

Frank C. Hamilton, Ph.D.

CLINICAL PSYCHOLOGIST

February 5, 2008

Mr. John Hunt Whaley, Attorney at Law
Spokane County Public Defender
1033 W. Gardner
Spokane, WA 99260-0280

RE: ADRIANA LYTLE

Dear Mr. Whaley,

Thank you for the opportunity of psychologically assessing Adriana Lytle. Also thank you for making available to me Dr. Clay Jorgensen's reports of 6/20/07 and 9/17/07 as well as other records regarding Adriana and her current legal situation as well as her history of psychological/psychiatric treatment. I interviewed Ms. Lytle on 11/6/07 and then again on 12/4/07. Also she was administered the Minnesota Multiphasic Personality Inventory, second edition (MMPI-2) and the Millon Clinical Multiaxial Inventory, third edition (MCMI-III) as well as the Shipley Institute of Living Scale.

By way of history Ms. Lytle told me she was born in California and lived there a short time and then to Michigan until she was thirteen years old. Her father got custody of her at that point she and moved to California, central coast area, to about age twenty two. She is now thirty three years old. There have been several additional moves in the last eleven years. Her father died in the year 2000 at which point she moved back to Michigan. She describes him as having been an alcoholic and a heavy smoker and a heavy multiple drug user. "He got me started smoking weed." Adriana has a child now sixteen months old named Johnny who is adopted out and is being raised by a cousin of hers.

She was married to Mr. Lytle in March of 2006 being six months pregnant at the time. In regard to the charges against her, Adriana assumed at first that the little girl, Summer, had died of drowning but finds that she died of "blunt force trauma" for which she maintains innocence. She adds, "I don't what he (her husband) did". "All I know is I didn't do it."

In regard to her psychological/psychiatric history there have been suicide attempts back in 2004. Apparently there were two attempts or gestures during that time period. She had an involuntary commitment after one of those episodes, which lasted about four days. This was followed up with outpatient treatment for a few months. "Then, the guy I was with said I didn't need it and wouldn't take me to the appointments". "I finally got away from him." As she describes this relationship she sounded very co-dependent. In regard to the co-dependency issue she admitted, rather after the fact, that she was or perhaps still is very co-dependent on the current husband. She sees it, candidly, as a long standing feature of her personality. She reports that she was also afraid of her current husband. He did not beat her like others have done, "but he was physical a few times" as in pushing her. "And he was emotionally abusive." For example, he used to threaten her with having her committed and taking her son from her.

When I saw her for the second interview (12/4/07) she had written a note to me of problems which she felt she had many of which we covered in the first interview. In addition, however, she included from her history being raped three times, sexual molestation by her father, incest, panic attacks, exaggerated startle reaction and a number of other psychological/family problems.

- page 2 -

She also told me at that point that she had started on Lexapro, an antidepressant, on 11/21/07 and noted that she was receiving some benefit from it. For example she was crying much less and it was easier for her to keep her thinking straight.

A brief Mental Status Exam reveals that she has a good store of information and is able to do simple mental arithmetic rather well. A Serial's 7 task was done quickly with no mistakes. She was able to remember three of four words over a three minute period. She was able to repeat back seven digits forward and five backwards. I believe that under different circumstances both of these memory tests would have been a little better if it were not for the distractions inherent while interviewing in the jail. Answers to judgment questions were fairly good. Verbal abstractions, that is, proverb interpretations were done fairly well. There were two proverbs that she did not know but afterwards she was able to comprehend them once they were explained.

PSYCHOLOGICAL TESTING: The Shipley Institute of Living Scale is a brief screening test for intellectual ability and is also used to screen for certain forms of organicity. There is no evidence to suggest an organic problem in this case based on this test. Her overall estimated IQ is in the upper half of the normal range. From this test there is reason to believe that she learns rather quickly which bodes well for the possibility of rehabilitation as mentioned in Dr. Jorgensen's reports.

The MMPI-2 unfortunately invalid due to an extreme tendency to mark items in a negative direction. Undoubtedly, this indicates a cry for help and/or a high degree of discouragement or depression. It could be that both of these combined to invalidate this test. In any case, the test is uninterpretable as is.

On the MCMI-III she manifested a tendency to magnify problems but the profile is still considered interpretable -- but with some caution. This is similar to the comment made in Dr. Jorgensen's report of 6/20/07 (p. 3) concerning the PAI test. There were several problems highlighted in the profile on this test. Axis I problems as portrayed on this test tend to cluster in the areas of depression and anxiety. This test was given prior to the antidepressants. Whether the onset of antidepressants would result in an improvement in the profile is uncertain but this is a possibility. From the same profile the personality characteristics, that is, the Axis II problems cluster in dependency, self-defeating attitudes and negativism (passive aggressiveness). The following paragraphs are given verbatim from the narrative on from the MCMI-III. These paragraphs should be seen as reasonable hypotheses concerning her personality structure and functioning but not a complete and errorless picture.

"Most notable is her characterological inclination to be mournful, joyless, tearful, and morose, an emotional disposition that is intensified by her tendency to be worrisome, pessimistic, and guilt-ridden. Her interest in life is diminished, and she has little appetite for joy and closeness. She may go through the motions of relating to others, eating, having sex, and even playing, but she does so with little enthusiasm. Her temperamentally based inertia and sadness may undermine whatever capacity she may have to enjoy life."

- page 3 -

"Also salient is her belief that she is misunderstood and frequently unappreciated, which results in her feeling unfairly treated by others. She believes that she has been trapped by fate, that nothing ever works out well for her, and that whatever she desires runs aground. She is prone to express envy and resentment of other people's supposedly easy lives. She is often critical and cynical with regard to what others have attained, yet she envies their achievements."

"Also worthy of attention is her habit of judging herself to be valueless, of no account, a person who should be dismissed as insignificant and inconsequential. This adds significantly to the pervasive sadness and disconsolate nature of her psychic make-up. Almost any minor failure can plunge her into a more severe state of disconsolation. Such an event only reinforces her belief that she is unworthy. Similarly, a rather innocuous critical remark may set into motion obsessive worrying and brooding, further intensifying her sense of worthlessness. Even when things are going well, there remains a deep sense of personal inadequacy, a feeling of being deficient in a host of desirable qualities."

"Also noteworthy are her manifestation of purposeful inefficiency, her gratification in undermining the pleasure and expectations of others, and an overt display of intentionally contrary and oppositional behavior. Although nearly everyone behaves resentfully at times, what distinguishes this individual is the ease with which she can be provoked into acting in a resentful manner and the regularity with which she manifests procrastination, inefficiency, and obstinate behavior."

Ms. Lytle said that the first three paragraphs, when I read them to her, were quite accurate in describing her. Regarding the fourth paragraph, she said that was at times true and at times not. Running throughout this test is a great deal of dependency. This is also seen in her history, in interview and as well in the MCMI-III.

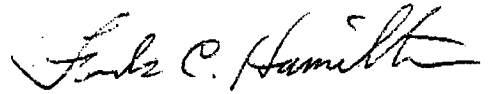
SUMMARY AND CONCLUSIONS: After reviewing Dr. Jorgensen's report of 6/20/07, I believe his summary and recommendations section is quite accurate and I would tend to see Ms. Lytle from the same perspective. However, I would add to his summary a strong co-dependency factor in her personality structure. While this in and of itself would not excuse Ms. Lytle from her contribution to the death of this child, it does add a mitigating factor in my opinion. The reason for this is my belief that she was so dependent/co-dependent on her husband (and past boyfriends as well) that she would not have done anything in regard to the child that was not tacitly approved of or encouraged by her husband. When one looks at what has happened, according to the record, given her personality and history, I do not believe she would have treated the child with as much disregard for the child's welfare unless being encouraged to do so or having tacit approval of her husband upon whom she was extremely dependent/co-dependent.

As far as diagnoses are concerned I believe Ms. Lytle is moderately depressed currently with some improvement due to antidepressant medication.

Axis I - 296.32 Major Depressive Disorder, Recurrent, improved with medication
309.81 Post Traumatic Stress Disorder

Axis II – 301.6 Personality Disorder, Dependent Type with some Borderline features

There may have been some important points that I have inadvertently overlooked. If this is so or if clarifications are needed please do not hesitate to contact me. I am a psychologist licensed in the State of Washington for independent practice. The foregoing is true and accurate to the best of my knowledge under penalty of perjury.



Frank C. Hamilton, Ph.D.

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