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Summary Report

Name: Adriana Lytle D.O.B.

Date: 6/20/07

Referred by: John Whaley and Anna Nordvedt, Public Defenders

Procedures: Psychological Interviews 4/10, 5/14 and 6/15/07;
Collateral Interview (6/4/07); Medical Document
Review; Psychological Testing, including the PAI,
the Parent Behavior Checklist, and the Parent-Child
Relationship Inventory; Review of Recorded Interview
of Adriana by Law Enforcement.

All of my contacts with Ms. Lytle were in the Spokane Count Jail. I initially saw Adriana on 4/10/07 when I obtained background history information as well as other impressions regarding Adriana. I understood she was charged with homicide by abuse, with aggravating factors. She faces a possible life sentence.

In my interviews with Adriana, it was apparent that she came from a very sordid, abusive background. She had been physically and sexually abused as a child and physically and sexually abused as an adult by domestic partners. When she met John, the father of four-year-old Summer, whose death resulted in the murder charge against Adriana, she felt that she had found the one person in her life who was not abusive and was kind. She seemed to see him as a salvation for her disorganized, unhappy, abusive existence. She has maintained this perception despite understanding that he plans to testify against her.

Adriana made statements regarding the death of the child that I will cover later but basically she denies that she intentionally caused the child's death. She also informed me that all of her actions with respect to discipline of the child had been directed by John, her husband, and were things that he, himself, had done also.

Adriana reported she has been constantly depressed, with crying off-and-on during the day. She has some difficulty sleeping, with early awakening and difficulty going back to sleep. She indicated her eating is okay. She indicated symptoms of feeling helpless and hopeless and self-denigrating. She has indicated that she has engaged in some suicidal thinking but denies that she has developed any kind of plan. She showed some improvement in her mood the last time I saw her compared to the first interviews.

Adriana indicates that she does not experience auditory hallucinations. She said she has some visual experiences, like seeing shadows out of the corner of her eye.

I reviewed with Adriana symptoms of PTSD. She has had multiple traumas in her life, including childhood traumas (abuse), traumas during times she was assaulted and abused by domestic partners, and the death of Summer. These symptoms include occasional flashbacks, intrusive thoughts, sense of foreshortened life, and startle response. She indicated that prior to her incarceration when she was experiencing

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these symptoms relative to other traumas, she would cope by using marijuana.

With respect to discipline of Summer, Adriana indicated she was mainly a "yeller." She indicated that John favored having the child do pushups (the child could not do situps). The primary focus of discipline got to be the child's enuretic behavior and her refusal to follow directions. Also, Adriana responded with punitive behavior when the child would begin crying.

The enuresis did not include bed wetting but consisted of the child wetting her clothes and wetting on the floor that would require use of towels to mop up the urine. Adriana would then make the child wash the towels, rugs and clothes, saying "I figured why should I wash them since she peed" and "if she had to wash them, she might stop doing that."

Adriana cited instances of the child being given directions and not following through, such as chewing on the tops of markers and taking them apart. In this instance, she made the child pick them all up and threw them away. When I asked why she didn't replace them, she said because she had destroyed them so why "should we spend money on more." She also commented the child had plenty of crayons.

Adriana also used sitting in a corner for discipline. She said the yelling frequently occurred when the child started crying or for not doing what she was told.

Adriana indicated she did what John told her to do, which included spanking the child with a belt, which she said John also did, dunking her in the tub, which again she said John did also, making her do situps, as did her father, and making her rip up pizza boxes into little pieces on the theory that if they made her work, she might stop misbehaving. It appeared, however, that the primary punishment was making her wash the wet clothing and rugs in the tub.

I gave Adriana two parenting tests, including the Parent Behavior Checklist and the Parent/Child Relationship Inventory, as well as the Personality Assessment Inventory.

Each of the parenting questionnaires was completed with Summer as the focus child. I had suggested that she use another child Summer's age to perhaps make the task easier but she informed me that would be harder than focusing on Summer before her death.

The Parent Behavior Checklist resulted in a profile on the dimensions of expectations, discipline, and nurturing. Both the Expectations and the Discipline subscale were above a T-score of 70, which is very high, and the Nurturing subscale was within the average range, or perhaps a little on the low side.

The interpretation of this profile is that the expectations that Adriana had for Summer were extreme and were too high for a child of her age. She tended to be very high also on a use of physical and verbal punishment in response to the child's misbehavior. The Nurturing score was within average limits but, again, perhaps somewhat on the low side. The significance of this is that people learn their parenting skills

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from being parented as a child and I believe this reflects the way that she, herself was raised along with a lack of education and/or training or even having a parenting role model.

The Parent/Child Relationship Inventory results in a profile on the dimensions of support as a parent, satisfaction in parenting, involvement with the child, communication with the child, limit setting, permitting autonomy, and gender role expectations. Results were, I believe, rather predictable. Her score on Parental Support was extremely low at a T-score of 18, with an interpretation that she experienced receiving little or no practical help or emotional support in her role as a parent and felt over-burdened and deprived.

The T-score on Satisfaction as a parent was also very low with the interpretation that she derived little pleasure from functioning as a parent. The score on Involvement with her child was also very low, with an interpretation that she had less than average interest in the child's activities and below average interest in spending time with the child. This often occurs when the parent feels frustrated and unsuccessful in parenting a child. It also reflects a lack of bonding with the child.

The scale on Communication with the child was likewise very low, with the interpretation that Adriana had difficulty in getting through to the child and felt that she was unable to understand the child's needs or get the child to understand her expectations.

The Limit Setting scale was on the cusp between low and low average. The interpretation is that Adriana did not feel in control as a parent. She did not know how to establish limits, at times giving into the child to avoid tantrums and generally feeling at a loss as to how to cope with behavior problems.

The scale on Autonomy for the child was in the low average range, indicating that Adriana was somewhat low with respect to accepting the child's expression of age appropriate independence. The Role Expectation score was in a range where it indicated Adriana was inclined towards traditional gender roles where the mother is the caretaker. She would have felt that child care responsibilities fell on her shoulders.

The PAI taken by Adriana was probably valid although there were indications of some exaggeration of negative self-assessment and possibly bizarre or unlikely symptoms. While this raises the question of some exaggeration of problems, elevations in this range also may be a cry for help or an extremely negative self-evaluation. This does not render the test results uninterpretable but the hypotheses generated by the test need to be treated with some caution. In any event, this type of profile is usually associated with marked distress in the individual.

The clinical profile showed an extreme elevation on a scale indicating depressive symptomatology and significant elevations on scales indicating peculiarity in thinking or experience, anxiety, and problematic personality traits, including emotional lability or mood swings, episodes of poorly controlled anger, and a history of involvement in intense volatile relationships. There were indications of an unusual degree of concern about physical functioning and health matters, and a tendency to be suspicious and hostile in relationships.

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with other people, including hyper vigilance and general mistrust of the motives of people around her.

There were some antisocial features in the test indicating some history of involvement with illegal acts. There were also indications of problems with elevated and variable mood, poor self-concept, and a tendency to take a passive submissive stance in dealing with other people. The profile indicates she is likely to be experiencing noticeable stress and turmoil in major areas of her life.

My observations of Adriana, which are consistent with the testing, would indicate a parent who was overwhelmed and who was poorly prepared to deal with a normal child's problems, let alone the child who may have had some special difficulties because of her prior life circumstances. This was probably exacerbated by the fact that the child came into Adriana's life without a background of bonding or attachment between them.

During the time that I have talked to Adriana, she has been anything but indifferent to the death of Summer. I believe at times she is somewhat in denial or defensive about what has happened because of the overwhelming feelings of anxiety, depression, and guilt.

The recorded interview (DVD) of Adriana Lytle by Detective Hammond occurred on 3/11/07 at the Public Safety Building lasting approximately an hour. Highlights of this interview were that Adriana described Summer as being very defiant, non compliant, and stubborn. This behavior became the focus of discipline, which included having the child rip up pizza boxes, stand in a corner, and wash out clothes and towels, etc., that she had wet on. She would be required to wash them in a tub standing with her legs together straight and bending over at the waist in order to increase the level of pain for punishment purposes. She also endured pushups, situps, and beatings with a belt.

It was clear from the interview that Adriana saw the child as being willful and intentionally stubborn and non compliant. It seems equally obvious that Adriana had no conception of what a four-year-old child was capable of doing. Adriana reported that at one time shortly before the child's death when a nurse was making a home visit, the father took Summer for a ride so that the nurse would not see the child's bruises.

Adriana indicated that at the time of the child's death, the child had been washing clothes in a tub and Adriana came in to check on her and found her submerged in water on her back. She talked about having compressed her chest to expel the water from the child and administering mouth-to-mouth resuscitation. She indicated that she and John kept checking for a heart beat and that eventually it stopped. Sometime after that point, help was called and the child went to the hospital. Adriana estimated that she and John had worked on the child about a half hour before she went to the hospital. She noted that during part of the time they were working on the child, "John went out for a cigarette."

There were some questions that seemed designed to determine whether or not there had been sexual abuse. Adriana denied she was using illegal drugs or drinking extensively. She denied physical fights with John.

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She indicated that the child had not seen a physician during the time the child had been in the care of herself and John.

It was very hard to watch this video. The child apparently underwent extreme torture. It seemed there was an escalating cycle with the child's inability to respond to the parents' wishes, probably including the enuresis, which may have also been this little girl's futile defiant attempts at coping with a completely unacceptable and unmanageable overwhelming situation for her. It appears that Adriana saw this cycle of misbehavior and punishment as part of a power struggle.

The punishment was inappropriate to the extreme and would have been driven by a certain amount of indifference to the child's welfare and a certain amount of anger or rage. It is common for people who themselves have had an extremely abusive history to feel a rage towards the dependency and helplessness of a child as well as towards the child's futile efforts at being defiant. It was clear that most of the child's misbehavior was interpreted as intentional, willful defiance which exacerbated the punishment. This was a vicious cycle and resulted in the suffering and death of this little girl.

I reviewed a substantial amount of medical documentation, including medical doctors' contacts with Adriana, a hospitalization at Forest View Hospital, and what appeared to be two episodes of outpatient treatment at Newaygo Mental Health in Michigan. The doctor's notations regarding visits to a physician from September 2001 until about April 2003 indicated treatment for ear infections, colon problems, and an abscessed tooth. There were references during this time to a diagnosis of Major Affective Disorder.

Adriana, according to the record, was hospitalized at Forest View Hospital at the age of twenty-nine from 7/10/04 until 7/14/04. This was an involuntary admission following an apparent suicide attempt by overdosing on Serezone. There were indications that this was more a suicidal gesture to get the attention of a boyfriend who was threatening to leave her rather than a genuine attempt. She was put on Trazadone and Lexipro. She was given diagnoses of Major Depressive Disorder without Psychosis, and Poly Substance Abuse/Dependence. A psychosocial assessment as a part of this hospitalization indicated that Adriana reported that her biological father had sexually abused her along with a family friend from ages thirteen to twenty-six.

Adriana had an admission prior to this hospitalization to an outpatient program at Newaygo Mental Health on 9/24/02. She was discharged on 12/30/02 when she failed to return. She was treated for depression and anxiety and was given antidepressants. The psychosocial assessment as a part of this episode of treatment indicates that she was sexually abused from the ages of eight to ten by a grandfather although the relationship with this grandfather to her biological father was not clarified. She reported physical and sexual abuse during most of her life.

Following her hospitalization at Forest View, Adriana went back to Newaygo Mental Health where she was treated from 7/13/04 until 10/21/04. She was diagnosed with Major Depressive Disorder Recurrent, PTSD, and Personality Disorder NOS. During this period of time, she claimed

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auditory hallucinations. She was depressed and entertained suicidal thoughts. Again she talked of the physical and sexual abuse during most of her life. During the course of this episode of treatment, she called complaining of being beaten by a boyfriend.

Summary and Recommendations

I believe that Adriana's actions with her stepdaughter, Summer, were the result of anger from a long history of sexual and physical abuse, a lack of attachment or bonding with the child, extreme ignorance of child behavior, expectations, and discipline, and dependency driven influence by her partner and a lack of emotional and physical support in her situation.


I believe Adriana was interpersonally isolated. She idealized her husband and saw Summer as challenging her worth and position in the family by her intractable behavior problems.

None of this excuses Adriana from being culpable for her part in the death of this child but does explain the behavior.

It appears that Adriana's behavior was driven by ignorance and anger but was not intended to cause the death of the child.

I believe that Adriana's depression and anger can be treated and her ignorance can be ameliorated. She can, in my view, be rehabilitated. She can be brought to the point where she does not represent a threat of violent behavior towards children or others although this will require some years of treatment, including psychological counseling, education, and medication.

I am a Clinical Psychologist licensed in the State of Washington to practice Psychology. I testify and affirm under the State of Washington perjury laws that the foregoing is true and accurate to the best of my knowledge.


E. Clay Jorgensen, Ph.D.