

NOV 04 2015

By: LORI ALLEN, Court Clerk  
Deputy

THE STATE OF OKLAHOMA, )  
)  
Plaintiff, )  
vs. )  
)  
ADACIA AVERY CHAMBERS, )  
)  
Defendant. )

Case No. CF-2015-676

**APPLICATION FOR DETERMINATION OF COMPETENCY**

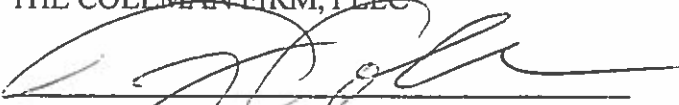
COMES NOW, Tony Coleman, Attorney for the Defendant, Adacia Avery Chambers, and applies to this Court for a hearing to determine the competency of the above-named Defendant:

In support of this application, petitioner alleges and states that:

- 1) The above-named Defendant is currently incompetent to undergo further proceedings in the above-styled action;
- 2) That the Defendant was recently evaluated on October 26, 2015 by a Forensic Psychologist, Dr. Shawn Roberson, and determined to be acutely psychotic and in need of immediate psychiatric treatment. That the following facts are sufficient to raise a doubt as to the competency of the above-named Defendant; (See Attached)
- 3) Defendant is unable to comprehend her attorney or to meaningfully assist in the defense of her case;
- 4) Defendant's mental state and communication abilities are such that they seriously interfere with the understanding of the proceedings against her and with her capability of aiding her attorney in preparation for trial.

Respectfully Submitted,

THE COLEMAN FIRM, PLLC



Tony Coleman, OBA #21494  
101 Park Avenue, Suite 460  
Oklahoma City, Oklahoma 73102  
405.604.2800 – telephone  
405.601.4309 – facsimile  
ATTORNEY FOR DEFENDANT

**CERTIFICATE OF SERVICE**

This is to certify that a true and correct copy of the above and foregoing instrument was delivered to the District Attorney's office, 606 S. Husband St., #103, Stillwater ,OK 74074 on the date of filing.



TONY COLEMAN

Shawn Roberson, Ph.D.  
Forensic Psychologist  
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Edmond, Oklahoma 73003  
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November 1, 2015

Tony Coleman, Attorney at Law  
101 Park Ave., Suite 460  
Oklahoma City, Oklahoma 73102

Re: CHAMBERS, Adacia  
Payne County District Court

Dear Mr. Coleman:

I have examined Ms. Chambers at your request and offer the following report. It is my understanding that formal charges have not yet been filed. Therefore, I did not list a specific case number in this report. Regardless of the eventual specific charges, Ms. Chambers presented with signs of severe mental illness which would impair her competency in my opinion. This report will outline my psychological evaluation and the findings related to her competency. Please let me know if any further information is needed at this time.

**METHODS OF EVALUATION:**

1. Multiple telephone contacts with Ms. Chambers' attorney, Tony Coleman.
2. Records request on Ms. Chambers to the "Indian Hospital" in Claremore, Oklahoma.
3. Records request on Ms. Chambers to Grand Lake Community Mental Health Center in Claremore, Oklahoma.
4. Records request on Ms. Chambers to Wagoner County Hospital in Wagoner, Oklahoma.
5. Records inquiry on the Oklahoma State Courts Network database ([www.oscn.net](http://www.oscn.net)).
6. Evaluation procedures of Ms. Chambers conducted by Shawn Roberson, Ph.D. at the Payne County Detention Center on October 26, 2015, totaling approximately one hour, thirty minutes and including:
  - Clinical interview
  - Competency evaluation
  - Test of Memory Malingered
  - Mini Mental State Examination, Second Edition.
  - Attempted completion of the Symptom Checklist-90-Revised.

**CRIMINAL ALLEGATIONS AND REASON FOR REFERRAL:** Aside from speaking with Mr. Coleman and reviewing media reports, no information was available at this time regarding the criminal accusations, as the formal charges had not yet been filed. Ms. Chambers is accused of driving her vehicle at a high rate of speed into a crowd at an Oklahoma State University homecoming parade, ignoring barricades and public safety. Several people were reportedly killed and many others injured. It is expected that she could face charges ranging from murder to manslaughter, among others.

Her attorney, Tony Coleman, asked that I examine Ms. Chambers to determine if she was suffering from a mental illness or other condition impairing her current mental state. He stated that he had met with her following her arrest and she behaved in an odd manner, exhibiting inappropriate emotions and mental confusion. Ms. Coleman indicated that he would eventually like me to assess her for adjudicative competency and her mental state at the time of the alleged offenses; though that would likely take place at some later date. During my assessment of Ms. Chambers, it was readily apparent that she was acutely psychotic with labile mood. I thought it appropriate to assess her on some competency-related abilities, especially given that she was in the process of being adjudicated. The current report will outline my psychological evaluation of Ms. Chambers, couched in terms of competency-related functioning. I will not opine as to her mental state at the time of the offenses, as she was so acutely psychotic that no information from her can be considered reliable at this time. Professional standards dictate that when a defendant is not competent for adjudication, you do not assess them for mental state at the time of the offense until they are restored to competency.

**INFORMED CONSENT:** Ms. Chambers was informed (in simple language) that I was performing a psychological evaluation, including addressing possible issues of competency and mental state at the time of the offense. She was informed that this would likely occur over the course of multiple interviews. Additionally, she was told that the interview was not private and the usual doctor-patient relationship did not exist because a report would be provided to her attorney (and others as released by her attorney). Ms. Chambers signed an informed consent statement and claimed to understand the information she received. However, as the interview progressed it became clear that this was not the case.

**COLLATERAL INFORMATION:**

**Criminal history:** This examiner had no independent information regarding Ms. Chambers' criminal history or lack thereof. A records inquiry on the Oklahoma State Courts Network database ([www.oscn.net](http://www.oscn.net)) revealed no criminal history.

**Records check:** Ms. Chambers reportedly has a history of mental health treatment at the "Indian Hospital" in Claremore, Oklahoma; Grand Lake Community Mental Health Center in Claremore, Oklahoma; and Wagoner County Hospital in Wagoner, Oklahoma. Her records are being requested based upon a HIPAA release signed by her and her legal representative, Tony Coleman, but no records have been received as of this report.

**CURRENT MENTAL STATUS AND CLINICAL EVALUATION:** Ms. Chambers was evaluated alone in a contact room. She presented as an adequately nourished female who appeared her stated age of 25. She described her ethnicity as Native American from the Cherokee tribe. Ms. Chambers' grooming and hygiene were adequate to her current situation. Her left hand was initially handcuffed to a metal table where she was sitting, but a female officer later entered the room and uncuffed her. Ms. Chambers' motor behavior was free from any tics, tremors, or unusual mannerisms. Her speech had a normal rate and volume. The content ranged from rational and coherent to disorganized and delusional. Ms. Chambers' eye contact was good and her cooperation excellent.

Shortly into my examination a man who did not identify himself, but was obviously associated with either law enforcement or the detention center, opened the door with documents in hand and stated that he needed to speak with me and show me some documents. This occurred in the middle of my administering the Test of Memory Malingered. I informed the individual that he was interrupting my psychological testing and that I would meet with him in a few minutes, once testing was completed. However, after I completed the testing and exited the room, the man was gone. None of the jail staff could tell me who had interrupted the examination or the urgency for that person to speak with me. It was at this point that a female officer entered the room and uncuffed Ms. Chambers, believing the examination was concluded. The officer left Ms. Chambers uncuffed for me to complete the evaluation.

Ms. Chambers' mental status appeared to vacillate with her symptoms. She believed the current year to be 2016, but was aware she was currently in a detention center. Her statements suggested that she was unaware of why she was in the detention center and she was not grounded in reality, frequently making inappropriate religious references. Based upon her vocabulary and clinical presentation her intelligence is estimated to be approximately in the average range.

Ms. Chambers indicated she was from Oologah, Oklahoma. I inquired at what point she moved away from Oologah, as reports stated that she no longer lived there. She denied this was the case, but irrelevantly voiced "Well, it's changed now. Jesus died for me." I asked what she meant by that and she replied "I guess it's in and of itself." Ms. Chambers suggested that she was currently "talking to Jesus" and suggested that I was Jesus. She then digressed into an explanation about how she was to marry "Jesus" and "God." Shortly thereafter she began crying hysterically, stating "I miss Jesus." I asked Ms. Chambers how long she believed she had been in jail and she replied "Seems like forever." I asked her several other questions, but her responses were nonsensical. She was unable to describe why she was in jail, asking "Is it because of something I didn't do or did do? I think it's because of something I didn't do."

Ms. Chambers indicated she had a history of mental health treatment. I asked about the reason she sought such treatment and she stated "Because I felt something was wrong. I think God had called me back because he was alone, but he wasn't alone and he realized it. So now we can be together." I asked Ms. Chambers to sign releases so that I could obtain her mental health treatment records. She agreed to do so, but began laughing hysterically. I inquired what she found amusing and she remarked "My dad loves me very much...the date, it was just 15 and now it's 16...it's impossible not to be happy now."

Ms. Chambers denied having a mental illness and claimed she had no need for psychiatric treatment. She reported she was not currently taking any psychotropic medication. She described having received mental health treatment in the past at “Indian Hospital” in Claremore, Oklahoma; Grand Lake Community Mental Health Center in Claremore, Oklahoma; and Wagoner County Hospital in Wagoner, Oklahoma.

Ms. Chambers described a history of prolonged sleeplessness for several days in a row, but voiced “I didn’t want it to go away. I wanted to soak it in so I chose not to sleep. It felt like there was a day or two or three nights where I chose not to sleep.” She also described feeling very emotionally elated during this time, communicating with “God.” However, her explanation about his was very circumstantial and difficult to follow.

Ms. Chambers was asked about her history of substance use. She indicated that she did not regularly consume alcohol and had none in “at least a couple of weeks.” She reported she had smoked marijuana in the past, with the last time being on July 4, 2015. Ms. Chambers denied ever using other illicit drugs, abusing inhalants, or abusing prescription medications. She stated she had never experienced memory impairment secondary to intoxication. She reported no history of substance abuse treatment.

### **PSYCHOLOGICAL TESTING:**

**Test of Memory Malinger (TOMM):** Ms. Chambers presented as significantly confused at times, making irrational statements and providing inappropriate responses when asked questions. When persons with severe mental illness are cognitively disorganized it is not appropriate to administer some types of malingering tests, particularly those to assess for the malingering of mental illness because the examinee is unable to understand the questions. However, they should still perform well on the TOMM. In other words, the TOMM helps to ensure that the person’s cognitive disorganization is in fact genuine rather than feigned. I have given this test to many persons with severe psychosis who are confused and have found they are perfectly capable of performing at expected levels. Therefore, Ms. Chambers was administered the TOMM. This instrument was designed such that even persons with severe cognitive impairment, including Dementia and traumatic brain injury, perform very well. Ms. Chambers’ performance was not indicative of malingering, as seen below:

<i>Reference Group</i>	<i>Trial 1</i>	<i>Trial 2</i>
No cognitive impairment	47.9	50
Aphasia	46.3	49.3
Traumatic Brain Injury	45.9	49.4
Cognitive Impairment	43.9	48.6
Dementia	41.0	45.7
Instructed to malingering	32.5	35.3
<b>Ms. Chambers</b>	<b>45</b>	<b>49</b>

**Mini-Mental State Examination, 2<sup>nd</sup> Edition (MMSE-2):** Mr. Chambers scored 27 out of 30 on the MMSE-2. There is no specific cutoff to determine potential impairment, but a score of 27 is approximately in the average range. It should be noted that the MMSE-2 is a gross measure of orientation, attention, concentration, and memory. It is generally insensitive to some neurological impairment and psychiatric disorders (e.g., even persons with psychosis or other conditions can still perform well). It should also be noted that I administered the MMSE-2 after educating Ms. Chambers about her current surroundings and situation.

**Symptoms Checklist 90-Revised (SCL-90-R):** The SCL-90-R is a 90-item self-report inventory designed to reflect the psychological symptoms patterns of community, medical, and psychiatric respondents. Each item is rated on a five-point scale of distress, ranging from "Not at All" to "Extremely." It contains nine primary symptom dimensions and three global indices of distress. It is a measure of current psychological symptom status and not personality. I was unsure if Ms. Chambers would be capable of completing this measure, but thought it worth an attempt. However, when I explained the example item to her, she did not appear to understand, crossing it out and circling another response, which was not appropriate to do as she was not asked to complete that item. I attempted to explain the format to her again, but she did not appear to retain the information, asking just seconds later about whether she should be completing it based upon "Right now, at this moment?" She then began circling the same response for every answer. I inquired as to the reason for her choices and she stated she chose it "because it's an even number" rather than based upon how she actually felt. Therefore, the measure was discontinued.

### **RESPONSES TO COURT ORDERED ITEMS:**

1. Is this person able to appreciate the nature of the charges made against such person? **NO.**

Ms. Chambers' initial statements suggested she was confused and not reality-based in her thinking. I inquired where she believed she was at this time and she replied "Talking to Jesus...you are Jesus." She acknowledged she was in "a jail," but was unable to explain why, voicing "to get out of jail." I told Ms. Chambers this made little sense and asked her to explain, at which point she noted "He died for me so we can be married." Later in the evaluation I informed Ms. Chambers about the pending allegations and she claimed she understood. I asked how she came to learn about what had happened and she illogically replied "through being second best." She was unable to repeat the accusations, instead claiming she was accused of "some type of neglect, an unawareness of a need." I educated her a third time about the pending accusations and asked her again just a short time later, but she irrelevantly responded that she was accused of "ignorance and unknowing of my circumstance." Ms. Chambers voiced absolutely no concern about the fact that she was incarcerated and could be facing a lengthy prison sentence if convicted. Her emotional state ranged from uncontrollable sobbing to inappropriate, hysterical laughter. It is the opinion of this examiner that she is unable to appreciate the nature of her current legal circumstances.

2. Is this person able to consult with the lawyer and rationally assist in the preparation of the defense of such person? **NO.**

Ms. Chambers demonstrated an understanding of basic legal terminology, including the purpose of a trial, most key legal roles, and some of her available pleas. However, at times she made odd statements. For example, she described the jury's role as to "act as a mediation between the peers, witness, and the testimonies." She appeared distracted when asked the role of a prosecutor, asking me to repeat the question. She then placed her head in her hands and was unresponsive for a moment. Ms. Chambers characterized the no contest plea as "You should have forgiveness." Interestingly, when asked about the not guilty by reason of insanity plea she remarked "But no one's insane if they're good." I inquired if she believed she was good and she replied "yes." I asked if she thought she was insane and she answered "no." Overall, Ms. Chambers appeared to have the underlying knowledge to comprehend basic legal terms and processes. However, at times her mental status appeared to impair that comprehension.

Ms. Chambers was unable to identify her attorney. I mentioned the name Tony Coleman and she affirmed that he was representing her; though she may have just been agreeable rather than recognizing that fact, as she later suggested that her attorney was "the Lord." Ms. Chambers' statements about Mr. Coleman raised further questions if she had any idea to who I was referring. She described him as "A wonderful person...He helped me to see things the way they were...The way they should be now." I inquired how "things were now" and she replied "As good as they could ever be" while smiling inappropriately. I asked Ms. Chambers how she felt and she remarked "I feel like I should feel. Maybe I'm just enjoying it right now."

Ms. Chambers provided a general description for her recall of what occurred around the time of the alleged offenses. Some of her statements were coherent and relevant; whereas others made little sense and were focused on irrelevant topics, such as her religious delusions. She was unable to logically discuss the likely inculpatory or exculpatory evidence. She stated that the prosecution might present that she was "unknowing of my circumstances" and that her attorney should show how she was "ignorant" and "afraid of success." I inquired if she thought she would be found guilty and she responded "Yes, because I hadn't found God."

In summary, Ms. Chambers' affect was labile and inappropriate, ranging from elation and hysterical laughter to uncontrollable sobbing. Her statements suggested she was confused and highly focused on religious issues which had no relevance to the facts of her case. Ms. Chambers was unable to maintain a coherent and logical conversation about her case, her attorney, or evidence which might be relevant to her defense. It is the opinion of this examiner that she is unable to consult with her attorney to rationally assist in her defense.

3. If the person is unable to appreciate the nature of the charges or to consult and rationally assist in the preparation of the defense, whether the person can attain competency within a reasonable period of time as defined in Section 1175.1 of this title if provided with a course of treatment, therapy, or training? YES.

Symptoms of mental illness are often effectively treated with psychotropic medication such that a person can attain adjudicative competence. Ms. Chambers is not reportedly receiving any psychotropic medication at the present time. There is no evidence to suggest that she would be



unable to attain competence in a reasonable period of time if provided with appropriate treatment, as do most criminal defendants.

4. Is the person a person requiring treatment as defined by section 1-103 of Title 43A of the Oklahoma Statutes? **YES.**

As noted earlier, Ms. Chambers reported a history of mental health treatment. During the current evaluation she exhibited signs of a mood disorder with psychotic features. My diagnostic impression was that she is currently suffering from Bipolar I Disorder, Manic Episode with Mixed and Psychotic Features. Based upon her statements, I believe she is at significant risk to harm herself or others if released without further psychiatric treatment. It is the opinion of this examiner that Ms. Chambers meets the Oklahoma State statutory criteria for inpatient psychiatric treatment.

5. If the person is incompetent because the person is mentally retarded as defined in Section 1408 of Title 10 of the Oklahoma Statutes? **NO.**

There was no available evidence suggesting that Ms. Chambers met the diagnostic criteria for an Intellectual Disability (formerly known as Mental Retardation). Her presentation and self-reported history suggested that she had approximately average range intelligence. Her incompetency is related to symptoms of mental illness rather than cognitive deficits.

6. If the answers to questions 4 and 5 are no, why is the defendant incompetent? **NOT APPLICABLE.**

7. If the person were released, whether such person would presently be dangerous as defined in Section 1175.1 of this title. **YES.**

Ms. Chambers was asked about any history of suicidal behavior and she replied "not truly." I inquired what that meant and she stated "I didn't really want to quit. I wanted to keep going and not give up...I tried, but not very well." At this point she put her head down in her hands and began crying uncontrollably to the point of hyperventilating. I was unable to engage her in further conversation and discontinued the examination. Based upon statements made by Ms. Chambers, I have serious concerns about her risk for self-injury and harming others if released without treatment. She vacillated between extreme depression, raising concerns about suicide, to extreme elation with psychotic features. I informed Payne County Detention Sergeant Brandon Ingham and he indicated that Ms. Chambers was already on suicide precautions.

#### **REPORT SUMMARY:**

Ms. Chambers reported a history of mental health treatment. During the current evaluation she exhibited signs of a mood disorder with psychotic features. My diagnostic impression was that she was currently suffering from Bipolar I Disorder, Manic Episode with Mixed and Psychotic Features. Based upon her statements, I believe she is at significant risk to harm herself or others

if released without further psychiatric treatment. It is the opinion of this examiner that Ms. Chambers meets the Oklahoma State statutory criteria for inpatient psychiatric treatment.

Ms. Chambers was unable to consistently retain the accusations against her, suggesting that she was charged with "ignorance and unknowing of my circumstance." She voiced absolutely no concern about the fact that she was incarcerated and could be facing a lengthy prison sentence if convicted of the accusations against her. Ms. Chambers' affect was labile and inappropriate, ranging from elation and hysterical laughter to uncontrollable sobbing. Her statements suggested she was confused and highly focused on religious issues which had no relevance to the facts related to her case. Ms. Chambers was unable to maintain a coherent and logical conversation about her case, her attorney, or evidence which might be relevant to her defense. It is the opinion of this examiner that she is unable to consult with her attorney to rationally assist in her defense. There is no evidence to suggest that she would be unable to attain competence in a reasonable period of time if provided with appropriate treatment, as do most criminal defendants.

Respectfully submitted,

Shawn Roberson, Ph.D.  
Forensic Psychologist  
Oklahoma Psychology License #: 914