1 THE WITNESS: Thank you.
2 THE COURT: Ms. Bennett, you may proceed.
3 MS. BENNETT: Thank you, Judge.
4 **MICHAEL STURMON,**
5 having been first duly sworn, testified as follows:
6 **DIRECT EXAMINATION**
7 BY MS. BENNETT:
8 Q. Sir, if you would please introduce yourself to
9 the jurors by telling them your name?
10 A. I am Michael E. Sturmon.
11 Q. And where did you come from to see us today?
12 A. Came from Eugene, Oregon.
13 Q. Are you retired?
14 A. Yes.
15 Q. How long have you been retired?
16 A. About two and a half years.
17 Q. Prior to your retirement, where were you
18 employed?
19 A. I was employed by the Texas Youth Commission at
20 the Mart Assessment Center.
21 Q. And when you say Texas Youth Commission, is
22 that also known as TYC?
23 A. That's right, yes.
24 Q. What was your job there at TYC?
25 A. I was an associate psychologist; and my duties

1 were evaluating people coming into the TYC system, youth
2 coming into the TYC system. We also did short-term
3 counseling, crisis intervention and suicide risk
4 assessments.
5 Q. What is the Texas Youth Commission?
6 A. It's a State run program for juvenile
7 delinquents who are adjudicated by their county as being
8 in need of a secure institutional setting for
9 rehabilitation.
10 Q. And is there -- are there multiple TYC
11 facilities in the State of Texas?
12 A. There are, yes. When I worked for them, I
13 think there were 12; and now I understand they
14 downsized.
15 Q. Let's go back and hear a little bit about your
16 educational and work background. Where did you get your
17 degree?
18 A. I got my undergraduate, I got a BS degree with
19 a major in psychology from Wayne State University, which
20 is in Detroit, Michigan. And I got a Master's degree in
21 psychology from the University of Detroit, which is also
22 in Detroit, Michigan.
23 Q. What year did you complete your Master's?
24 A. 1969.
25 Q. After that, were you employed working with

1 children in regards to mental health and behavioral
2 issues?
3 A. Yes, I was.
4 Q. What was some of the jobs that you've held
5 after that?
6 A. I first worked for the Brown Schools in Austin,
7 Texas, from 1970 to 1974. I've worked for the juvenile
8 court in Toledo, Ohio. I worked with the Adult Crisis
9 Program for Genesee Mental Health in Flint, Michigan,
10 and with the Garlington Children's Program in Portland
11 Oregon, with the Lane County Mental Health, a Children's
12 Program in Eugene, Oregon.
13 Q. And then TYC?
14 A. Then TYC, yes.
15 Q. When we talk about children, approximately what
16 age group would you see?
17 A. I would see children from preschool age up
18 through 18.
19 Q. Through adolescence?
20 A. Yes.
21 Q. And what were the ages -- age range that you
22 saw while working at TYC?
23 A. Well, the average age there was 16. I think
24 the youngest I saw was 12 years old, and maybe the
25 oldest was 18, I can't be sure.

1 Q. You stated that as part of your employment with
2 TYC, you did psychological assessments?
3 A. That's true.
4 Q. What was the purpose of those evaluations?
5 A. It was to find out what kinds of difficulties
6 the youth coming into the TYC system from all over the
7 state had, and so that those problems could be addressed
8 appropriately and in a timely fashion.
9 Q. Was the goal of TYC to rehabilitate the
10 juvenile offenders that were housed there?
11 A. Definitely.
12 Q. When you would conduct an assessment, would you
13 interview the juvenile?
14 A. Definitely, yes.
15 Q. What other information did you rely on in
16 making an evaluation?
17 A. We had access to the TYC file, which often
18 would contain reports from previous placements,
19 especially TYC placements. If the child had been
20 admitted to TYC previously, we would have access to the
21 file from that admission.
22 Q. Would you also rely on previous psychological
23 assessments that may have been done?
24 A. Definitely, definitely.
25 Q. I want to turn your attention to 2005. Did you

1 have an opportunity to do an evaluation on a juvenile
2 offender by the name of Anthony Latson?
3 A. Yes.
4 Q. And was his date of birth September 25th of
5 1988?
6 A. That's right, yes.
7 Q. Where were you working within TYC when you came
8 into contact with Mr. Latson?
9 A. We were the assessment program where kids go
10 when they initially come into the TYC system was at that
11 time located in Marlin, which is about 45 miles east of
12 Waco.
13 Q. And do you have any independent recollection of
14 Anthony Latson?
15 A. No.
16 Q. Did you prepare a report back in March of 2005
17 that reflected your findings at that time?
18 A. Well, the date of my report is May 31st, 2005.
19 Q. I'm sorry. I misspoke, May of 2005?
20 A. Yes, I did write a report.
21 Q. And in that report do you describe those
22 various sources of information we've talked about that
23 you relied on to perform your evaluation?
24 A. Yes, I do.
25 Q. At the time that you meet with Anthony Latson,

again, is he being evaluated for placement within the TYC system?

A. Yes.

Q. Was this his first time to come to TYC?

A. No, this was his third time. This was a readmission for Anthony.

Q. And what did you make findings or draw a conclusion in your report as to your diagnostic impression of Anthony Latson?

A. Yes, I did.

Q. And what was that impression that you gave in your report?

A. I diagnosed him as conduct disorder, childhood onset type severe, and intermittent explosive disorder, rule out substance abuse disorder, rule out hyperactivity disorder.

Q. Could you explain to the jurors what you mean by conduct disorder?

A. Conduct disorder means a persistent pattern of violation of the rights of others and the persistent pattern of violation of age appropriate expectation rules, such as attending school or not running away from home and so on.

Q. And when you say "childhood onset type," what does that mean?

1 A. That means the first behavior that is
2 characteristic of this disorder occur before the age of
3 ten.
4 Q. What information did you have that allowed you
5 to diagnose him with conduct disorder childhood onset?
6 A. Anthony told me that his Uncle Derrick had him
7 fight with other children when he was four and
8 five years old, and he would punish him if he didn't
9 comply. And he also told me he had a fight, a problem
10 with fighting in school beginning in early elementary
11 school. And he told me that he began associating with
12 the Crips gang when he was nine years old.
13 Q. When you stated that it was severe, what is the
14 criteria for that finding?
15 A. The severe specifier is used when someone needs
16 more than the minimum requirement and actually they need
17 quite a few of the criteria, and is also used when
18 someone commits a single act of unusual brutality or
19 causing great harm to other people.
20 Q. And what was your basis for diagnosing his
21 conduct disorder as severe?
22 A. The large number of criteria that he met, and
23 also in 2003, in May 2003, he had assaulted a staff
24 member at the Mart 1 TYC facility where he did permanent
25 damage to a staff member's eye that would not be

1 repaired and severely disabled him from his work.
2 Q. What -- let me back up. What had you learned
3 about Anthony Latson in addition to what you've already
4 talked about that caused you to diagnose him with
5 conduct disorder?
6 A. I relied on my own information from Anthony and
7 also on previous reports in his file from other
8 psychologists that TYC had seen him previous to me. And
9 he -- his main problem was a terrible temper where he
10 would escalate easily, become violent towards others, be
11 unable to stop by himself and require restraint.
12 He also told me that when he was in the
13 Crips gang, which he became a formal gang member at age
14 12, that he frequently used the weapons in his fighting
15 including guns. He said that he had done drive-by
16 shootings, other offenses, include breaking and
17 entering, thefts, stealing cars, vandalism of property.
18 Q. Had his behavior at TYC toward other juveniles
19 been consistent with your finding of conduct disorder?
20 A. Yes, throughout his stay at TYC, his problems
21 remained pretty much the same. And he told me himself
22 when I saw him in 2005 that TYC had been a limited
23 benefit to him, in his opinion, and that was because he
24 continued to have these problems with explosive temper
25 and harming other people.

1 Q. Did it reach a point that TYC was unable to
2 handle Mr. Latson?
3 A. Well, the year before in 2004, he was at the
4 Mart 1, and the psychologist there said that he had
5 pretty much exhausted everything they could do for him,
6 and he was not responding. And also he was refusing to
7 take his prescribed psychiatric medication. So, they
8 recommended that he be transferred to the adult program,
9 and he went to the Clemens facility, I believe.
10 Q. So, that would be an adult Texas Department of
11 Criminal Justice facility?
12 A. That's right, that's right.
13 Q. When you mentioned his meds, for what was he
14 prescribed medication?
15 A. He was thought to have a mood disorder and also
16 a hyperactivity disorder.
17 Q. Was he consistent in taking his medications for
18 those?
19 A. No, no, actually he said that he started
20 receiving medicine, started having medicine prescribed
21 to him at age nine. And he said that was for
22 hyperactivity. And at that time the medication was
23 effective for him, but he said he refused to take it.
24 Q. You did not diagnose him with mood disorder or
25 hyperactivity. Did you feel like those were no longer

1 an issue for him?
2 A. I talked to him about mood disorder, also
3 previous psychologists had evaluated him and ruled out
4 mood disorder. And he told me he was not having
5 problems with mood depression or mood elevation or any
6 special symptoms of mood disorder.
7 Q. You --
8 A. Also the hyperactivity disorder, apparently he
9 did have that at one time, but as characteristic of many
10 hyperactive kids as they go into adolescence their
11 hyperactivity diminishes, not in all cases, but in many
12 cases. And when I saw him, I observed his behavior. He
13 was sitting there very calmly. And I asked him was he
14 having a problem with hyperactivity. I also asked his
15 dorm staff was he having a problem with hyperactivity,
16 and he said, no. I said, no. And the dorm staff said,
17 no. So, I did not diagnose that.
18 Now, the official diagnostic manual usually
19 would say that you should diagnose hyperactivity by
20 history, but the TYC policy our psychologist there said
21 only are we allowed to diagnose them with those
22 disorders that are active at the current time so there's
23 no confusion about what they need.
24 Q. I noticed that you also ruled out the substance
25 abuse disorder. Did you speak to him about any

1 substance abuse issues?
2 A. I did. He said that he started using marijuana
3 3 times a week at age 11, and he used that up until the
4 time he was incarcerated at age 13. And he denied that
5 marijuana impaired his functioning in any way. So,
6 without admission that the marijuana was impairing his
7 functioning, I could not give him a definite diagnosis
8 of substance use disorder. But I thought that
9 considering who he was, you know, he had a very high
10 level of criminality. I felt that coming from a gang
11 background as well that there might be more to it that
12 he wasn't telling me. So, I didn't want to drop it all
13 together.
14 So, I said rule out substance use disorder.
15 Also, I maintained some caution with hyperactivity
16 disorder since he suffered from that in the past perhaps
17 it would redevelop at some time, so I said rule out
18 hyperactivity disorder.
19 Q. Are there any known causes of conduct disorder?
20 A. There is no known cause. For instance,
21 pneumonia has a specific cause, but with conduct
22 disorder and most psychological disorders, we only have
23 risk factors. And that would mean that there are some
24 people that experience the same risk factors that don't
25 go on to develop conduct disorder.

1 Q. What are those risk factors?
2 A. It could be violence in the home, drug use by
3 parents, association with negative peers. One of the
4 biggest factors is difficulties in school and
5 evaluations that TYC indicated that he had a IQ in the
6 low average range, which is usually taken to mean that
7 someone would be a marginal student in school at best
8 and would need special accommodations to graduate high
9 school. And he also was in special education for
10 learning disorder. So, he really had a very hard time
11 at school.
12 And the youngsters in that situation
13 typically experience a high level of frustration, which
14 they may take out in any number of ways, and it's often
15 associated with development of conduct disorder and
16 behavior problems in school.
17 Q. I want to ask you what is antisocial
18 personality disorder?
19 A. It's very similar to conduct disorder, but it's
20 not given until the age of 18 under the official DSM for
21 TR criteria because it is felt that to give a teenager
22 that diagnosis may stigmatize them unfairly. In other
23 words, people look at this and say, oh, he's just a
24 criminal. As a fact many youngsters with conduct
25 disorders less severe than Anthony's do go on and

1 recover as adults and lead normal lives.
2 Q. Whereas others continue on with the same?
3 A. Right, the more severe ones like Anthony are
4 likely to continue on; and at age 18 should be properly
5 diagnosed as antisocial personality disorder.
6 Q. What type of programs would he have
7 participated in at TYC to address some of these issues?
8 A. He would have been in the Anger Management
9 Program at Mart 1. He was sent there in, I think it was
10 2003. He was originally at the Crockett State School,
11 and he was apparently getting into an awful lot of
12 fights there. And he was refusing to take his
13 medication. They thought he was unmanageable, so they
14 sent him to Mart 1 to the Anger Management Program there
15 and they have a stricter structure and a more -- a
16 program that deals more extensively with anger
17 management.
18 He was also in the BMP, the Behavior
19 Management Program at Mart. And what this is is a child
20 who is unmanageable on the dorms with other kids because
21 the fighting and disruptive behavior as indicated by
22 Anthony are placed in security and gradually
23 transitioned back to the dorm, step by step to give them
24 a chance to reintegrate. And the reports in his file
25 indicate that actually his behavior was best when he was

1 in BMP. But then he was locked up a good part of the
2 day, and he have less opportunity to interact with other
3 kids and cause friction and overreact to.
4 Q. So, he was most successful in a restrictive
5 environment?
6 A. That's right, in a prison-like environment.
7 Q. Would he also be participating in programs in
8 his home county prior to being transferred to TYC?
9 A. I can't speak to that. I know that he was on
10 probation with Harris County for terroristic threat at
11 age 12. And then at age 13 he was sent to TYC after he
12 assaulted someone at his detention center. But my
13 general understanding is that Harris County does have
14 one of the best programs in the state, and they offer
15 juveniles quite a bit of help.
16 Q. You said that he entered TYC at age 13;
17 approximately how many total years did he spend in TYC?
18 A. He was there a thousand and 81 days, which
19 comes to 3.1 years.
20 Q. Based on your report and the information that
21 you have, would you say that he was one of the most
22 severe cases that you had seen of a juvenile that you
23 came into contact with at TYC?
24 A. Definitely.
25 Q. And I guess I should mean the most severe cases

1 of conduct disorder?
2 A. Right and violent behavior.
3 Q. Having found that he didn't need any type of
4 psych medications and he wasn't apparently on any type
5 of drugs beyond marijuana, did you also check to see if
6 perhaps this was caused by a psychotic illness?
7 A. We checked that out. He had three psychiatric
8 hospital admissions in 2000, 2001. And there was
9 documentation from one of those hospitalizations that he
10 was hearing voices telling him to hurt people, which
11 would be a symptom of a psychotic illness and he was
12 depressed. But when he got to TYC in 2002, he denied
13 that. And he was not observed by the psychologist, the
14 dorm staff to behave in such a way as to suggest that.
15 And when I talked to him in 2005, he also denied that he
16 was having any psychotic symptoms or that he was
17 severely depressed or having other mood disorders such
18 as elevated or demonic mood disorder.
19 Q. Is it common for somebody with conduct disorder
20 to be initially charming and friendly and easy to get
21 along with until something triggers their aggression?
22 A. That is the popular stereotype, yes; and there
23 are many like that.
24 Q. Based on what you learned during your
25 evaluation, did you make any recommendations as to

1 future treatment or rehabilitation attempts of Anthony
2 Latson?
3 A. I thought, my feeling was since he'd been
4 through almost everything TYC had to offer that I didn't
5 see any way to go to help him. And I didn't make any
6 specific recommendation of treatment. I just said it
7 was very difficult. And I thought he remained dangerous
8 to other people unless he was in a restrictive or
9 secured setting at the time I saw him.
10 Q. Thank you, Mr. Sturmon.
11 MS. BENNETT: State will pass the witness.
12 THE COURT: All right. Thank you. Mr.
13 Duarte.
14 MR. DUARTE: Yes, ma'am.
15 **CROSS-EXAMINATION**
16 BY MR. DUARTE:
17 Q. Good morning. Would it be appropriate to say
18 doctor or just --
19 A. Mr.
20 Q. Mr. Sturmon, well, welcome to Houston. You
21 come from a very pretty part of the country, Eugene. So
22 welcome to Houston. I'm familiar with Marlin, too, and
23 Mart, those areas are quite familiar to me. The
24 information to prepare your report for May 31st, 2005,
25 again, those based upon an interview with Mr. Latson

1 there at the facility, access to his TYC file. That TYC
2 file would also include his medical records, correct?
3 A. No, I'm sure the medical records were kept
4 separate. They were kept in the infirmary. It's like I
5 would have access to his psychiatric records but not his
6 general medical records. And he told me he suffered
7 from high blood pressure. So, I would not have access
8 to those records because those were kept confidential
9 from us in the infirmary department.
10 Q. You just mentioned, I guess, in your review of
11 his case while at TYC that he mentioned or you mentioned
12 that he had a psychiatric hospital admission in 2001 and
13 2002; is that correct?
14 A. Three admissions.
15 Q. Three admissions during that time?
16 A. Yeah.
17 Q. And you were able to get that information from
18 Mr. Latson or from talking to other psychologists,
19 psychiatrists?
20 A. I got that information from his file, I
21 believe.
22 Q. So, those medical records, hospital records
23 those were --
24 A. I didn't have access to the records from the
25 psychiatric hospitalization. They were referenced in

1 other reports from TYC psychologists in his file.
2 Q. And, of course, you said you took into account
3 previous placements in TYC facilities, different ones?
4 A. Right, right.
5 Q. And, of course, previous psychological
6 assessments while Mr. Latson was in TYC, correct?
7 A. Right.
8 Q. So, regarding those psychological assessments,
9 I'm asking you to refer to your report, page 4, please?
10 A. Okay.
11 Q. Now, there was a psychological assessment
12 evaluation performed by Dr. Lynn Weems; is that correct?
13 A. Yes.
14 Q. And that would have been done back on Mr.
15 Latson on May 23rd, 2002, correct?
16 A. That's right.
17 Q. And her diagnostic impression was what, do you
18 remember?
19 A. It was mood disorder NOS, which means not
20 otherwise specified, conduct disorder, adolescent onset,
21 attention hyperactivity, provisional, and cannabis abuse
22 in a controlled environment.
23 Q. So back in the first psychology evaluation, I
24 guess, that Mr. Latson had in 2002, again, there was a
25 psychologist that did say that he had attention deficit

1 hyperactivity disorder, correct?
2 A. That's true.
3 Q. And the provisional was, again, what?
4 A. That means he may not have met all the
5 criteria, there was some doubt perhaps a feeling there
6 was not enough information.
7 Q. And if a patient were diagnosed with attention
8 deficit hyperactive disorder, that patient would
9 probably be prescribed a type of medicine for that
10 disorder?
11 A. That's right.
12 Q. What type of medicine would he or she be
13 prescribed?
14 A. Well, usually it's a stimulant medication like
15 Ritalin or Adderall.
16 Q. What would the No. 1 on her diagnostic
17 impression, the mood disorder NOS, what would mood
18 disorder mean to you?
19 A. Well, I read Mr. Weems' report in its entirety,
20 and he said the reason for that diagnosis was that he
21 was unsure. An NOS diagnosis is given when there's
22 nonsufficient information to make a definitive diagnosis
23 where somebody has a symptom picture that's causing mood
24 disorder that is apparent to the examiner that doesn't
25 fit into the regular category. And what Mr. Weems said

1 in his report is that he did not observe Anthony to show
2 mood disorder. And he, Anthony denied he was having any
3 problems with mood depression and mood elevation, in
4 other words, mood disorder at that time. But because of
5 the recency of this hospital report, that he thought
6 that it would be a good idea to maintain a certain doubt
7 as to it.
8 Q. So, Mr. Weems' evaluation would coincide with
9 that psychiatric hospital admission back in 2002,
10 correct?
11 A. 2000 and 2001.
12 Q. Yes, sir. Then I guess you looked at another
13 psychological evaluation that was performed by a Dr. --
14 a Ph.D., Katheryn Hallmark, correct?
15 A. That's correct.
16 Q. And she was located over at the Mart Unit,
17 correct?
18 A. At the Mart 1.
19 Q. And were you at Mart at that time already?
20 A. No, actually I worked at Mart 2, which is a
21 assessment program. It's right next door. The Mart 2
22 is the assessment program, and Mart 1 is the regular TYC
23 State School.
24 Q. So, Dr. Katheryn Hallmark's diagnostic
25 impression or diagnosis would have been what, do you

1 recall that?
2 A. She got conduct disorder, adolescent onset,
3 cannabis abuse, ADHD, which is hyperactivity disorder
4 and history of mood disorder.
5 Q. So, her diagnosis would be basically the same
6 as Mr. Weems', but there we see the first time conduct
7 disorder; is that correct?
8 A. Well, Mr. Weems had conduct disorder.
9 Q. Oh, he did have conduct disorder, correct, he
10 did have conduct disorder. She at this point she did
11 have history of mood disorder, and it was NOS. She was
12 maybe more sure about a mood disorder at that point?
13 A. Well, history of mood disorder and the mood
14 disorder NOS in the two reports are not contradictory,
15 and the mood disorder NOS means uncertain. And history
16 means there's a documentation in the file of mood
17 disorder.
18 Q. And that would go back to again --
19 A. So, I would say that she's saying that mood
20 disorder is no longer a problem, but there was at one
21 time a history of mood disorder.
22 Q. And up the page there, the next psychological
23 evaluation would have been by a Ty Tulloch?
24 A. That's correct.
25 Q. And that would have been done October 24th,

1 2003, correct?
2 A. That's right.
3 Q. And then his diagnostic impressions would have
4 been what?
5 A. He said ADHD or attention deficit hyperactive
6 disorder, predominantly hyperactive type, conduct
7 disorder, adolescent onset severe, physical abuse of a
8 child victim and antisocial traits.
9 Q. So, Dr. or Ty Tulloch, MS, there the first one
10 to refer to mention that there was a history of some
11 physical abuse as a child, correct? He's taking that
12 into account in his diagnosis, correct?
13 A. Yes.
14 Q. Do you remember what that physical abuse as a
15 child would have been?
16 A. I know in general terms he, Mr. Tulloch, said
17 that Anthony was abused by his Uncle Derrick, the one
18 that forced him to fight, and also by his natural
19 mother, Cynthia Latson, I believe her name is.
20 Q. And then we come up to the last psychological
21 evaluation, which would have been performed by prior to
22 yours, I guess, would have been by a Belinda Castillo in
23 Mart Unit 1, May 19th, 2004, correct?
24 A. That's right.
25 Q. And then her diagnosis, again, was pretty

1 consistent, correct?
2 A. Adolescent disorder, adolescent onset, severe
3 cannabis abuse, which means marijuana abuse in a
4 controlled environment, ruled out cannabis dependence
5 and four antisocial personality disorder, which
6 shouldn't have been given at that time because it
7 officially requires a minimum age of 18.
8 Q. So, you have to be 18 years old before someone
9 can diagnose you with the last one, antisocial disorder,
10 correct?
11 A. That's correct.
12 Q. And Doctor or Belinda Castillo, she had at
13 No. 3, R/O, cannabis dependence. That would mean what?
14 A. Rule out cannabis dependence, that means
15 consider cannabis dependence in future contacts with the
16 student to determine whether or not he met the full
17 criteria for cannabis dependence which would be a much
18 more severe type of cannabis problem than cannabis
19 abuse.
20 Q. Now, regarding information that you got to
21 prepare your report, again, a lot of it was from an
22 interview with Mr. Latson, the juvenile, at that point
23 in his TDC file. It was your understanding you
24 mentioned his natural mother was Cynthia Latson,
25 correct?

A. That's correct.
Q. Did you have an opportunity to interview her or talk to her?
A. No.
Q. Did you ever try?
A. We are not ordinarily allowed to talk with the parents. That's not part of our regular protocol. And we need special permission from the Ph.D. I remember doing that. I saw over 1200 kids when I was at TYC. I did that in only one case I can remember, I had to call the mother about something or another.
Q. With regarding to Mr. Latson's mother, Cynthia Latson, did you have information or reason to believe that she had had some criminal history, also?
A. Yes, I obtained that information from Anthony.
Q. And did you also obtain information that his mother may have been a crack addict?
A. Yes.
Q. And again, you mentioned earlier, and Ms. Bennett asked you as far as conduct disorder, is there a known cause for conduct disorder? And one that you mentioned that it could be a person is diagnosed with conduct disorder that that could be brought about by drug use by their parents, correct?
A. No.

1 Q. You didn't say that?
2 A. No. See, there is no known cause of conduct
3 disorder. There are a number of risk factors that are
4 associated with it, which means that some people who are
5 subjected to these risk factors may develop the disorder
6 and others may not.
7 Q. Correct. I misspoke. You're right. You
8 didn't say there was a cause, but there were risk
9 factors?
10 A. Right.
11 Q. So, does that mean that if a woman that would
12 be pregnant and were using cocaine or crack cocaine,
13 that that could cause a, that her unborn child in the
14 future to grow up with conduct disorder?
15 A. You could not say cause, it would increase the
16 risk.
17 Q. So, it would be more likely?
18 A. Right, right, I couldn't say how much more
19 likely.
20 Q. Than a mother that wasn't using cocaine while
21 she was pregnant?
22 A. Right.
23 Q. Or maybe the same thing with maybe alcohol?
24 A. Right, right.
25 Q. So, those are risks that could cause a future

disorder in her unborn child, correct?
A. Yes, right, right.
Q. You have learned also, I guess, that Ms. Latson had been incarcerated periodically during her lifetime; is that correct?
A. Right.
Q. That would be Anthony's mother, correct?
A. Right, right.
Q. And, in fact, you learned also that, I guess, that Anthony's primary upbringing was brought about by whom?
A. His grandmother.
Q. Do you know at what age he was, I guess, placed or went to live with his grandmother?
A. No, I don't.
Q. But it's your understanding that Ms. Cynthia Latson didn't have a lot to do with his upbringing?
A. Well, I'm not sure how much she had to do with it. My understanding, I just obtained a general overview, was that most of his childhood was spent with his grandmother.
Q. During your review of his TYC records, did you ever run across any notations that while at TYC Anthony Latson would have been placed on suicide watch?
A. I did see that. I had a printout of his

1 behavior records sent to me, and I reviewed that, and I
2 think there was two referrals for suicide evaluations.
3 And to tell you more about that at TYC we had a very low
4 threshold for regarding someone as possibly suicidal.
5 They might make a statement, you know, off the top of
6 their head, if so and so does this, I'm going to kill
7 myself. Or they might hit their head against the wall.
8 I've got referrals for suicide evaluation for some kid
9 who was doing summersaults in the rec yard.
10 So, we got a number of bogus referrals, and
11 then we would evaluate them and sometimes there would be
12 doubts who is telling the truth, how far do you go. And
13 we would put them on suicide watch for a period of time.
14 The most frequent reason the kids were referred for
15 suicide evaluation was because they made some statements
16 they were going to kill themselves because they were
17 angry at somebody.
18 Q. And you-all as staff of TYC take those, of
19 course, very seriously?
20 A. Yes, we always evaluate them, and any cases of
21 doubt were not sure, we placed them on suicide watch.
22 In other words, we have a very concerned policy.
23 Q. And especially if someone would have a history
24 of admission or multiple admissions to psychiatric
25 hospitals, y'all would probably take those?

A. Well, I would take that into consideration; but it would also depend how many years ago that happened.

Q. Yes, sir. You know, on page 6 of your report --

A. Uh-huh.

Q. I want to get this quite right, this intellectual testing and MMIP-A?

A. MMPI-A.

Q. Yes, sir. But regarding that intellectual functioning test, I guess that was done by psychologist -- ordered at the direction of psychologist Tulloch, correct?

A. Right.

Q. And they gave -- and the testing they did came up with a composite IQ of 83; is that correct?

A. Yes, that's what I have.

Q. And that composite IQ I think it says it would be a low average range, correct?

A. That's right.

Q. For one to be considered mentally retarded or borderline mentally retarded --

A. Well, borderline is 70 to 79. And retarded is below 70. Usually most kids in the juvenile court system have low average IQ. That's an average figure for kids in the juvenile court system.

1 Q. So the composite IQ of 79 would be a borderline
2 mental retarded, correct?
3 A. Right.
4 Q. And Mr. Latson was a composite IQ of 83?
5 A. That's right.
6 Q. You know, you mentioned that Ms. Bennett asked
7 you, there are a lot of people that maybe play out some
8 of these characteristics as adolescents but then they go
9 off to -- you've said that maybe Mr. Latson had as an
10 adolescent, but he's now a young adult, but they go on,
11 they overcome those as they get older, correct?
12 A. Well, what I said is some kids who meet the
13 criteria for conduct disorder straighten out. Eighteen
14 seems to be the magic age of responsibility in our
15 society where people figure they have to get it
16 together, or they're going to get in a lot of trouble.
17 But in cases of severe conduct disorder, like Mr.
18 Latson, the recovery rate is much, much less. It's
19 quite low.
20 Q. You mentioned that some of these teenagers that
21 they're extroverted and always seem to be always
22 outgoing types of people?
23 A. Right.
24 Q. And they like to be around their peers and
25 around other people?

A. Sure, sure.
Q. And you said also, I guess, that some of those characteristics that they, I guess, would exhibit would be defiance to authority, correct?
A. Sure, up to a certain extent. If you wanted to fight the police, that's a completely different ballpark, you know, than talking back to your teacher.
Q. Disobedience to authority?
A. Sure.
Q. Impulsive, correct?
A. To a certain extent, yes, all teenagers are impulsive.
Q. Provocative behavior?
A. Sure, sure.
Q. Some truancy to school, don't want to go to school?
A. That gets into the unusual category.
Q. And a lot of these individuals you said some will, that most characteristics will continue on and they end up having to go to court?
A. Well, the diagnosis of conduct -- what you described is probably characteristics of many teenagers, and we would not call them conduct disorder. Conduct disorder is diagnosed when someone violates the rights of others, such as, assaulting them or stealing from

1 them or violate the rules of society repeatedly, like
2 skipping school and running away from home.
3 Q. And your evaluation again in your report you
4 seem to indicate that Anthony's home life was fraught
5 with domestic violence; is that correct?
6 A. That's right.
7 Q. I guess that there was a fair amount of
8 criminality or drug abuse or use in his household,
9 correct?
10 A. Right.
11 Q. You didn't take that to mean that that was
12 his -- in his grandmother's household?
13 A. I think it was in his grandmother's household,
14 too. She had an extended family living with her,
15 cousins and sisters and brothers, or what have you, and
16 there was a lot of fighting in there. In fact, in his
17 file that I recently read, Anthony was hitting his
18 grandmother. And, you know, the cousins were hitting
19 each other. And it was a lot of violence, and many
20 people were using drugs. And it was really a very, very
21 bad environment for a child to grow up in.
22 Q. So, going back to one of the questions again
23 that Ms. Bennett asked you about the cause of conduct
24 disorder and that there's really no known cause but
25 there are factors, things that you just mentioned about

his family life and seeing those things contribute to the risk factor?

A. Contribute to.

Q. Contribute to?

A. Yeah.

Q. Contribute to the conduct disorder?

A. Right.

Q. Well, there are a lot of factors that go in?

A. Right.

Q. With that diagnosis or those risk factors, correct?

A. Sure, sure.

Q. You know, I noticed on page 5 of your report, it mentioned, I guess, prior mental health treatment section that at one time he had been prescribed, that Mr. Latson had been prescribed Depakote ER 500 mgs. What is that and what is it prescribed for?

A. That is prescribed for mood disorder and it's an anticonvulsant that was initially approved by the government as an anticonvulsant and it was found to be able to help people who had elevated mood disorder. And the other medications, Cymbalta, I'm not familiar with that; that could be for hyperactivity.

Q. Cymbalta?

A. Yeah, I'm not familiar with that.

1 Q. I see adds on TV for that now. All right. One
2 last question, when you interviewed Mr. Latson, was he
3 respectful towards you? Was he respectful towards you?
4 A. Yes, yes.
5 Q. He cooperated with your evaluation?
6 A. Right, right.
7 Q. Thank you, Mr. Sturmon.
8 THE COURT: All right. Is there anything
9 further?
10 MS. BENNETT: Yes, Your Honor.
11 THE COURT: All right.
12 **REDIRECT EXAMINATION**
13 BY MS. BENNETT:
14 Q. Mr. Sturmon, Defense counsel asked you about
15 prior suicide threats by the Defendant?
16 A. Uh-huh.
17 Q. Did you make a finding in your report whether
18 or not he appeared to be dangerous to himself?
19 A. At the time I saw him, I did not feel he was
20 dangerous to himself.
21 Q. Did you find those two prior suicide claims
22 that you saw there to -- did you consider those at all
23 when writing your report?
24 A. Well, he was there a total of three years, you
25 know. Two referrals for suicide evaluation are not

1 really significant. We get kids with a lot more than
2 that. And I did not see the actual assessment of
3 suicidality made in those particular cases. So, I can't
4 speak in detail to those.
5 Q. And in your evaluation, did you comment at all
6 about how Anthony Latson felt towards his -- felt about
7 the crimes or bad acts that he had committed and
8 committed at TYC?
9 A. I did not ask him about that. But that's,
10 that's very well documented in all the other reports;
11 and they all said that he lacked empathy for his victims
12 that he showed no remorse, he showed no regrets.
13 Q. Would he try to justify?
14 A. Try to justify including the eye injury to the
15 TYC staff.
16 Q. Based on your training and experience, what
17 have you found to be the best predictor of future
18 violent behavior by an individual?
19 A. I understand from my reading of the literature,
20 the best predictor is a history of violence.
21 Q. Thank you.
22 MS. BENNETT: State will pass the witness.
23 THE COURT: All right. Mr. Duarte, is
24 there anything further?
25 MR. DUARTE: Pass this witness, Judge.