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COMMUNITY BEHAVIORAL SERVICES

Psychological Counseling, Assessment, and Forensic Ser

Harry Krop, Ph.D., Director

1212 NW 12th Avenue • Gainesville, Florida 32601-4195 • (904) 37

July 13, 1992

Steven Glaser, Esquire  
220 N. W. 14th Avenue  
Gainesville, Florida

Re: Aileen Wuornos  
Case#: 91-1232 CFA ES

Dear Mr. Glaser:

Pursuant to your request, I conducted a psychological evaluation on Ms. Wuornos on July 10, 1992, at the Broward Correctional Institute. Although Ms. Wuornos agreed to see me, as the session progressed, she became increasingly paranoid and manifested a full-blown delusional system. As you know, I had previously evaluated this defendant (1/09/92) and diagnosed her as Borderline Personality Disorder with paranoid features. Subsequently, she has been incarcerated on Death Row and has apparently decompensated. At this time, she is exhibiting a fixed delusional system which suggests that she perceives her former attorneys as well as her present lawyer as part of a conspiracy.

In conclusion, it is this examiner's opinion that Ms. Wuornos is suffering from a Delusional Disorder, Persecutory Type. In view of this evaluation, it is this examiner's opinion that Ms. Wuornos is Incompetent to Proceed, particularly in that her ability to rationally participate in plea bargaining is significantly impaired.

Thank you for requesting my assistance in this case. Please feel free to contact me if I can provide any additional information.

Sincerely,

*Harry Krop*

Harry Krop, Ph.D.  
Licensed Psychologist

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*Despite this  
evaluation, Glaser  
still pled her guilty  
and made no effort  
to have the Death  
Penalty waived in  
exchange.*

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**COMMUNITY BEHAVIORAL SERVICES**

Psychological Counseling, Assessment, and Forensic Services

Harry Krop, Ph.D., Director  
Licensed Psychologist

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November 3, 1992

Steven Glazer, Esquire  
P.O. Box 5114  
Gainesville, Fl 32602

RE: Aileen Wuornos  
Case No: 91-1232-CFAES

Dear Mr. Glazer:

I am writing to clarify my role as a psychological expert in the above-styled case. It is my understanding that you are requesting my assistance in the penalty phase in the Pasco County case, the hearing to be held sometime in December, 1992. In that my prior evaluation did not specifically address this case, I will need to interview Ms. Wuornos again, preferably in my office. This interview can occur within two weeks of the hearing. I would also like to review the transcripts of the proceedings in the Volusia County case and any additional materials specifically related to the Pasco County investigation.

In that the Order signed by Judge Tepper (7/8/92) only appears to address the competency issue, I would suggest a revised Order which appoints me to assist in the Penalty phase of this trial. Should the Court not permit transportation to my office, I would respectfully request that the Order include authorization for me to be reimbursed for my travel time and expenses to see Ms. Wuornos in the Pasco County Jail or at the Broward Correctional Institution.

Thank you for your consideration.

Sincerely,

*Harry Krop*  
Harry Krop, Ph.D.  
Licensed Clinical Psychologist

HK:cs

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BILL E. MOSMAN, Ph.D., J.D.  
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Richard Kiley, Esq.  
Capital Collateral Regional Counsel  
3801 Corporex Park Drive  
Suite 210  
Tampa, Florida 33619

Regarding: Aileen Wuornos  
DOB: 2/29/56  
Case No: 91-112-CF, 91-304-CF, 91-463-CF

Dear Mr. Kiley:

The following is a short summary of my clinical findings based upon a review of records, depositions, and all clinical and diagnostic records provided to me related to Ms. Wuornos. Additionally, this summary is based upon and subsequent to my clinical interview and evaluation of Ms. Wuornos and testimony on February 19<sup>th</sup>, 2001, in the Fifth Judicial Circuit In and For Marion County, Florida.

This summary is necessitated as I will be out of the State of Florida for approximately ten days and, frankly, will not have the time to do a detailed sequential presentation of all the data on which my ultimate opinions were and are based.

The focus of my 2/19/01 evaluation and testimony was limited to the issue of her competency to proceed in a post conviction proceeding. The historic data and information reviewed were directly related to the ongoing manifestations of her mental illness and were significant to an accurate understanding of her reasoning, mental makeup, interpretations and judgements.

First, not a single clinician across the 13-year span of clinical notes and reports reviewed had ever identified or ultimately concluded that Ms. Wuornos' functioning was the result of malingering or purposeful deception. Without exception all, to varying degrees, identified the presence of an active and ongoing severe mental illness. These ranged from notations that she had multiple suicide attempts since early teenage years, stays in psychiatric hospitals, the presence of paranoid ideation, the presence of delusional disorders, impairments in her ability to "rationally participate", and even Dr. Merin's findings that she was troubled by "fantasies" and "paranoid distortions", "idiosyncratic perceptions or fantasy productions" and his central finding that Ms. Wuornos had "a pervasive sense of anger which interferes with attention and cooperation." Significantly, Dr. Merin, a state expert, diagnosed Borderline Personality

disorder.<sup>1</sup> Dr. Merin's diagnosis was consistent with all diagnoses reviewed in the long history of her medical records.

Those medical records were absolutely consistent with a long standing history of delusional behaviors which were recorded in records of the Department of Corrections. There is ample data in the Department of Corrections records noting her belief that her food had been poisoned, there were electronic "pressures" which were targeted specifically towards her, and sound waves were interfering with her ability to think and write, for example.

Relevant to the above, she had a long history of withdrawal and isolation which were, in the notes, parallel to an increase in her delusional system, lack of cooperation, emotional unpredictability.

When I interviewed and evaluated Ms. Wuornos with specific attention paid to the issues of competency to proceed in a post conviction hearing, I determined that she was incompetent on four of the six areas in which clinicians are mandated to evaluate, please see enclosure: Summary of Competency Evaluation.

My notes and observations were consistent with the clinical records in that she manifested extreme ambivalence, high levels of emotional intensity; she could not control and/or modulate her emotional reactions; she manifested rapid cycling; and, as Dr. Merin himself pointed out, her emotional tone and reactions significantly interfered and prevented her from focusing her attention and/or cooperativeness in a consistent manner.<sup>2</sup>

Finally, because this is a summary, several years of clinical testing identified the presence of schizophrenia or a schizoid spectrum disorder. Framing all the data in a manner which would be consistent across all evaluations, I would suggest that, at minimum, consistent with earlier evaluators' determinations, she suffers from a Borderline Personality Disorder, 301.83, as per the current DSM-IV-TR.

I think it would be important to outline a few of what those symptoms/criteria are within that illness spectrum.<sup>3</sup>

- 1) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- 2) Identity disturbance color marked and persistently unstable sense of self.
- 3) Impulsivity in at least two areas that are self damaging.
- 4) Affective (emotional) instability due to a marked reactivity of mood.
- 5) Inappropriate or intense anger or difficulty controlling anger.
- 6) Transient, stress-related paranoid ideation or severe disassociative symptoms.

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<sup>1</sup> Dr. Sidney J. Merin, Merin's Reported January 11, 1993.

<sup>2</sup> Ibid

<sup>3</sup> DSM-IV-TR at 710.

Where there are other symptom/criteria that she manifests, I specifically point out the presence of these six as they are directly related to her thought processes and behaviors at the time I saw her and based upon our recent conversations are similar to what is going on at the present period of time. These functional impairments are clearly consistent across several decades of records that I have reviewed and my own examination of Ms. Wuornos. Please note that a patient only has to demonstrate five of nine listed in the manual and I have outlined six for you.

I apologize for the brevity of this report and would indicate that it was well within a degree of clinical certainty that she was incompetent to proceed with a post conviction hearing and due to the chronicity of her mental illness I would consider that the same holds true today unless she has received intense treatment. This would be especially relevant if you could develop a current time line and track repetitive behaviors and themes such as, marked ambivalence, withdrawal, social isolation, emotional lability, mood swings, etc.

Please do not hesitate to contact me if I can be of further assistance.

Respectfully Submitted,



Bill E. Mosman, Ph.D., J.D.

Attachment