

Comprehensive Mental  
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## FORENSIC PSYCHIATRIC EVALUATION

NAME: Mark Halburn  
SSN: XXX-XX-6201  
DATE OF BIRTH: 11.17.61  
CASE #: 07-C-198  
COUNTY: Putnam (West Virginia)  
REFERRAL SOURCE: Mary Sanders, Attorney-at-Law  
Huddleston Bolen, LLC  
TESTS ADMINISTERED: Computerized Assessment of Response Bias (CARB);  
Word Memory Test (WMT); Structured Inventory of Ma-  
lingering Symptomatology (SIMS); Wechsler Abbreviated  
Scale of Intelligence (WASI); Trail Making Test; Minne-  
sota Multiphasic Personality Inventory-2 (MMPI-2)  
PSYCHIATRIST: Daniel Thistlethwaite, M.D.  
PSYCHOLOGIST: Steven Dreyer, Ph.D.  
PSYCHOMETRICIAN: Amy Rochette, B.A.  
DATE OF EVALUATION: 09.11.08

### QUALIFICATIONS OF EXAMINER(S):

#### Daniel B. Thistlethwaite, M.D.

- 1). Diplomate American Board of Psychiatry & Neurology, June 1933, Certificate # 37883.
- 2). WV License # 15674, issued 11/14/88.
- 3). Diplomate American Board of Forensic Examiners, Certificate # 2622.
- 4). Diplomate American Board of Forensic Medicine.
- 5). Member American Psychiatric Association.
- 6). Member American Academy of Psychiatry & the Law.
- 7). Assistant Clinical Profession, Department of Psychiatry, West Virginia University School of Medicine.
- 8). Past Co-Medical Director Forensic Unit, South Central Regional Jail.
- 9). Consultant to West Virginia Department of Corrections and West Virginia Division of Juvenile Services.

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**QUALIFICATIONS OF EXAMINER(S): Cont.**

**Steven F. Dreyer, Ph.D.**

- 1). Director of Psychological and Neuropsychological Services, PsyCare, Inc.
- 2). Neuropsychological Consultant, Charleston Area Medical Center Department of Rehabilitation Medicine.
- 3). Clinical Associate Professor, West Virginia University Department of Behavioral Medicine and Psychiatry.
- 4). Diplomate in Neuropsychology, American Board of Psychological Specialties.
- 5). Fellow, American College of Advanced Practice Psychologists.
- 6). Diplomate in Clinical Psychology, American Board of Psychological Specialties.
- 7). Listed in National Register of Health Service Providers in Psychology.
- 8). Member of American Psychological Association, West Virginia Psychological Association, International Neuropsychological Society, and National Academy of Neuropsychology.
- 9). Past President, West Virginia Psychological Association.
- 10). Ph.D. in Clinical Psychology from the University of North Dakota.
- 11). Licensed psychologist in the state of West Virginia, License # 175.
- 12). Member American College of Forensic Examiners.

**RECORDS REVIEW:**

- 1). Complaint;
- 2). Halburn's Web Blog (12/06-09/08);
- 3). Medical Records of Mark Halburn (1 Volume);
- 4). Motion for Leave to Withdraw (with June 24, 2008 letter from Michael T Clifford to Mark Halburn and Delores Halburn;
- 5). Deposition Transcript of Mark Halburn;
- 6). Workers' Compensation Records of Mark Halburn.

**EXERPTS FROM RECORDS:**

- 1). The Complaint filed on August 28, 2007, accuses the defendants of exposing the plaintiff to blasting, excessive exposures to lights, excessive smoke, and excessive exposure to noise.
- 2). In a Motion to Withdraw, dated June 24, 2008, in a letter addressed to Mark and Delores Halburn, Mr. Clifford stated "I no longer have the patience to put up with the insufferable complaining and inability to see legal nuances involving these cases. The fact

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that you once were offered a buy-out but refused it because you thought the property would have more value after the completion of Wal-Mart is both troubling and inconsistent with the argument that you need to move.”

3). Deposition of Mark Halburn, on Pages 56 and 57, Mr. Halburn alleges that Kanawha Stone Company “made our life a living hell and refused to do anything legal about it”, referring to the blasting during construction. On Page 84, he notes that his wife and her mother purchased their house for \$40,000, in 1992. On Page 87, he reports that they are asking \$350,000 for their house and then on Page 88, it is quoted, “I’ve been told and I believe that our neighbors are using Wal-Mart and expecting to make a huge amount of money and, you know.” Mr. Halburn made the claim that a Cleveland Construction employee was backing up a piece of equipment at 4:23 in the morning, causing him to awaken. Later in the deposition, on Page 150, he noted that they live approximately 90 seconds from the Interstate. He contends that had Cleveland Construction not built the Wal-Mart it would not have been built and he holds them accountable for such things as the traffic now going to Wal-Mart, car alarms going off in the Wal-Mart parking lot that he hears, and the sweeper that cleans the Wal-Mart parking lot at 12:15 in the morning.

4). The Halburn Blog: On December 26, 2006, Mr. Halburn indicated that he was awakened by lights coming through his upstairs window at 6:35. He proceeded to make phone calls to Mayor Peak and Scott Edwards, indicating that both of them were sleeping when his call was made. On January 11, 2007, Mr. Halburn references his arrest on telephone harassment charges by the Hurricane Police Department. On January 20, 2007, he comments, “Buy us out and move us and I won’t have to do a blog called “Living With Wal-Mart Construction.” On June 13, 2007, he comments, [referring to the Scott Edwards], “He should buy us out and develop the rest of the hill, then everyone would win.” Mr. Halburn wrote on a near daily blog about the construction, complaining of the noise and lights coming from the construction site and personally attacks individuals that send e-mails with a differing opinion. Mr. Halburn blogged for well over a year, complaining of excessive noise, initially from the construction of Wal-Mart and, upon completion of the construction, to complain about the “excessive traffic noise” now emanating from the Wal-Mart.

5). Medical Records of Mark Halburn:

- a). On hospital admission to Putnam General Hospital on July 28, 2006, Mr. Halburn was seen by Enrique SanAna, M.D., and patient gave a history of sleep apnea for two years with the use of a C-PAP machine.
- b). On July 31, 2006, Mr. Halburn had a cardiac catheterization which was unremarkable.

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c). During a 23-hour observation admission at St. Mary's Hospital in August 2006, the nurse noted, "Patient aggressively demanding to be discharged. He asked for the Attending or General Surgeon to 'come right now' to discharge him." It was earlier noted, "Called to room per patient. I introduced myself and asked what I could do for him. The patient began complaining about the previous 24 hours and what he had been involved with. His complaints began prior to admission with radiology and have continued until present. He became very demanding, insisting that I get him a big screen TV and a lap top computer. I explained to him that I was unable to do that he became angry and demanded to speak to my boss." During his hospitalization he refused timed cardiac isoenzymes as well as other labs.

At the beginning of this evaluation, Mark Halburn was advised of the nonconfidentiality and voluntary nature of the evaluation and that he had the right to refuse to answer any questions that he chose not to answer. He was further informed that any information provided had the potential of being included in a written report and/or discussed in a courtroom setting. He was informed that this evaluation was for forensic purposes only and that no treatment would be offered. Mr. Halburn's understanding of the conditions of this evaluation was confirmed and his consent to proceed was obtained.

Mr. Halburn was provided a copy of the Consent Form to proceed with the evaluation. Mr. Halburn initially made multiple changes by writing on the form and insisting he would not sign it until these changes were agreed to. Mr. Halburn was informed that no changes would be made to the consent agreement and that he had a right to refuse to proceed, however, he was also advised that this was a court ordered examination and that there could be potential consequences if he refused to proceed. At that time, Mr. Halburn became quite hostile, aggressive, and verbally abusive towards staff and the examiner. He demanded to speak with the attorney from whom the original referral was made. After discussing with the attorney via telephone, he eventually did agree to all terms of the consent and proceeded with the examination.

**HISTORY:** Mr. Halburn was very reluctant to provide much history although does note that he had been examined as a child by a psychiatrist and noted that he was taken there, by his report, because his mother was concerned that he cried too much. He recalled that this occurred at age five to eight and recalled vaguely that he was prescribed Ritalin. He could not provide any other specific details of any diagnosis or other treatment specifics. Mr. Halburn did recall that when he attended college he later returned to the psychiatrist who had examined him previously to question as to why he had been treated. He relates

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that the psychiatrist told him he, essentially, was seen because of his mother's psychiatric illness.

Since that time, Mr. Halburn denies any psychiatric treatment except for recently being provided Lexapro, 10 mgs daily, by his primary care physician (Dr. Santana).

**CURRENT PSYCHIATRIC SYMPTOMS:** Mr. Halburn complains of poor sleep and notes that this is because “there is so much noise from cars going up and down the road.” He also complains that his sleep has been disrupted for some time due to construction at the shopping center which was being built adjacent to his home. He also complains that he cannot enjoy his life because his home is no longer peaceful. He complains of traffic noise, lights, and highway noise that he says he previously could not hear.

Mr. Halburn does not describe any other significant vegetative symptoms that would suggest depression.

Stressors include litigation and conflict with contractors assigned to build the shopping plaza adjacent to his home. He also believes that he has been targeted by the authorities in his county because he has made complaints and also has a website on which he posts information criticizing them. He believes there has been a conspiracy amongst the county administration and other political powers. He made several statements during the interview that there were “ethics violations” and believes that laws are being manipulated in a way which harms him. Mr. Halburn also notes that he has conflict with his neighbors, whom he described as “idiots.” He complains that they have set a selling price for their homes so high that it is preventing the sale of his own home. (This is his ultimate desire so that he can leave the area).

Mr. Halburn also reports that he dislikes his current job stating, “I can't stand the job.” He notes that he currently works for a customer call center and also occasionally substitute teaches in social studies and journalism.

When Mr. Halburn was asked to describe what specific psychological damages he has suffered, he mentioned noise, inconvenience, being arrested, and feeling as if he is being harassed.

**PAST MEDICAL HISTORY:** Initially, Mr. Halburn refused to provide medical information but later did report that he has been diagnosed with diabetes mellitus and hypertension. Medical records also indicate that he had a cardiac catheterization due to complaints of chest pain. Records also document sleep apnea.

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**CURRENT MEDICATIONS:** Benicar; Lexapro; and an unknown medication for his diabetes. (Mr. Halburn did admit that he checks his blood sugar rather infrequently although notes he has also been recently working with a personal trainer and has lost approximately 30 pounds, with diet and exercise, to help control his diabetes).

**FAMILY HISTORY:** Mr. Halburn's mother, by his report, was "suicidal for years." She, reportedly, was hospitalized a number of times for psychiatric symptomatology. Mr. Halburn believes that she may have suffered from bipolar illness but does not know her specific diagnosis. He reports that his maternal great grandfather had alcohol problems. He also reported a paternal grandfather with alcohol problems and a paternal grandmother who was "in and out of mental hospitals and abused by my grandfather." Mr. Halburn also later stated that his sister had psychiatric problems reporting "she's nuts." He reports he is not aware of any diagnosis or treatment but describes her as having had multiple abortions, having abused methamphetamine, and having had multiple legal problems.

**PSYCHOSOCIAL HISTORY:** Mr. Halburn was reluctant to provide any information about his upbringing. He notes that he has a bachelor's of arts degree from California State University, Fullerton in communications. He has one older sister, with whom he has a distant relationship. He did not provide information regarding his father. He notes his mother is still living and resides in an extended care facility in California. (He did allude to the fact that that he, essentially, grew up in California noting, "Where I'm from in California this kind of stuff wouldn't happen").

Mr. Halburn is married to Delores Halburn and they have one child. He reports no other marriages or other children.

**MENTAL STATUS EXAMINATION:** Mr. Halburn is moderately obese. He was appropriately dressed and groomed. He was, essentially, uncooperative, extremely hostile, and verbally aggressive intermittently throughout the interview. He was specifically aggressive toward assistant staff in the office, as well as the examiner. He was alert and oriented in four spheres. His stream of thought was relevant and coherent when he was not agitated, however, he was noted to be somewhat tangential and rambling when distressed. His mood was agitated at times, although at times he displayed neutrality of mood. His affect was moderately labile. He denied suicidal or homicidal thinking. He denied psychotic symptomatology. He did not display symptoms suggestive of a psychotic process. His personality style was rather narcissistic and self-centered. Cognitive Functioning – memory was intact to recent and remote testing. He was able to complete serial sevens without difficulty. He was able to spell words forward and in reverse. He was able to abstract proverbs without difficulty. Judgment was intact to hypothetical test-

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ing although clinically, based on record review, appears to be rather impulsive. His insight was significantly limited.

## PSYCHOLOGICAL TEST RESULTS

As part of the comprehensive Forensic Psychiatric Evaluation, Mr. Halburn was administered a series of objective psychological tests to assist in differential diagnosis and case disposition. Results are as follows:

### Validity Measures:

The **Computerized Assessment of Response Bias (CARB)** was administered as an objective measure of response bias tendencies, including those of symptom exaggeration and/or malingering of cognitive deficits. Mr. Halburn obtained a score within the “Good Effort” range, indicating that he attended carefully to the task and performed at a level consistent with well motivated, normal control groups and well motivated persons with brain injuries. Results were not suggestive of response bias on this particular instrument.

The **Word Memory Test (WMT)** was administered as an additional objective measure of response bias tendencies. Mr. Halburn obtained a score within the “Extreme Exaggeration” range. Three separate measures on the WMT which are sensitive to response bias were below the normal range and provided strong evidence of systematic response bias. Mr. Halburn has responded in a fashion which is consistent with a pattern obtained by individuals attempting to simulate cognitive deficits. It is considered highly unlikely that even an individual who has sustained severe brain damage would perform this poorly in the absence of symptom exaggeration or malingering issues.

The **Structured Inventory of Malingering Symptomatology (SIMS)** was administered as a measure of tendencies toward symptom exaggeration and/or malingering of specific psychiatric symptomatology. Mr. Halburn obtained a score within normal limits and, as such, there was no evidence of blatant symptom exaggeration and/or malingering of psychiatric symptoms.

In summary, mixed results were obtained on the validity measures. The significant disparity between the CARB and WMT results are suggestive of significant variability in motivation and effort involved on measures of cognitive capacities. As such, it is considered likely that findings on concurrently administered measures of cognitive ability are not reflective of optimal performance. Conversely, the findings on the SIMS suggest that

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Mr. Halburn was not blatantly exaggerating or malingering specific psychiatric symptomatology.

**Cognitive Measures:**

It is the psychological evaluator's understanding that Mr. Halburn arrived over an hour late for the scheduled testing and, as such, time limitations required an abbreviated test administration. For example, on the **Wechsler Abbreviated Scale of Intelligence (WASI)**, time limitations allowed for only the completion of the Expressive Vocabulary subtest. Mr. Halburn obtained a subtest score within average parameters, a finding which would be consistent with educational and vocational background.

The **Trail Making Test** was administered as a measure of visual scanning, visual motor processing speed, and serves as a gross measure of cognitive flexibility and executive functioning. Mr. Halburn was capable of numerical sequencing as well as alternating alphabetical and numerical sequencing within normal time limits. Findings suggest that visual scanning and visual motor processing speed are within normal limits for his chronological age. In addition he demonstrated the capacity to shift and maintain the shift in learning set with minimal tendencies toward perseveration. As such, cognitive flexibility and executive functioning were assessed to be grossly intact.

**Personality Assessment:**

An objective personality assessment was conducted utilizing the **Minnesota Multiphasic Personality Inventory-2 (MMPI-2)**. The resulting validity indices were within ranges permitting interpretation of the clinical profile pattern. Findings were not suggestive of the presence of an Axis I clinical syndrome, as subscales measuring endorsement of symptoms related to a mood disorder (i.e., anxiety and depression) or a thought disorder (i.e., psychotic symptom patterns) were not significantly elevated. However, findings were suggestive of the presence of an Axis II or Personality Disorder. Scales assessing anger, hostility, paranoid ideation, and agitation were all significantly elevated. Restructured clinical scale profile patterns revealed significant elevations correlated with cynicism and ideas of persecution. Content scale elevations reveal acknowledgement of familial and marital distress along with aggressive tendencies. The potential for acting out on aggressive impulses is considered a possibility.

Results of objective psychological testing are to be utilized in conjunction with the comprehensive psychiatric assessment with finding placed within the appropriate clinical context.



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**IMPRESSION:**

- Axis I: Malingering. Significant symptom exaggeration was noted on psychological instruments designed to assess for exaggeration of cognitive deficits.
- Axis II: Personality Disorder, not otherwise specified, with narcissistic and paranoid traits.
- Axis III: Hypertension; Diabetes Mellitus; Sleep Apnea.
- Axis IV: Psychosocial Stressors – Litigation.
- Axis V: Current GAF – estimated at 60 to 65 with chronic impairment due to personality disorder.

**DISCUSSION:** There is no evidence that Mark Halburn suffers from a psychiatric illness as a result of any stress created by construction of a shopping center which is in the proximity of his home. Mr. Halburn has been distressed, upset, and angered by what he perceives as improper due process and believes that he is the target of the authorities. All of this is the result of a severe personality disorder which predates any of the alleged stressors.

It should be noted that Mr. Halburn's psychological profile and behavior would suggest that he has propensity for aggressive behavior. No history of overt violence is found, however, given his degree of agitation and volatility noted during our examination, any threats made by Mr. Halburn should be taken seriously and dealt with appropriately.

The opinions in this report are stated to a reasonable degree of medical probability in the field of forensic psychiatry. These opinions may be amended should additional records be received and an additional report will be provided upon request.

Thank you for this referral. If you have questions regarding this evaluation and/or report, please feel free to contact this office.



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