismissal in <i>Mahdi v. State</i>	3707
Reply to State’s Response to Rule 59(e) SCRPC Motion	3714

Transcripts¹

June 21, 2016.....	3718
September 1, 2016.....	3761
February 22, 2017.....	3782
April 20, 2017	3801
October 25, 2017	3815
June 12, 2018.....	3839
October 1, 2018	3863
Dr. George Woods, M.D.	
Direct Examination by Mr. Grose.....	3866
Cross Examination by Ms. Brown.....	3908
Redirect Examination by Mr. Grose	3988
Recross Examination by Ms. Brown.....	3996

VOLUME IX

¹ Judge Cooper convened a hearing on August 23, 2016. There was not a court reporter present for this hearing, so no transcript exists of this hearing.

Dr. Caroline Everington, Ph.D.	
Direct Examination by Mr. Grose.....	4001
Cross Examination by Ms. Brown.....	4029
Redirect Examination by Mr. Grose	4055
Recross Examination by Ms. Brown.....	4059
Dr. Donna Schwartz (Watts) Maddox	
Direct Examination by Mr. Grose.....	6061
December 21, 2018.....	4075

PCR Hearing Exhibits

Applicant's Exhibits

1) Dr. George Woods' CV.....	4090
2) Dr. George Woods' Report.....	4112
3) Declaration of Dr. Donna Schwartz (Watts) Maddox.....	4118
4) Dr. Caroline Everington's CV	4120
5) Picture.....	4133

Respondent's Exhibits

1) DSM-5 Classification.....	4134
2) Diagnostic Criteria	4137
3) SCDC Summary.....	4138
4) Dr. Donna Schwartz (Watts) Maddox Affidavit.....	4139
5) SCDC Grievances	4141

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 Thank you very much.

2 THE COURT: Call your next witness.

3 MR. GROSE: Dr. Everington.

4 (CAROLINE EVERINGTON, having been duly sworn,
5 testified as follows:)

6 (Applicant's Exhibit 4 marked.)

7 DIRECT-EXAMINATION

8 BY MR. GROSE:

9 Q Can you state your full name?

10 A Carolina Everington.

11 Q And your profession?

12 A I'm a special educator and an expert in
13 intellectual disabilities, that's been my
14 concentration, and I've spent most of my career as a
15 professor, just recently retired.

16 Q Let's do this. If you could, summarize your
17 training -- education, training and experience since
18 college.

19 A Okay. Well, my education, I have three degrees
20 in special education: Bachelor's, master's both from
21 Peabody Vanderbilt University, then a doctorate in
22 special education from University of New Mexico. Both
23 in my advanced degrees I specialized in intellectual
24 disabilities. I have taught students with intellectual
25 disabilities. I have worked extensively with service

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 providers as a consultant over the years for people
2 with intellectual disabilities. I have been a
3 professor of special education since 1987, and began
4 teaching the intellectual disabilities course at that
5 time and taught it mostly until my retirement in 2016.
6 I have done a fair amount of academic work in the area
7 of intellectual disabilities. I published a textbook a
8 number -- I have a number of publications and many of
9 those do address intellectual disabilities and the
10 criminal justice system. I started doing work in the
11 mid-'80s. In terms of my concentration, my
12 dissertation was Competence to Stand Trial, and later
13 published the Cask MR, which is an instrument for
14 assessment for competency to stand trial for persons
15 with intellectual disabilities.

16 Q You mentioned publications, is that something
17 that you still do?

18 A I still do, yes. I have a law review article
19 coming out in Hofstra Law Review before the end of this
20 year -- it is a 2018 publication -- with Jim Ellis, who
21 is a professor at the University of New Mexico, and his
22 colleague Anne Delpha. I'm currently under contract
23 with a publishing company, Pro-Ed is the company, for a
24 textbook on intellectual and developmental
25 disabilities. I am working with two other colleagues

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 on that textbook and we hope to get that out early
2 2019. So I am still active in the field, so to speak.

3 Q I'll show you what is marked as Applicant's
4 Exhibit No. 4. That might not be the most current
5 copy, but do you recognize that?

6 A I recognize that as my curriculum vitae.

7 MR. GROSE: I move her CV into evidence.

8 MS. BROWN: No objection, Your Honor.

9 (Applicant's Exhibit 4 admitted.)

10 Q (MR. GROSE) If you were to summarize your
11 expertise, how would you characterize that?

12 A My expertise is very extensive in intellectual
13 disabilities. I have 40 years of experience in this
14 field and I have a specialization in criminal justice
15 issues. I've done a good bit of competency issues.
16 I've been awarded fellowship -- fellow status, not
17 fellowship -- by AAIDD, which is a recognition of my
18 contributions to the field. I think that summarizes, I
19 guess.

20 Q Okay. And have you testified in court as an
21 expert before?

22 A Yes, I have.

23 Q And, roughly, how many times?

24 A Not that many. Typically, I write a report and
25 it is accepted. There is some agreement, at least in

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 the last number of years. I started my first testimony
2 in 1991, so I've been doing this for 25 years. But
3 because I have other employment I don't do that many
4 cases, maybe three or four a year, at the most. So,
5 testimony, maybe 10, 15, something like that.

6 Q And -- I'm sorry.

7 A And I've worked on probably 75 cases, somewhere
8 in that neighborhood, over the years.

9 Q And, generally, when you testified in court, has
10 that been regarding intellectual or developmental
11 disabilities?

12 A Always.

13 Q Would you characterize -- I'm not sure exactly
14 what label to put on you, but would it be a schooled
15 psychologist?

16 A No. An expert in intellectual disabilities.

17 Q Well, then, I'll just offer you as an expert in
18 intellectual disabilities?

19 A Yes. Yes.

20 THE COURT: Any objection?

21 MS. BROWN: No objection, Your Honor.

22 THE COURT: Granted.

23 Q (MR. GROSE) Did Ms. Holt and I ask you to
24 conduct an evaluation of Stephen Corey Bryant?

25 A Yes.

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 Q As part of that, did you review records?

2 A Reviewed records, yes.

3 Q And just focusing on the records, what types of
4 records did you review?

5 A I reviewed the school records. I looked at the
6 Department of Justice, Juvenile Justice records, the
7 South Carolina Department of Corrections. I looked at
8 the depositions of the Horry County district former
9 teachers.

10 Q Depositions or declarations?

11 A Declarations, I'm sorry. And the probation
12 records, as well as some reports. Some of the reports
13 I looked at after my subsequent -- after the work I had
14 done.

15 Q And as far as contact with Mr. Bryant, did you
16 actually meet him in person to assess him?

17 A Yes, I did.

18 Q And when was that?

19 A It was in 2017. I would have to look at the date
20 on that. I don't recall the exact date that I met with
21 him. May 31, 2017 at Leiber Correctional.

22 Q And when you met with him, how long was that for?

23 A It was almost four hours.

24 Q During that four hours, what did you do?

25 A I interviewed him on adaptive skills because I

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 like to meet with the defendant first and find out what
2 they can tell me about things that they do or don't do
3 in terms of adaptive skills across a variety of areas.
4 I gave him the TOAL, which is a test of adolescent and
5 adult language, which is -- I'll talk about that
6 later -- and the independent living skills, ILS, which
7 gives you an indication what the person knows about
8 adaptive skills. It is not a definitive test for
9 adaptive behavior at all, it just gives you another
10 piece of information. And I did give the mathematics
11 subtest of the Wide Range Achievement Test. I wasn't
12 planning on giving him an achievement test, but because
13 he had several errors, computational errors, on the
14 ILS, I gave him that subsection.

15 Q Let's do this. If we can, can we go through each
16 of those three tests?

17 A Okay.

18 Q I think the first one you said was the TOAL or
19 the test for adolescent and adult language?

20 A Correct. Yeah. The reason that I give that test
21 is because -- two reasons. One is language is highly
22 correlated with intellectual function. Two, many of
23 these individuals with cognitive or intellectual
24 disabilities in the upper ranges may present as having
25 good vocabulary and may be able to carry on

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 conversations, but when given a test to examine deep
2 language understanding and a test that is normed to
3 typical adults, often they perform very poorly, and
4 that was definitely the case with Mr. Bryant. He had a
5 general language quotient of 59. You are looking for
6 something with a mean of 100, standard deviation of 15.
7 This is two standard deviations below the mean. He had
8 a spoken language of quotient composite standard score
9 of 67, and a written language composite score of 60.
10 And this test is composed of several subtests, but one
11 of the main things it is looking at is for word meaning
12 and so there is several subtests. One test is
13 analogies, another test is similarities, another test
14 is opposites. He performed very poorly on that.

15 There is a test that looks at what we call
16 syntax, which is what you know about sentences and
17 putting words together in sentence form and grammar.
18 He performed very poorly on that as well. And then
19 there is a test of orthographic, which is writing where
20 he was given -- even though he has done a good bit of
21 writing, his actual understanding of -- again, in this
22 particular test if is punctuation, capitalization, verb
23 usage, all of those things that an adult is expected to
24 know, and he performed very poorly on that as well.

25 So what that says is that he has, you know,

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 cognitive deficits, and on the surface he may appear to
2 have a good grasp of language, but when deeper testing
3 is done with norms that are compared to adults he -- it
4 is obvious that he does not.

5 Q And when you talk about doing poorly, can you put
6 that in some sort of context as to how poorly or not so
7 poorly he does?

8 A Well, again, you look at the standard scores. So
9 this test is -- I think it goes up to normal 22 or 24,
10 which I use the oldest norms, and so even though he was
11 older than that, he performs -- his standard scores --
12 he didn't answer questions. He could not answer things
13 correctly.

14 Q You mentioned his writing; have you seen some of
15 the writing that he's done?

16 A I have seen it.

17 Q And, specifically, have you seen some of the
18 grievances?

19 A I have seen the grievances.

20 Q Does that in any way alter what you're observing?

21 A No. In no way.

22 Q Can you elaborate on that?

23 A Well, there is several things you have to put
24 that in context. First, you don't know whether he had
25 a model. You don't know if there was help. You don't

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 know the circumstances of the writing. But if you
2 analyze it, in terms of written texts, there is many,
3 many problems that were evident in the testing. So
4 because he can write doesn't mean that he doesn't have
5 deficits. If you look at what is expected writing wise
6 of fourth and fifth graders, it is very complex. He
7 doesn't write at that level. He was writing things,
8 yes.

9 Q And -- but he writes at a fourth or fifth
10 grade --

11 A I'm just giving that comparison. I didn't do a
12 grade analysis on it, but it certainly -- when looking
13 at expectations for students at that level, he would
14 not meet those expectations with that writing.

15 Q You mentioned the independent living skills test?

16 A Right.

17 Q What is that?

18 A That's a test that -- where they are asked a
19 series of questions in their different areas. So
20 there's memory, managing money, managing a home and
21 transportation, health and safety and social
22 adjustment. They are asked a series of questions about
23 various things in terms of what would you do if, you
24 know, such-and-such happened or what is Social
25 Security, or they are given problems with here is the

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 money that you have, here are your bills, write a check
2 to pay the bills, figure out how much money you have
3 left, things like that. He was unable to write a
4 check. He made some -- he didn't understand some of
5 the -- how to put the problem together with some of
6 the -- were some of the problems, but made errors, so
7 that is why I did further testing. He had no idea how
8 to compute a percentage. He had some memory problems.
9 He didn't know the date, the year. He didn't know his
10 address, which is unusual, and he didn't know a family
11 phone number, which is unusual.

12 So the subareas scores, he performed very low in
13 all of the areas except for home and transportation.
14 He answered more questions correctly in that area, so
15 he had a higher score, but his overall was within the
16 intellectual disability range of 55. So, you know,
17 that says that he understands some things, but has a
18 very incomplete understanding.

19 Q You said that his performance on the math portion
20 of the independent living skills led you to give -- am
21 I saying it right -- subpart of the Wide Range
22 Achievement Test?

23 A Right. So his mathematic skills are at a 4.5
24 grade level. He received a standard score of 74.

25 Q Is this on the Wide Range?

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 A Yes. Right. And that is actually consistent
2 with other information about him that we know.

3 Q Like what?

4 A That he had difficulties with mathematics
5 throughout school. Also, like persons tend to have
6 more difficulties with mathematics. I did not know
7 about the FASD diagnosis at the time that I did the
8 testing with him. I just suspected that there was a
9 problem and I saw that, so I explored that further.

10 Q Anything else significant with your meeting with
11 Mr. Bryant at the Department of Corrections?

12 A When I talk about adaptive behavior in that
13 assessment, I did reference some of the -- what he had
14 told me as well.

15 Q Anything about that that is significant that we
16 should share with the Court?

17 A If it's all right, I'll talk about it as we get
18 through those areas.

19 Q Okay. Now, did you interview any people as part
20 of your evaluation?

21 A Yes, I did. I interviewed his mother, Kathryn
22 Bryant, and his grandmother, Shirley Freeman, and his
23 aunt, Terri Lee Bryant Caulder.

24 Q And did you use any instruments when you were
25 interviewing with him?

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 A Yes. What is typically done, if it is possible,
2 is to use the standardized assessment of adaptive
3 behavior. The most commonly used assessment right now
4 is the ABAS, Adaptive Behavioral Assessment Scale,
5 Version 3 and it is 2015. It has 239 items. It has 11
6 scales. So what it's really designed to do is to
7 sample necessary behaviors or common behaviors that are
8 skills, if you want to use that word, that a person
9 would need to display to be independent. It is
10 referenced -- it's standardized, and so it is
11 referenced to different age levels. So if the person
12 is 32, you look up this -- you calculate your scores
13 and so forth, but there is a table that will give you a
14 standard score based on what the normative sample of
15 people that age can do on each of the three broad
16 categories.

17 So it gives you an idea -- a more specific idea
18 about how this person -- their performance compares to
19 the typical person in their age group. That's not the
20 only piece of information that you get. You want to
21 triangulate that with an antidotal report, with things
22 you have seen in the records, with other testing that's
23 available. This particular instrument you are looking
24 at -- it's given as an interview format to a person,
25 and you are pretty carefully generally about the people

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 that you select as your informants. You want someone
2 that has known the individual over a period of time,
3 that has observed them across many settings and so they
4 can speak to their performance across these different
5 domains. And these scales have been in place, gosh, at
6 least 30 years. I mean, this is the most common way to
7 assess adaptive behavior is through one of these
8 scales. The person is asked to rate the individual as
9 to how well they perform each of those skills based on
10 their observations. So could they do it totally
11 independently all the time? How frequently and how
12 well? Did they do it sometimes, but need help or
13 reminders, or do they hardly ever or never do it or
14 need to be constantly prompted or reminded?

15 So it's kind of a -- how well -- not only how
16 well do they do it, but how well, which is really
17 important. When we're thinking about adaptive
18 behavior, we're looking at typical performance, not
19 what I think this person can do, not what is the
20 potential for this person, but what do they really do.
21 Because sometimes we have erroneous ideas about people
22 with cognitive disabilities, well, he could really do
23 that if he tried.

24 So I gave it to each of those -- I had two
25 informants and they were interviewed separately.

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 Shirley Freeman -- and what I did is I referenced the
2 interview to the time that the person lived with the
3 individual. So Mr. Bryant lived with his grandmother,
4 Shirley Freeman, when he was middle school/young
5 teenage years. So we talked about what he could do at
6 that time.

7 Q Did you compare that to the norms?

8 A To the norms for that age group, exactly. Then I
9 administered another one to his mother and I referenced
10 it to the time -- his age before incarceration, because
11 he has not had any opportunity to do any of these
12 things, so, I mean, his score would have been lower if
13 I used his current age, but that doesn't make any
14 sense. It is what was he doing, how well was he
15 functioning in the community before he was
16 incarcerated, and that's really the essence of adaptive
17 skills is what does the person really do in the
18 community, not what they are capable of doing, but what
19 do they really do on their own without help.

20 So I calculated the scores. You have -- as I
21 said, there is 11 areas. One of them is work and I
22 didn't administer the work section because he really
23 hasn't worked enough to -- and of course they were not
24 -- they couldn't speak to that, but there is no penalty
25 for not using that particular section. So there were

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 ten areas, and those areas are then collapsed into
2 those three areas that we talked about with the
3 definition of intellectual disability, conceptual,
4 social and practical.

5 So the criteria for a significant limitation in
6 adaptive skills is a standard score overall -- you get
7 an overall score as well. So an overall score that is
8 two standard deviations or below, or a deficit in one
9 of those three areas: Social, practical or conceptual.
10 So for age 14, he had two areas, conceptual and social,
11 and an overall score that fell two deviations below the
12 mean. And it's okay that he didn't have -- often we
13 see higher scores in the area of practical, but it is
14 okay that he didn't have a deficit there. So I had a
15 general composite of 70; a conceptual score of 70;
16 social score of 59 and a practical score of 81. And
17 then when I looked -- scored the adult rating, the
18 scores in all three categories, as well as overall,
19 fell below the first percentile. So there was a
20 general composite overall, 53; conceptual, 54; social,
21 61; and practical, 56.

22 Q You mentioned ten areas that then become part of
23 those three. Was one of those areas communication?

24 A One of the areas was communication, yes. So, you
25 know, I think there are 25 items in there, but I

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 selected a few that were just notable. There was a
2 great deal of similarities between the two raters in
3 terms of the items that they rated him high on, the
4 ones they rated him low. The difference in the
5 standard scores is his age difference. With the
6 expectations increasing as someone gets older, so those
7 scores are a little lower because he did not gain
8 skills -- that many skills enough.

9 But communication difficulties that would be
10 congruent with what I found with a language testing,
11 that the language testing is showing that he has a hard
12 time understanding language. So he has difficulty
13 giving verbal directions involving two or more steps,
14 cannot answer complex questions, had some difficulty
15 with conversational etiquette, interrupting, things
16 like that, difficulty listening to others. Both of the
17 observers said that he spoke too little in
18 conversations. There is a question: Does he speak too
19 much, too little or participates well? That is one I
20 often see with people with intellectual disabilities,
21 and part of that, I believe, is the difficulty in
22 tracking the conversation and also what we call masking
23 the disability. You don't want to say something that,
24 you know, might give away that you don't understand
25 what is being said, so you don't say very much.

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 Another area is community use. And, again, you
2 know, the difficulty in following directions seems to
3 be -- is an area that kind of -- many of these things
4 thread across the different areas, and so you'll see
5 some very similar skills showing up in these different
6 areas in the adaptive behavior scale, and so there is a
7 consistency of the things that he has difficulty with,
8 so following directions to get somewhere, you know. He
9 wasn't responsible for his personal finances. He
10 didn't make appointments on his own, many of the things
11 that you would expect someone, a young adult, to begin
12 to do, at least some of.

13 He did have a vehicle, but I believe he had a
14 truck and motorcycle, but he did not purchase them, his
15 grandparents did. Functionally --

16 Q Before we go on, at the risk of inappropriately
17 interrupting, is there some consistency between what
18 you saw with the community use and the independent
19 living skills test?

20 A Some. You know, it is looking at different
21 things. This is a much more important piece of
22 information.

23 Q You were about to go on to --

24 A To functional academics. What we mean is that
25 living independently requires a lot of academic skills.

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 You may be able to read and do some mathematical
2 calculations, but the complexity of the real world is
3 quite different and he's never lived on his own or
4 totally supported himself. He always lived with
5 someone else, his mother or he was living for the last
6 year, I believe, with a girlfriend, Judith Justice, and
7 she paid for everything. He did not pay bills, didn't
8 pay taxes, didn't do any of those things. He indicated
9 that she would tell him what he needed, I need some
10 money for this. If he had money, he would give it to
11 her. When living with his mother, he gave her \$75 a
12 week when he was working. Now, that is not very much.
13 Didn't budget. This is a very typical pattern for
14 people with cognitive and intellectual disabilities,
15 and what they typically do is they find what we call a
16 benefactor, and a benefactor is someone that is going
17 to help them with things.

18 I know that earlier it was mentioned about
19 supports and that they need supports, that they need
20 help managing the day-to-day life demands. So they
21 often find someone who they live with and who takes
22 care of academic kinds of things such as budgeting,
23 buying groceries, paying for things, paying for the
24 rent, you know, signing contracts, all of the
25 complicated things, understanding a contract, all the

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 things you need to do to be an adult.

2 Another area is home living, and he could perform
3 some simple tasks and that would not be unexpected, you
4 know, sweeping and washing dishes and things. However,
5 he needed -- did not do those independently, would need
6 quite a bit of reminding and prompting. He told me
7 that he could heat up coffee in the microwave, but
8 didn't know how to cook frozen food. He said he knew
9 how to cook on the grill. He could make simple meals
10 that don't require cooking such as sandwiches, that
11 kind of thing, which is not atypical. He did not
12 prepare meals, did not plan meals, did not decide what
13 needed to be purchased for meals, did not shop on his
14 own, those kinds of things. Judith was always with him
15 when they went to get groceries.

16 Q This is the same Judith Justice you mentioned
17 earlier?

18 A Yes. I'm sorry.

19 Q No. No. I was just trying to link those two
20 together. Did you have a chance to interview her?

21 A No. It's my understanding -- I wanted to, but it
22 is my understanding that she refused to participate,
23 did not want to be involved, is my understanding.

24 Q Is one of the areas you look at health and
25 safety?

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 A Yes. Health and safety is another. And this is
2 kind of a broad category, but it looks at several
3 things. It looks at does a person keep themselves
4 safe? Do they -- and also do they look after their own
5 health needs? Do they pay attention to safety in the
6 environment? So, you know, he exhibited poor judgment
7 and difficulty in understanding consequences as
8 evidenced by the repeated run-ins with the law, so to
9 speak. He was unable to avoid situations that would
10 get him in trouble, basically. He did not avoid people
11 who could get him in trouble. Those are some of the
12 things that that particular section looks at.

13 In terms of home safety, both informants
14 mentioned that he caught the couch on fire. I believe
15 it was in his mother's house.

16 Self care, there really is no notable real
17 problems in this area that involves dressing and
18 bathing, and that is an area that many adults with
19 intellectual disability really is not too much of a
20 problem.

21 Leisure skills looks at -- again, all of these
22 areas go hierarchy from simple to complex always. He
23 does play cards, from what I understand. I don't know
24 how well, but he does. He plays computer games, but
25 there were social skill deficits evident in this area

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 as well where he -- the deficits were engaging in more
2 social adult type of leisure activities that others
3 would do at that age range. So planning, entertaining,
4 going with people to community events, movies, things
5 like that. He was not -- as he told me -- invited to
6 parties or events with others. He's definitely
7 described as a loner and I think that played out in the
8 leisure area as well as social.

9 Self-direction is another area, and that is an
10 area of difficulty for him. His impulsivity, attention
11 deficit, which has been evident throughout his school
12 years, documented well across all reports. It was
13 evident in this area. He has difficulty in time
14 management. He told me he lived for the moment. He
15 sometimes would get to places early, sometimes late.
16 He never planned ahead, never set goals. This also
17 looks at regulation of emotions. And so, again, the
18 impulsivity, he had difficulty in regulating his
19 emotions, controlling anger, for example, and that is
20 part of that assessment.

21 Social, he was described by both informants as a
22 loner. Also, he told me that, basically. Both
23 informants told me he didn't have real friends, and the
24 notes from the educational files indicate difficulties
25 with social skills and interacting with peers, so that

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 goes back, you know, to a fairly early age. He didn't
2 have age-appropriate relationships either. He had,
3 apparently, the one relationship with Judith Justice,
4 the woman he lived with, but she was 16 years older
5 than he was. And this is a pattern that I also see
6 frequently, not only do many individuals --
7 particularly males -- find someone to live with that
8 will take care of things, but often it is an older
9 person, a person significantly older than them.

10 Part of this area looks at general emotions and
11 seeing emotions in others. He reported that he had
12 difficulty in reading emotions in others and was unable
13 to recognize his own emotions.

14 Q I guess the only other one you already touched on
15 was work?

16 A The work area. The information that I had I
17 gathered from talking to him and then also from looking
18 at the probation officer's reports, which gave a
19 chronological reporting of whether he was working that
20 month or not and where he was working and how long he
21 worked places. All of his jobs were very brief in
22 duration, no more than a few months. I think there was
23 only three or four jobs during the time period, and he
24 was fired from two of those jobs. So there was a lot
25 of difficulty in job performance in terms of conforming

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 his behavior to his job.

2 According to the report, his last job, which was
3 at a place called Catalyst, the owner took out a
4 restraining order against him and sued him for money
5 lost while working for the company. One of the
6 interesting things I noted when I was looking at those
7 probation reports is that he referred him to vocational
8 rehabilitation on more than one occasion, more than one
9 entry, and he apparently -- Mr. Bryant did not follow
10 up on that. But vocational rehabilitation is
11 exclusively for people with intellectual and
12 developmental disabilities, so he must have suspected
13 that there was an issue there or he would not have
14 referred him to DBR.

15 Q Going back to the diagnostic criteria, as far as
16 deficits and adaptive functioning, what is that
17 criteria?

18 A The criteria is significant limitations in
19 adaptive behavior as dismissed and conceptual to social
20 and practical skills.

21 Q And does Mr. Bryant meet that criteria?

22 A Yes, he did.

23 Q Can you elaborate on that?

24 A His -- the scores, obviously that I just
25 reported, clearly fall in that range. The records that

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 are available in terms of his school records as well --
2 now, he did -- his academic performance was varied, but
3 it was generally below grade level. Although there are
4 instances where it was at grade level, there are notes
5 from teachers throughout the school records of adaptive
6 checklist. Many of the things that I saw were also
7 noted by teachers, and so -- also struggling
8 academically. One teacher notes when he was 11 years
9 old, Corey has a difficult time comprehending reading
10 materials. He struggles with any written expression.
11 I had seen that and there were several tests where his
12 comprehension, reading comprehension, was lower, which
13 is consistent with his language problems.

14 There is an IP from '96/'97 indicates his
15 functioning was three to four years below grade level;
16 this is a teacher observation. The teacher's --
17 declarations from the teachers, the two that were
18 available, they were conducted and described him as
19 "sweet and slow." Fifth grade teacher, Joanne Poor
20 remembers he could not do fifth grade work. Both
21 teachers indicated they were required to pass failing
22 students.

23 Some of the checklists note similar kinds of
24 adaptive problems; for example, I just noted some of
25 them following: Directions, answering questions after

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 reading, retaining read information, distractible,
2 impulsive, difficulty in making social judgments,
3 problems with long-term memory, inability to
4 concentrate on an activity. So those are threads that
5 go from childhood through adulthood and are related to
6 his cognitive problems.

7 I was looking at the 1996 transition plan, which
8 was interesting because it shows goals that you would
9 develop for someone with intellectual disability. So
10 learning about transportation and community resources
11 and acquiring skills necessary for independent living,
12 and so they are looking at home living kinds of skills
13 and those kinds of things, which is more of what is
14 often focused on for people with intellectual
15 disabilities or developmental disabilities.

16 Q Did I ask you to look at the definition of
17 "related disabilities"?

18 A Yes, you did.

19 Q And one -- one of that criteria is that a person
20 have a condition other than mental illness found to be
21 closely related to intellectual disability, because
22 this condition results in impairment -- in impairment
23 of general intellectual functioning or adaptive
24 behavior similar to that of a person with intellectual
25 disabilities and requires treatment or services similar

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 to those for someone with an intellectual disability;
2 does Mr. Bryant meet that criteria?

3 A Absolutely. His adaptive behavior pattern is
4 completely consistent with someone with intellectual
5 disability.

6 Q And the second criteria is it is manifested
7 before 22 years of age; does he meet that criteria?

8 A Absolutely.

9 Q If the cut-off was 18 years of age, would he meet
10 that?

11 A Absolutely.

12 Q It is likely to continue indefinitely?

13 A Yes.

14 Q And results in substantial functional limitations
15 in three or more of the following areas of major life
16 activity: Self-care, understanding and use of
17 language, learning mobility, self-direction and
18 capacity for independent living?

19 A Yes. I would -- the three I would highlight is
20 understanding and use of language, and we have talked
21 about that. Self direction, definitely. And capacity
22 for independent living. His mother indicated that he
23 would be unable to live on his own. She said he can't
24 make day-to-day decisions. And his -- there were other
25 anecdotal remarks that I picked up. His aunt talked

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 about the difficulty he had in understanding things.

2 She said when explaining things to him you had to tell

3 him things several times. And, you know, certainly the

4 difficulty with social interaction and using good

5 judgment in social situations.

6 Q Okay. Of course we had discussion about Fetal

7 Alcohol Spectrum Disorder today?

8 A Yes.

9 Q And in your experience and knowledge of the

10 literature, is there a pattern of adaptive function

11 deficits that someone with FASD typically has?

12 MS. BROWN: Objection, Your Honor, exceeds the

13 scope.

14 MR. GROSE: Just talking about adaptive deficits

15 and adaptive functioning.

16 THE COURT: Give me the question.

17 MR. GROSE: If there is a pattern of deficits in

18 adaptive functioning that you see with someone with

19 FASD diagnosis.

20 THE COURT: And your objection?

21 MS. BROWN: Relevance, exceeds the scope of

22 litigation, not towards intellectual disability as a

23 diagnosis.

24 THE COURT: How does that tie to the intellectual

25 disability?

DR. EVERINGTON - DIRECT EXAMINATION BY MR. GROSE

1 MR. GROSE: It's just the consistency of the
2 information we're presenting, what kind of pattern.
3 Certainly the deficits in adaptive functioning applies
4 to intellectual disability.

5 THE COURT: So you are saying it might be a
6 component of intellectual disability?

7 MR. GROSE: Yes, sir.

8 THE COURT: I'll allow it.

9 A When we look at intellectual cognitive
10 disabilities, we look at -- try to look at what might
11 be the cause; often, we don't know. But certainly in
12 this case it is -- appears to be Fetal Alcohol Syndrome
13 Disorder, and there are certain characteristics that
14 are commonly associated with people with Fetal Alcohol
15 Syndrome Disorder. There is a number of years of
16 research looking at those characteristics. Those
17 characteristics are the very mirror of the problems
18 that he has, so there is distractibility, impulsivity,
19 difficulty in understanding, following directions,
20 difficulty in making social judgments in terms of
21 conforming to regulation, impulsivity, and some of the
22 other things.

23 Certainly difficulties in adaptive behavior
24 across a spectrum is associated with people with Fetal
25 Alcohol Syndrome Disorder.

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 MR. GROSE: Beg the Court's indulgence.

2 (A brief pause in the proceedings.)

3 MR. GROSE: Thank you. That is all I have.

4 CROSS-EXAMINATION

5 BY MS. BROWN:

6 Q Good afternoon.

7 A Good afternoon.

8 Q And when you received this matter, you received a
9 referral question?

10 A Yes, I did.

11 Q And what was that question exactly?

12 A To look at adaptive behavior deficits, which is
13 what I do?

14 Q And was that in regard to intellectual
15 disability?

16 A Yes.

17 Q If you know you don't have evidence to meet the
18 first prong, are you in any way constrained in
19 reviewing adaptive functioning?

20 A No, because there is so many variables on that
21 first part and the -- I saw the school records, yes, I
22 did. I saw the higher than typical IQ scores, but I
23 also know that there are many factors that can go into
24 those scores. I also know about the increasing down, I
25 guess, that is occurring in the field in regards to the

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 use of those. So if I didn't see deficits in adaptive
2 behavior, then, you know, I would say, no, there is no
3 problem here. But the deficits in adaptive behavior I
4 saw were really inconsistent with those scores.

5 Q Thank you for that, but I was asking a different
6 question. You are not limited to pre-18 or a
7 developmental period when you are not looking at
8 intellectual disability, correct?

9 A I'm not sure -- I looked at both pre-18 and his
10 adult functioning. I looked at both.

11 Q But you wouldn't have to worry about the
12 developmental period if you are not going for
13 intellectual disability?

14 A Well, you still want to see the pattern of -- if
15 this is an organic problem, FASD, you're going to see
16 that pattern across time. It is not just going to be,
17 you know, two years before he was incarcerated. You
18 are going to see that pattern.

19 Q And you just referenced organic pattern, you
20 would want to see some kind of neurological imaging,
21 correct?

22 A I'm not a neuropsychologist.

23 Q So that wouldn't make any difference to you?

24 A I would want to see a neuropsychological report,
25 definitely, where there was neurological testing done

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 that showed that -- the type of cognitive deficits that
2 a person has. I'm not trained to read imaging, so that
3 wouldn't help me.

4 Q If you had a report that said no problems
5 reported, how would that affect your view of what
6 information you are getting on adaptive functioning?

7 A There are many things that are looked at with
8 intellectual functioning. Again, that is not my area.
9 I would rely on experts in the area to interpret those
10 materials and to give the most appropriate tests. I
11 felt that Dr. Woods did some very appropriate testing.

12 Q Do you have any background in neuropsychiatry?

13 A No, I don't.

14 MS. BROWN: Your Honor, I would ask that answer
15 about Dr. Woods to be stricken; that is vouching or
16 bolstering and there is no basis.

17 MR. GROSE: She asked the question about
18 neuropsychological testing and that was the answer
19 that she got. So if -- I think it was an appropriate
20 answer, but even if it wasn't, she opened the door
21 with her question.

22 MS. BROWN: I believe the question was if she got
23 a report that showed no problem.

24 THE COURT: Sustain the objection.

25 MS. BROWN: Thank you.

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 Q (MS. BROWN) So are you aware that there are
2 reports in this record where there is no neurological
3 impairment detected?

4 A I'm not aware of that.

5 Q You were not shared -- let me back it up.

6 A Which reports? Which reports are you referring
7 to?

8 Q Have you read the transcript in this matter?

9 A No.

10 Q No transcripts from either the sentencing or
11 post-conviction relief?

12 A I don't think so. I don't think I have.

13 Q Have you read a report from Dr. Schwartz-Watts?

14 A I read her affidavit that was -- recent
15 affidavit, yes.

16 Q Were you in the courtroom earlier today when the
17 report was referenced and the fact there was
18 neurological testing done?

19 A Yes.

20 Q But you had not seen that?

21 A Not that I recall.

22 Q Not that you remember?

23 A Recall -- I'm sorry, not that I recall.

24 Q Have you listed out all the information you
25 relied upon?

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 A I think so. I looked at -- as I said I mentioned
2 I had seen reports, so I did -- I looked at
3 Dr. Crawford's evaluation at the time of incarceration
4 and Dr. Woods' affidavit and Dr. Schwartz-Watts'
5 affidavit and Tracy Hunter's report.

6 Q You've done quite a few tests or quite a few
7 evaluations for intellectual disability?

8 A Yes.

9 Q Formerly, mental retardation?

10 A Yes.

11 Q And, approximately, how many have you done?

12 A I've worked on about 75 cases. Some of them I
13 didn't do testing. Some of it I was a teaching expert.
14 Some of it I looked at records and gave opinions, and
15 so it's -- you know, my role differed in each of those
16 cases, in many of those cases.

17 Q Okay. Have you ever expressed that when you
18 evaluate someone for mental retardation and
19 intellectual disability that you should give a
20 contemporaneous IQ test?

21 A I probably suggested that.

22 Q Was that done here?

23 A I -- not that I'm aware of. I don't know. My
24 responsibility in this case was to look at adaptive
25 skills, so that is what I really focused on.

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 Q The first prong is important for intellectual
2 disability, correct?

3 A It is part of the -- for the classification of
4 intellectual disability, it is part of it.

5 Q And you didn't recommend an IQ test here just to
6 see if the prior scores were consistent or if there was
7 an outlier or anything like that?

8 A There were others that were. Dr. Woods was
9 working in that area.

10 Q American Association on Intellectual Disabilities
11 -- Developmental Disabilities, are you a member?

12 A Yes.

13 Q And what have you done for that organization or
14 with that organization?

15 A I worked on a couple of national committees. I
16 was on the legal and social issues committee for a
17 number of years and we put together, basically, the
18 statements for the organization. And then I was
19 president of the legal process and advocacy division
20 also.

21 Q You are aware that that association recommends
22 using several different sources of information when you
23 do adaptive functioning?

24 A Yes.

25 Q And I believe you testified on direct that you

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 want to triangulate information?

2 A Right.

3 Q What would be the purpose?

4 A The purpose is always to get more validity when
5 you triangulate information, yes.

6 Q You want to know as much as you can, essentially,
7 because it makes the evaluation more complete?

8 A That is part of it.

9 Q Medical records, you told us you did have medical
10 records?

11 A I'm not sure what you are referring to by
12 "medical records."

13 Q What did you mean when you told us that you
14 reviewed medical records in this case?

15 A I didn't say I reviewed medical records.

16 Q School records?

17 A School records.

18 Q DJJ records?

19 A Yes.

20 Q Employment records, I think you said probation
21 and parole?

22 A That's right.

23 Q Why didn't you get the work records?

24 A I wasn't aware there were work records.

25 Q Were you aware that there was a workers'

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 compensation claim that Mr. Bryant made against an
2 employer?

3 MR. BRYANT: That's bullshit.

4 A I had seen some notation, but I don't know that
5 -- I don't have any information on that. I don't know
6 if someone told me that or whether he did. I remember
7 hearing -- seeing something about that, but I don't
8 know because that's in relation, I believe, to the job
9 at Conbraco, and there is conflicting information as to
10 the reason why he left. So I wasn't -- you know, I
11 don't know.

12 Q Did you know he had to have a restraining order
13 placed against him against one employer?

14 A Yes, I did and that's in the records.

15 Q But you didn't talk to that employer?

16 A No.

17 Q And for the workers' comp claim, that normally
18 goes through a process so there would be documents
19 available?

20 A I don't know if that actually happened or not.

21 Q One would have to investigate that?

22 A As I said, I got conflicting information whether
23 that was really why he left that job or not.

24 Q Do you have an investigator that works with you?

25 A No.

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 Q How do you get that information?

2 A How do I get my information?

3 Q Apart from your interview of Mr. Bryant, how do
4 you know who to contact, know who to interview, what
5 records to review?

6 A I often -- I ask the -- when I meet, I always
7 meet with the defendant first and I ask them who might
8 be good people to speak with. I ask the attorneys who
9 have done mitigation who is available to speak with and
10 they often give names of people that I would like to
11 speak with. Often in these cases, because we're
12 looking retrospectively awhile back, a lot of these
13 people are not available anymore, so it is a problem to
14 get as many people as you would like. It is a problem.

15 Q Do you think just having two sources, two family
16 members as sources, limits the reliability of the
17 information you receive?

18 A Those were very good interviews. I've been doing
19 this a long time, and part of that is clinical
20 judgment, again, and knowing if -- when you are
21 interviewing someone that they are giving you accurate
22 and consistent information, and I felt really good
23 about both of those interviews.

24 Q They seem to really care for Mr. Bryant?

25 A I'm sure they do.

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 Q They've been helpful to you and helpful to Mr.
2 Bryant?

3 A I don't know the extent of how helpful his mother
4 has been.

5 Q Let's go back to some of the sources of
6 information that were available. You told us the
7 Department of Juvenile Justice, school records -- the
8 school records would have been through DJJ or the
9 elementary school records that you referenced?

10 A I had Horry County school records.

11 Q In none of the records did you see an
12 intellectual disability diagnosis, right?

13 A No, but that's not atypical.

14 Q In fact, it is fairly odd to have someone
15 evaluated before age eight to see if they are
16 intellectually disabled?

17 A I wouldn't say that.

18 Q How many evaluations have you had who actually
19 has been looked at for a possible intellectual
20 disability evaluation, and that would be before the age
21 of 18?

22 A There is a fair number that have, but then there
23 are many that -- because you are looking at people in
24 what we might call "mild range" that they are much more
25 likely to be classified as learning disabled or

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 emotionally disturbed than intellectually disabled.
2 Part of that is the stigma that is associated with
3 intellectual disability. The schools are very
4 reluctant to put that label on someone.

5 Q But it is pretty odd to have information that you
6 can use, and if someone is evaluated, that should be
7 looked at pretty critically, don't you think?

8 A I'm not sure what you are talking about.

9 Q Let's start when we look at a capital case,
10 generally, someone is either in their late 20s to late
11 40s, or even older, and you are looking back at a
12 developmental period?

13 A Yes.

14 Q So to have information that someone was
15 considered whether they were intellectually disabled or
16 referred to an agency to determine intellectual
17 disability, and it was during their developmental
18 period, that should be interesting to read and pretty
19 insightful. There is no bias. No one can say bias at
20 that point, correct? They are not trying to get out
21 from under the criminal charge at that point?

22 A No, but you don't know how reliable some of the
23 testing is, and so there may not be a bias, but there
24 may be some reliability problems, but certainly I
25 looked at that.

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 Q And that is always what you have to dig deep into
2 in how reliable someone's evaluation is, how reliable
3 someone's opinion is?

4 A Uh-huh.

5 Q And that is why you want to triangulate data,
6 correct, make your opinions as reliable as possible?

7 A You examine the data that you have, yes, you do.

8 Q I want to talk to you about other records you
9 could have gotten; how about motor vehicle records,
10 driving records?

11 A I have not seen those.

12 Q You know Mr. Bryant drove a truck at the time of
13 the crimes?

14 A I knew he had a truck, yes.

15 Q Whether he had a license and tickets or if he had
16 insurance or paid insurance, that would be important
17 because that would show how he was doing in the
18 community before the evaluation, right?

19 A It is my understanding that he did have a
20 license; that is what he told me. I knew he drove a
21 car. Those are not unusual things for persons with
22 intellectual disability to do.

23 Q And, really, nothing could be taken off the table
24 as unusual, right? You have to look at the whole
25 picture. If someone is driving around and there are

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 multiple problems and have been ticketed, that doesn't
2 seem like someone was responding very well to the
3 information they receive. But if you have a person who
4 is following that and doing what they are supposed to,
5 taking a check into the insurance company every six
6 months to pay the premium, you may look at that a
7 little different, correct?

8 A I don't -- again, you know, it depends on the
9 situation and the context. Taking a check into the
10 insurance company -- he can't write a check, I know
11 that. But it could be a check that was written by
12 someone else. It could be something that was his
13 grandmother paid for, mother. You know, you have --
14 there could be circumstances around that.

15 Q Sure. Sure. I think looking at a bank statement
16 might have been good to see if he did write a check,
17 right?

18 A I don't have a bank -- I was not privy to his
19 bank statements, but he certainly did not know how to
20 do that.

21 Q And you knew that because you took him an example
22 to do?

23 A Yes. Yes.

24 Q And you asked him to write a check out and you
25 gave him a blank check?

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 A Correct. There is several problems with that:
2 Here is the light bill, write a check to pay for that.

3 Q How about any Social Security records to see what
4 other jobs he might have had?

5 A I have not seen his Social Security records.

6 Q IRS records?

7 A He was unable to explain to me how you pay taxes
8 or when, so I don't believe -- there might have been
9 withholding, certainly, from some of his jobs. The
10 employment records that I saw do not indicate any kind
11 of sustained employment.

12 Q That is probation, right?

13 A Right.

14 Q What about his prison records, did you go over
15 anything with prison grievances that he would have
16 initiated?

17 A Yes, I saw those.

18 Q Any of those stand out to you?

19 A I'm not sure what you mean by "stand out."

20 Q Did you go over his grievances?

21 A I read through them, yes.

22 (Respondent's Exhibit 5 marked.)

23 Q (MS. BROWN) Does Exhibit 5 look familiar to you?

24 A I read through these. It's been awhile since I
25 looked at them.

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 Q Do you need a minute to scan them?

2 (A brief pause in the proceedings.)

3 A It's a little hard to follow exactly what is
4 going on with the grievance on the money transfers.

5 Q (MS. BROWN) Excuse me, if I may ask you --

6 MR. GROSE: I ask that she be allowed to finish
7 her answer.

8 THE COURT: Were you done?

9 MS. BROWN: I haven't moved them into evidence.

10 THE COURT: Okay.

11 MS. BROWN: If you recognize that as something
12 you had read before, I'll move it into evidence.

13 THE WITNESS: Okay. I'm sorry.

14 MS. BROWN: That's all right, just a procedural.

15 MR. GROSE: No objection.

16 (Respondent's Exhibit 5 admitted.)

17 Q (MS. BROWN) I apologize, I was just trying to
18 keep the record straight.

19 Did you have something you wanted to add?

20 A Oh, no.

21 Q Okay. My question is simply this: On the
22 document that you see, on the bottom, it has a GC
23 number on the bottom, right corner, GC017. It is a
24 grievance about money, correct?

25 A Uh-huh.

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 Q And it indicates that there is a money order
2 coming in, that's the money order number and talks
3 about a balance in the account and asking for a
4 statement. Now, I think we all agree that not
5 everything that happens in prison is really indicative
6 of adaptive functioning because it is so structured,
7 but isn't this the type of thing you might want to
8 follow up and question, because it seems that he is
9 handling his money inside of SCDC?

10 A Well, the interesting thing on these grievances
11 that I looked through is a great deal of them are
12 unprocessed. He failed to attempt -- he hasn't
13 followed the process. So -- and as I recall, there was
14 a flurry of these at one point. It is interesting to
15 me that he continued to have difficulty understanding
16 how he was supposed to do this. So I don't know the
17 facts on this. You know, it's written in a very
18 jumbled way, which is a little hard to understand what
19 is going on here. He, at this point -- this is 2006,
20 so he was incarcerated for two years, I believe, at
21 this point; is that correct?

22 Q I'm not sure.

23 A Right. So, you know, it's not unusual for them
24 to be able to sit around and think about these things
25 all day long and to talk to people and to have some

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 kind of command on the small amount of money that he
2 has. There is a small amount of things in his life
3 that he could keep up with. But I think that the more
4 interesting thing, to me, is the number of them that
5 were not processed because of the lack of understanding
6 of the procedures, repeatedly lack of understanding of
7 the procedures.

8 Q Okay. There are two things, and I'll get back to
9 your point about the procedures, but I want to focus on
10 the money and the fact that he was keeping track of
11 money or appeared to keep track of money. Is that
12 something you want to investigate to get records from
13 that Cooper account to ask him about those statements
14 to see what he was doing at the time of your evaluation
15 and not simply at the grievance?

16 A I believe that I received these after I evaluated
17 him. I believe that I did. It may have been the
18 attorneys received them, I don't know. But I did not
19 -- I did not have these when I evaluated him.

20 Q When would you ask for additional information
21 when you are just generally conducting an evaluation?
22 What point would you say, I understand that you asked
23 me this referral question, I need A, B and C to
24 consider?

25 A Right. Depending on the information that I

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 receive.

2 Q And to go back to your point on the grievance
3 procedure, did you review all of the grievances that he
4 has filed?

5 A I did. I did.

6 Q And some of them were settled, correct?

7 A I think so. I mean, it's been quite some time
8 since I looked through those.

9 Q And the document there, the second page, GC021,
10 that talks about cleaning tools, supplies, should be
11 provided to inmates at least three times per week, very
12 lucky to get supplies two times a month. I have
13 frequently, on numerous occasions, addressed this issue
14 with Major Price, Captain Thomas and Captain Blackwell.
15 They keep saying they'll talk to night shift and find
16 out why we don't get cleaning supplies as we're
17 supposed to, but nothing ever happens. This is a
18 sanitary issue that needs to be handled.

19 The reason I ask you about that is that is
20 something else that you kind of look at for adaptive
21 functioning, keeping things clean, taking care of
22 things. It is limited because it is jail, that is
23 evidence that he is trying to keep things clean, right?

24 A Yes, but you don't -- there are things about this
25 -- I remember this one -- that you don't know. It

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 appears that he is doing it on behalf of the other
2 inmates. So it is likely that this is -- could be a
3 result of a lot of discussion, maybe many people
4 talking about this, and for some reason he wrote this.

5 Q Could be indicative of leadership?

6 A I don't know if writing a grievance is indicative
7 of leadership or not.

8 Q I want to go to ADAS -- is that the third
9 edition?

10 A Yes.

11 Q There is other tests out there; how did you
12 settle on that one?

13 A It is the most recent.

14 Q And some of that -- some of the sample questions
15 you went over, but also whether an individual orders
16 meals while eating out?

17 A Pardon?

18 Q Whether an individual orders meals while eating
19 out, did you ask that?

20 A That is on there, yes.

21 Q And probably -- probably have people in the
22 community to contact about that, correct? You wanted
23 to interview Judy Justice, right?

24 A Yes.

25 Q And I assume -- and I'll let you answer this --

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 but you wanted to talk to her because Mr. Bryant was
2 living with her at the time of these crimes?

3 A Well, yes.

4 Q Uses a credit card or ATM; I think you were
5 talking a little bit about money, but did you ask him
6 about ATM?

7 A I think he used an ATM. I think he did. He told
8 me that.

9 Q And, of course, completing forms for jobs, we
10 talked a little bit about the workers' compensation
11 claim. If you are going to make a claim, usually some
12 paperwork is involved?

13 A I don't know anything about the circumstances on
14 that or the job applications. I know the first job he
15 got at Conbraco, I believe it was his father worked
16 there and got the job for him. I don't know the
17 circumstances of the others or how the applications
18 were completed or how well.

19 Q And the evaluations you have done in the past,
20 have you ever talked to employers?

21 A No, I haven't.

22 Q Why is that?

23 A Just have not -- not have completed that.

24 Q Buckles own seatbelt in the car, right?

25 A And, you know, I don't have my protocols here so

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 I can't answer what was said by each of those
2 informants. I mean, there are 239 items on this scale,
3 so you have to look at it in totality. Yes, he may do
4 one thing and not another, but it is an aggregate of
5 what he could and couldn't do, and what I look for also
6 was the patterns, so across similar skills across the
7 subtests.

8 Q I think you would have to agree if he had a
9 ticket for not using a seatbelt, that is something you
10 want to look at if you pose a question about whether he
11 buckles his own seatbelt in the car?

12 A I don't know if he had a ticket or not.

13 Q Buys over-the-counter medications when needed, I
14 believe that was one of the questions?

15 A I believe that he did not do that, and I believe
16 that he told me that as well. That one I remember.

17 Q Did you have any indication that he bought
18 medication when Ms. Justice was at work?

19 A I don't know.

20 Q What about computer use, did you ask him about
21 computer use?

22 A He plays games on computers, from what I
23 understand.

24 Q I think you told us you did not have access to
25 the sentencing proceeding; is that correct?

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 A I'm not sure on that. I'm not sure.

2 Q Well, did you have access to the October 2012 PCR
3 transcript?

4 A I'm not sure.

5 Q Were you aware that Dr. Watts, now Dr. Maddox,
6 testified at the PCR hearing in October of 2012 before
7 Judge Cothran: I do recall that Dr. Bryant was
8 computer savvy for that point in time?

9 A I know that she testified, but I don't know that
10 she said that. I'm aware that he used computers for
11 games. I don't know what "computer savvy" would mean.

12 MS. BROWN: Your Honor, if I may approach. I
13 have a portion of the October 2012 PCR hearing that is
14 a part of the record and I copied a section from
15 Ms. -- Dr. Schwartz-Watts' testimony.

16 MR. GROSE: We're getting late. This becomes
17 pitting witnesses and this is already a part of the
18 record.

19 THE COURT: Go ahead.

20 MS. BROWN: Thank you.

21 Q (MS. BROWN) That looks like something you have
22 reviewed?

23 A You know, I don't know if I reviewed this.

24 Q Well, I don't want you to have to read
25 everything, but I would like to ask you a question.

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 You see the header at the top Entry Number 16-9. If
2 you would, go to Page 83. That is the large number,
3 2071.

4 A Right.

5 Q In talking about the computers and the crime, if
6 you go to Line 19, there is a question asked: Well,
7 with the information you had, it is reflected that the
8 defendant had some idea, some understanding, of
9 Internet browsing history on a computer, correct?

10 And the answer from Dr. Schwartz-Watts was: Sure.
11 Sure. I do recall that Mr. Bryant was computer savvy
12 for that point in time.

13 My question is: Had you had that information,
14 would you have wanted to explore with Mr. Bryant a
15 little more how much he knew about computers?

16 A Certainly that's a factor. You know, computer
17 savvy can mean many things. I mean, I have
18 grandchildren that are seven and nine and they are very
19 adept at the computer in a scary way. It is not a hard
20 skill, it is a self-reinforcing skill to obtain. So
21 someone can have a cognitive disability and go on the
22 computer.

23 Q (MS. BROWN) Kind of what we were talking about
24 before, it depends on the circumstances. You don't
25 take one bit of the information, you look at the

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 circumstances, right?

2 A Right. But that doesn't -- that piece of
3 information doesn't mean that he does not have deficits
4 in adaptive skills, because using a computer does not
5 require complicated skills in terms of searching.

6 Q Some people can be quite computer savvy, correct?

7 A Uh-huh.

8 Q You indicated in your affidavit of October 21,
9 2017 that additional interviews with former teachers
10 and others are planned to be conducted in the future.
11 You shared with us you only had those two sources,
12 besides Mr. Bryant. Why would you want to interview
13 other people?

14 A I wanted to interview the teachers to find out
15 more about his functioning in the school system, and
16 from what I understand, they were not available. One
17 of the teachers that had written the declaration moved
18 out of the state and were not available.

19 Q What about other family members; brothers, for
20 instance, did you ask to interview anyone else?

21 A I would have to go back and look at the
22 communication from that time period.

23 Q You have teachers and others, so I was wonder who
24 they would be at that point in time?

25 A I think it was undetermined others at that point

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 in time when I wrote that.

2 Q And do you recognize malingering, is that
3 something you want to check for when you do your
4 testing?

5 A I don't give malingering tests, but I do look at
6 patterns of responses on tests and compare that to what
7 I know about the individual and other information and
8 consistency of responses. So do they pass the easy
9 items and then have difficulty with -- is it a
10 progression, their response on the test, is it similar
11 to other people with intellectual disabilities.

12 Q Now, if you have a car accident and you receive a
13 traumatic brain injury at the age of 40, you certainly
14 can have problems with the way you function, correct?

15 A Yes.

16 Q So adaptive functioning means much more than just
17 looking at the intellect?

18 A Just what?

19 Q Just looking at intellect and the connection.

20 A There is a connection with cognitivity and
21 adaptive behavior.

22 Q When you look at intellectual disability, you are
23 looking at that connection, right, specifically?

24 A Yes.

25 Q So you do have to look a little bit at

DR. EVERINGTON - CROSS-EXAMINATION BY MS. BROWN

1 intellectual functioning, right?

2 A Yes.

3 Q Even though your referral question was there for
4 adaptive functioning, you have to look a little bit to
5 intellectual disability?

6 A Yes.

7 Q You've already said that you suggested in the
8 past that you get a contemporaneous IQ test?

9 A Yes.

10 Q And you didn't do that here?

11 A Because an expert was hired to do the
12 neurological and cognitive testing.

13 Q I didn't mean to cut you off, go ahead.

14 A No, I'm okay.

15 Q Did you consider the facts of the crime not
16 adaptive functioning, but for evidence of intellectual
17 functioning?

18 A You don't consider the facts of the crime, and
19 the reason you don't is that you would become a
20 factfinder in that process, because any time that you
21 are looking -- if you are delving into adaptive
22 functioning, you would have to talk to people that were
23 involved in the crime. You would have to become part
24 of that, which is inappropriate for determining
25 adaptive functioning or for the role of someone who is

DR. EVERINGTON - REDIRECT EXAMINATION BY MR. GROSE

1 doing that. You can look at a broad scope and a
2 history of criminal behavior indicates some difficulty
3 in following rules and making judgments and those kinds
4 of things, but there is a professional consensus that
5 if you look at the AAIDD, in particular, and most of
6 the scholars in the area, they say that you don't
7 consider the facts of the crime.

8 Q But for intellectual functioning, the reason I
9 ask is very narrow, I want to be sure we're on the same
10 page. I think you'll agree intellectual disability you
11 have the spectra of false confessions, you have a
12 spectra of following a leader, you have a spectra of
13 being pushed into something that you wouldn't normally
14 do. Those are things that are usually expressed as
15 concern for someone who has intellectual disability.
16 So with that background as a premise to a question,
17 wouldn't you want to look at the facts that Mr. Bryant
18 already admitted to in his guilty plea?

19 A That is not my role to do that, no.

20 MS. BROWN: Thank you, Doctor. I appreciate it.

21 REDIRECT-EXAMINATION

22 BY MR. GROSE:

23 Q Just a few in follow-up. The government is
24 asking you questions about some of Mr. Bryant's
25 strengths, for example. Do people with intellectual

DR. EVERINGTON - REDIRECT EXAMINATION BY MR. GROSE

1 disability or developmental disability often have
2 strengths?

3 A Absolutely.

4 Q And is the focus on the strengths or on the
5 weaknesses, or what?

6 A The focus is on the deficits. If you look at the
7 definition, it's significant limitations. So you are
8 moving, okay, there are limitations, what are they and
9 are they of the magnitude to meet the criteria and are
10 they across many different areas, are they observed
11 across settings?

12 Q Did you find evidence of that here?

13 A Yes.

14 Q So is it appropriate just to pick, for example,
15 one document and say, ah-ha, this means he doesn't have
16 a disability?

17 A No.

18 Q Why is that?

19 A You would -- first of all, you want to look at
20 the context of the document, which I don't know.

21 Q In fact, she asked you a lot about documents that
22 may or may not exist because she never showed them to
23 you?

24 A Right. Right. Exactly. Yeah. So you would
25 look at the totality, I guess you could say, of the

DR. EVERINGTON - REDIRECT EXAMINATION BY MR. GROSE

1 information that you have.

2 Q There is a term I think I used earlier that I
3 have heard about a convergence of information?

4 A Uh-huh.

5 Q Is that a "yes"?

6 A That's a yes, I'm sorry.

7 Q I do that, too, when I testify. What do we mean
8 when we talk about a convergence of information or
9 data?

10 A We're talking about -- I was using the word
11 "thread" earlier, but common pieces of information that
12 show patterns. For example, when you examine his
13 records from his school-age years, you see some of the
14 same deficits in adaptive skills that were evident when
15 he was an adult, and then you also see the neurological
16 testing, which explains those adaptive deficits that
17 there are, in fact -- he does have brain damage and
18 problems in cognitive -- cognitive disability.

19 Q And sometimes do stereotypes creep into what
20 people think about someone with a disability?

21 A Absolutely.

22 Q For example, can people with a developmental
23 disability drive?

24 A Absolutely. Yes.

25 Q Can they pass a driving test?

DR. EVERINGTON - REDIRECT EXAMINATION BY MR. GROSE

1 A Yes.

2 Q In fact, we had a case of Benny Brown who had a
3 commercial driver's license?

4 A That's right.

5 Q And he was found to have intellectual disability?

6 A Right.

7 MS. BROWN: Objection. He is testifying. Move
8 to strike.

9 THE COURT: Sustained.

10 Q (MR. GROSE) Are people with intellectual
11 developmental disabilities capable of getting married?

12 A Yes.

13 Q Having children?

14 A Yes.

15 Q Having sexual relationships?

16 A Yes.

17 Q So would it be fair to say that there is a
18 mistake in -- let me withdraw that.

19 In what you do, is it important when you are
20 providing information to the Court to do it in a
21 scientific, reliable way and filter out the
22 stereotypes?

23 A Yes. And that's one reason why you use an
24 adaptive scale, because it is a sampling of skills that
25 go across many areas that are needed for independent

DR. EVERINGTON - RECROSS-EXAMINATION BY MS. BROWN

1 functioning.

2 MR. GROSE: Beg the Court's indulgence for a
3 moment.

4 (A brief pause in the proceedings.)

5 MR. GROSE: That is all I have.

6 THE COURT: All right. Are you good?

7 MS. BROWN: Just one.

8 RECROSS-EXAMINATION

9 BY MS. BROWN:

10 Q You've reviewed the information that you received
11 in this case and your opinion is based on that
12 information and no other, correct?

13 A Well, and the information that I gathered myself
14 and the testing I did.

15 Q You told us everything you did and every bit of
16 information you had, correct?

17 A I think so.

18 MS. BROWN: Thank you.

19 THE COURT: Take a 15-minute break and we'll come
20 back.

21 (A recess was taken.)

22 MR. GROSE: We call Dr. Maddox.

23 MS. BROWN: Your Honor, we have an objection on a
24 couple of grounds. First, as the Court is aware,
25 Judge Cooper dismissed the action allowing another

DR. EVERINGTON - RECROSS-EXAMINATION BY MS. BROWN

1 opportunity for ineffective assistance claims.
2 Second, Your Honor denied the motions to amend to
3 expand the litigation. This is only intellectual
4 disability. Third, there has been no discovery
5 provided of any new evaluation or analysis by
6 Dr. Maddox that would go to the intellectual
7 disability issue, so if she is going to testify, it
8 would be a violation of discovery and we ask that you
9 not accept that testimony.

10 Lastly, there could be no modification or
11 explanation of the facts of record. They are what they
12 are. We have the file transcripts and have relied on
13 them. We haven't been noticed of any new facts and/or
14 discovery or proposed testimony that would fit into the
15 limits of this particular action, so with that, Your
16 Honor, we object.

17 THE COURT: Yes, sir.

18 MR. GROSE: She is not going to offer an opinion
19 on anything as far as offering a mitigation opinion,
20 intellectual disability, a developmental disability
21 opinion, but as you will recall, I pointed out that
22 they were pitting the other witnesses against her
23 testimony at the PCR hearing and at the trial hearing.
24 Two of her affidavits are in the record, and one of
25 those affidavits was given at the beginning of this

DR. MADDOX - DIRECT EXAMINATION BY MR. GROSE

1 action about things that needed to be looked into, and
2 I intend to keep my questions limited to those types
3 of -- those areas.

4 MS. BROWN: Your Honor, there is absolutely no
5 pitting. My questions went to the efficiency of the
6 investigation of the --

7 THE COURT: I don't understand why you are
8 calling her if she's not going to give anything in
9 relation to intellectual disability.

10 MR. GROSE: Your Honor, I can clear that up by
11 proffering her testimony. So whether she gets to
12 testify or not, I think I'm allowed to proffer her.

13 THE COURT: We'll hear the testimony and find out
14 if it is relevant. If it is not, object, and we'll go
15 from there. She's been sitting there all day, we
16 can't not let her testify.

17 (DONNA MADDOX, having been duly sworn,
18 testified as follows:)

19 DIRECT-EXAMINATION

20 BY MR. GROSE:

21 Q State your full name.

22 A Donna Schwartz, S-C-H-W-A-R-T-Z, Maddox.

23 Q In earlier portions of this record, your name
24 appears as Dr. Donna Schwartz-Watts?

25 A Yes.

DR. MADDOX - DIRECT EXAMINATION BY MR. GROSE

1 Q And you've remarried and use your current name
2 now?

3 A Yes.

4 Q Just real quick, I would like you to look at
5 Applicant's Exhibit 3 and Defendant's Exhibit No. 4.

6 (A brief pause in the proceedings.)

7 Q (MR. GROSE) That particular one is two-sided.

8 A Yes. I'm aware of these.

9 Q I am bad with numbers. The one marked
10 Defendant's Exhibit No. 4 with today's date, what is
11 that?

12 A Your Honor, this is an affidavit I prepared in
13 2012. At the time, this was in pursuant to his
14 post-conviction relief proceedings. I had previously
15 seen him, of course, for the original trial. Some
16 years had passed. I went to Leiber Correctional
17 Institute with his lawyer, Lisa Armstrong. At the time
18 I evaluated him, I had concerns about his mental
19 status. I had seen -- prior to evaluating him at
20 Leiber, I had seen him nine times. He had a marked
21 change in his mental status and I was very concerned
22 and ordered the subsequent tests.

23 Q Was the concern at that time about competency?

24 A Yes. And he had what he called "tunnel vision"
25 or "tunnel focus." He was not paying attention like he

DR. MADDOX - DIRECT EXAMINATION BY MR. GROSE

1 had in the past. That had been his history before, he
2 had periods of time where he would be distracted, but
3 he usually would refocus, and I noticed a significant
4 change from seeing him before.

5 Q And at the time that you gave the affidavit that
6 is Defendant's Exhibit No. 4, I think you said the
7 concern was competency; did you feel that that could be
8 resolved?

9 A Yes.

10 Q And was it resolved?

11 A Yes.

12 Q And the proceedings continued?

13 A Yes.

14 Q And the other one, which is Applicant's No. 3, I
15 believe?

16 A Yes.

17 Q Is that also an affidavit that you gave?

18 A Yes. And that is pursuant to these proceedings.
19 You all met with me, I believe, in 2016, had provided
20 me with information that I did not have at the time of
21 his original trial, nor at the time of his PCR
22 proceedings.

23 Q Okay. And is some of the information that we
24 provided to you, is that listed in the affidavit?

25 A It is.

DR. MADDOX - DIRECT EXAMINATION BY MR. GROSE

1 Q And what was that?

2 A Well, namely, and most importantly, Your Honor,
3 during his original trial I brought up in my testimony
4 I had concerns that he may have had Fetal Alcohol
5 exposure. I had based that -- I had seen a picture of
6 him that I requested. I knew he had problems with
7 attention and distractibility; however, at the time of
8 his trial, his mother would not cooperate at all. I
9 attempted to interview her. She was not involved in
10 these proceedings. I could not get any history that he
11 had exposure to alcohol while she was pregnant with
12 him. So the first and foremost important thing is the
13 fact that his mother has now admitted that she used
14 drugs and alcohol while pregnant with Mr. Bryant.

15 Q And then in that affidavit did you make
16 recommendations about things that should be done?

17 A I did.

18 Q What were those?

19 A I recommended that he have a neuropsychological
20 evaluation and also be assessed for Fetal Alcohol
21 exposure.

22 Q And intellectual disabilities?

23 A Yes.

24 Q Now, you mentioned a minute ago a picture?

25 A Yes.

DR. MADDOX - DIRECT EXAMINATION BY MR. GROSE

1 Q And I'm going to show you what is not in
2 evidence, but marked for identification as Plaintiff's
3 2, Page 7. Did you review Dr. Woods' report?

4 A I did.

5 Q And without getting into any of that, does that
6 appear to be the picture that you saw?

7 A Yes.

8 (Applicant's Exhibit 5 marked.)

9 Q I'm going to show you what has been marked for
10 identification as Applicant's Exhibit No. 5; is that
11 the same picture?

12 A Yes.

13 Q And because of that picture, did you have some
14 concerns about Fetal Alcohol Syndrome Disorder?

15 A I did.

16 Q What were those?

17 A Well, as I mentioned, I think at his trial
18 proceedings his eyes -- after listening to testimony
19 today, my knowledge is not as intricate, but I noticed
20 that he had wide-set eyes. Back at the time of the
21 trial, we call hypertelorism, and his ears were very
22 low in this picture.

23 MR. GROSE: At this time I move Applicant's 5
24 into evidence.

25 THE COURT: Any objection?

DR. MADDOX - DIRECT EXAMINATION BY MR. GROSE

1 MS. BROWN: We object to everything. I
2 understood this was a proffer. I still think that we
3 haven't heard anything today that fits within the
4 parameters of the limitations of this action.

5 THE COURT: I don't know if we got far enough to
6 see if it fits the parameters. I understand the Fetal
7 Alcohol, and I know why we are here and the issue that
8 we're trying to determine. I don't know if we have
9 gone far enough to get there, but right now he's
10 offering the picture into evidence.

11 MR. GROSE: There's testimony by other witnesses,
12 by the way.

13 MS. BROWN: I do object because the report didn't
14 come in, and that is a way of circumventing of what
15 the report has that was not entered.

16 MR. GROSE: There is no text with that.

17 THE COURT: Why is it being admitted?

18 MR. GROSE: Because there's been testimony and I
19 believe it helps to assist the trier of fact.

20 THE COURT: You do not want it in on what
21 grounds?

22 MS. BROWN: Sorry?

23 THE COURT: What grounds are you objecting to the
24 picture?

25 MS. BROWN: Relevance, connection to the opinion,

DR. MADDOX - DIRECT EXAMINATION BY MR. GROSE

1 circumventing the report that was not admitted,
2 nothing that explains any kind of testing or any type
3 of mathematical algorithm that was referenced earlier,
4 it was just a picture.

5 THE COURT: I understand everything you are
6 saying, but I'll let it in into evidence.

7 (Applicant's Exhibit 5 admitted.)

8 Q (MR. GROSE) Did you believe that Fetal Alcohol
9 Syndrome should have been investigated at the time of
10 Mr. Bryant's trial?

11 A Yes.

12 Q And you believe that when you gave the affidavit
13 that was filed with the PCR action in this case?

14 A Yes.

15 Q Earlier, they asked you about some of your PCR
16 testimony and -- I'm sorry, your sentencing phase
17 testimony. I'm referring to what's 16-4, Page 71, or
18 837 of the record, looking at Line 21 going on to the
19 next page.

20 A Yes.

21 MS. BROWN: Your Honor, am I protected for the
22 record?

23 THE COURT: You are. You are.

24 MS. BROWN: Thank you, Your Honor.

25 Q (MR. GROSE) And the testimony at the time was

DR. MADDOX - DIRECT EXAMINATION BY MR. GROSE

1 about -- the question is whether or not Mr. Bryant had
2 organic brain damage?

3 A Correct.

4 Q And you gave an opinion at that time?

5 A Correct.

6 Q And has your opinion on that changed?

7 A Yes.

8 Q Can you explain that?

9 A Yes. Your Honor, what I was asked in 2006 was,
10 He was not mentally retarded, and my answer was, No.
11 He has no organic brain damage? And my answer was, No,
12 not at all. And I've done a number of things to
13 address that. I'm very concerned when someone has
14 problems paying attention and they are inattentive. I
15 did a number of things. We had him worked up for
16 seizures, and there is evidence of seizures. I asked
17 for an MRI of his brain, and there are no lesions or
18 anything that would cause that. I attempted to have
19 neuropsychological testing done, but he wasn't able to
20 cooperate with that, so because of that, I had a
21 neurologist see him as well. He had a perfectly normal
22 neurological examination.

23 Q And you had reviewed Dr. Woods' report?

24 A Yes.

25 Q And you reviewed Dr. Everington's affidavit?

DR. MADDOX - DIRECT EXAMINATION BY MR. GROSE

1 A Yes.

2 Q Was that information -- was that type of
3 information available to you at the time of sentencing?

4 A No.

5 Q And is receiving that information partly why you
6 changed your opinion about the organic brain damage?

7 A Yes. What has changed my opinion is that he
8 finally had neuropsychological testing. I had been
9 trying to do that since 2006, and so as Dr. Woods said,
10 not bolstering, but I also agreed with that. The way
11 to tell brain function is to test it. A picture of the
12 brain, MRI of the brain, just assesses brain structure,
13 it doesn't test how it functions. The most sensitive
14 way to test brain function is through
15 neuropsychological testing.

16 Q And there's been an insertion in pleadings that
17 as a result of your testimony, the sentencing judge was
18 able to take into account fetal exposure to alcohol.
19 With what you provided at the sentencing hearing, was
20 that sufficient to take into account the exposure to
21 alcohol as a fetus?

22 A No, not at all. It was just my concern. I
23 didn't have enough evidence to make that diagnosis, and
24 I'm certainly not an expert. Had he had Fetal Alcohol
25 and had that evidence, I would have referred him to

MOTIONS

1 another expert.

2 Q And, indeed, that is what you recommended in your
3 2016 affidavit?

4 A Correct.

5 MR. GROSE: Beg the Court's indulgence for a
6 moment.

7 (A brief pause in the proceedings.)

8 MR. GROSE: That is all I have.

9 THE COURT: State.

10 MS. BROWN: We maintain and move to strike not
11 only on the relevance that we previously argued, but
12 also because there was no opinion offered, and that is
13 a discovery opinion. That opinion was never disclosed
14 to us. It was bolstering, there was vouching,
15 improper opinion on what the judge would find
16 persuasive in mitigation testimony. For all of those
17 reasons, we ask for the testimony to be stricken from
18 the record.

19 THE COURT: I'll take that under advisement.

20 Thank you.

21 Any questions?

22 MS. BROWN: No questions.

23 THE COURT: All right. You may step down.

24 THE WITNESS: Thank you, Your Honor.

25 THE COURT: Anything else?

MOTIONS

1 MR. GROSE: Your Honor, with that, we would rest.

2 THE COURT: Anything from the State?

3 MS. BROWN: We move for a directed verdict, Your
4 Honor. There is absolutely --

5 MR. GROSE: Before she does that, if she's
6 resting or moving into directed verdict, I would,
7 under Rule 15, move to conform the pleadings to
8 evidence for the amendment that we had previously
9 offered and you that ruled on, but I think under the
10 Manuel case and under the procedures I'm required
11 to -- or it's preferable that I renew that motion at
12 the close of the evidence. I'm sorry to interrupt.

13 THE COURT: Go ahead.

14 MS. BROWN: We haven't rested or anything, but
15 going back to the directed verdict, we move for a
16 directed verdict motion. There is no evidence the
17 Applicant meets the diagnostic criteria for
18 intellectual disability, in particular, as it
19 discussed not only in the Franklin case, but in State
20 versus Blackwell. That is the only question in this
21 action, and we request that the Court direct verdict
22 at this time in Respondent's favor.

23 THE COURT: I'll deny the motion.

24 MS. BROWN: Your Honor, we're aware that the
25 post-conviction relief statute allows your discretion

MOTIONS

1 to accept affidavits, and while the affidavits of
2 Dr. Everhart and Dr. Gunter are part of the record in
3 our motion for summary judgment, we would offer them
4 into evidence at this time.

5 MR. GROSE: I'll object. They have objected to
6 Dr. Woods' report coming into evidence. It was also
7 affirmed it was an affidavit, and I don't have an
8 opportunity to cross-examine those witnesses. I
9 understand you have discretion.

10 THE COURT: Who are the witnesses again from the
11 State of the affidavits you want to put in?

12 MS. BROWN: The affidavit of Tracy D. Gunter that
13 was previously attached to a motion for summary
14 judgment, without any of the DJJ records, simply the
15 affidavit. And the affidavit of Kevin Everhart, again
16 without DJJ records. So solely just the affidavits.
17 We move under 17-27-80 for the affidavits to be
18 accepted.

19 MR. GROSE: I don't think it is mandatory that
20 you accept them, and so our objections would be
21 similar to her objections to Dr. Woods' report.
22 Certainly, in the alternative, you can accept
23 Dr. Woods' report, but certainly they have not been
24 here to be cross-examined, and in a case of this
25 nature, we believe that that is significant.

MOTIONS

1 THE COURT: I'll sustain your objection. All
2 right. Anything else?

3 MS. BROWN: We rest. These are still part of the
4 record under the motion for summary judgment?

5 THE COURT: All right. I'll take it under
6 advisement and I'll let you know something this week.

7 MR. GROSE: I was going to ask you if you wanted
8 us to brief anything for you?

9 THE COURT: I don't think I need it. Thank you.
10 (The proceedings concluded.)

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1
2 CERTIFICATE OF REPORTER
34 State of South Carolina)
5 County of Sumter)
67 I, Natalie Dahl, Official Court Reporter for the
8 State of South Carolina, do hereby certify that the
9 foregoing is a true, accurate and complete Transcript
10 of Record of the proceedings had and evidence
11 introduced in the matter of the captioned case,
12 relative to appeal, in the Court of Common Pleas for
13 Horry County, South Carolina, on the 1st day of
14 October, 2018.15 I do further certify that I am neither of kin,
16 counsel, nor interest to any party hereto.
1718 October 30, 2018
19
2021 _____
22 Natalie Dahl, RPR
23 Court Reporter
24
25

STATE OF SOUTH CAROLINA	)	IN THE CIRCUIT COURT
COUNTY OF SUMTER	)	2016-DR-43-0828
Stephen Corey Bryant,	)	
	)	
Petitioner,	)	
	)	
Vs	)	Transcript of Record
	)	
State of South Carolina,	)	December 21, 2018
	)	
Respondent.	)	
	)	

B E F O R E:

Honorable William H. Seals, Jr.
Horry County Courthouse
Conway, South Carolina

A P P E A R A N C E S:

Charles Grose, Jr., Esquire
Diana Holt, Esquire
Attorneys for Plaintiff

Melody Brown, Esquire
Sherrie Butterbaugh, Esquire
Attorneys for Defendant

Sallie Beth Todd
Court Reporter

I N D E X

(There were no witnesses called during the hearing.)

Certificate of Court Reporter 16

E X H I B I T S

<u>No.</u>	<u>DESCRIPTION</u>	<u>ID</u>	<u>EV</u>	<u>PAGE</u>
S1	Request for Production of Documents		X	11

1 **THE COURT:** I'm ready whenever you are.

2 **MR. GROSE:** Thank you, Your Honor. May it please the
3 Court?

4 **THE COURT:** Yes, sir.

5 **MR. GROSE:** We're here today, I guess, as a follow-up
6 from the evidentiary hearing that we had. Where were we at?
7 We were at Marion at the beginning of October. We were
8 playing musical courthouses because of the weather.

9 **THE COURT:** That's right.

10 **MR. GROSE:** We had a hearing that lasted the better part
11 of the day and at the end of the hearing I think there was
12 some discussion about whether or not there would be a post
13 hearing, briefing process or something. And Your Honor
14 indicated that you intended to take the matter under
15 advisement and get back with us. At this point I should
16 probably acknowledge the unusual sort of procedural situation
17 that we're in because you came to this case late and in an odd
18 sort of way because we were already in federal habeas and then
19 there was the state court action that was filed and they had
20 assigned that -- the State's motion to dismiss that to Judge
21 Cooper, who allowed the current action to go forward. And
22 that's the point at which Your Honor came into it. So, a lot
23 has transpired before you got involved in this case and before
24 we got to where we are right now. And as part of that I think
25 it's also important to acknowledge the procedure in the

1 original PCR which goes back even before the federal habeas
2 where despite the fact that South Carolina had establish
3 procedures in capital cases that were ordinarily followed our
4 Supreme Court for some reason was experimenting during that
5 period of time where they were taking some of the scheduling
6 discretion away from the trial bench and fast tracking some of
7 these cases. There was a handful of those if even that many
8 and Mr. Bryant's was one of them. Some of those cases ended
9 up not being fast tracked in the end like Torez, for example.
10 Some of them like Winkler were fast tracked and then they were
11 sent back because there wasn't -- the fast track didn't allow
12 enough time for the experts to develop everything. And I
13 think that's important because we are in a capital case and
14 death is different. And the obligations that all of us
15 normally have are heightened in these types of cases. And
16 it's our obligation to make a record as best we can at every
17 stage with what we have, which is what the first PCR lawyers
18 didn't have an opportunity to do. And had the first PCR
19 lawyers been able to do that they may have very well developed
20 a lot of the information that we developed in the federal
21 habeas case and in this action -- and I say very well, I think
22 they would have if they had had the time because time and
23 resources is what is important. And I think also as part of
24 sort of acknowledging the prior procedure in this case, you
25 know, it's important to acknowledge that Donna Swartz-Watt,

1 now Donna Maddox, has been an expert and has been evaluating
2 Mr. Bryant throughout all of this litigation. And she was
3 consulted by the trial lawyers and indeed some of her
4 testimony at the trial was -- is that she needed more
5 information with regard to fetal alcohol syndrome. That it
6 was something that she thought had been flagged or that she
7 saw suspicion of but there was no evaluation that went with
8 that. A large reason why this action was filed and why, in
9 our opinion Judge Cooper let it go forward, was the affidavits
10 that she gave at the beginning of it -- this action -- talking
11 about the additional investigation that in her professional,
12 medical, psychiatric opinion believed needed to take place.
13 And that's sort of where we started. And if you go back and
14 look at the record you will see that every step of the way
15 since we've been back in state court when there's been an
16 opportunity for it to come up, we've talked about not only
17 intellectual disabilities but also fetal alcohol syndrome and
18 the potential intersection of the two of them. They don't
19 necessarily have to correlate but fetal alcohol syndrome can
20 be a cause or a contributing factor to an intellectual
21 disability. And I think it's important not to lose sight of
22 the bigger picture and the advocacy that's going on that is
23 larger than these proceedings because, you know, when the
24 attorney general's office made their motions for summary
25 judgment they certainly built up the roll and the importance

1 of Dr. Maddox at that point even though she had given these
2 affidavits. And we're urging you to dismiss the case in part
3 based on her affidavit -- or based on her testimony, prior
4 testimony in the first PCR and at the sentencing hearing. And
5 what they were doing when they were doing that is they were
6 trying to do ---

7 **MS. BROWN:** Your Honor, I will object to him trying to
8 categorize what the State has done. The record will speak for
9 itself.

10 **THE COURT:** I understand.

11 **MS. BROWN:** Thank you.

12 **MR. GROSE:** Thank you, Your Honor. What I believe that
13 they were trying was trying to limit you to the prior state
14 court record which was not appropriate once Judge Cooper said
15 that this action could go forward. And indeed when we got to,
16 you know, the evidentiary hearing in October, you know, they
17 tried to exclude her testimony which although it was brief, we
18 believe it was significant because it was an opportunity for
19 her to comment on what had taken place after the court's
20 allowed, you know, her recommendations to be followed that we
21 should look into these additional matters. The other thing
22 that has sort of, you know, gotten jumbled here is when we got
23 -- and I realize we're past the motion to amend. But, when we
24 got to the motion to amend it appears in retrospect there may
25 be some confusion that got injected into the record as to the

1 separate legal and medical term for a developmental disability
2 or as our code defines it, a related disability, that does not
3 meet all the diagnostic criteria of intellectual disability.
4 But, a person with that can and in some cases, as in Mr.
5 Bryant's case, suffer from the same types of impairments as a
6 person with an intellectual disability. And that is an area
7 that's gonna be litigated not only in this case whether it's
8 in state court or whether we get back to federal court. It's
9 also an area that's gonna be litigated in a lot of other cases
10 and is being litigated there. And one of those related
11 disabilities is fetal alcohol syndrome and the fourth circuit
12 recently had oral arguments on a grant of relief in the
13 district court because of fetal alcohol syndrome and some of
14 those arguments are interesting to listen to particularly the
15 argument by the attorney representing the Republic of Germany
16 who was appearing as Amicus in the case. It talked about how
17 an intellectual disability -- I mean, fetal alcohol syndrome,
18 you know, essentially freezes a person's brain as a child and
19 then you have all of these adaptive functioning's on top of
20 that and the impairments that result from that. That seems to
21 be being fought by the government more on the procedural
22 grounds than the scientific grounds just as they seem to be
23 doing in this case a lot more on the procedural grounds than
24 some of the scientific grounds. And I think that when you go
25 back and you look at the testimony once Your Honor decided not

1 to allow an amendment and not to grant summary judgment for
2 the state we were left in a position where we had to proffer
3 what we had. And some of what we had could be viewed as
4 meeting some of the criteria for an intellectual disability.
5 It would not meet the criteria under the conditional
6 definition of intellectual disability, and I think that is
7 what we presented. We also presented some evidence that the
8 scientific literature is evolving there. However, we do meet
9 the diagnostic criteria for fetal alcohol syndrome. And
10 because of that we do meet the diagnostic criteria for a
11 related disability and so we did have that put on the record.
12 And I think it was appropriate to do that because if we didn't
13 we could end up back in federal habeas and then arguing we had
14 a chance to do it and we didn't take that. And we certainly
15 appreciate Your Honor throughout this litigation meeting with
16 us on the record for these motion hearings as much as you have
17 so that we can make that record. But, that gets me to a point
18 that, I guess, is what are we asking you to do and I think,
19 you know, I would call your attention to, I believe, it's
20 footnote one in our objections regarding the post-conviction
21 procedures in South Carolina. Of course, we have a separation
22 of ours, we have the executive branch who prosecutes cases and
23 who's handling the PCR's. We've got the legislative branch
24 who has created the procedure and when the legislature created
25 that procedure, they created a procedure for the Circuit Court

1 Judge hearing the PCR to make findings of fact and conclusions
2 of law. And our Supreme Court has encouraged in capital
3 cases, a lot of cases in general but, not just PCR's. PCR
4 cases in general but particularly in capital cases for the
5 Court to draft its own findings of facts and conclusions of
6 law. And we think that is particularly important in this case
7 because everybody involved in this has separate and distinct
8 rolls and whether they are willing to acknowledge it today or
9 not, the state is looking at what they want their position to
10 be if this case gets back into federal habeas. And some of
11 what they're arguing in their proposed order is, in our
12 opinion, more for that than it is for the findings of fact
13 that Your Honor has to make in this particular situation. And
14 then that gets us back to the e-mails that came out, that went
15 around after the evidentiary hearing was over. The initial e-
16 mail, as your law clerk pointed out, was not intended to be
17 findings of fact of conclusions of law, it was relatively
18 short. It was intended to be some thoughts on it. When we
19 asked for an opportunity for a conference with Your Honor it
20 was suggested that we follow the procedure where we've ended
21 up today, but it was also reminded to us that that initial e-
22 mail from your law clerk was not intended to be findings of
23 fact or conclusions of law. So, that leaves us in a position
24 where we think it's important that Your Honor draft the order.
25 And we feel somewhat a little of a disadvantage because if we

1 had gone with the procedure that we do in a lot of case where
2 they submitted a brief and we submitted a brief or we had both
3 submitted proposed orders, our positions would have gotten out
4 there before we got to the situation that we are at now. Of
5 course, we have filed objections, we're at a little different
6 posture when we're doing that. We're not so much stating our
7 position as we are responding to what their position is. But,
8 you know, we believe that -- and a transcript of the hearing
9 from October is available. So, we believe that we're in a
10 position where not only does, I believe, our Constitution
11 require it under the PCR statute and particularly the unique
12 nature of this case requires Your Honor to be the one to draft
13 the order and the findings of fact and conclusions of law. I
14 beg the Court's indulgence. Thank you, that's all I have at
15 this time, Your Honor.

16 **THE COURT:** Alright.

17 Yes, ma'am.

18 **MS. BROWN:** Thank you, Your Honor. May it please the
19 Court?

20 **THE COURT:** Sure.

21 **MS. BROWN:** There shouldn't be any surprise at this point
22 that this entire litigation was limited to intellectual
23 disability. It started with Judge Cooper's order back in July
24 of 2016 and this Court has specifically maintained that
25 restriction throughout the litigation. And you heard a great

1 deal of advocacy presented as procedural history just a few
2 minutes ago. But, the bottom line is the restriction was to
3 intellectual disability as a specific condition. There's no
4 surprise that intellectual disability was going to be
5 challenged. It was going to be challenged on proof and
6 investigation for that proof. For purposes of this hearing,
7 Your Honor, I would like to introduce our Request for
8 Production of Documents that we sent out. This was dated back
9 September 26th of 2016. If I may approach?

10 **THE COURT:** Yes.

11 **MS. BROWN:** Would you like me to have this marked before
12 I hand it up?

13 **THE COURT:** That would be good.

14 Your Honor, I would hand you our Request for Production
15 of Documents.

16 **THE COURT:** Thank you.

17 **(STATE'S EXHIBIT NUMBER ONE IS**
18 **ADMITTED INTO EVIDENCE.)**

19 **MS. BROWN:** And, Your Honor, in particular I'd like to
20 point you to page 5 because we've asked for a lot of things
21 about IQ testing and that sort of thing, calendars, before
22 that memorandums. But, starting at paragraph 18 we're asking
23 for income tax returns. Nineteen, social security, worker's
24 compensation and disability benefits including documentation
25 for application of benefits and decisions if such benefits

1 we're denied. Later on, we also ask for checking accounts,
2 credit cards, financial documents. The next page, 21,
3 driving, insurance records, all claims. Work records,
4 performance ratings, personnel records, a listing of documents
5 pertaining to residences. It should come as no surprise that
6 we were going to ask about the quality of the investigation.
7 We have pretty much a road map of what our cross examination
8 turned out to be right here in 2016. So, Your Honor, there
9 should be no surprise that our position was going to be, first
10 of all and foremost, that there is no evidence to support the
11 first prong of intellectual disability. That's what we
12 initially said in federal habeas. In fact, we said in federal
13 habeas we would forego the procedural bars that you heard
14 about today. We'll forego that and let you investigate it
15 here because the record doesn't support first prong and they
16 said no, we'll come back to state court. So, Judge Cooper
17 said no, you can't go into fetal alcohol syndrome, can't go
18 into medication, can't go into all that, but I'm going to let
19 you go forward on intellectual disability. We asked for
20 expedited proceedings. They contested it. They wanted to
21 investigate. We moved for summary judgment. They contested
22 it. They wanted to investigate. We get down to moving for
23 summary judgement again when they said we can't meet first
24 prong. We get to the hearing in June and the argument was,
25 well we want to amend, and we want a hearing to present all of

1 this evidence. But, again there's the limitation, that
2 limitation is intellectual disability. Now, at any time, at
3 any of this point, and including the point when they knew they
4 could not maintain any showing on that first prong they could
5 have moved to withdraw the action. They can today move to
6 withdraw the action. They can ask that of this Court, Rule 41
7 would allow it with the Court's permission. Now, what would
8 that do? It would be a dismissal with prejudice, and they
9 shouldn't be able to use anything because they're not
10 adjudicated facts at that point. So, nothing that we have
11 done here would be of use to them but if that's their goal is
12 to go back to federal court, which they suggested in the
13 objections, that can be done by moving to dismiss their own
14 action. We litigated in good faith based on the claim they
15 brought to this Court. We presented a proposed order at your
16 direction, Your Honor, based on your observations, very clear
17 observations that you provided us by the e-mail. There's an
18 idea that the cases cited did not support the propositions and
19 we submit, Your Honor, that's a misreading. First and
20 foremost, there could not be a misapplication of Moore v.
21 Texas or Hall v. Florida or any of the cases that say that
22 certain things shouldn't be used to defeat a diagnosis because
23 they don't have a diagnosis of intellectual disability to
24 defeat. All of that is off the table, Your Honor. So, what
25 we come down to is credibility which is what Your Honor

1 decided this case on and part of that was bias, lack of
2 investigation, all of the items that you advised us of in that
3 e-mail. And, Your Honor, we would submit that the present
4 order accurately reflects your observations, accurately
5 reflects the law, and accurately reflects the facts. Thank
6 you.

7 **THE COURT:** Alright.

8 Would you like a brief reply to that?

9 **MR. GROSE:** Yeah, I think, you know, they argue about
10 credibility but indeed when we were at that same summary
11 judgment motion phase we did tell you that after investigating
12 everything, looking at things we wouldn't meet that first
13 criteria. And then somehow they want to use that to find that
14 us and our experts are not credible when actually some of
15 their questions at the hearing predisposed or presupposed the
16 fact that they did not reach that. So, I think that argument
17 is a little disingenuous on their part. They also glossed
18 over the fact that when we did not argue against their summary
19 judgment motion, we didn't file a pleading in opposition of
20 it, we didn't argue against it at the hearing, we moved to
21 amend. And while they're arguing on one hand that this matter
22 is limited to one particular issue, they're ignoring the fact
23 that we have also been trying to use the rules that were
24 allowed to be expanded to an additional issue and I think that
25 at that point once Your Honor decided to convene the hearing

1 we had an obligation to present everything that needed to be
2 presented. Now, as far as their argument that this was
3 limited to one issue and Your Honor has said that, then Your
4 Honor shouldn't sign an order that they have drafted that goes
5 far beyond that one issue that it was limited to because it
6 would be disingenuous to allow them to make that argument on
7 one hand and then allow them to ask you to sign an order on
8 the other hand that goes into the matters that they say this
9 proceeding extends beyond. We would just ask that Your Honor
10 draft your own order in this case. Thank you.

11 **THE COURT:** Alright, we will take a look at it today and
12 probably let you know something today.

13 **MR. GROSE:** Thank you.

14 **MS. BROWN:** Thank you, Your Honor.

15

16 (Adjourned.)

17

18

19

20

21

22

23

24

25

G

Ex C

WW

GEORGE W. WOODS, JR., M.D., F.A.P.A.

A PROFESSIONAL CORPORATION

DIPLOMATE OF THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

415 503 3959

gwoods@georgewoodsmd.com

Oakland Atlanta Evansville

Curriculum Vitae

401 Grand Avenue, #380
Oakland, California 94610

4062 Peachtree Rd NE Suite D-203
Atlanta, Georgia 30319

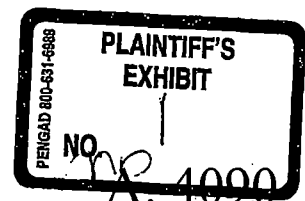
437 South Rotherwood Avenue
Evansville, Indiana 47714

Education

- 1981-1982** **American Psychiatric Association/National Institute of Mental Health Fellowship** Pacific Medical Center, San Francisco, California
- 1981** **Residency** — Psychiatric - Pacific Medical Center, San Francisco, California
- 1977-1978** **Internship** — Medical/Surgical, Highland Hospital, Oakland, California
- 1977** **M.D.** — University of Utah, Salt Lake City, Utah
- 1969** **B.A.** — Westminster College, Salt Lake City, Utah

Leadership Positions

- 2017** Secretary General, International Academy of Law and Mental Health, during the amalgamation with the Institute of Ethics, Medicine, and Public Health at the Sorbonne, Paris, France
- 2016** Associate Editor, Journal of Policy and Practice in Intellectual Disabilities



2016	Deputy Chairperson, International Association for the Specialized Study of Intellectual and Developmental Disabilities, Special Interest Research Group(SIRG)
2015	President, International Academy of Law and Mental Health
2013	President Elect, International Academy of Law and Mental Health
2009-2013	Secretary General, International Academy of Law and Mental Health

Licenses & Certifications

2014	Certified International Association for the Scientific Study of Intellectual and Developmental Disorders Academy (IASSDD) Academy Instructor.
2008	Certified Mediation Specialist, California State University, Sacramento, California
2004-2005	Interim License, Zanzibar Revolutionary Government
1992	Certified by the American Board of Psychiatry and Neurology
1979	Licensed Physician in California

Honors

2017	Secretary General, International Academy of Law and Mental Health
2015	President, International Academy of Law and Mental Health
2013	Keynote Speaker, Tenth Anniversary of the San Francisco Behavioral Health Court
2013	Vice President/President Elect, International Academy of Law and Mental Health
2009-2012	Secretary General, International Academy of Law and Mental Health
2009	Co-Chair, International Academy of Law and Mental Health Congress, New York University Law School
2007	Co-Chair, International Academy of Law and Mental Health Congress, University of Padua, Padua, Italy
2007	Executive Committee, International Academy of Law and Mental Health

- 1993 Outstanding Professor Award, Goodrich Program, Department of Public Policy, University of Nebraska at Omaha
- 1992 National Medical Enterprises' Outstanding Medical Director of Psychiatric, Rehabilitation and Recovery Hospitals
- 1992 Chief of Staff Award for Outstanding Service, East Bay Hospital, Richmond, California

Faculty and Professional Appointments

- 2012-present Lecturer, University of California Berkeley School of Law
- 2012 Newsletter Editor, Challenging Behaviors Special Interest Research Group, International Association for the Scientific Study of Intellectual Disabilities
- 2008 Secretary, American Psychiatric Association's Africa Action Committee
- 2003 Adjunct Professor, California State University, Sacramento, Department of Educational Leadership and Public Policy, Sacramento, California
- 2002-present Adjunct Professor, Morehouse School of Medicine, Department of Psychiatry, Atlanta, Georgia
- 1999-2004 Affiliate Professor, University of Washington, Bothell Campus, Interdisciplinary Arts and Sciences
- 1996-2000 Adjunct Professor, University of California, Davis, Department of Psychiatry, Forensic Fellowship
- 1992 Summer Faculty, North Central Educational Research Laboratory, Northeastern University
- 1986-2002 Adjunct Professor, University of Nebraska, Omaha, College of Public Affairs

Advisory Boards

- 2016 Marsh Clinics, Oakland, California
- 2013 International Association of Trauma Professionals
- 2013 Celebrating a Decade of Behavioral Health Court, San Francisco, California, Honorary Committee

2012 Executive Committee, Challenging Behaviors Special Interest Research Group,
International Association for the Scientific Study of Intellectual Disabilities

2006-present Executive Committee, International Academy of Law and Mental Health

2004-2007 Advisory Board, Health Law Institute, DePaul University, College of Law

2004-present Advisory Board, Human Dignity and Humiliation Studies, University of Trondheim,
Norway

2004-2010 Board of Directors, The Center for African Peace and Conflict Resolution, College
of Health and Human Services, California State University, Sacramento

2003-present International Board of Directors, International Academy of Law and Mental
Health

Professional Affiliations

International Neuropsychological Society

American Academy of Psychiatry and the Law

International Association for the Scientific Study of Intellectual Disabilities

Northern California Psychiatric Society

American Society of Addiction Medicine

American Psychiatric Association

Black Psychiatrists of America

American Neuropsychiatric Association

American Psychological Association

American Association for Intellectual and Developmental Disabilities

Clinical Experience & Consultation

1983-present	Individual private practice, Bay Area, California
2016	San Francisco Police Department Crisis Intervention Training(SFPD CIT): The Brain
2015	SFPD CIT: Substance Abuse
2015	SFPD CIT: The Adolescent Brain and Cognition: Slow Down and Watch
2015	SFPD CIT: The Developing Brain
2015	Criminal Justice and Mental Health Reform. San Francisco Collaborative Courts, Collaborative Courts Training Series
2015	Complex Trauma: Effects and Intervention. San Francisco Collaborative Courts, Collaborative Courts Training Series
2014	Undoing the Damage: The Mental Health and Criminal Justice Tragedy. San Francisco Collaborative Courts, Collaborative Courts Training Series
2014	The Constitutional Implications of Ebola: Civil Liberties & Civil Rights in Times of Health Crises, University of California, Irvine Law School
2014	SFPD CIT: The adolescent and geriatric brains, more alike than different?
2014	Moderator; The Easy Read Project: an investigation into the accessibility value of health- based "easy read" literature; Television viewing habits and preferences of adults and young people with intellectual disability: a survey using a Talking Mats Questionnaire; Effectiveness of Computer-Based Simulations on Learning of Social and Communication Skills by Children with IDD and ASD; Social media and intellectual disabilities: IASSID European Regional Congress, Vienna.
2014	Risk Assessment in Neurodevelopmental Disorders, IASSID European Regional Congress, Vienna
2013	Task Force on Determination of Intellectual Disability for the Courts, American Association for Individuals with Intellectual Disabilities
2011	San Francisco Police Department Crisis Intervention Training (CIT): Suicide Assessment, Mood disorders, thought disorders, and personality disorders
2010	Task Force on Mental Retardation and Forensic Practice, American Association for Individuals with Intellectual Disabilities.
2006-2009	Projects Among African Americans To Explore Risks for Schizophrenia (PAARTNERS), Consensus Diagnosis Group, Minority Mental Health Research Group, Department of Psychiatry, Morehouse School of Medicine, Atlanta, Georgia

2006	National Consortium on Disaster Response for the Poor and Underserved, Developmental Task Force for the Minority Mental Health Professions Foundation, Atlanta, Georgia
2006	Georgia Congressional Representative Cynthia McKinney's Post-Katrina Working Task Force
1998-2004	Consultant to the Board of Directors, Crestwood Behavioral Health Systems, Stockton, California
1994-1996	Senior Consulting Addictionologist, New Beginnings Programs, San Ramon and Pinole, California
1988-1996	Individual Private Practice, Pinole, California
1994-1995	Chemical Dependency Consultant, Physicians' Advisory Committee, Alameda Contra Costa Medical Association
1990-1995	Consultant, Insomnia Division of the Sleep Disorders Center, Doctors Hospital, Pinole, California
1992-1994	Qualified Medical Examiner, Industrial Medical Council, State of California
1990-1994	Medical Director, Pain Management Program, Doctors Hospital, Pinole, California
1991-1993	Psychiatric/Pharmacologic Consultant, Triumph Over Pain (TOP Program), Kentfield Rehabilitation Hospital, Kentfield, California
1991-1993	Psychiatric Consultation, NeuroCare Corporation, Concord, California
1989-1994	Clinical Director, New Beginnings Chemical Dependency Program, Doctors Hospital, Pinole, California
1988-1993	Private Practice, Comprehensive Psychiatric Services, Walnut Creek 1983-1990: Staff Psychiatrist, Crestwood Manor, Vallejo, California
1982-1983	Medical Director, Westside Geriatric Services of Family Service Agency of San Francisco
1982-1983	Staff Psychiatrist, Villa Fairmount Psychiatric Facility, San Leandro, California
1981-1982	Assistant Director of the Inpatient Center, Director of Geriatric Services, Pacific Medical Center, San Francisco, California
1980-1981	Medical Director, Clinica De La Raza, Blythe, California
1979-1981	Emergency Room Physician, Medical Emergency Services, Fairmount Hospital, San Leandro, California

International Clinical Experience & Consultations

2017	Cognitive Factors to Financial Crime Victimization: International Academy of Mental Health, Prague.
2017	From the Profession: First Concepts, Stigma, and Science. Punjab Judicial Conference, Lahore High Court and Supreme Court, Lahore, Pakistan.
2017	From the Profession: First Concepts, Social History, The Mental Status Examination. Punjab Judicial Conference, District Court, Sessions Court, Prosecutors, Lahore, Pakistan.
2016	Cultural Implications of Utilizing and Developing Neuropsychological and Intelligence Instruments. United Nations Human Rights Commission, Zomba, Malawi
2015	Neurodevelopmental Disorders: Training for Clinicians. Zomba Mental Hospital, Zomba, Malawi
2006-2008	Adjunct Professor, Makerere University, Department of Psychiatry, Kampala, Uganda
2006-present	Human Rights Committee, International Academy of Law and Mental Health, Montreal, Quebec, Canada
2006	Visiting Staff Psychiatrist, Butabika National Hospital, Kampala, Uganda
2004	Clinical Consultant, Kidongo Chekundu Mental Hospital, Zanzibar, Tanzania
2004	Scientific Committee, International Academy of Law and Mental Health
1998-2004	Technical Advisor, Documentation Committee, Operation Recovery, Kenya Medical Association
1999-2003	Advisor - the Jomo Kenyatta National Hospital, PTSD Project, Nairobi, Kenya
1998-2003	Technical Advisor- Recovery Services, Ministry of Health, United Republic of Tanzania

Clinical Lectures

- 2017 Criminal Law and Mental Illness: The Rising Significance of Neuroscience in the Courts, APA Pre-Conference Training, Washington, D.C.
- 2017 Neuropsychiatric Aspects of Physical Disease: San Francisco Economic Round Table
- 2017 Culture, Science, and Justice: People of Color and the Mentally Ill as the Canaries in our Toxic Mental Health and Mass Incarceration System; Dignifying Madness: Civil Commitment, Disability Rights, and Mass Incarceration: A Symposium at UC Berkeley School of Law
- 2016 United States Congressional Briefing: Gun Violence and Trauma, Washington, DC2016: Culture, Science, and Justice: Hampton University, Hampton, Virginia
- 2016 Alcohol Related Neurodevelopmental Disorders: An Update on Diagnosis, Assessment, and Treatment, International Association for the Specialized Study of Intellectual and Developmental Disorders(IASSIDD), Melbourne, Australia
- 2016 Children and Adolescents with Developmental Disorders (Moderator); International Association for the Specialized Study of Intellectual and Developmental Disorders (IASSIDD), Melbourne, Australia.
- 2016 Psychiatric Conditions and Developmental Disabilities (Epilepsy, 22q11.2 deletion syndrome, Potoki-Lupski duplication syndrome) (Moderator): International Association for the Specialized Study of Intellectual and Developmental Disorders (IASSIDD) Melbourne, Australia.
- 2016 Aging and Cognition in Prisoners with Intellectual and Developmental Disabilities (Workshop): International Association for the Specialized Study of Intellectual and Developmental Disorders (IASSIDD), Melbourne, Australia
- 2016 Justice For The Mentally Ill: The ABA Criminal Justice Mental Health Standards. Disclosing Danger and Other Real-World Issues. The American Bar Association and UC Hastings Constitutional Law Quarterly and Race and Poverty Law Journal
- 2015 Moderator, Women & Mass Incarceration: The U.S. Crisis of Women and Girls Behind Bars. Bad Science. The University of California Law School, Irvine
- 2015 Neurobehavioral Assessment: Malawi Human Rights Commission
- 2014 Adolescents and the Elderly; More alike than you would expect. San Francisco Police Department Crisis Intervention Training.
- 2014 Bipolar Disorder in Pregnancy: Meena Kumari, MD: George Woods, MD, Faculty Discussant

- 2013 High Prevalence of Brain Pathology in Violent Prisoners: A Qualitative CT and MRI Scan Study: Journal Club, Racquel Reid, MD, George Woods, MD, Faculty Discussant
- 2013 Medical disorders that masquerade as psychiatric disorders. International Academy of Law and Mental Health, Amsterdam, Netherlands
- 2013 Does Policy Drive Science? University of California, Berkeley, Integrative Biology Course (MCB15)
- 2013 Understanding Combat-Related Post-Traumatic Stress Disorder: Andrea Brownridge, M.D., J.D.; George Woods, M.D., Faculty Discussant
- 2012 The Neurobiological Effects of Trauma: District of Columbia Criminal Court, Superior Division Third Annual Criminal Justice Conference, Mental Illness and Treatment: Past Present and Future
- 2012 Neurodevelopmental Disorders: International Association for the Scientific Study of Intellectual Disorders, Halifax, Nova Scotia
- 2012 Diabetes and Weight Control, Moderator: International Association for the Scientific Study of Intellectual Disorders, Halifax, Nova Scotia
- 2012 Health Inequalities in Developmental Disabilities, Moderator: International Association for the Scientific Study of Intellectual Disorders. Halifax, Nova Scotia
- 2012 The Neurobiology of Trauma: San Francisco YWCA Intern Training.
- 2011 Mood and Thought Disorders in Crisis Intervention: San Francisco County Sheriff's Crisis Intervention Training, San Francisco, California.
- 2011 Fetal Alcohol Spectrum Disorders and the Criminal Justice System, National Press Club, Washington, DC.
- 2011 The Epidemiology of Medicalization of Prisoners in the United States, International Academy of Law and Mental Health, Berlin, Germany
- 2011 Intellectual Disability and Fetal Alcohol Spectrum Disorder: International Academy of Law and Mental Health, Berlin, Germany
- 2011 Neuronal Plasticity: Cognitive Skills Retraining for students with acquired brain injuries or learning disabilities. College of Alameda, Alameda, California
- 2011 The Neurobiology of Trauma In Children: Lessons About Early Childhood; Families First, Atlanta, Georgia

- 2010 From the Plantations/Asylums to the Prisons: The Relationship between Humiliation, Stigma, Economics and Correctional Care for the Mentally Ill; Columbia University, Teachers College, New York
- 2010 Workshop on Transforming Humiliation and Violent Conflict representing the 16th Annual Human DHS Conference and the Seventh Workshop on Humiliation and Violent Conflict, Columbia University, Teachers College, New York
- 2010 Applying the Institute of Medicine Quality Chasm Framework to Improving Health Care for Mental and Substance Use Conditions; Morehouse School of Medicine, Department of Psychiatry, Journal Club
- 2010 Psychiatric Manifestations of Physical Disease. Morehouse School of Medicine, Department of Family Practice, Atlanta, Georgia.
- 2009 Sleep Disorders in Psychiatric Practice: Morehouse School of Medicine, Department of Psychiatry, Atlanta, Georgia
- 2008 Moderator: The Impact of Mental Health Issues on Aging, Particularly as it Relates to Alzheimer's Dementia and Parkinson Disease, National Medical Association, Atlanta, Georgia
- 2008 Aging and Mental Health: What is Wellness and What is Pathology? National Medical Association, Atlanta, Georgia
- 2007 The Price of Leadership and the Cost of Success: Urban Leadership Program, Graduate School of Educational Leadership and Public Policy, California State University, Sacramento
- 2007 Cognitive Assessment and Curriculum, Department of Educational Policy, Urban Leadership Program, Graduate School of Educational Leadership and Public Policy, California State University, Sacramento
- 2007 Complex disorders of trauma and torture: The neurological bases examined through sleep disorders, Padua, Italy
- 2006 Clinical Aspects of Forensic Evaluation, Makerere University, Department of Psychiatry, Kampala, Uganda
- 2006 Memory, Medications, and Aging, Crockett, California Women's Club
- 2006 Cultural Differences: Ethics or Efficacy, Mental Health, Ethics and Social Policy, University of Montreal, Quebec, Canada
- 2006 An Update on Memory Function, Grand Rounds, Morehouse School of Medicine, Atlanta, Georgia

- 2006 Moderator & Respondent (Representing Morehouse School of Medicine)
Consortium for the Poor and Underserved- Cultural Factors, DePaul University
School of Law and Health, Health Law Institute
- 2005 Constitutional Theory and Medical Rights, Montreal, Quebec, Canada
- 2005 Medical Diseases with Psychiatric Manifestations: Morrison and Foerster, LLP
- 2004 Diagnosis and Treatment of Malaria-Induced Altered Mental States: Kidongo
Chekundo Mental Hospital, Zanzibar, Tanzania
- 2003 Law, Mental Health & Popular Culture: University of San Francisco College of Law
- 2003 Accommodating Mental Illness in the Workplace: The 28th International
Conference, International Academy of Law and Mental Illness, Sydney, Australia
- 2002 Cultural and Psycho-biological Factors in the Assessment and Treatment of
Trauma: Don't Believe Everything You Think: Traumatology 1003, The Trauma
Recovery Institute, Morgantown, West Virginia
- 2002 Trauma, Recovery and Resiliency, University of Washington, Bothell
- 2001 Understanding the Relationship Between Neuroimaging, Neuropsychology, and
Behavior: National Medical Association 2001 Annual Convention and Scientific
Assembly, Nashville, Tennessee
- 2001 The Thrill is Gone: Keynote Address, African American History Month, Loras
College, Dubuque, Iowa
- 2001 Disparate Access- Healthcare: University of Washington, Bothell Campus Nursing
Program
- 2000 Anger Management: West Contra Costa Stroke and Aphasia Support Group,
Doctors Hospital, San Pablo, California, 2000
- 2000 Race, Culture and Bioethics: American Society for Bioethics Annual Conference,
Panel Discussion, Salt Lake City, Utah
- 2000 Globalization and Postmodernism: International Congress on Law and Mental
Health, Siena, Italy
- 2000 Globalization and Neuropsychiatry: Answers that Transcend Culture? International
Congress on Law and Mental Health, Sienna, Italy
- 1998 Managed Care in the Kenyan Medical Environment: Kenyan Medical Environment:
Kenyan Medical Association, Aga Khan Hospital, Nairobi, Kenya

- 1994 The Relationship Between Holidays and Mood Disorders: Doctors Hospital Pinole, California
- 1994 The Role of the Mental Health Expert as a Liaison Between Chemical Dependency and Pain Management Programs: American Academy of Pain Management, Vancouver, Canada
- 1994 Chemical Dependency: Selected Topics: Critical Care Conference, Doctors Hospital, Pinole California
- 1993 Detox: The First Step to Recovery: National Medical Enterprises Management Services Division Annual Conference, Colorado Springs, Colorado
- 1993 Substance Use and Substance Induced Organic Mental Disorders: National Medical Enterprises Management Services Division Annual Conference, Colorado Springs, Colorado
- 1993 Dual Diagnosis in the Inpatient Setting- Professional Seminar, Doctors Hospital, Pinole, California
- 1993 Depression and Strokes: Brookside Hospital, San Pablo, California
- 1992 Drug Interactions in the ICU: Clinical Care Rounds, Doctors Hospital, Pinole, California
- 1992 Overview of Sleep Disorders: Grand Rounds, Doctor Hospital, Pinole, California
- 1991 Benzodiazepines: Uses and Abuses: Grand Rounds, Brookside Hospital, San Pablo, California
- 1990 Sleep Disorders in Schizophrenia: Quarterly Medical Staff Meeting, East Bay Hospital
- 1987 Afro-Centricity in Psychology: Grand Rounds, San Francisco General Hospital, San Francisco, California
- 1982 Geriatric Psychiatry-University of Southern California

Clinical Professional Activities

2016	Associate Editor, Journal of Policy and Practice in Intellectual Disability
2015	International Journal of Developmental Disabilities
2015	Journal of Policy and Practice in Intellectual Disability
2014	Cureus Journal Review
2014	Arts and Social Sciences Journal Review
2013	Journal of Politics and Law Journal Review
2012	Research in Developmental Disabilities Journal Review
2010	American Association for Intellectual and Developmental Disabilities, Task Force on Intellectual Disability and Forensic Practice
2007-2009	Neurocognitive Committee, PAARTNERS
2004-present	Scientific Committee, International Academy of Law and Mental Health
1993-1996	Medical Privileges Committee, Doctors Hospital, Pinole, California
1993-1995	Physicians' Advisory Committee, Alameda Contra Costa Medical Association, Oakland, California
1993-1994	Board of Directors, Solano Park Hospital, Fairfield, California
1992-1993	Board of Directors, East Bay Hospital, Richmond, California
1992	Chief of Staff, East Bay Hospital, Richmond, California
1992	Chairman, Medical Executive Committee, East Bay Hospital, Richmond, California
1992	Allied Health Committee, Doctors Hospital, Pinole, California
1992	Pharmacy & Therapeutics Committee, Doctors Hospital, Pinole, California
1991-1996	Physicians' Advisory Committee, Doctors Hospital, Pinole, California (Chair, 1994-1995)
1991	Professional Activities Committee, East Bay Hospital, Richmond, California
1990	Psychiatry Committee, Chairman, East Bay Hospital, Richmond, California

Clinical Publications

Norton, Johnson, Woods (2016) Burnout and Compassion Fatigue: What Lawyers Need to Know. The University of Missouri Kansas City Law Review.

Greenspan, S. & Woods, G. (2015). *Social Incompetence of FASD Offenders: Risk-Awareness as a Factor in Criminal Culpability*. In E. Jonsson & S. Clarren (Eds.), *Brain Damage and the Law*. Edmonton, Canada.

Norton, Woods (2015) *Interpersonal Violence: The Legacy of Trauma*. The American Bar Association's Ninth Annual Section of Labor and Employment Law Conference.

Greenspan, Harris, and Woods (2015) *Intellectual disability is "a condition, not a number": Ethics of IQ cut-offs in psychiatry, human services and law*. *Ethics, Medicine, and Public Health*.

Woods, Freedman ((2015) *Symptom presentation and functioning in neurodevelopmental disorders: Intellectual disability and exposure to trauma*, *Ethics, Medicine, and Public Health*

Greenspan, Woods, and Switzky (2015) *Age of Onset and the Developmental Period Criteria*, *Intellectual Disability and the Death Penalty*.

Greenspan, Woods, Wood (In Press) *Risk-Unawareness and Legal Jeopardy: Identifying Non-Obvious Brain-Based Impairment*, *Springer's International Library of Ethics, Law, and the New Medicine*.

Woods, Freedman (2015) *Intellectual Disability, Comorbid Disorders and Differential Diagnosis*, *Intellectual Disability and the Death Penalty*.

Greenspan, Woods (2014) *Intellectual Disability as a Judgment Disorder: The Gradual Move Away From IQ-Ceilings*, *Current Opinion in Psychiatry*.

Freedman, Woods:(2013) *Neighborhood Effects, Mental Illness and Criminal Behavior: A Review*. *Journal of Politics and Law*; Vol. 6, No. 3.

Woods, Freedman, Greenspan: (2012). *Neurobehavioral Assessment in Forensic Practice*. *International Journal of Law and Psychiatry*.

Norton, Woods, (2012). *Secondary trauma among judges, jurors, attorneys, and courtroom personnel*. *Encyclopedia of trauma: an interdisciplinary guide*. C. Figley, Sage Publications.

Greenspan, Switzky, Woods: (2012) *Intelligence Involves Risk-Awareness and Intellectual Disability Involves Risk-Unawareness: Implications of a Theory of Common Sense*, *Journal on Intellectual & Developmental Disability*. (Cited in *Diagnostic and Statistical Manual, 5th Edition*, online version)

Woods, Greenspan, Agharkar: (2012) *Ethnic and Cultural Factors in Identifying Fetal Alcohol Spectrum Disorders*: *American Journal of Law and Psychiatry*.

Bradford, Fresh, Woods: Not all patients are alike: (2007) *Ethnopsychopharmacology of Bipolar Disorder in African Americans*. Psychiatric Times, February.

Abueg, Woods, Watson: Disaster Trauma;(2000) Cognitive-Behavioral Strategies in Crisis Intervention: Second Edition, Guilford Press, New York and London; p. 73-290.

Forensic Practice

1981-present	Psychiatric Consultant (Civil, Family Law, Criminal and Appellate Judicial Proceedings)
1993-2001	Consultant- the Victims' Assistance Program, State Board of Control, State of California, Sacramento, California
1983-2000	Medical Examiner Panel, San Francisco County, Marin County and Contra Costa County Superior Courts

Forensic Professional Lectures

2017	Psychological Issues in Employment Law: Practising Law Institute, New York.
2016	Cutting Edge Issues in Employment Law: Practising Law Institute, San Francisco.
2016	Aging and Cognition; Paul Hastings Global
2016	Psychological Issues in Employment Law: Practising Law Institute, 2016, New York.
2015	Legal and Practical Implications of Domestic Violence in the Workplace: It's Not Just the NFL: American Bar Association Section of Labor and Employment Law 9 th Annual Labor and Employment Law Conference, Philadelphia
2015	Cutting-Edge Employment Law Issues 2015: The California Difference. Mental Health and the Law, Practising Law Institute, San Francisco
2015	Discussant, Mass Murder: Patterns in Manifestoes: Vienna, Austria
2014	ADA and Mental Disabilities: Inquiries, Exams and Accommodations, Practising Law Institute, New York, New York
2014	Psychological Issues in Employment Law 2014, Practising Law Institute, New York, New York
2010	The Trial of Hamlet, Morrison and Foerster, LLP, Law College, San Diego, California

- 2009 Treatment of Mentally Ill Offenders in the United States, Canada, and Japan; Japanese Association of Forensic Psychiatry, Tokyo, Japan
- 1998-2007 In Association With The National Institute of Trial Advocacy Training, Notre Dame University, South Bend, Indiana; Georgia State Law School, Atlanta, Georgia; New York University Law School, New York City, University of North Carolina Law School, Chapel Hill, North Carolina; University of Houston Law School, Houston, Texas; University of Tennessee Law School, Knoxville, Tennessee; Atlanta, Georgia; University of Texas Law School, Austin, Texas; Temple University School of Law, Philadelphia, Pennsylvania
- 2006 Aligning Clinical Services with Correctional Treatment, Luzira Prison, Kampala, Uganda
- 2006 Decision Tree for Forensic Evaluations, Butabika Hospital, Kampala, Uganda
- 2006 Neuropsychiatry and The Courts: The University of Texas Law School, Austin Texas
- 2002 Demystifying Emotional Damages Claims: Paul, Hastings, Janofsky & Walker, San Francisco, California
- 2000 An Introduction-Multi-Axial Assessment and DSM-IV: Second National Seminar on Mental Illness and the Criminal Law, Miyako Hotel, San Francisco, California
- 2000 Psychiatric Manifestations of Mental Disorders: Second National Seminar on Mental Illness and the Criminal Law, Miyako Hotel, San Francisco, California
- 1999 An Introduction-Multi-Axial Assessment and DSM-IV: First National Seminar on Mental Illness and the Criminal Law, Radisson Hotel, Washington, D.C.
- 1999 Physical Manifestations of Medical Disorders: First National Seminar of Mental Illness and the Criminal Law, Radisson Hotel, Washington, D.C.
- 1999 The Kenya/Tanzania Embassy Bombings: When Forensic Science, Politics, and Cultures Collide: International Academy on Law and Mental Health, Toronto, Quebec, Canada
- 1999 Research Collaboration Between East Africa and the United States: World Psychiatric Association/Kenya Psychiatric Association, First Annual East African Conference, Nairobi, Kenya
- 1999 Trauma/Resiliency In East Africa Workshop: World Psychiatric Association/Kenya Psychiatric Association, First Annual East African Conference, Nairobi, Kenya
- 1998 Mental Health Litigation and the Workplace: Sponsored by the University of California Davis Health System, Division of Forensic Psychiatry, Department of Psychiatry, and Continuing Medical Education, Napa, California

- 1998 Psychological Disabilities: Charting A Course Under the ADA and Other Statutes: Yosemite Labor and Employment Conference, Yosemite, California
- 1998 Current Trends in Psychiatry and the Law: Developing a Forensic Neuro-Psychiatric Team: CLE, Federal Public Defenders for the District of Oregon, Portland, Oregon
- 1997 The Changing Picture of Habeas Litigation: The National Habeas Training Conference, New Orleans, Louisiana
- 1997 Accommodating Mental Illness in the Workplace: Employment Law Briefing, Orange County
- 1997 Accommodating Mental Illness in the Workplace: Employment Law Briefing, Palo Alto, California
- 1997 Accommodating Mental Illness in the Workplace: Employment Law Briefing, Morrison & Foerster, San Francisco
- 1997 Psychiatric Evaluations in the Appellate Process: Emory University, Department of Psychiatry, Forensic Fellowship, Atlanta, Georgia
- 1997 So You Wait Until Discovery Is Over to Consult with a Psychiatrist? Can You Tell Me More About That? Morrison and Foerster Labor Law College, Los Angeles, California
- 1997 The Changing Cultural Perspectives in Forensic Psychiatry, San Francisco General Hospital Grand Rounds, San Francisco, California
- 1996 Evaluations of an Elementary School Child: Criminal Competency and Criminal Responsibility, Stanford University School of Medicine, Department of Psychiatry and Behavioral Sciences, Division of Child, Psychiatry and Child Development, Grand Rounds, Palo Alto, California
- 1996 Forensic Psychiatry: Cultural Factors in Criminal Behavior, Malingering, and Expert Testimony: The Black Psychiatrists of America Transcultural Conference, Dakar, Senegal, West Africa
- 1996 Dangerousness; Evaluation of Risk Assessment: Grand Rounds, Department of Psychiatry, University of California, Davis
- 1995 Violence in the Workplace: A Psychiatric Perspective of Its Causes and Remedies: The Combined Claims Conference of Northern California, Sacramento, California
- 1995 Experts: New Ways To Assess Competency- Neurology and Psychopharmacology: Santa Clara University Death Penalty College, Santa Clara, California

- 1995 Multiple Diagnostic Categories in Children Who Kill: Psychological and Neurological Testing and Forensic Evaluation: The American College of Forensic Psychiatry 13th Annual Symposium, San Francisco, California
- 1995 Mock Trial: Client Competence in a Criminal Case: Testing the Limits of Expertise, The American College of Forensic Psychiatry 13th Annual Symposium, San Francisco, California
- 1995 The Use of Psychologists In Judicial Proceedings: The California Attorneys for Criminal Justice/California Public Defenders Association Capital Case Seminar, Monterey, California
- 1994 Commonly Seen Mental Disorders in Death Row Populations: The California Appellate Project, Training Session for Legal Fellows and Thurgood Marshall Investigative Interns, San Francisco, California
- 1994 Anatomy of a Trial: Mock Trial Participant, The California State Bar Annual Convention, Anaheim, California
- 1994 Developing a Forensic Neuropsychiatric Team: The American College of Forensic Psychiatry 12th Annual Symposium in Forensic Psychiatry, Montreal, Quebec, Canada
- 1994 Responsibility in Forensic Psychiatry: Department of Criminology Faculty Seminar, University of Nebraska, Omaha
- 1994 Attorney/Investigator Workshop: Brain Function: The 1994 California Attorneys for Criminal Justice/California Public Defenders Association Capital Case Seminar, Long Beach, California
- 1994 Appellate and Habeas Attorney/Investigator Workshop: Evaluating Mental Health Issues in Post-Conviction Litigation: The 1994 California Attorneys for Criminal Justice/California Public Defenders Association Capital Case Defense Seminar, Long Beach, California
- 1993 Psychological Issues in Police Misconduct: Police Misconduct Litigation, National Lawyers Guild, San Francisco
- 1993 Neuropsychiatry, Neuropsychology and Criminal Law: Maricopa County Office of the Public Defender, Seminar on Investigation for Mitigation and Capital Cases, Phoenix, Arizona
- 1993 Working with Experts: California Appellate Project, San Francisco, California
- 1991 Forensic Psychiatry and Ethnicity-Black District Attorneys Association, National Convention

Professional Forensic Publications

Greenspan, Woods (2016) *Chapter 7 Personal and Situational Contributors to Fraud Victimization: Implications of a Four-Factor Model of Gullible Investing*. Financial Crimes: Psychological, Technological, and Ethical Issues. Dion, Weisstub, Richet. Springer Publishing.

Wood, Hanoach, Woods (2016) *Chapter 6 Cognitive Factors to Financial Crime Victimization*. Financial Crimes: Psychological, Technological, and Ethical Issues. Dion, Weisstub, Richet. Springer Publishing.

Woods, (2016) *Cognition and Aging: Impact in the Workplace*: Paul Hastings Global.

Woods, (2016) *Treat or Assess: Which Hat Should Your Expert Wear?* Practising Law Institute.

Bigler, Jantz, Freedman, Woods, (2016) *Structural Neuroimaging in Forensic Settings*, University of Missouri-Kansas City Law Review, Volume 82, No. 2. Psychiatry and Criminal Law, Contra Costa Lawyer, Volume II, No. 8, August 1998.

Mock Trial: Client Competence in a Criminal Case: Testing the Limits of Expertise, The Psychiatrist's Opinion as Scientific, The Expert's Foundation as Sufficient, 1995 (Available from The American College of Forensic Psychiatry and on Audiotape).

Multiple Diagnostic Categories in Children Who Kill: Psychological and Neurological Testing and Forensic Evaluation, 1995. (Available from the American College of Forensic Psychiatry and on Audiotape).

Developing a Forensic Neuropsychiatric Team, 1994. (Available from the American College of Forensic Psychiatry on Audiotape).

Anatomy of a Trial: 1994 (Available for the California State Bar).

Forensic Professional Affiliations

2013 American Academy of Psychiatry and the Law

1998 International Academy of Law and Mental Health

Professional Development & Corporate Services

2016	BetterManager, Expert Contributor
2016	Map1080, Big Timber, Montana, Advisory Board
2015	Grade LLC Evansville, Indiana Unified School District: Education/Neuroscience Collaboration
2015	The Science Advisors, Founding Partner
2015	Defend Your Head Corporation: Medical and Neuroscience Advisor
2014	Forefront Behavioral Telecare, LLC: Assistant Chief Medical Officer
2013	Generations in Transition: YearUp, Atlanta, Georgia
2011	Forefront Behavioral Telecare, LLC: Director of Clinical Research
2009-2010	Forefront Behavioral Telecare, LLC: Chief Medical Officer
2009	AgeServe Communications, LLC: Director of Research/Director of Government Programs
2004	Consultant, Corporate Structure, Tostan, Non Governmental Organization, Theis, Senegal
2004	Toward Effective Retention Efforts: The use of narratives in understanding the experiences of racially diverse college students., Narrative Matters, Fredericton, New Brunswick, Canada
2003	In Association with the Council on Education in Management, Charlotte, North Carolina, Accommodating Psychiatric Disabilities: Avoiding the Legal Pitfalls of the ADA, Human Resources Conference, Palm Springs, California
2001-2003	Consultant, Vulcan Inc., Seattle, Washington
1999	In Association with Matthew Bender Legal Publishing, New York: Psychiatric Disabilities and California Workplace Requirement, With the Bar Association of San Francisco, San Francisco
1998	Psychiatric Disabilities under the Americans With Disabilities Act: Without Pretrial Strategy, Atlanta, Georgia
1998	Psychiatric Disabilities under the Americans With Disabilities Act: Without Pretrial Strategy, Los Angeles, California

Johnson Freedman Woods Education, LLC

- 2017 Criminal Law and Mental Illness: The Rising Role of Neuroscience in the Courts: The American Psychological Association, Washington, DC.
- 2012 - present An Evolution in Practice at the Intersection of Mental Health and the Law: Where Mental Health Meets the Law by Jennifer Johnson, J.D., David Freedman, Ph.D., and George Woods, M.D. of Johnson Freedman Woods Education: a comprehensive curriculum on the evolving field of forensic mental health. Thomson Reuters West Legal EdCenter

The Critical Moments Consulting Group

- 2001 Part I- Responding Creatively to Cultural Diversity through Case Stories and Part II- Strategies and Challenges for Campus-wide Diversity Project: Models of Integrating Critical Moments, Fourteenth, Annual Conference on Race and Ethnicity in American Higher Education, Seattle Washington
- 2001 Teaching Complex Case Stories, Faculty Development, Loras College, Dubuque, Iowa
- 2000 Critical Moments: Creating a Diversity Leadership Learning Community, 13th Annual National Conference on Race and Ethnicity in American Higher Education (sponsored by the University of Oklahoma, Southwestern Center for Human Relations Studies), Santa Fe, New Mexico
- 2000 Critical Moments: Practicum on Teaching Diversity Through Case Stories, 13th Annual National Conference on Race and Ethnicity in American Higher Education (sponsored by the University of Oklahoma, Southwestern Center for Human Relations Studies), Santa Fe, New Mexico
- 2000 Improving Undergraduate Education: Teaching and Learning in the Context of Cultural Differences, The Washington Center for Improving the Quality of Undergraduate Education, Thirteenth Annual Conference, Seattle, Washington
- 1999 Critical Moments: Deepening Our Understanding of Cultural Diversity through Critical Analysis, Effective Interviewing, Case Writing, and Case Teaching, The Washington Center, Evergreen State College, Olympia, Washington
- 1999 Teaching Complex Issues with Case Studies: A Workshop for Faculty and Graduate Teaching Assistants, University of Nebraska at Lincoln, Teaching and Learning Center and Critical Moments Project
- 1999 Critical Moments: Writing the Stories of Diverse Students, Washington Center for Improving the Quality of Undergraduate Education Workshop for College and University Faculty, Administrators, Staff and Students, Evergreen State College

- 1999 Critical Moments: A Case Study Approach for Easing the Cultural Isolation for Under-represented College Students, Presented at Transforming Campuses Through Learning Communities, National Learning Communities Conference, Seattle, Washington

- 1993 Contextualism and Multi-Cultural Psychology-Graduate Seminar, University of Nebraska, Omaha, Nebraska

- 1992 Curriculum and Developmental Stages-North Central Educational Research Lab, Northwestern University

Critical Moments Publications

Diane Gillespie, Ph.D., Gillies Malnarich, and George Woods, M.D. (2006). Critical Moments: Using College Students' Border Narratives as Sites for Cultural Dialogue, In M.B. Lee (Ed.), Ethnicity Matters: Rethinking How Black, Hispanic and Indian Students Prepare for and Succeed in College. (pp. 99-116). New York: Peter Land Publishing Group.

Diane Gillespie, Ph.D. and George Woods, Jr., M.D. (2000). Critical Moments: Responding Creatively Cultural Diversity Through Case Stories; Third Edition.

(Updated August 8, 2017)

G
WW GEORGE W. WOODS, JR., M.D., L.F.A.P.A.
A PROFESSIONAL CORPORATION
DIPLOMATE OF THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

415 503 3959
E-mail: gwoods@georgewoodsmd.com
Oakland Atlanta Evansville

May 8, 2018

Diana Holt, Esq.
P.O. Box 6454
Columbia, SC 29260-6454

Charles Grose, Esq.
The Grose Law Firm, LLC
404 Main Street
Greenwood, SC 29646

Re: Steven Corey Bryant (DOB 4/12/1981)

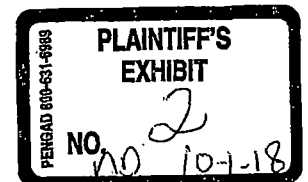
Ms. Holt and Mr. Grose,

You have asked me to perform a neuropsychiatric examination of Steven Bryant, a 37-year-old, white male. In order to complete this examination, I interviewed Mr. Bryant on March 31, 2017. I also consulted with Caroline Everington, Ph.D., Julian Davies, M.D. and Paul Moberg, Ph.D. I also reviewed the documents provided.

Summary

Mr. Bryant has a significant history of sexual abuse by his grandfather, as well as physical abuse by his father. This abuse started when he was very young and was ongoing for years. At the time of his interview with Pamela Crawford, M.D., he recounted this abuse and detailed the sleep disruption and affective dysregulation associated with traumatic stress.

Although Mr. Bryant's IQ scores are marginally above those required to meet the criteria for intellectual disability, his adaptive functioning scores obtained by Dr. Everington's testing are consistent with someone suffering from mild intellectual disability. Mr. Bryant has the stigmata of Fetal Alcohol Spectrum Disorder (FASD). Dr. Davies noted multiple signs of neurologic disorder. Dr. Moberg documented cognitive deficits consistent with Fetal Alcohol Spectrum Disorder. These findings are supported by Mr. Bryant's social history and his mother's alcohol use.



Summary of Neuropsychiatric Mental Status and Neuropsychological Functioning

Mr. Bryant demonstrates poor motor functioning and perceptual impairments consistent with Fetal Alcohol Spectrum Disorder (FASD). He has graphesthesia, which was demonstrated by deficits in finger-tip and palm writing. My examination of his finger tip writing, particularly the right hand, demonstrated an inability to recognize "8," "5," and "3." My findings are consistent with Dr. Moberg's findings, who noted, impairments in fine motor speed for his non-dominant hand and a lack of coordination for both hands. This is consistent with decreased corpus colossal functioning.

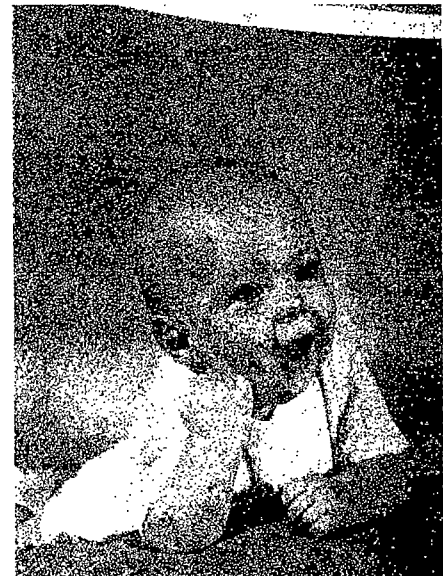
Mr. Bryant's olfactory deficits demonstrate impaired frontal lobe/executive function. He performed poorly on the University of Pennsylvania Smell Test. Olfactory function requires an intact frontal lobe.

Mr. Bryant also demonstrated poor facial recognition, a cognitive skill often seen in adolescence that disappears with brain maturity. Dr. Moberg noted that moderately impaired odor identification abilities are also consistent with the finding of aberrant facial morphology on clinical exam. During neurodevelopment, the olfactory system is intimately linked to neuron migration. Forebrain development parallels to facial and limb development. Mr. Bryant's neuropsychological testing reveals a configuration of olfactory impairment, visual memory deficit and mild frontal system dysfunction that is consistent with disruption of these developmental processes in utero.

Neurological Examination

Julian Davies, M.D., performed a neurological examination of Mr. Bryant. Mr. Bryant's social history includes in utero exposure to alcohol. Dr. Davies also noted multiple physical signs which are consistent with alcohol exposure, including unusually short stature in early child. Even as an adult, Mr. Bryant remains in the lowest 10th percentile. Mr. Bryant also has some facial features that are indicative of alcohol-related neurodevelopmental disorders. The acquisition of such facial features occurs in a limited period during the first trimester, most often around the 19th to 20th day. Mr. Bryant had Lip Circularity problems that ranked 5 out of a possible 5 on the University of Washington Lip-Philtrum guide, ranking this sign as the most severe. However, Mr. Bryant's philtrum rank was 3 out of 5. Consequently,

he did not have the complete picture of FASD, which is a common finding. Dr. Davies noted that only 9% of patients studied in his clinic at the University of Washington have clinically significant facial features. Based on the findings of Dr. Davies and Dr. Moberg, Mr. Bryant's diagnosis is Static Encephalopathy, Alcohol exposed.



Adaptive Functioning

Caroline Everington, Ph.D., is a specialist in intellectual and adaptive functioning. On October 21, 2017, she performed an assessment of Mr. Bryant's adaptive functioning and intellectual functioning.

Dr. Everington interviewed Mr. Bryant's mother, his grandmother, and his aunt, and she also administered the Adaptive Behavior Assessment System-3 ABAS, a standardized tool for adaptive functioning. Her composite findings indicate that Mr. Bryant's adaptive functioning is consistent with those of intellectually disabled persons.

ABAS-3 results meet the AAIDD definition of significant limitations in adaptive behavior as the standard scores in one of the three adaptive categories—conceptual, social, or practical—and an overall score fall at least two standard deviations below the mean (approximately 70 or below). For the rating at age 23, scores in all three categories as well as the overall score are not only are two standard deviations below the mean but also fall below the first percentile: General Composite (Overall) 53, Conceptual 54, Social 61, and Practical 56. For age 14, scores in two areas (Conceptual and Social) and the overall score fall two standard deviations below the mean: General Composite 70, Conceptual 70, Social 59, and Practical 81. It should be noted that respondent ratings were very similar between the two raters. The results are different due to the higher expectations for an adult. In other words, while Mr. Bryant had some practical skills at age 14, he did not advance to more complex skills of independent adult functioning. (Everington Report, p. 6)

Dr. Everington also interviewed Mr. Bryant and evaluated his adaptive functioning skills. She administered tests of academic function, including the Test of Adolescent and Adult Language-Fourth Edition (TOAL-4), the Independent Living Scales (ILS), and the Math Computation subtest of The Wide Range Achievement Test, Fourth Edition (WRAT4). Mr. Bryant's language scores were not only two standard deviations below the mean, they were in the first percentile. Similarly, his computational skills from the Wide Range Achievement Test, Fourth Edition, were at the 3rd and 4th grade level, which is again within the intellectual disability range.

Mr. Bryant's functional academics were well below the two standard deviations required for him to meet the intellectual disability standard for impaired adaptive function. Dr. Everington reported that Mr. Bryant could not make day to day decisions and was socially isolated. Dr. Crawford also discussed his social isolation in her interview with Mr. Bryant while probing his sexual history. He stated that his current girlfriend at the time of the interview was his only sexual partner. He ascribed this to shyness and isolation, rather than any moral or religious beliefs.

Mr. Bryant's history is consistent with impaired conceptual and practical domain functioning, which consistent with the adaptive dysfunction seen in intellectual disability.

Equivalence between Fetal Alcohol Spectrum Disorder and Intellectual Disability

The differential diagnosis between Fetal Alcohol Spectrum Disorder and Intellectual Disability Disorder rests upon the weakest criteria, IQ scores. IQ scores are, at best, poor indicators of intellectual functioning, most commonly correlated to the richness of environmental influences at an early age rather than actual brain functioning. Mr. Bryant's adaptive functioning, supported by the neuropsychological testing, places his day to day functioning squarely in the intellectually disabled range. If Mr. Bryant were a patient in my clinical practice, his IQ score would not dictate his treatment, since his IQ score does not identify the adaptive functioning deficits that require support.

The DSM-5 requires impairments in adaptive functioning and recognizes the importance in understanding the supports utilized by persons with Intellectual Developmental Disorder in attempting to lead an independent life. Deficits in adaptive functioning (Criterion B) refer to how well a person meets community standards of personal independence and social responsibility in comparison to others of similar age and sociocultural background. (Tassé et al., 2012)

IQ testing does not answer the question of how someone functions in society. Mr. Bryant's offenses were, in his mind, predicated upon a sexual approach by each of the victims. Yet, Mr. Bryant's misperceptions are consistent with not only his trauma history, but his impaired executive functioning, his life-long difficulty reading and understanding social cues, and his difficulty effectively weighing and deliberating, especially in new, novel, and stressful situations. His cognitive deficits contributed to his long term isolation and withdrawal from others as much as the trauma he suffered. They were also at play at the time of the offenses, impairing his ability to conform his behavior to the law.

Multiple jurisdictions have recognized the weakness of IQ as an impediment for services provided to both intellectually disabled persons, as well as persons with adaptive functioning deficits consistent with Intellectual Disability, but who have higher IQs. For example, California has utilized the following statutory requirements when providing services through the regional centers:

The fifth category is made up of "conditions similar to mental retardation, or conditions that require treatment similar to the treatment required for individuals with mental retardation." The "similar conditions" and "similar treatment" formulations make it possible in theory for people with a wide range of brain-based conditions that produce adaptive needs similar to those found in people with ID to receive the services to which they are entitled. The legislation does not specifically refer to a too-high IQ as the reason for this Fifth Category loophole, but obviously that is its justification, as is the case with any ID-equivalency provision.

Similarly, Colorado statutes update adaptive functioning deficits as having at least as much ability to impair a person's functioning, thus requiring services, as IQ scores. How a person functions in the community speaks to their needs to a much greater degree than IQ testing.

Colorado revised its eligibility criteria in April 2014 for the usual reason: too many children and adults with brain-based developmental disorders (such as autism) and very significant support needs were being denied service eligibility because of IQ scores over 70. The solution devised is that a developmental disability "means a disability that is manifested before the person reaches 22 years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. (C.R.S. 27-10.5-102 11 (a), as amended)." The innovative thing about this provision is that for ID-Equivalency qualifying purposes, adaptive behavior now has a status equal to that of IQ, and too high IQ score is no longer an impediment to receiving ID services. Mentioning "neurological conditions" is also an important feature. (Greenspan, p.15)

Intelligence Quotient has been found to be limited in its usefulness. *The Diagnostic and Statistical Manual 5 (DSM-5)* has moved IQ scores to associated features and suggests neuropsychological testing as a bridge to functioning.

Forensic Conclusion

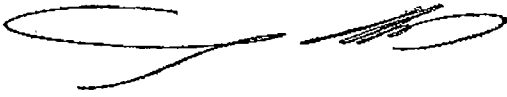
Mr. Bryant has a medical, neuropsychological, and social history consistent with Fetal Alcohol Spectrum Disorder. He also demonstrates long-term adaptive dysfunction which is consistent with and equivalent to the requirements of Intellectual Disorder. There is every indication that he functions as poorly as someone meeting the diagnosis of Intellectual Disorder, including that he has functioned at this level during his developmental period. Clinically, Mr. Bryant would be treated in the same fashion as someone with mild intellectual disability, although his neuropsychological deficits may require greater intervention, depending upon the cognitive status of the other person.

Mr. Bryant's adaptive deficits are significant, and outweigh his IQ scores. His IQ scores say little about his ability to function in the world. His adaptive functioning scores on Dr. Everington's objective testing places him in the Intellectual Disability range of functioning, and his neuropsychological testing supports this poor day to day abilities.

It is my professional opinion, which I hold to a reasonable degree of neuropsychiatric certainty, that Mr. Bryant's Fetal Alcohol Spectrum Disorder is cognitively, adaptively, and functionally equivalent to Intellectual Disability.

Certainly these neurodevelopmental disorders were present at the time of Mr. Bryant's offenses, impairing his ability to effectively conform his behavior to the law. His consistent misperception of social cues and difficulty accurately weighing and deliberating under stressful circumstances had led to a life of isolation before the offenses.

I declare under penalty of perjury that the foregoing is true and correct. Executed on May 8, 2018.

A handwritten signature in black ink, appearing to read 'George Woods', with a stylized flourish at the end.

George Woods, M.D.

Sources Cited

Tassé, M. (2012) "Adaptive Behavior Assessment and the Diagnosis of Mental Retardation." *Applied Neuropsychology*.

Greenspan, S., Novick Brown, N., and Edwards, W. (2016) "FASD and the Concept of 'Intellectual Disability Equivalence.'" *Fetal Alcohol Spectrum Disorders in Adults: Ethical and Legal Perspectives, International Library of Ethics, Law, and the New Medicine* 63, DOI 10.1007/978-3-319-20866-4

STATE OF SOUTH CAROLINA)
)
COUNTY OF ANDERSON)

Affidavit of Dr. Donna Schwartz Maddox

Donna Schwartz Maddox, being first duly sworn, swears and affirms that the following is true to the best of my knowledge:

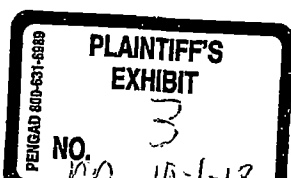
1) I am a physician licensed to practice medicine in the State of South Carolina. I have been qualified as an expert witness in the field of Forensic Psychiatry.

2) I evaluated Stephen Corey Bryant prior to his sentencing hearing and prior to his post-conviction relief hearing and testified during both hearings.

3) The lawyers currently representing Mr. Bryant have provided me with information that I did not know before either the sentencing hearing or the post-conviction relief hearing, including the following:

- a. While pregnant with Mr. Bryant, Catherine Bryant drank alcohol and smoked marijuana.
- b. According to Catherine Bryant, Mr. Bryant was late meeting most of his developmental milestones.
- c. Mr. Bryant's always had difficulty in school. Six weeks into first grade, his teacher informed Catherine Bryant that he was not fit for school, couldn't begin to learn how to read, and would fail the first grade. Mr. Bryant ultimately failed the first grade.
- d. According to Catherine Bryant, her son has only a fifth grade education because he was passed on from grade to grade.
- e. Both of Mr. Bryant's fifth grade teachers have confirmed that the school's principal would not allow them to hold back students in the fifth grade. But for this policy, these teachers absolutely would have retained Mr. Bryant in the fifth grade, because he could not do fifth grade work, even though he was already twelve years old.

4) At Mr. Bryant's sentencing hearing, I incorrectly testified that he did not meet the criteria for Intellectual Disabilities (then referred to as Mental Retardation). I am not a psychologist, and I have not received any specialized training in assessing someone for Intellectual Disabilities. At the time I testified in Mr. Bryant's case, I was



not familiar with the Flynn Effect, which is the gradual change in population average performance on measures of general intellectual functioning, meaning that normative standards become less stringent over time. I conducted an evaluation of a capital defendant in *State v. Kevin Mercer*, who was later found to suffer from Intellectual Disabilities, although I did not recognize it at the time of his evaluation.

5) Based on the information I know now, Mr. Bryant should receive a comprehensive evaluation to determine whether he suffers from Intellectual Disabilities.

6) Confirmation that Catherine Bryant drank alcohol while she was pregnant is additional evidence of Fetal Alcohol Syndrome. Mr. Bryant should receive a full assessment to determine whether he meets the criteria for Fetal Alcohol Syndrome. There is a correlation between Fetal Alcohol Syndrome and Intellectual disabilities.

7) I have always believed that Mr. Bryant should have a full battery of neuropsychological testing. Mr. Bryant's inability to complete neuropsychological testing in the past could be because of previously unidentified Intellectual Disabilities.

Further affiant sayeth naught.


Donna Schwartz Maddox

Sworn to and subscribed before me

this 27th day of April, 2016


NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: May 31, 2023

CAROLINE EVERINGTON, PhD, FAAIDD

940 Pinecrest Drive
Rock Hill, SC 29732
(803) 322-7340

Present Position

Professor Emeritus
Winthrop University, Rock Hill, SC

PROFESSIONAL PREPARATION

Ph.D., Special Education, Minor: Educational Administration, 1987
University of New Mexico, Albuquerque, NM

M.S., Special Education, 1977
Peabody College, Vanderbilt University, Nashville, TN
Concentration: Mental Retardation and Behavior Analysis
Administrative Internship: Tennessee Department of Mental Health and Mental Retardation.

B.S., with Honors, Dual Major: Elementary and Special Education, 1976
Peabody College, Vanderbilt University, Nashville, TN
Elementary concentration: Reading and Language Arts
Special Education concentration: Learning Disabilities

EXPERIENCE

Professor, Associate Dean, 2000 to 2016 (retired 2016)
Riley College of Education, Winthrop University, Rock Hill, SC

Associate Professor, 1993-2000
Department of Educational Psychology, Miami University, Oxford, OH

Coordinator, Special Education Program, 1993-96; 1998-2000
Department of Educational Psychology, Miami University, Oxford, OH

Assistant Professor, 1987-1992
Department of Educational Psychology, Miami University, Oxford, OH

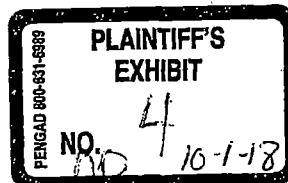
Project Assistant, 1986-1987
Teachers/Job Developers/Job Coaches in Special Education University of New Mexico, Albuquerque, NM

Instructor, 1985-1986
Department of Special Education, University of New Mexico, Albuquerque, NM

Research Associate, 1984-1985
Department of Special Education, University of New Mexico, Albuquerque, NM
Educational research for two U.S. Supreme Court Amicus briefs,
Bowen v. American Hospital Association, & City of Cleburne, TX v. Cleburne Living Center.

Practicum Supervisor, 1984-1985
Department of Special Education, University of New Mexico, Albuquerque, NM

Methods/Materials and Behavior Management Specialist, 1981-1984
Students with intellectual disabilities and autism spectrum disorders
Los Lunas Hospital & Training School, Los Lunas, NM



University of New Mexico Extension Instructor. 1983

University of New Mexico Division of Continuing Education, Albuquerque, NM.

Classroom Teacher, 1977-1981

Los Lunas Hospital and Training School, Los Lunas NM, Adolescents with intellectual disabilities and autism spectrum disorders.

Conference Coordinator/Facilitator 1978

Native American Family/Rehabilitation Conference, Albuquerque, NM

Research Assistant 1977

Peabody College, Vanderbilt University, Nashville, TN.

Project conducted in public schools on increasing social interaction for students with intellectual disabilities and autism spectrum disorders.

Peabody College Practicum Supervisor, 1977

Peabody College of Vanderbilt University, Nashville, TN.

SE 331, *Educational Procedures for the Severely Handicapped*.

PUBLICATIONS**Books**

Hamill, L. & Everington, C. (2002). *Teaching students with moderate to severe disabilities: An applied approach for inclusive environments*. Upper Saddle River, NJ: Merrill, Prentice Hall

Journal Articles and Book Chapters

Everington, C., Macvaugh, G., Salekin, K., & Derning T. (2015) Challenges in assessment of adaptive behavior. In E. Polloway, (Ed) *The Death Penalty and Intellectual Disability*, Washington DC: American Association on Intellectual and Developmental Disabilities.

Salekin, K., & Everington, C. (2015) Competence to stand trial and Miranda. In E. Polloway (Ed) *The Death Penalty and Intellectual Disability*: Washington DC: American Association on Intellectual and Developmental Disabilities

Everington, C. (2014). Challenges in presenting intellectual disabilities to judge and jury. *William & Mary Bill of Rights Journal*, 23, 467-485.

Everington, C. & Olley, J. G. (2008). Implications of Atkins v. Virginia: Issues in defining and diagnosing mental retardation. *Journal of Forensic Psychology Practice*, 8, 1-23.

Everington, C., Notario-Smull, H., & Horton, M. (2007). Can defendants with mental retardation successfully fake their performance on a test of competence to stand trial? *Behavioral Sciences and the Law*, 25, 545-560.

Everington, C. & Luckasson, R. (2007). Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR). *Encyclopedia of Psychology and Law*.

Fulero, S. M. & Everington, C. (2004). Mental retardation, competency to waive Miranda rights, and false confessions. In G. D. Lassiter (Ed). *Interrogations, Confessions, and Entrapment*. New York: Kluwer Academic/Plenum Publishers.

Fulero, S. M. & Everington, C. (2004). Assessing the capacity of persons with mental retardation to waive *Miranda* rights: A jurisprudent psychology perspective. *Law and Contemporary Problems*, 28, 53-69

Everington, C., DeBerge, K., & Mauer, D. (2001). The relationship between language skills and competence to stand trial abilities in persons with mental retardation. *The Journal of Psychiatry and Law*, 28, 475-492.

Poetter, T. S., Everington, C., & Jetty, R. (2001). Democratic curriculum deliberations in action: Preparing school leaders for

inclusion. *The Journal of Curriculum and Supervision*, 16 (2), 162-182 .

Everington, C. & Graham, P. (2001). What do we know about national board certified teachers in South Carolina? *Teachers as Leaders*, 3(1), 22-24.

Everington, C. & Fulero, S. (1999). Competence to confess: Measuring understanding and suggestibility in defendants with mental retardation. *Mental Retardation*, 37, 212-220.

Everington, C. & Keyes, D. (1999). Diagnosing mental retardation in criminal proceedings: The critical importance of adaptive behavior. *Forensic Examiner*, 8 (7/8), 31-34.

Stevens, B., Everington, C., & Kozar-Kocsis, S., (1999). Inclusion: What teachers are doing to accommodate for special needs students. *The Electronic Journal of Inclusive Education*, 1(3).

Everington, C. & Stevens, B. (1999). Teacher attitudes, felt competence, and need of support for implementing inclusive educational programs. *Psychological Reports*, 85, 331-338

Everington, C., Hamill, L.B., & Lubic, B. (1996). Restructuring teacher education for inclusion, *Contemporary Education*, LXVII, 52-56.

Fulero, S. & Everington, C. (1995). Assessing competency to waive Miranda Rights in defendants with mental retardation, *Law and Human Behavior*, 19, 533-543.

Everington, C. & Dunn, C. (1995). A second validation study of the competence assessment for standing trial for defendants with mental retardation. *Criminal Justice and Behavior*, 22, 44-59.

Bergen, D. & Everington, C. (1994). Adapting assessment methods for persons with severe disabilities and environmental/emotional abuse. (216-234) In D. Bergen, *Assessment methods for infants and toddlers: Transdisciplinary team perspectives*. Teacher's College Press.

Everington, C. & Stevenson, T. (1994, Spring). A giving experience: The use of community service for training community living skills and promoting integration with individuals with severe disabilities. *Teaching Exceptional Children*, 56-59.

Everington, C. (1990). The Competence Assessment for Standing Trial for Defendants with Mental Retardation (CAST-MR): A validation study. *Criminal Justice and Behavior*, 17, 147-168.

Everington, C. & Luckasson, R. (1989). Addressing the needs of the criminal defendant with mental retardation: The special educator as a resource to the criminal justice system. *Education and Training in Mental Retardation*, 24, 193-200.

Everington, C. (1989). The CAST-MR: A resource for forensic evaluators and attorneys for determining competence to stand trial in criminal defendants with mental retardation. *The Advocate*. 11, (4) 38-39.

Everington, C. (1989, fall/winter). Demographic variables associated with competence to stand trial referral and evaluation of criminal defendants with mental retardation. *The Journal of Psychiatry and Law* 627-640.

Spillman, D. M. & Everington, C. (1989). Somatotypes revisited: Has the media changed our perception of the female body image? *Psychological Reports*, 64, 887-890.

Tests

Everington, C. & Luckasson, R. (1992). *The competence assessment for standing trial for defendants with mental retardation* (CAST-MR). Worthington, OH: IDS.

Everington, C. (1982). *The Los Lunas curricular system: A criterion-referenced assessment for severely/profoundly handicapped* (4th ed.). Los Lunas, NM: State of New Mexico

Everington, C., Jones, S., Heckert, S., Thomas, C., & Worley, L. (1981). *The Los Lunas curricular system: A*

criterion-referenced assessment for developmentally disabled individuals. (3rd ed.). Los Lunas, NM: State of New Mexico.

Everington, C., Jones, S., Heckert, S., & Thomas, C. (1980). *The Los Lunas curricular system: A criterion-referenced assessment for developmentally disabled individuals* (2nd ed.). Los Lunas, NM, State of New Mexico.

Everington, C., & Pierce, T. (1979). *The Los Lunas educational assessment for the severely and profoundly handicapped*. Los Lunas, NM: State of New Mexico.

Training Manuals

Feinstein, C., Everington, C., Derning, T., & Keyes, D. (2002) *Equal justice for people with mental retardation: Individuals with mental retardation in the criminal justice system: A training guide for psychologists*. Temple University, Philadelphia, PA: Institute on Disabilities.

HONORS/FELLOWSHIPS

Presidential Citation for Service to the Community, Winthrop University, April 24, 2012

Presidential Citation for Service to the Community, Winthrop University, April 27, 2010

Community Service Award, Recognition of Exceptional Service, Winthrop University, April 28, 2009.

Harvard Management Development Program, Harvard University, June 2007

Presidential Citation, Recognition of Exceptional Service, Winthrop University, April 28, 2004

Fellow, American Association on Intellectual and Developmental Disabilities (FAAIDD), 2014

Faculty member, National Academy for Equal Justice, 2002-2004 (invited position)

Fellow, American College of Forensic Examiners Institute, 1999-2019

Diplomate, American College of Forensic Examiners Institute, 1996-2019

Certificate of Appreciation for Outstanding Teaching and Academic Work, Alpha Delta Phi and Alpha Xi Delta, Miami University, 1998

Fulbright-Hays Group Study Abroad Award, Brazil, 1990.

Summer Research Appointment and Research Graduate Assistant award, Miami University Faculty Research Committee, 1989.

Certificate of Honor, Passage of Doctoral Comprehensive Examinations with Distinction, 1988.

Honorable Mention Award for Outstanding Teaching Assistant, University of New Mexico, 1986 (University-wide competition)

Graduate Research Fellowship, National Institute of Justice, 1986-1987.

Challenge Assistantship Award, University of New Mexico, 1986-1987.

Legislatively Endowed Graduate Fellowship, University of New Mexico, 1985-1986.

Graduate Presidential Scholarship, University of New Mexico, 1984-1985.

Exemplary Performance Award, Department of Health and Environment of the State of New Mexico, for outstanding contributions, 1982

Master's Fellowship Award, Bureau of Education of Handicapped, George Peabody College, 1976-77.

Phi Kappa Phi Honors Society, 1986.

Kappa Delta Pi International Honors Society, 1976.

Kappa Delta Epsilon Honors Society, 1976.

GRANTS

Everington, C. Leach, D., & Graham, B. (2010). *Winthrop transition to college for students with intellectual disabilities*. South Carolina Department of Education, Office of Exceptional Children, Funded \$50,000

Everington, C., and Martin-Delaney, A., (2009), *Winthrop college transition project for students with intellectual disabilities*. College Transition Connection. Funded, \$155,000.

Everington, C. (2003). *Assessment of malingering of competence to stand trial in defendants with mental retardation*, Winthrop Research Council Award, Funded, \$4,118.

Everington, C., & Hawkins, A. (1999) *School-aged children's understanding of the criminal justice system: Implications for competence to stand trial*. Miami University SEAP Research Committee, Funded, \$725.

Bergen, D., Jantzen, A., Everington, C., Angelo, M., Badiali, B. (1997). *Preparing preservice and inservice school administrators for inclusive practices: A collaborative model*. State Superintendent's Task Force on Special Education, Ohio Department of Education. Funded, \$24,521.

Everington, C. (1994). *Preservice preparation for inclusive classrooms*. State Superintendent's Task Force on Special Education, Ohio Department of Education, Funded, \$20,000.

Everington, Ganschow, and Badiali (1994) *Evaluation of interdisciplinary teaming as an approach to special education inclusion*. Miami University SEAP Research Committee, Funded \$470.

Everington & Fulero (1993) *Competence to confess in defendants with mental retardation*. SEAP Research Committee, Miami University, Funded, \$530.

Everington, C. (1992) *Training of competence to stand trial in defendants with mental retardation: A comparison of treatment approaches*. Miami University SEAP Research Committee, Funded, \$306.

Everington, C. (1988). *Assessment of competence to stand trial in criminal defendants with mental retardation*. Miami University Grant to Promote Research and Scholarship. Funded, \$3,200.

Everington, C. (1987). *A validation study of the competence assessment for standing trial for defendants with mental retardation (CAST-MR)*. Miami University Research Challenge Program, Funded, \$1,950.

Blalock, G., & Everington, C. (1986). *Special education paraprofessional training: Preschool and transition*. U.S. Department of Education, Personnel Preparation program, Funded, \$90,000.

Everington, C., Luckasson, R., & Harris, M. (1986). *Competence evaluation for mentally retarded defendants*. The National Institute of Justice, Funded, \$11,000.

Wirth, P., Worley, L., Jones, S., & Everington, C. (1981). *Handicapped educational learning programs: Project H.E.L.P.* E.S.E.A. Title IV-C, Funded \$27,000.

CONSULTATIONS

Defendants with Intellectual Disabilities in the Criminal Justice System 1991 to present
Expert testimony, educational assessment, and consultation on intellectual disabilities

Behavioral Intervention Consultation 1989-1994

Montgomery County Board of Mental Retardation and Developmental Disabilities, Dayton, OH, Consultation on interventions for individuals with severe maladaptive behavior.

Butler County Integrated Dependent Care and Leisure Time Project 1991

Butler County Board of Mental Retardation and Developmental Disabilities

Program Consultation and Staff Training 1987

Association for Retarded Citizens of Albuquerque, NM.

adolescents with intellectual disabilities and behavioral difficulties.

Program Consultation 1985

Clovis Public Schools, Clovis, NM

Curriculum assistance for students with intellectual disabilities, autism, and behavioral difficulties.

Curriculum Development 1985

Albuquerque Public Schools, Albuquerque, NM

Curriculum Consultant 1984-85

Wyandotte County Special Education Cooperative, Kansas City, KS. Assisted in development of *The Curriculum Resource Book for the Severely and Moderately Handicapped*.

Grant Writer 1983

Association of California Learning Centers, Los Angeles, CA.

SELECTED REFEREED PRESENTATIONS

Leach, D. & Everington, C. (2013, June). *Outcomes of a postsecondary program serving students with intellectual disabilities*. Poster session at the annual meeting of AAIDD, Pittsburg, PA.

Everington, C. & Johnson, L. (2013, October). *Approaches and issues in assessment of dispositions*. A presentation at the annual meeting of the National Network for Educational Renewal, Albuquerque, NM.

Everington, C. & Martin-Delaney, A. (2012, July). *A college program for persons with intellectual disabilities: Participant outcomes and campus community impact*. International Association for the Scientific Study of Intellectual Disabilities (IASSID) World Congress, Halifax, Nova Scotia.

Everington, C., & Leach, D., (2010, June). *A transition to college project for students with intellectual disabilities*, American Association on Intellectual and Developmental Disabilities (AAIDD), Providence, RI.

Everington, C. (2009, February). Using a 3rd party electronic data management system. In G. Schroeder (Facilitator), *ISPE Symposium 1, Uneasy alliance: The unit and its 3rd party electronic portfolio system*, American Association of Colleges of Teacher Education (AACTE), Chicago, IL.

Everington, C. Johnson, L., & Green, S. (2008, February). Impact of work samples for assessment of P-12 learning and candidate effectiveness. In G. Schroeder (Facilitator), *Approaching the data quality campaign: The challenge of P-12 data*. Symposium, American Association of Colleges of Teacher Education (AACTE), New Orleans, LA.

Everington, C. & Green, S. (2007, September). *Using work samples to improve teacher education programs: A five-year longitudinal analysis*, (NCATE invited presentation), Accreditation, Accountability, and Quality: An Institutional Orientation and Professional Development Conference, AACTE/NCATE, Arlington, VA.

Graham, P. & Everington, C. (2007, September). *Designing and implementing a unit assessment system*. (NCATE invited presentation) Accreditation, Accountability, and Quality: An Institutional Orientation and Professional Development Conference, AACTE/NCATE, Arlington, VA.

Olley, J. G. & Everington, C. (2007, March) *The measurement of adaptive behavior in Atkins cases*. Off the Witness Stand: Using

Psychology in the Practice of Justice conference, John Jay College of Criminal Justice, CUNY, New York, NY.

- Keyes, D. W. & Everington, C. (2006, May). *Determining the attitudes of regular education professionals toward inclusion of children with mental disabilities in the regular elementary classroom*. The International Summit for the Alliance on Social Inclusion. Montreal, Canada.
- Everington, C. (2006, March) *Assessment of adaptive functioning in death row inmates*. American Psychology and Law Society Annual Conference, St. Petersburg, FL.
- Graham, P. & Everington, C. (2006, January). Winthrop University unit assessment system. In the symposium: *The Data System Imperative: Eight Institutional Scenarios of Successful Information Systems Implementation*. AACTE Annual Conference. Washington, DC.
- Everington, C. & Notario-Smull, H. (2005, March). *Can defendants with mental retardation successfully malingering on at test of competence to stand trial?* American Psychology and Law Society Annual Conference, San Diego, CA.
- Everington, C. & Notario-Smull, H. (2004, June). *Malingering incompetence to stand trial in defendants with intellectual disabilities*. International Association for the Scientific Study of Intellectual Disability 12th World Congress, Montpellier, France.
- Everington, C. & Olley, G. (2004, March) *An analysis of forensic psychological evaluations in capital cases: Has Atkins made a difference?* American Psychology and Law Society Annual Conference, Phoenix, AZ.
- Everington, C. & Keyes, (2003, April). Importance of diagnostic accuracy post Atkins. Symposium presentation, *Mental Retardation and the Law: Atkins v. Virginia*. American Psychological Association Annual Conference, Toronto, Canada.
- Dover, W. & Everington, C. (2003, November). *One university's model: The relationship between the unit and special education program area assessment plans*. Council for Exceptional Children, Teacher Education Division (CEC-TED), Biloxi, MS.
- Everington, C. & Hawkins, A. (2002). *Competence to stand trial for juveniles*. American Association on Mental Retardation (AAMR) national conference, Orlando, FL.
- Everington, C. & Hamill, L. (2001). *Applied curriculum: An approach for ALL students in inclusive educational programs*. Council on Exceptional Children national conference. Kansas City, KS.
- Everington, C. & Hawkins, A. (2000). *Competence to stand trial for juveniles: Implications for adolescents and youth with mental retardation*. International Association for the Scientific Study of Intellectual Disabilities 11th World Congress, Seattle, WA.
- Everington, C. & DeBerge, K. (1999). *The relationship between language ability and competence to stand trial in persons with mental retardation*. Poster session, American Association on Mental Retardation national conference, New Orleans, LA.
- Hamill, L. & Everington, C. (1998). *Inclusion and reform in Ohio: What some local educators are saying and doing*. American Association on Mental Retardation (AAMR) National conference, San Diego, CA.
- Everington, C. & Keyes, D. (1998). *Diagnosing mental retardation in criminal proceedings: The critical importance of documenting adaptive behavior*. American Psychology and Law Biennial Conference, Redondo Beach, CA.
- Keyes, D., Edwards, W.J., Culter, S., Everington, C., (1997). *Life and death: Death penalty issues in mental retardation*. Panel Presentation, American Association on Mental Retardation Annual Conference, New York, NY.
- Everington, C. (1996). *Preservice teacher training for inclusion: What do we need? How can we do it?* American Association on Mental Retardation Annual Conference, San Antonio, TX.
- Everington, C. (1996). *Confessions and defendants with mental retardation: Measuring suggestibility and understanding of Miranda*. American Association on Mental Retardation Annual Conference, San Antonio, TX.

- Everington, C. & Fulero, S. (1996). *Competence to confess: Measuring understanding and suggestibility in defendants with mental retardation*. American Psychology and Law Society Biennial conference, Hilton Head, SC.
- Everington, C. (1995). *Inclusion at the university: Changes needed in preservice preparation*. American Association for Teaching and Curriculum Second Annual Conference, Atlanta, GA.
- Everington, (1995) *Session chair: Issues for offenders with mental disabilities*. American Psychological Association National Conference, New York, NY.
- Everington, C. & Fulero, S. (1994, October). *Understanding Miranda warnings: A critical issue for adults with mental retardation*. Professional Association on Mental Retardation Annual Conference, Columbus, OH.
- Everington, C. Renner, V. & Smith, J, (1994). *Teacher attitudes and perceived competencies regarding special education inclusion*. Ohio Federation of the Council on Exceptional Children Annual Conference.
- Rylander, J. & Everington, C. (1993). *Assessment for older adults with mental retardation*. Professional Association on Mental Retardation Annual Conference. Columbus, OH.
- Fulero, S., Everington, C., & Keyes, D. (1993). *Symposium: Are they or aren't they? Assessing competencies in defendants with mental retardation*. American Psychological Association (APA) annual conference. Toronto, Canada.
- Everington, C., Wulff, K., & Fulero, S. (1992). *Issues in training competence to stand trial in offenders with mental retardation*. State Mental Health Forensic Directors National Conference, Portland, OR.
- Everington, C. (1992). *A Comparison of leisure pursuits of school-aged children with severe disabilities and their nonhandicapped peers*. American Association on Mental Retardation Annual Conference, New Orleans, LA.
- Everington, C. (1992). *Assessment of competence to stand trial in individuals with mental retardation: A second validation study of the CAST-MR*. American Association on Mental Retardation Annual Conference, New Orleans, LA.
- Valerius, F. Everington, C., Creedon, B. (1991). *Identifying integrated day care and leisure time needs and resources*. The Association for Severe Handicaps (TASH) annual conference, Washington, DC.
- Everington, C. (1991). *Issues facing developing nations in service delivery for persons with mental retardation: A focus on Brasil*. Symposium on International Developments in Mental Retardation. American Association on Mental Retardation annual conference, Washington, DC.
- Everington, C. (1990). *An examination of the relationship between experience with persons with mental retardation and attitudes among secondary students*. Poster Session, AAMR Annual Conference, Atlanta, GA.
- England, K. & Everington, C. (1990). *Simple group simulation activities for encouraging intellectual development in college students*. Second Annual Conference on College Teaching, Lake Arrowhead, CA.
- Everington, C. (1989). *Demographic variables associated with criminal defendants with mental retardation referred for evaluation of competence to stand trial*. American Association on Mental Retardation Annual Conference, Chicago, IL.
- Everington, C. (1988). *Competence to stand trial: A critical issue for persons with mild and severe handicaps*. The Association for Persons with Severe Handicaps (TASH) Annual Conference, Washington, DC.
- Everington, C. (1988) *Measuring competence to stand trial in criminal defendants with mental retardation*. American Association on Mental Retardation (AAMR) National Conference, Washington, DC.
- Everington, C. (1987). *Measuring competence to stand trial*. American Association on Mental Deficiency Annual Conference, Los Angeles, CA.
- Everington, C., & Luckasson, R. (1987). *Criminal defendants with mental retardation: The role of the special educator in the*

criminal justice system. The Council of Exceptional Children Annual Conference, Chicago, IL.

Luckasson, R., Ellis, J., & Everington, C. (1986). *How should the decision of where people with mental retardation live be made?* TASH, Annual Conference, San Francisco, CA.

Everington, C., & Ringgold, H. (1982). *Instructional programming and curriculum development for severely/profoundly/multiply handicapped adolescents and adults*. The Association for Persons with Severe Handicaps, Ninth Annual Conference, Denver, CO.

Everington, C., Chairperson. (1981). *Computer assisted curricular assessment systems for the severely and profoundly handicapped: Project descriptions and a microcomputer demonstration*. The Association for Persons with Severe Handicaps, Eighth Annual Conference, New York, NY.

Everington, C.T., Jones, S., & Worley, L. (1981, October). *Handicapped educational learning programs (H.E.L.P.): A criterion-referenced assessment and data aggregation systems for the severely/profoundly handicapped*. A.A.C.L.D.-C.E.C. Conference, Albuquerque, NM

Brown, G., Everington, C., & Worley, L. (1981). *L.L.C.S.classification and project H.E.L.P.* The New Mexico State Chapter A.A.M.D.and L.L.H.& T.S. Workshop, Los Lunas, NM.

Everington, C., Jones, S., & Worley, L. (1981). *Programming for the severely handicapped: An overview of current assessments and curricula*. Los Lunas Hospital and Training School Annual Spring Conference, Los Lunas, NM.

Everington, C., & Mochel, F. (1980). *A functional classroom approach for training beginning language through total communication with severely and profoundly retarded adolescents*. The Council on Exceptional Children Regional Spring Conference, Roswell, NM.

Day, R., & Everington, C. (1977). *Using time delay stimulus transfer procedures to teach direction following and object discrimination with severely and profoundly retarded children*. Annual Convention of Midwestern Association of Behavior Analysis, Chicago, IL.

INVITED PRESENTATIONS

Everington, C. (2015, April) *Current trends and issues in special education in the United States*. Shanghai Far East School, Shanghai, China.

Everington, C. (2015, April) *Teacher training in the United States*. Shanghai Far East School, Shanghai, China.

Everington, C. (2014, March), The challenges of presenting intellectual disabilities to judges and juries. In J. Bellin, moderator, *Atkins on the Ground*. Presentation for *Atkins v. Virginia: A dozen Years Later: Report Card Symposia* sponsored by William and Mary Institute of Bill of Rights Law School and Cornell Law School, Williamsburg, VA.

Everington, C. (2012, June). Session Moderator: *Atkins Sessions*, AAIDD (American Association on Intellectual and Developmental Disabilities) Conference, Charlotte, NC

Everington, C. & Leach, D. (2010, October). Winthrop Transition to College project for students with intellectual disabilities. In M. Behrmann (Moderator), *Collaboration with Teacher Preparation Programs*, National State of the Art Conference on Postsecondary Education and Individuals with Developmental Disabilities. George Mason University. Fairfax, VA.

Everington, C. & Green, S. (2007, September). *Using work samples to improve teacher education programs: A five-year Longitudinal analysis*, (NCATE invited presentation), Accreditation, Accountability, and Quality: An Institutional Orientation and Professional Development Conference, AACTE/NCATE, Arlington, VA.

Graham, P. & Everington, C. (2007, September). *Designing and implementing a unit assessment system*. (NCATE invited presentation) Accreditation, Accountability, and Quality: An Institutional Orientation and Professional Development Conference, AACTE/NCATE, Arlington, VA.

- Everington, C. (2006, March). *Roundtable Discussion Atkins v. Virginia*. American Psychology and Law Society Annual Conference, St. Petersburg, FL
- Graham, P. & Everington, C. (2005, February). Winthrop University unit assessment system. In symposium: *NCATE accreditation systems*. (NCATE invited presentation). AACTE Annual Conference. Washington, DC.
- Everington, C. (2003, April) *Understanding competence issues and the defendant with mental retardation*. Lehigh and Northampton County ARC, Allentown, PA.
- Everington, C. (2002). *Diagnosing mental retardation: A critical criminal justice issue*. International Association for the Scientific Study of Intellectual Disability, Inaugural Conference of IASSID Europe. Dublin, Ireland.
- Everington, C. (2002) *Competence issues for defendants in the criminal justice system*. Partners in Justice III. Institute on Disabilities, Temple University.
- Everington, C. & Greenblatt, D. (2001) *Presenting and proving mental retardation*. Litigating Mental Retardation in Capital Cases Seminar, North Carolina Academy of Trial Lawyers, Raleigh, NC.
- Luckasson, R. & Everington, C. (2001). *Competence to stand trial for defendants with mental retardation*. Texas Association on Mental Retardation and Region V AAMR, Annual Convention, San Antonio, TX.
- Everington, C. & Schweid, R. (1999). *Criminal justice issues for defendants with mental retardation*. Working with Challenging Populations Conference sponsored by Ohio Department of Mental Health, Cambridge, OH.
- Everington, C. (1999). *Special education preparation for educational administration*. State Superintendent's Task Force on Special Education Annual Conference.
- Everington, C., (1998). *Inclusion: Incorporating ABA into the classroom environment*. Families for Effective Autism Treatment, Cincinnati, OH.
- Everington, C. (1998). *Competence to stand trial in defendants with mental retardation: Evaluation and restoration*. Ohio AAMR Annual conference, Columbus, OH.
- Everington, C. & Ganschow, L. (1995). *Preservice training for inclusion*. State Superintendent's Task Force on Special Education Annual Meeting. Columbus, OH.
- Everington, C. (1993). *Issues on competence for individuals with severe disabilities*. National Association of Social Workers, Cincinnati, OH.
- Everington, C. (1990). *Strategies for promoting integration of severely disabled into mainstream academic settings*. Ministerio da Educacao and Ministerio da Acao Social, Brasilia, Brasil.
- Everington, C. (1990). *Trends in service delivery for persons with severe disabilities in the United States*. Instituto de Helena Antipoff, Rio de Janeiro, Brasil.
- Everington, C. (1990). *Training strategies for individuals with severe disabilities*. Centro Educacao Especial, Belo Horizonte, Brasil.
- Everington, C. (1988). *Parental influence on the IEP*. Oxford Association for Children and Adults with Learning Disabilities, Oxford, OH.
- Everington, C. (1988). *Using the functional analysis approach for addressing maladaptive behavior*, Residential CRF, Connersville, IN.
- Everington, C. (1988). *Issues in competence to stand trial*, Oxford Rotary Club, Oxford, OH.

- Everington, C. (1986). *Baby doe and the US Supreme Court*. Association for Retarded Citizens Conference, Albuquerque, NM.
- Everington, C. (1985). *Behavior management in vocational settings*. Summer Institute: Transition of the Young Disabled Adult. Department of Special Education, University of New Mexico, Albuquerque, NM.
- Everington, C. (1985). *Practical approaches to program evaluation*. Protection & Advocacy Systems Conference, Albuquerque, NM.
- Everington, C. (1985). *The instructional component of the IEP*. Parent Training Representative Conference, Protection & Advocacy Systems for New Mexicans with Developmental Disabilities, Albuquerque, NM.
- Everington, C. (1985). *The individualized education plan*. University of New Mexico Law School.
- Everington, C. (1985). *Behavior management strategies for the classroom*. Esperanza Par Los Ninos,, Albuquerque, NM.
- Everington, C., Worley, L., Nunn, D., & Leach, M. (1984). *Behavior management in the classroom: A continuum of approaches*. Deaf/Blind Outreach Spring Workshop. Los Lunas, NM
- Salzberg, C., Dy, E.B., & Everington, C. (1977). *A consultant model for training group home parents to program toward normalization*. Invited presentation, Georgia Retardation Center, Atlanta, GA.

WORKSHOPS

- Everington, C. (2007). *Mental retardation: Issues in diagnosing mental retardation*. Oregon Federal Public Defender's Office and OCDLA, Death Penalty CLE, Portland, OR.
- Everington, C. & Stallings, E. (2005). *The use of data in higher education*. University of Nevada-Las Vegas Academic Leadership Faculty, Las Vegas, NV.
- Everington, C. (2001). *Issues in evaluation of competence to stand trial for defendants with mental retardation*. Teleconference training provided to forensic evaluators, Brooklyn Developmental Disabilities Services Office, Brooklyn, NY.
- Everington, C. (2000). *Equal justice: Individuals with mental retardation in the criminal justice system: A guide for psychologists*. Partners in Justice: A National Train-the Trainers Session, Washington DC.
- Everington, C. (1999). *Competency evaluations for individuals with mental retardation and developmental disabilities*. Ohio Department of Mental Retardation and Developmental Disabilities, Columbus Developmental Center, Columbus, OH.
- Everington, C. (1999) *Assessment of defendants with mental retardation*. CLE of the State Bar of New Mexico and Behavioral Health Services Division, New Mexico Department of Health, University of New Mexico Law School, Albuquerque, NM.
- Durning, T. & Everington, C. (1998) *Evaluation of defendants with mental retardation*. Sessions for Psychologists, Equal Justice for People with Mental Retardation Training Conference, Harrisburg, PA.
- Everington, C. (1991). *Issues relevant to the capital offender with mental retardation*. Ohio Death Penalty Seminar and Workshop, Columbus, OH.
- Everington, C. (1989). *Offenders with mental retardation: Assisting criminal justice personnel*. American Association on Mental Retardation Annual Conference, Chicago, IL.
- Everington, C. (1989). *Assessing criminal offenders with mental retardation: Strategies for the forensic evaluator*. Shawnee Forensic Center Annual Conference, Portsmouth OH.
- Everington, C. (1989). *Assessment of competence to stand trial in defendants with mental retardation*. South Carolina Department of Mental Retardation, Columbia, SC.
- Everington, C. (1987). *CAST-MR field test participation workshop*. Two-day workshop given to selected staff of: DDA Forensic

Evaluation, Baltimore, MD; Wisconsin Correctional Services, Milwaukee, WI; and Psychiatric Court Clinic, Cleveland, OH.

Everington, C. (1983, February). *The Los Lunas curricular system*. Three-day workshop presented to the staff of Lubbock State Hospital, Los Lunas Hospital and Training School, Los Lunas, NM.

Everington, C. (1982, September). *The Los Lunas curricular system*. Three-day inservice for participants in a national field test. Los Lunas Hospital and Training School, Los Lunas, NM.

Everington, C., Chavez, P., & Ringgold, H. (1982). *Data collection systems for severely handicapped students*. Los Lunas, Hospital and Training School Annual Spring Workshop, Los Lunas, NM.

Everington, C., & Roach, W. (1981, October-November). *Los Lunas curricular systems field test participant inservice*. Three-day workshop presented to staff of A School For Me, Tohatchi, NM and Deming Public Schools, Deming, NM.

PROFESSIONAL ORGANIZATIONS

American Psychological Association, Division 33, Intellectual and Developmental Disabilities

American Psychology and Law Society

American College of Forensic Examiners

American Association on Intellectual and Developmental Disabilities, (AAIDD), (formerly AAMR), Divisions on Education & Legal Process and Advocacy.

The Academy on Intellectual and Developmental Disabilities

American Association of University Women (AAUW)

International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD)

CERTIFICATIONS

Certification, State of New Mexico and State of Tennessee. Areas: Elementary Education and Special Education, mental retardation endorsement.

ADEPT, South Carolina, 2000

Pathwise Teacher Evaluation, Ohio, 1999

Certified Tester, McCarron-Dial Work Evaluation System.

PROFESSIONAL SERVICE

President, Legal Process and Advocacy Division, American Association of Intellectual and Developmental Disabilities (AAIDD), 2009 to 2013.

Chair, South Carolina Professional Review Committee (PRC), (Appointment, South Carolina State Board of Education), 2006 to 2012.

Executive Board member, Children's Attention Home Charter School, Rock Hill, SC, 2005 to 2009 (Vice Chair, 2007-2009).

PLT Study Committee, (State Committee, invited position), Spring 2008

AAMR Legislative and Social Issues Committee, (National committee, elected position), Three year term: 1998-2001, 2001-2003.

Justice for All Committee, Hamilton County Board of Mental Retardation and Developmental Disabilities, September 1998-2000. (Invited member).

Editor, *Teachers as Leaders: A Celebration of Teaching*. 2000-2006.

Leadership Associate Program, National Network for Educational Renewal, Institute for Educational Inquiry, Seattle, WA, 1999-2000 (National, nominated position).

Advisory Board, Ohio State Superintendent's Task Force on Special Education, 1999-2000, (State committee).

Regional Officer, Teacher Education Division (TED), Ohio Council on Exceptional Children, 1995-96, 1999-2000.

Butler County Board of Mental Retardation and Developmental Disabilities Justice System Advisory Committee, 1997-1998.

Special Issues Reader, *Psychological Reports*, 1995-2000.

Editorial Board, *Criminal Justice and Behavior*, 1992-1998.

Manuscript reviewer, *Criminal Justice and Behavior*, 2000, 2006.

Guest Reviewer, *Journal of Research in Childhood Education*, 2000.

Executive Board member, Residential Alternatives for the Developmentally Disabled, 1990 -1994.

Mental Health & Mental Retardation Probate Court Committee of Hamilton County, 1989-1993.

Ohio Statewide Network on Offenders with Mental Retardation, 1991-1993.

Committee on the Developmentally Disabled Offender, Albuquerque, NM. 1985-86.
Judicial appointment, Bernalillo County Committee on Mentally and Developmentally Disabled Offenders, New Mexico, 1986-87.
New Mexico State Adopted Textbook Committee, Chairperson for Committee on Deaf/Blind, Multiply Handicapped, and/or Physically Impaired, 1982.
Parent Advisory Council, Los Lunas Hospital & Training School, 1980.

COURSES TAUGHT

Winthrop University

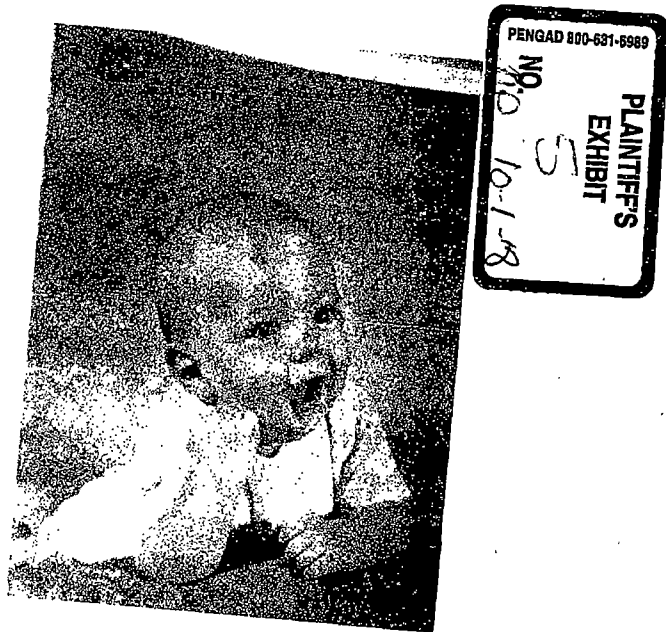
SPED 293 Applied Behavior Analysis (ABA) Interventions for Learners with Autism Spectrum Disorders
SPED 281 Introduction to Special Education/Exceptional Learners
SPED 582 Intellectual Disabilities: Characteristics and Needs
SPED 575 Instructional Procedures for Students with Mental Disabilities (MD) and Severe Disabilities (SD)
EDUC 475 Internship in Reflective Practice
EDUC 420 Global Studies in Pedagogy
SPED 391 Principles of Teaching Exceptional Children
SPED 390 Field Experience in Special Education
EDUC 401 Internship I: Understanding Contextual Factors
EDUC 402 Internship II: Assessment and Instruction

Miami University

EDP 496/596 Behavioral Interventions: Theory, Principles, and Techniques
EDP 457/557 Social, Legal, & Educational Issues for Individuals with Mental Retardation
EDP 478/578 Partnerships with Parents of Exceptional Children
EDP 460 Action Research/Problem-Based Seminar in Developmental Differences
EDT 610.A Supervision in a Partner School
EDP 419 Student Teaching: Special Education, all certification areas;
EDT 419 Student Teaching: Elementary Education; Kindergarten; Secondary Education
EDP 459/559 Practicum for At-Risk and Multihandicapped Infants and Children
EDP 101 Psychology of the Learner
EDP 258 Daily Living Skills for Moderately, Severely, and Profoundly Retarded Persons
EDP 458/558 Curriculum and Methods for At-Risk and Multihandicapped Infants and Children
EDP 275 Curriculum and Instruction for the Mentally Retarded
EDP 359 Supervised Public School Practicum for the Multihandicapped
EDP 276 Career and Life-Span Education for Exceptional Individuals
EDP 157 Introduction to Mental Retardation
EDP 620 Graduate Master's Research Supervision
EDP 600 Graduate Independent Readings
EDP 800 Graduate EDS Thesis Supervision
EDP 320 Summer Scholar Independent Research

University of New Mexico

Special Education 204 Introduction to Special Education
Communications Disorders 420 A Transactional Approach to Early Language Training



DSM-5 Classification

Before each disorder name, ICD-9-CM codes are provided, followed by ICD-10-CM codes in parentheses. Blank lines indicate that either the ICD-9-CM or the ICD-10-CM code is not applicable. For some disorders, the code can be indicated only according to the subtype or specifier.

ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014.

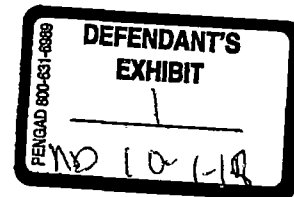
Following chapter titles and disorder names, page numbers for the corresponding text or criteria are included in parentheses.

Note for all mental disorders due to another medical condition: Indicate the name of the other medical condition in the name of the mental disorder due to [the medical condition]. The code and name for the other medical condition should be listed first immediately before the mental disorder due to the medical condition.

Neurodevelopmental Disorders (31)

Intellectual Disabilities (33)

- ___ (___) Intellectual Disability (Intellectual Developmental Disorder) (33)
Specify current severity:
- 317 (F70) Mild
 - 318.0 (F71) Moderate
 - 318.1 (F72) Severe
 - 318.2 (F73) Profound
 - 315.8 (F88) Global Developmental Delay (41)
 - 319 (F79) Unspecified Intellectual Disability (Intellectual Developmental Disorder) (41)



Communication Disorders (41)

- 315.39 (F80.9) Language Disorder (42)
- 315.39 (F80.0) Speech Sound Disorder (44)
- 315.35 (F80.81) Childhood-Onset Fluency Disorder (Stuttering) (45)
Note: Later-onset cases are diagnosed as 307.0 (F98.5) adult-onset fluency disorder.
- 315.39 (F80.89) Social (Pragmatic) Communication Disorder (47)
- 307.9 (F80.9) Unspecified Communication Disorder (49)

Autism Spectrum Disorder (50)**299.00 (F84.0)**

Autism Spectrum Disorder (50)

Specify if: Associated with a known medical or genetic condition or environmental factor; Associated with another neurodevelopmental, mental, or behavioral disorder

Specify current severity for Criterion A and Criterion B: Requiring very substantial support, Requiring substantial support, Requiring support

Specify if: With or without accompanying intellectual impairment, With or without accompanying language impairment, With catatonia (use additional code 293.89 [F06.1])

Attention-Deficit/Hyperactivity Disorder (59)

___ (___)

Attention-Deficit/Hyperactivity Disorder (59)

Specify whether:**314.01 (F90.2)**

Combined presentation

314.00 (F90.0)

Predominantly inattentive presentation

314.01 (F90.1)

Predominantly hyperactive/impulsive presentation

Specify if: In partial remission*Specify* current severity: Mild, Moderate, Severe**314.01 (F90.8)**

Other Specified Attention-Deficit/Hyperactivity Disorder (65)

314.01 (F90.9)

Unspecified Attention-Deficit/Hyperactivity Disorder (66)

Specific Learning Disorder (66)

___ (___)

Specific Learning Disorder (66)

*Specify if:***315.00 (F81.0)**With impairment in reading (*specify* if with word reading accuracy, reading rate or fluency, reading comprehension)**315.2 (F81.81)**With impairment in written expression (*specify* if with spelling accuracy, grammar and punctuation accuracy, clarity or organization of written expression)**315.1 (F81.2)**With impairment in mathematics (*specify* if with number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning)*Specify* current severity: Mild, Moderate, Severe**Motor Disorders (74)****315.4 (F82)**

Developmental Coordination Disorder (74)

307.3 (F98.4)

Stereotypic Movement Disorder (77)

Specify if: With self-injurious behavior, Without self-injurious behavior*Specify if:* Associated with a known medical or genetic condition, neurodevelopmental disorder, or environmental factor*Specify* current severity: Mild, Moderate, Severe**Tic Disorders****307.23 (F95.2)**

Tourette's Disorder (81)

307.22 (F95.1)

Persistent (Chronic) Motor or Vocal Tic Disorder (81)

Specify if: With motor tics only, With vocal tics only

- 307.21** (F95.0) Provisional Tic Disorder (81)
307.20 (F95.8) Other Specified Tic Disorder (85)
307.20 (F95.9) Unspecified Tic Disorder (85)

Other Neurodevelopmental Disorders (86)

- 315.8** (F88) Other Specified Neurodevelopmental Disorder (86)
315.9 (F89) Unspecified Neurodevelopmental Disorder (86)

Schizophrenia Spectrum and Other Psychotic Disorders (87)

The following specifiers apply to Schizophrenia Spectrum and Other Psychotic Disorders where indicated:

^a*Specify* if: The following course specifiers are only to be used after a 1-year duration of the disorder: First episode, currently in acute episode; First episode, currently in partial remission; First episode, currently in full remission; Multiple episodes, currently in acute episode; Multiple episodes, currently in partial remission; Multiple episodes, currently in full remission; Continuous; Unspecified

^b*Specify* if: With catatonia (use additional code 293.89 [F06.1])

^c*Specify* current severity of delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, negative symptoms, impaired cognition, depression, and mania symptoms

- 301.22** (F21) Schizotypal (Personality) Disorder (90)
297.1 (F22) Delusional Disorder^{a, c} (90)
Specify whether: Erotomantic type, Grandiose type, Jealous type, Persecutory type, Somatic type, Mixed type, Unspecified type
Specify if: With bizarre content
298.8 (F23) Brief Psychotic Disorder^{b, c} (94)
Specify if: With marked stressor(s), Without marked stressor(s), With postpartum onset
295.40 (F20.81) Schizophreniform Disorder^{b, c} (96)
Specify if: With good prognostic features, Without good prognostic features
295.90 (F20.9) Schizophrenia^{a, b, c} (99)
____ (____) Schizoaffective Disorder^{a, b, c} (105)
Specify whether:
295.70 (F25.0) Bipolar type
295.70 (F25.1) Depressive type
____ (____) Substance/Medication-Induced Psychotic Disorder^c (110)
Note: See the criteria set and corresponding recording procedures for substance-specific codes and ICD-9-CM and ICD-10-CM coding.
Specify if: With onset during intoxication, With onset during withdrawal
____ (____) Psychotic Disorder Due to Another Medical Condition^c (115)
Specify whether:
293.81 (F06.2) With delusions
293.82 (F06.0) With hallucinations

provides an opportunity to document factors that may have played a role in the etiology of the disorder, as well as those that might affect the clinical course. Examples include genetic disorders, such as fragile X syndrome, tuberous sclerosis, and Rett syndrome; medical conditions such as epilepsy; and environmental factors, including very low birth weight and fetal alcohol exposure (even in the absence of stigmata of fetal alcohol syndrome).

Intellectual Disabilities

Intellectual Disability (Intellectual Developmental Disorder)

Diagnostic Criteria

Intellectual disability (intellectual developmental disorder) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. The following three criteria must be met:

- A. Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing.
- B. Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.
- C. Onset of intellectual and adaptive deficits during the developmental period.

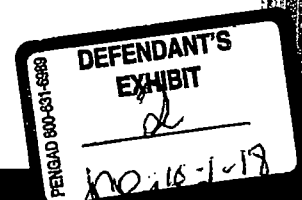
Note: The diagnostic term *intellectual disability* is the equivalent term for the ICD-11 diagnosis of *intellectual developmental disorders*. Although the term *intellectual disability* is used throughout this manual, both terms are used in the title to clarify relationships with other classification systems. Moreover, a federal statute in the United States (Public Law 111-256, Rosa's Law) replaces the term *mental retardation* with *intellectual disability*, and research journals use the term *intellectual disability*. Thus, *intellectual disability* is the term in common use by medical, educational, and other professions and by the lay public and advocacy groups.

Specify current severity (see Table 1):

- 317 (F70) Mild
- 318.0 (F71) Moderate
- 318.1 (F72) Severe
- 318.2 (F73) Profound

Specifiers

Various levels of severity are defined on the basis of adaptive functioning, and not IQ measures, because it is adaptive functioning that determines the level of supports required. Moreover, IQ measures are less valid in the lower end of the IQ range.



MDCI880D
OMINMDCA

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
SCDC HEALTH SERVICES: MEDICAL SUMMARY

02/10/17
C057031

SCDC# 5252

BRYANT, STEPHEN CORY

PAGE 36

A; DX: PTSD
PSYCHOSIS NOS

GAF-70

I/M APPEARED TO BE A/O X3; MOOD APPEARED TO BE NORMAL. GOOD EYE CONTACT. NO PSYCHOSIS NOTED. REPORTS STABLE ON MEDS.

P: WILL F/U IN 30 DAYS OR PRN.

TANY AMCCANTS, HSCII

SIGNED OFF ON 10/14/12 @ 7:31 BY TANYA F MCCANTS, HUMAN SERVICES COORD II

** ENCOUNTER: 247 INSIDE APPOINTMENT 09/29/12 7:20 LIEBER COMP
I/M'S TEGRETOL EXPIRES 10/21/12. MED DOES NOT HAVE ANY REFILLS AVAILABLE.
SIGNED OFF ON 09/29/12 @ 7:23 BY BRENDA F FOGLE, REGISTERED NURSE I
ORDERED BY PSYCHIATRIST
WILL LEAVE OPEN FOR CCC
TGHOMAS E BYRNE MD
SIGNED OFF ON 09/29/12 @ 16:22 BY THOMAS E BYRNE, PHYSICIAN II
REORDERED 10/11
SIGNED OFF ON 10/16/12 @ 15:07 BY BEVERLY A WOOD, PSYCHIATRIST

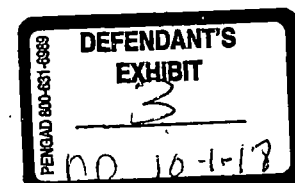
** ENCOUNTER: 246 NARRATIVE 09/26/12 17:56 LIEBER COMP
I/M CONTINUITY OF CARE DONE FOR COURT MONDAY 10/01/12.
SIGNED OFF ON 09/26/12 @ 18:00 BY EVELYN GADSON, MEDICAL ASSISTANT TECH I
CONT OF CARE NOTED.
SIGNED OFF ON 09/28/12 @ 8:52 BY LUANNE W MAUNEY, REGISTERED NURSE II

** ENCOUNTER: 245 MENTAL HEALTH CLINIC 09/18/12 14:33 LIEBER COMP
S: THIS IS A 30 Y/O WM WITH A HX OF PSYCHOSIS NOS AND PTSD WHO IS SEEN AT H
IS CELL DOOR FOR ROUTINE FOLLOW UP CARE. NOT ALL THAT LONG AGO HE WAS PLACED
ON RISPERDAL TO TARGET SUSPECTED PSYCHOTIC SX C/W THOUGHT BLOCKING. SINCE
THAT TIME HE HAD REQUESTED TO COME OFF OF THIS MEDICATION AND THIS TOOK PLACE
ON 8/17/12. HE REPORTS THAT THE MEDICATION WAS NOT HELPING ACCEPT TO
MAKE HIM SLEEP. HE REPORTS THAT HE FEELS "FIDGETY AND NERVOUS" AND HAS BEEN
THIS WAY FOR YEARS. HE REPORTS THAT HE HAS NEVER BEEN PROVIDED WITH TRIALS
OF VISTARIL NOR BUSPAR. HE IS WANTING TO STAY AWAY FROM SEDATING MEDS. SLEEP
IS INTACT AS WELL AS APPETITE. DENIES SI. REPORTS FEELING PARANOID, BUT ONLY
WHEN ASKED THIS QUESTION. HE ALSO BEGAN TO LAUGH AND STATED "I'VE BEEN
THIS WAY FOR A LONG TIME EVEN OUT ON THE STREETS". DENIES AVH.
DENIES ACUTE STRESSORS, BUT REPORTS HAVING HEAD IMAGING STUDIES DONE AT
MUSC FOR UNKNOWN REASONS OTHER THAN THEM BEING ORDERED BY DR. SCHWARTZ-WATT
O: MSE - HAS EARBUDS IN EARS AND WAS LISTENING TO HIS STEREO AT TIME OF FIRST
WALKING TO HIS CELL. MAKES POOR EYE CONTACT. HYGIENE INTACT. COOPERATIVE
HAS INTENSE STARE AT FLOOR TIMES. SPEECH IS OF NORMAL R/T/V. MOTOR EXAM
GITATED. MOOD "NERVOUS AND FIDGETY". AFFECT RESTRICTED MAINLY, BUT DID HAVE
MOMENTS OF APPROPRIATE LAUGHTER. TP LINEAR AND GOAL DIRECTED. TC NEGATIVE
FOR SI OR HI. NO AVH. +PARANOIA. I/J ADEQUATE FOR OUTPAT CARE. ORIENTATION
AAOX3.

ASSESSMENT:

1. PTSD
2. PSYCHOSIS NOS

PLAN:





STATE OF SOUTH CAROLINA)

COUNTY OF SUMTER)

IN THE GENERAL SESSIONS
COURT OF SUMTER COUNTYSTEPHEN COREY BRYANT,
Applicant,)

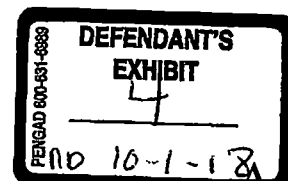
AFFIDAVIT OF WITNESS

--vs.--)

STATE OF SOUTH CAROLINA,)

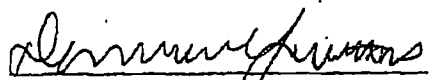
PERSONALLY APPEARED BEFORE ME, Donna Schwartz-Watts, M.D., first being
duly sworn, deposes and says:

1. I am a licensed physician in the State of South Carolina, and I specialize in the field of psychiatry. I am board certified in my field and have over twenty years of experience.
2. I worked as a defense expert in the case of State v. Stephen Corey Bryant.
3. During my prior experience with Mr. Bryant, I diagnosed him with PTSD due to a history of sexual abuse he experienced as a child at the hands of his mother, grandfather and other family members. Mr. Bryant has flashbacks to the abuse he suffered. At times, Mr. Bryant's paranoia of others becomes extreme and he has been psychotic during these episodes.
4. Appellate Counsel for Mr. Bryant retained me to assist them with Mr. Bryant. I have met with Mr. Bryant very recently on 2 visits to the Lieber Correctional Institution where he is housed. The dates of my meetings with Mr. Bryant were on May 1, 2012 and June 5, 2012.
5. Mr. Bryant is not competent at this time.
6. Mr. Bryant has "tunnel vision" in that he hears certain words and can only focus on those words and is so distracted by this condition that he cannot focus and maintain concentration enough to follow a conversation, much less meaningfully participate in discussions with his attorneys.
7. The South Carolina Department of Corrections has diagnosed Mr. Bryant with psychosis, not otherwise specified. This is the most recent diagnosis given to Mr. Bryant by the prison physicians, and is consistent with my observations and conclusion that Mr. Bryant is not currently able to assist in his own defense/appeal. Mr. Bryant's present symptoms of thought-blocking and distractibility may be ameliorated through medications.
8. I am concerned that Mr. Bryant's incompetence may be linked to neurological impairment. I have advised Mr. Bryant's counsel that they need to retain a neurologist and have a neuroimaging study performed on Mr. Bryant. This type of technology was never used by Mr. Bryant's prior counsel and would greatly assist me in my work on Mr. Bryant's behalf as well as any treating physician who deals with Mr. Bryant in the future.

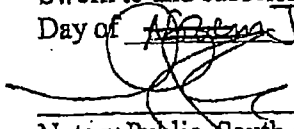


9. It is my opinion, to a reasonable degree of medical certainty, that Mr. Bryant is not competent to assist his counsel, but that his competence is likely restorable through interventions with medication. Further, I believe Mr. Bryant needs neuroimaging intervention to rule out or diagnose neurological impairment as a causative or contributive factor in his mental incapacity.

FURTHER AFFIANT SAYETH NAUGHT.


Donna Marie Schwartz-Watts, MD

Sworn to and subscribed to this 11
Day of August 2012.


Notary Public, South Carolina

My commission expires: 11/12/2019.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM

1 of 3 copies

STEP 1

INMATE NAME: Stephen Cory Bryant
SCDC NUMBER: SK-5252
INSTITUTION: Lee
HOUSING UNIT: SMU-SK-76
WORK ASSIGNMENT: N/A

OCT 11 2006

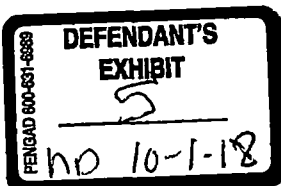
Office Use Only
Grievance No. LECT 2252-06
Code: General MY
Policy _____
Disc. Hear. _____
Class. _____
Date Received 10/12/06
IGC Initials _____

STATE GRIEVANCE (include documentation, and date of incident; if SCDC Policy indicate which policy)

on 9.21.06, my Cousin Shirl Borden mailed a postal money order out for \$21.00, the serial # on the money order is 93172661190, I've just gotten a request back from the business office stating that my balance in my account is \$6.43, on 9.21.06 I received a printout from the business office that a \$10.00 money order was placed in my account that left me with a balance of \$6.43. I have never received any money order slip from E.H. Cooper stating I had any money placed in my account, today is 10.5.06 and I find out from the business office that I have only \$6.43 in my account. I don't owe any restitution, I don't owe Lee Correctional or SCDC any money periods & I want to know where my money is gone, I want to know why money was taking out of my account, I want to know why I've never received any statements from E.H. Cooper that I had such and such money placed in my account. where is my money & There is \$37.00 missing from my account.

ACTION REQUESTED: To know why money was taking out of my account
To know why E.H. Cooper never sent me a statement
To have my money placed back into my account.

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:



Stephen Bryant 10.5.06
Grievant Signature Date

ACTION TAKEN BY IGC:

This grievance is being returned to you unprocessed because you failed to attempt an informal resolution. It is suggested that you submit an Inmate Request to Staff form to the Business Office asking the questions above and give them an opportunity to address your concerns regarding your EH Cooper Account before filing a grievance. You have five (5) days to correct and resubmit this grievance by submitting a new grievance form. If resubmitted, it must be received by the dated indicated below. If not received by this date, this issue will be closed. Your deadline is 12/26/06. Return this form with your corrected grievance for date verification.

- ☐ I accept the action taken by the IGC and consider the matter closed.
☐ I do not accept the action taken and wish to appeal.

SCDC 10.5 Rev November 1997

(CONTINUED ON REVERSE SIDE)

M White 12/18/06
IGC Signature Date
N/A

Grievant Signature Date

7228

1 of 3 copies

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM
STEP 1

INMATE NAME: Stephen Cory Bryant
SCDC NUMBER: 5252
INSTITUTION: Lee
HOUSING UNIT: SMU-SK-76
WORK ASSIGNMENT: N/A

Office Use Only
Grievance No. LEET 3254-06
Code: General
Policy ✓
Disc. Hear.
Class.
Date Received 10/12/06
IGC Initials

STATE GRIEVANCE (include documentation, and date of incident; if SCDC Policy, indicate which policy) In policy manual ~~OP-22.12~~ OP-22.12, Page 8, policy 12.2 it states cleaning tools, supplies, will be provided to inmates at least 3 times per week. We will be very on numerous occasions addressed this issue with Major Price, Capt. Thomas, and Capt. Blackwell, they keep saying they will talk to night shift and find out why we don't get cleaning supplies as were supposed to, but nothing ever happens. This is a sanitary issue that needs to be handled.

ACTION REQUESTED: To have cleaning supplies given out 3 times a week as policy states. Policy 12.02 Page 8 of OP-22.02 Policy Manual.

SPECIFY HOW AND WHEN INFORMAL RESOLUTION WAS ATTEMPTED BY GRIEVANT:
By talking to major Price, Capt Thomas, and Captain Blackwell on numerous occasions.

[Signature] 10.5.06
Grievant Signature Date

ACTION TAKEN BY IGC:

Reviewed case, considered inmate's statement. See Warden's response.

☒ I accept the action taken by the IGC and consider the matter closed.
☐ I do not accept the action taken and wish to appeal.

SCDC-10 5, Rev November 1997)

[Signature] 2/11/11
IGC Signature Date

[Signature]
Grievant Signature Date