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March 12, 2010

Timothy Coyne, Esq.
Public Defender
117 East Piccadilly Street, 3rd Floor
Winchester VA 22601Joseph Flood, Esq.
10621 Jones Street, Ste. 301A
Fairfax VA 22030*Re: Commonwealth of Virginia v. Justin S. Slater*
Case No: CR09-986

Dear Messrs. Coyne and Flood:

In partial fulfillment of my appointment under §19.2-264.3:1 of the Code of Virginia, I have completed a forensic mental health evaluation Mr. Justin Slater. This correspondence addresses Mr. Slater's history, character and mental condition, as required by the Code.

I have relied on information from multiple procedures and multiple sources. I met with Mr. Slater on four occasions at the Northwestern Regional Adult Detention Center (NRADC) for a total of approximately of 7.5 hours on July 13, 20, 2009; October 26, 2009; January 25, 2010. On those occasions I conducted clinical interviews, including mental status examinations. Additionally, I have relied upon information from the following:

1. Court Order
2. Uniform Preadmission Screening Form, Carol Schott, Northwestern Community Services Board (CSB), September 21, 2009
3. Uniform Preadmission Screening Form, Teresa Matters, Northwestern Community Services Board (CSB), November 1, 2009
4. Inpatient psychiatric treatment records, Central State Hospital (CSH), Petersburg, Virginia, September 22 – October 15 and November 2 – November 23, 2009
5. Mental Health treatment records, Northwestern Regional Adult Detention Center (NRADC), Winchester, Virginia, January 13 to March 5, 2010
6. Audio recording and transcript of Defendant interview with Investigator K.C. Bohrer, June 13, 2009
7. Audio recording and transcript of Defendant interview with Investigator Dave Ellinger, June 13, 2009
8. Affidavit to Search Warrant for Justin Shane Slater, Investigator, undated
9. Reports and Notes of Investigation, multiple law enforcement personnel, undated

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10. Supplementary Report, Major R.C. Eckman, June 13, 2009
11. Supplementary Report, Investigator B.A. Davis, June 15, 2009
12. Supplementary Report, Captain A.W. Beeman, June 15, 2009
13. Supplementary Report, Investigator Dave Ellinger, June 17, 2009
14. Report of Evaluation of Competency to Stand Trial (Restoration), Dr. Ted B. Simpson, Central State Hospital, October 13, 2009
15. Report addressing the defendant's competency to stand trial, David Rawls. Ph.D, October 13, 2009
16. Incident Report, Officer J. Nixon, July 4, 2009
17. Emergency Department records, Winchester Medical Center, Winchester, Virginia, June 3, 2009 and July 3, 2009
18. Transcript of Police interview with Kenneth Ritenour, roommate of the victim, Scott Slater, June 16, 2009
19. Narrative report of Police interview with Janet Hitchen, employer of victim Kayleigh Plamondon, June 10, 2009
20. Narrative report of Police interview with Samantha Stephenson, friend of victim Kayleigh Plamondon, June 24, 2009
21. Narrative report of Police interview with Edward Richard, friend of victim Kayleigh Plamondon, June 26, 2009
22. Narrative report of Police interview with Jobeth Perdew, friend of victim Kayleigh Plamondon and of the defendant, June 30, 2009
23. Narrative report of Police interview with Stephanie Frye, classmate and friend of the victim, Scott Slater, July 28, 2009
24. Information from interview with Dewey Payton, friend of the defendant, November 12, 2009
25. Information from interview with Jake Spaid, friend of the defendant November 13, 2009
26. Information from interview with Allen Shaffer, friend of the defendant November 15, 2009
27. Information from interview with Bryan Seal, Sr., friend of the defendant, November 15, 2009
28. Information from interview with Dustin Arnold, cousin of the defendant November 15, 2009
29. Information from interview with Bryan Seal, Jr., friend of the defendant November 15, 2009
30. Academic records, Frederick County Public Schools (Grades K through 8), Winchester, Virginia, September 1990 through June 1999
31. Academic records, Hardy County Schools, Moorehead, West Virginia August 1999 through June 2003

At the beginning of my first two meetings with Mr. Slater on July 13, 2009, I explained the nature, scope, and purpose of the evaluation process, including the relevant limits of confidentiality. Because he had a psychotic and disorganized mental state during our first several meetings, I took care to explain these matters in clear and simple terms. I again

explained these matters again during each of our subsequent meeting. Although he seemed unconcerned about these matters each time I explained them to him, Mr. Slater appeared to understand, and cooperated fully with the interviews.

IDENTIFYING INFORMATION

Mr. Justin Slater, a 24 year-old unmarried male, pled guilty to the murders of Kayleigh Plamondon and Scott Slater, his former girlfriend and older brother, respectively. Information contained in various reports by law enforcement investigators indicate that Justin Slater, on the night of June 9, went to the house where his former girlfriend, Kayleigh Plamondon, was house-sitting and shot her once with a shotgun as she slept. He then went to the residence of his older brother, Scott Slater, and shot him once with a shotgun as he slept. Mr. Slater was arrested four days later and made lengthy statements to law enforcement officers during which he admitted that he had committed the offenses. Mr. Slater has been arrested in the past for underage drinking and possession of marijuana.

Mr. Slater has one child in West Virginia by a high school girlfriend, but had not been allowed contact with the child for some time. Mr. Slater had been living with his maternal grandmother for several years, but had been homeless beginning a few days prior to the offenses in June of 2009. He had also lost his job and his vehicle within weeks of the offenses, and had been experiencing a severe deterioration in his mental state for several months (see below). He is currently housed at the NRADC, but has had two lengthy psychiatric hospitalizations at CSH since his arrest; these admissions were precipitated by suicidal behavior that was undertaken under the press of his persistent delusions and auditory hallucinations.

RELEVANT HISTORY

Mr. Slater grew up in an intact working class family, the younger of his parent's two sons. His parents struggled financially throughout his childhood. The family moved several times around the Winchester area before relocating to Lost City, West Virginia when Justin Slater was entering high school. There is no report of any form of abuse or neglect during Mr. Slater's formative years.

In elementary school, Mr. Slater performed poorly. He received only low-average grades at best, and consistently performed in the bottom 15% of students on national standardized achievement tests. After entering high school, his grades and his achievement scores improved steadily to the average range, but he still graduated in the bottom 10% of his high school class. There is no history of evaluation or classification for special education services, and he did not repeat any grades. While high school disciplinary records reflect numerous incidents of Mr. Slater talking out of turn, or engaging in verbal defiance with teachers (e.g., one report refers to him as a "mouthy adolescent"), there is no significant history of fighting or bullying. Near the end of

high school, Mr. Slater fathered a child with his then girlfriend. Because her parents did not approve of their daughter's relationship with Mr. Slater, he has had no significant contact with his now six-year-old son for some years.

Records from Central State Hospital indicate that Mr. Slater began to use alcohol, marijuana, and cocaine during his mid- to late teens. His use of these substances escalated quickly over the next several years. He began to abuse hallucinogens (LSD, psilocybin [so called, magic mushrooms], and MDMA [so-called, Ecstasy]) during his early 20's. Various sources, including Mr. Slater, describe regular, daily use of marijuana and alcohol during the year prior to the offenses, with use of hallucinogens and cocaine occurring at least weekly. Multiple sources describe his erratic and bizarre behavior, beginning in late 2008, while intoxicated on multiple substances, and his increasing preoccupation with bizarre religious and grandiose ideas through the spring of 2009. This preoccupation coincided with his worsening depression over the break-up with Kayleigh Plamondon, his girlfriend of four years, in December 2008 (see below).

Less than one week prior to the offenses, Mr. Slater was admitted to the Emergency Department (ED) of Winchester Medical Center (WMC) on June 3, 2009 under an Emergency Custody Order for a mental health evaluation. He had become increasingly depressed over the preceding weeks, and had expressed suicidal feelings to family and friends that evening. He was also expressing bizarre religious ideas. His family was concerned for his safety. In the Emergency Room, Mr. Slater denied suicidal feelings, but admitted to feeling "overwhelmed" and drinking alcohol. The record does not indicate that a mental status examination was conducted, or that he was assessed for homicidal thoughts/impulses. Additionally, there is no indication in the WMC record that he was directly assessed for any symptoms of major mental illness, such as hallucinations, delusions, or impaired judgment. Notwithstanding this apparent lack of assessment, a determination was made that he did "not meet the criteria for admission", and he was released from the Emergency Room. The record does not indicate that there was any specific plan for mental health follow-up.

After he was arrested in West Virginia for killing of his ex-girlfriend and older brother on the night of June 9, Mr. Slater was extradited to Virginia and transferred to the NRADC in Winchester. According to Kevin Frye, the mental health counselor at the NRADC, Mr. Slater's mental status and behavior deteriorated further, with escalating hallucinations and erratic behavior through the end of June 2009.

Mr. Slater sustained injuries while banging his head at NRADC on July 3, 2009, and he was admitted to the Emergency Department of WMC for treatment. While there, he reported hearing the "voices of God and Jesus, his mother, and ... the voices of ... the people he killed". He reported that he began hearing voices in the fall of 2008, and believed that "God put something in him" when he was last in the ED on June 3. He exhibited a flat affect. While he was being prepared for a series of X-ray scans, Mr. Slater (whose feet were cuffed to the table at the time) lunged towards one of the correctional officers who had accompanied him from the NRADC. A scuffle ensued, during which Mr. Slater was restrained; he then received an injection of

antipsychotic medication. Once he was subdued, Mr. Slater stated that he had been trying to provoke a situation that would have caused the officers to shoot him. Based on this information, and on the information and recommendation of NRADC mental health counselor, the consulting psychiatrist at WMC, Dr. Mogili, ordered the initiation of daily antipsychotic medication (Risperdal), to be continued after Mr. Slater's return to the NRADC. Although he continued to take antipsychotic medication in the NRADC, Mr. Slater's condition remained unstable.

On September 22, 2009 Mr. Slater was admitted to Central State Hospital under an emergency treatment order with a diagnosis of Psychotic Disorder. According to information from the Preadmission Screening Form, as well as the clinical records from CSH, Mr. Slater had continued to bang his head against the metal bunk in his cell while on suicide watch at NRADC, and was talking about needing to die before the 28th of September. He had a delusional belief that, by killing himself, he would prevent his father's death on that date. He told correctional officers that he had to die. Upon examination by the prescriber for the CSB, Mr. Slater exhibited disjointed and illogical thinking, and was preoccupied with "heaven, hell, and dying". He was clearly psychotic. He spoke of having made his brother and girlfriend "angels" and was preoccupied with the meaning of the number "2".

Upon admission to CSH, Mr. Slater reported a variety of auditory hallucinations and rambled on about a confused array of delusional beliefs. According to Dr. Yaratha's Comprehensive Psychiatric Evaluation,

(Mr. Slater) felt God was pushing the "A" button - patient reports shooting two people, his brother and ex-girlfriend and he feels upset and feels remorseful and cried during the session regarding this. The patient states also that God also gave him a second chance to pick up the four people and he understood he "messed up" when he shot his brother. He had reported hearing voices of God telling him to go and sit on death row for six years and he would be the antichrist and brother would be Jesus; if he stayed seven years in jail he would become Jesus and his brother would be the antichrist. He believes in seven years God is going to push the same button and he would eventually die. All this started approximately June 3, 2009 when he was sent to the hospital and he started feeling that God was putting an IV in him and was going to kill him. He had reportedly 51 cents in his bank account and that gave him the age God will be when the patient dies in approximately 7 years. He said God is approximately 44 years of age. (p. 2)

During this admission, Mr. Slater received antipsychotic medication, and was eventually prescribed an antidepressant medication, Zoloft. His preoccupation with a fluid array of religious and numerological persisted, along with his reports of auditory hallucinations, but his thoughts about suicide decreased. In her Discharge Summary, Dr. Yaratha wrote:

When seen on 9/29 he said he heard two or three voices, one was middle-aged male and one was his brother and one was a female voice telling him to kill

himself. He denied any thoughts of harming himself as well. He believes that he needs to go through the legal system but he would die at age 30 and the brother would become the antichrist. He keeps adding various numbers and says they add up to 666 at times. He did complain that the Risperdal makes him forget things. There was noted some depressive symptoms but Zoloft was also added as this could also help some of his anxiety symptoms as well. (p. 4)

Mr. Slater returned to the NRADC in mid-October 2009. Within two weeks, however, he returned to CSH under another emergency treatment order with a diagnosis of Paranoid Schizophrenia; in response to auditory hallucinations, he had attempted to hang himself in his cell with a bed sheet on October 31, 2009. After suspending himself from a fixture on the ceiling, he became frightened and kicked on his cell door to alert staff. Staff had to cut the sheet off and he was noted to be cyanotic with an abrasion on his neck. Mr. Slater reported being preoccupied with the song lyric, "Bye, Bye, Miss American Pie", and described hearing a persistent voice that convinced him that he would spend less time in hell if he succeeded in killing himself.

During his second admission to CSH, Mr. Slater appeared to benefit from continuing to take antidepressant medication. He did not present any behavioral management problems. Because his spontaneous complaints about hallucinations and delusional beliefs diminished following his admission, antipsychotic medication was not resumed until after he returned to the NRADC in mid-January 2010.

Treatment records from the NRADC since mid-January make note of Mr. Slater's continued auditory hallucinations, his racing thoughts, and his continued preoccupation with bizarre ideas/delusions concerning numbers, dates, death, the victims, and religion. Staff recommended that he resume taking Risperdal, but he initially refused. Later, in February of this year, he began taking Risperdal again (4mg qhs, along with Cogentin 1 mg bid and Prozac 40 mg qd), but he reported uncomfortable side effects and seemed more depressed. He complained that, as the Risperdal lessened the intensity of his psychosis, he in turn felt more emotional pain and sadness; he felt that his delusions had provided a buffer that softened the reality of his offenses and his situation. Records indicate that he discontinued the Risperdal in early March.

FINDINGS

Mental Status and Behavioral Observations: Mr. Slater exhibited a variable mental status across our four meetings. During our first three meetings, Mr. Slater was alert and oriented in all spheres, but he was internally preoccupied and only marginally attentive. His speech was monotonic, tangential, and very fluid, with slow flight of ideas, disjointed/loose associations, and idiosyncratic use of several words. He described his mood variously as "calm" and "down", and his expression of affect ranged from flat to labile/inappropriate. Mr. Slater's reality testing was poor. He was preoccupied with a wide-ranging array of bizarre, grandiose, and religious

delusions that, because of their extreme convolutions and variety, defy specific delineation. Suffice it to say that he was perceiving his present situation and his past behavior in a highly distorted manner that incorporated beliefs about his role in 1) causing or preventing the end of the world, 2) causing or preventing wars and other significant world events, and 3) causing or preventing the redemption, damnation, and reincarnation of himself and others. These themes dominated his thought processes (and our discussions) during our first three meetings, and found expression in the forms of magical beliefs and ideas of reference about numbers, dates, world events, conversations with others, television broadcasts, et al. He described persistent auditory hallucinations that variously offered him guidance, commented on his behavior, or "revealed" the meaning of otherwise innocuous occurrences. His recent and remote memory was marginal, in that his recollections of past events were, in a way, refracted through the distorting prism of his disordered thinking. Although he denied an active intention to take his life during our first three meetings, he offered a jumble of confused verbalizations that pertained to the likely duration of his life, the likely duration of his banishment to hell, etc.

During our fourth and final meeting, Mr. Slater was in better contact with reality. He was able to engage in a realistic and relevant discussion about his legal situation, without interjecting delusional ideas, and without getting derailed into the bizarre preoccupations and psychotic drivel that had dominated our first three meetings. Although his delusions were less forward than they had been in the past, they were still accessible via direct questioning; they did not, however, intrude and disrupt his focus on realistic matters. He commented that he still experiences auditory hallucinations, but he seemed less concerned with them. Mr. Slater acknowledged that he has been feeling more depressed as the intensity of his psychotic symptoms decrease in response to continued antidepressant treatment. He admitted that he "missed" his delusions, since they provided him with an alternative (and less hopeless) perspective from which to view his offenses. Without ready access to his delusions about redemption, reincarnation, etc., he is left to confront the enormity and pointlessness of his actions against the victims, which causes him considerable emotional pain.

Mental State around the Time of the Offense: Available information, including reports from Mr. Slater's family and friends, as well as reports from family and friends of his victims, clearly indicates that Mr. Slater experienced a significant psychological deterioration during the months preceding the offenses.

Following his break-up with Kayleigh Plamondon in late December 2008, Mr. Slater became more depressed, and his use of hallucinogenic drugs escalated. Several observers noted that he began to talk and behave in an increasingly bizarre manner, first when he was "high" or "tripping", but eventually even when he was sober. He believed that various people and associates were God, or Jesus, or the antichrist. He believed that one friend, [REDACTED], had stolen his face. Several of his friends spoke with his older brother Scott about Mr. Slater's odd behavior/beliefs, and expressed concern that he was "going crazy".

Through the spring of 2009, Mr. Slater's behavior and condition deteriorated further. He became more morose and depressed. His sleep became erratic, his appetite was off, and he felt increasingly hopeless. By May 2009, he was unable to function at work and lost his job. His grandmother evicted him from her home because of his erratic behavior. Mr. Slater's thoughts and feelings about his former girlfriends had become fused with his bizarre religious/apocalyptic beliefs, and with the intensifying auditory hallucinations, that had come to dominate his thoughts. He felt torn between a frustrated desire to resume his relationship with Kayleigh, and his delusional conviction that God wanted him to resume his relationship with the mother of his child. This latter course of action was unthinkable for Mr. Slater, but he had become convinced (within his delusional perspective) that this was necessary to prevent Kayleigh and Scott from being sent to hell. He had become convinced that the fates of his friends and family, his own destiny, and the destiny of the world would be determined by finding a solution to this dilemma.

Mr. Slater describes coming to the conclusion by the beginning of June that God wanted him to take his own life. Following his emergency room visit on June 3, he became convinced that God wanted him to die, one way or another. By the day of the offenses, he had become convinced that God would take his life if he fell asleep that night. In his distraught and psychotic state, he crafted what he hoped would be a compromise that God would accept; Mr. Slater would kill Kayleigh and Scott, and then suffer his own death. Mr. Slater explains that he believed that Kayleigh and Scott would initially go to hell, but then all three would be transported to heaven after his death, and eventually come back to life.

CONCLUSIONS

Mr. Justin Slater presents as a depressed young man with significant residual symptoms of a psychotic mental disorder. He continues to experience intermittent auditory hallucinations, and his reality testing is at times quite marginal. Delusional ideas and suicidal thoughts are still present, but do not intrude into his thinking quite as vigorously as had been the case several months ago. His clinical presentation and the course of his illness suggests a Major Depressive Disorder, with Psychosis, in unstable partial Remission; rule-out Schizoaffective Disorder, Depressed Type, in unstable partial remission. Polysubstance Dependence appears to have been a significant factor that both exacerbated his depression, and precipitated his gradual psychotic decompensation, during the past year.

It is my opinion to a reasonable degree of professional certainty that Justin Slater's disordered mental condition, which was then entirely untreated in early June 2009, caused extreme mental and emotional disturbance around the time of the offenses, and impaired his ability fully to appreciate the criminality of his conduct.

Mr. Slater's intermittent adjustment/management problems in the jail can be attributed entirely to the fact that his mental illness has yet to be fully and consistently treated. Mental health staff in the jail, who know him well, understand his self-harm behavior as being related to his depression

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and psychosis, and not to any intention to manipulate staff or disrupt facility routines. Indeed, his condition renders him quite vulnerable in any correctional setting, as evidenced by his recent assault at the hands of another incarcerated patient at CSH.

Mr. Slater will require aggressive and ongoing psychiatric treatment after he transitions to the Department of Corrections (DOC). He will require antidepressant and antipsychotic medications, as well as psychosocial therapies to support his adjustment, as well as his capacity to collaborate with psychiatric treatment. Recent trials of Risperdal have been inefficacious and poorly tolerated; it will be necessary to consider alternative psychotropic medication to stanch the reemergence of highly salient hallucinations, intrusive delusions, and the behaviors that tend to derive from both. Time, and the emerging course of his illness, will determine whether his condition is best understood as falling along the schizophrenia spectrum, and whether there is an element of bi-polarity. Mood-stabilizing medications may eventually prove useful in modulating his mood and behavioral symptoms.

The findings and opinions presented in this report are based upon information available at the time this report was prepared. These findings and opinions will be subject to reconsideration and possible addition or modification in the event new information is forthcoming from any source.

Please contact me if you have any questions.

Very truly yours,

William J. Stejskal, Ph.D.
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