

# Charles G. Guyer II, Ed.D.

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*Fellow of American Psychological Association*

*Diplomate in Counseling Psychology  
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*Pain Management*

## PSYCHOLOGICAL EVALUATION CONFIDENTIAL

Name: Ronnie L. Kimble  
Date of Birth: 1/17/72  
Age: 25 years, 10 months, 1 day  
Dates of Testing: 10/28/97, 11/5/97,  
and 11/18/97  
Examiner: Dr. Charles G. Guyer II

### TESTS ADMINISTERED:

- 1) Clinical Interviews
- 2) Weschler Adult Intelligence Scale  
—Revised (WAIS-R)
- 3) Bender-Visual-Motor Gestalt Test
- 4) Minnesota Multiphasic Personality  
Inventory-2 (MMPI-2)
- 5) House-Tree-Person Test (H-T-P)
- 6) Kinetic Family Test
- 7) Rorschach Method
- 8) Interview with Mr. Hatfield
- 9) Interview with his parents  
(12/2/97)

REASONS FOR REFERRAL AND REFERRAL SOURCE: Mr. Ronnie Kimble was referred for psychological evaluation by Mr. John B. Hatfield, Jr., J.D. He was referred due to allegations that have been made that he murdered his sister-in-law. Mr. Kimble denied these charges. Mr. Kimble complains of a sleep disorder which he indicated was diagnosed while he was on active duty in the U.S. Marine Corps. He was not clear on what exact diagnosis was given to this disorder. I have not been able to get a copy of his medical records. Mr. Hatfield has requested these from USN (who is the Medical Corps for USMC).

RELEVANT HISTORY AND BACKGROUND: Mr. Kimble is the youngest in a sibship of two from an intact family. His description of his family leads one to view the family as not close. He indicated that he did see a counselor when he was younger. He felt that he saw this counselor due to some minor problems he was having as a child. This was approximately at his age of 12 years old. He related that he is a high school graduate. He stated that he has had no history of legal problems through high school or while in active duty in the Marine Corps. His father is a Baptist minister. His mother works as an insurance clerk with Travelers. Mr. Kimble had hoped to go to work for the Postal Service when he left the U.S. Marine Corps. He is aware that his father was adopted and he has little knowledge of any psychological or medical history from that side of the family. He does feel that his parents show favoritism to his brother. There is a history of alcoholism in his father. Mr. Kimble indicated that his father has not drank for the past 20 years. Mr. Kimble teared as he spoke of his father being an orphan and of his father's stopping drinking. Much of this history was also documented in the newspaper story.

MEDICAL HISTORY: Mr. Kimble indicated that he has no medical problems with the exception of a sleep disorder. He described periods of excessive sleepiness and irresistible attacks of refreshing sleep. He related experiences which sound like either hypnopompic or hypnagogic hallucinations. He feels that on, at least one occasion, he walked 5 miles with his platoon while in a state of dissociated consciousness where sleeping and waking states were combined for him. He also explained that he had "stood guard duty" in this same state. He denied experiencing insomnia, restless legs or other dyssomnias. He did believe that he suffered with somnambulism as a child. Parents confirmed that he often had trouble staying awake as a child. They confirmed the rest of his history also.

BEHAVIORAL OBSERVATIONS AND MENTAL STATUS EXAMINATION: Mr. Kimble was interviewed in the Guilford County Jail. He was dressed in a prison jumpsuit. General appearance revealed an alert and oriented 25 year old male of mesomorphic build. He was cooperative and polite throughout the diagnostic interview. There was no obvious indication of deception during the interview or test administration. He was not clear on the reasons for undergoing a psychological testing. He exhibited no difficulty with eye sight or hearing. He was well-kempt and motor activity was appropriate. He spoke in a normal rate, tone, and volume. Mood was euthymic with full range of affect. Eye contact was appropriate. He complained of hypersomnia and an uncontrollable urge to sleep. He exhibited no indications of auditory or visual hallucinations during the testing session. Thought was logical and relevant. Thought content was dominated by his current situation of being incarcerated and issues surrounding allegations that he had murdered his sister-in-law. Memory was intact for recent and remote events. He did exhibit some difficulty with long term memory and distinguishing factual events from what might be either hypnopompic or hypnagogic hallucinations. Rapport was readily established and Mr. Kimble appeared to put forth his best effort on all tasks required of him. He exhibited no motor tremors, stigmata, nor tics. He denied suicidal or homicidal ideations. Gross and fine motor skills are intact.

TEST RESULTS AND INTERPRETATIONS: Current intellectual abilities as measured by the Wechsler Adult Intelligence Scale-Revised (WAIS-R), fall within the average range of intelligence with a full scale IQ of 99, a verbal scale IQ of 88 (low average range), and a performance scale IQ of 118 (high average range). There is a significant discrepancy between his verbal and performance scaled scores. This would indicate an individual who is likely to make poor academic grades and possess a poor reading ability. Persons with this discrepancy are usually described as "doers, not thinkers".

VERBAL SCALED SCORES:  
Information-----6  
Digit Span-----8  
Vocabulary-----7  
Arithmetic-----11  
Comprehension-----10  
Similarities-----8

PERFORMANCE SCALED SCORES:  
Picture Completion-----11  
Picture Arrangement-----13  
Block Design-----12  
Object Assembly-----12  
Digit Symbol-----14

Ten (10) is average.

Within the verbal area, relative strengths appear in the areas of concentration, and social judgement. Relative weaknesses are in the area of attention span, vocabulary, abstract verbal conceptualization, general fund of information and knowledge.

RE: Ronnie Kimble

Within the performance (non-verbal) area, strengths emerged in capacity for visual-motor organization, sequencing abilities, visual attention to detail, spatial orientation, and psychomotor functioning. All scores in the performance area were above average.

The Bender-Gestalt-Perceptual Test was administered to further assess perceptual motor functioning. Mr. Kimble scored no errors in his Bender reproductions. This would suggest that he is functioning at age level in the perceptual sphere. Emotional indicators suggest a withdrawn and fearful person who experiences problems with authority figures. There are also indications of anxiety, tension, and depression.

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) test results suggests an individual with a good ego-strength. He is somewhat defensive. This is often seen in persons who are incarcerated. All clinical scales fall within the normal range.

Projective techniques support the findings of the MMPI. He exhibits an interest in the common place and may become rigid and constricted when placed under pressure. He does have a tendency to hold in emotions and then possibly react in an emotional manner to what appears (to the casual observer) to be an insignificant event. He does not view himself as close to his mother or father. He does feel that he is close to his wife and views her as his family. He is presently experiencing some feelings of depression and anxiety. This might be expected for a person in Mr. Kimble's current situation. There are no indicators that would suggest that Mr. Kimble abuses drugs or alcohol. This was supported by Mr. Kimble's scores on the MMPI-2, MacAndrew's Alcohol Scale, and the Addiction Admissions Scale, and the Addiction Potential Scale.

**DIAGNOSIS:** DSM-IV Axis I: 309.28 Adjustment disorder with mixed anxiety and depressed mood.  
Axis II: No diagnosis.  
Axis III: Rule out--a Dyssomnia.  
Axis IV: Stress from being charged with the murder of his sister-in-law.  
Axis V: Global assessment of functioning (GAF-85) current--minimal symptoms of depression and anxiety which appear transient and due to Mr. Kimble's current circumstances of incarceration stemming from allegations that he murdered his sister-in-law.

**SUMMARY:** Mr. Ronnie Kimble is a 25 year old white male who presents with the chief complaint of experiencing symptoms of a dyssomnia. He is presently under a great deal of stress from being incarcerated and charged with the murder of his sister-in-law. He denied these charges. He is currently functioning within the average range of intelligence with a full scale IQ of 99. His strongest areas of performance are in sequencing abilities, and psychomotor functioning. His weakest areas of performance were in general fund of information and vocabulary. He is experiencing some feelings of anxiety and depression due to his current situation. It is felt that his history of a sleep disorder bears further investigation. He denied suicidal or homicidal thoughts. There were no indications on his personality testing which would suggest the presence of suicidal or homicidal thought. There were no suggestions of sociopathy and he does appear to have the capability for empathy. He does know right from wrong and he is capable of aiding his lawyer in preparing his defense.

RECOMMENDATIONS:

1. A thorough evaluation by a certified sleep disorders clinic which utilizes a multidisciplinary approach. There is such a clinic at Moses Cone Memorial Hospital in Greensboro, NC, which is under the direction of Dr. Clinton D. Young. There are also clinics like this at Duke University, UNC-Chapel Hill, and Wake Forest.
2. A review of his entire medical history prior to and including his time in the USMC is imperative.
3. Follow up psychotherapy to decrease his anxiety and depression.

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CGG/tds

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## BILLING FOR

RONNIE KIMBLE

	CLINICAL TIME	TIME SPENT SCORING, INTERPRETING, AND WRITING REPORT
1. Wechsler Adult Intelligence Scale-Revised	90 min.	30 min.
2. Bender-Visual-Motor Gestalt Test	15 min.	15 min.
3. House-Tree-Person Test	15 min.	15 min.
4. Kinetic Family Drawing Test	15 min.	15 min.
5. Rorschach Method	50 min.	240 min.
6. Minnesota Multiphasic Personality Inventory-2	10 min.	40 min.
7. Clinical interview	60 min.	N/A
8. Second clinical interview	60 min.	
TOTAL TIME:	315 min.	355 min.
TOTAL TIME:	670 min.	

Billed at \$120 per hour.

TOTAL DUE: \$1,340.00

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