

**Gregory C. Landrum, Psy. D., LLC**

CLINICAL AND FORENSIC PSYCHOLOGY

Forensic and Psychological Assessment  
Psycho-Educational Evaluation  
Adult, Adolescent, ChildBoard Certified in Forensic  
Clinical Psychology  
American College of Forensic Examiners**FORENSIC PSYCHOLOGICAL EVALUATION REPORT**

**NAME:** Harrouff, Austin Kelly  
**SEX:** Male  
**RACE:** White  
**DATE OF BIRTH:** 12/21/96  
**AGE:** 23 Years  
**DATE OF EVALUATION:** 10/11/19  
**DATE OF REPORT:** 2/18/20  
**EVALUATION LOCATION:** Martin County Courthouse  
Stuart, Florida  
**CASE NUMBER:** 43-2016-CF-000883A

**REASON FOR REFERRAL**

Austin Kelly Harrouff presents as a 23 year old white male who has been referred for a Forensic Psychological Evaluation by the Office of the State Attorney, 19<sup>th</sup> Judicial Circuit Court in and for Martin County Florida to formally assess his legal sanity or insanity at the time of the alleged offense.

On 8/15/16 Mr. Harrouff was charged with First-Degree Murder with a Weapon (2 Counts), Attempted First-Degree Murder with a Weapon, and Burglary of a Dwelling with an Assault or Battery while Armed. Following his arrest, he was transported to the St. Mary's Hospital in West Palm Beach where he was treated for his injuries. He was formally arrested on 10/03/16 by the Martin County Sheriff's Department and transported to the Martin County Jail where he has remained.

**BACKGROUND INFORMATION AND RELEVANT HISTORY**

**Arrest History:** In terms of a previous arrest history, Mr. Harrouff reports no prior arrest as an adult or juvenile. While in the present facility he has shown no management difficulties or been the subject of disciplinary action.

**Psychiatric History:** Mr. Harrouff is presently maintained on psychotropic medication to include Zoloft and Geodon. He notes that he was first placed on Celexa and Zyprexa, however these medications were discontinued in favor of his current protocol which he describes as helping with

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### **BACKGROUND INFORMATION AND RELEVANT HISTORY** (Continued)

his depression. Mr. Harrouff is also prescribed Trazodone for sleep which appears to have begun while at the St. Mary's Medical Center. He indicated that the medications "make me want to eat and sleep", and, at times, he feels groggy and other times feels fine. He notes that he has gained 90 pounds since he has been in custody.

In describing his current depression, Mr. Harrouff stated "it's based on faith" and it is like experiencing a "spiritual warfare". Specifically, he described a spirit of depression and feeling sad for no reason. He further described feelings like "I'm mourning or grieving" and that such can occur after he eats dinner and that "it might be heartburn". In describing a history of depression, Mr. Harrouff indicated that he began feeling insecure in middle school where he felt rejected by peers which he believes worsened in college. He recalled feeling as if he had no hope and the depressed mood was "in my head". As a college student, Mr. Harrouff indicated that his mood would come and go as he would be up some days and down the next. He recalls feeling more depressed in college which included losing interest in things and feeling overwhelmed. He also described feeling lonely. Mr. Harrouff denied experiencing suicidal ideation. When not depressed, he reported feeling hopeful and "on top of the world". During the summer of 2016, Mr. Harrouff described feeling "go go go" during which time he reports getting motivated to start performing rap music with a desire to become a famous rap singer. He conveyed that his quest to be important was that he felt that he "had no meaning" and that he had to create his own meaning. He added that he did not feel accepted and posted a video on YouTube where he described himself as a "goofy person" which he felt good about. In or about that time, he recalls thinking about dying his hair blue and getting a gold chain which he felt would be more fashionable. During this time he recalls spending excessive amounts of money on clothes which included designer sunglasses. Mr. Harrouff reports no history of counseling or psychiatric treatment prior to August 2016. In terms of a family history, Mr. Harrouff's father is reported to have suffered from depression.

**Medical/Physical History:** Mr. Harrouff describes himself in good health and suffering no unusual or chronic physical ailments. He did report that he tore his ACL while wrestling in high school. His surgical history includes wisdom teeth and tonsil extraction. He reports that he is allergic to cats. Mr. Harrouff denies any history of head injury resulting in a loss of consciousness. He did offer that he has been hit in the head on several occasions and has "seen stars a couple of times". He denies any history of neurological sequela.

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### **BACKGROUND INFORMATION AND RELEVANT HISTORY** (Continued)

**Substance Use History:** Mr. Harrouff stated that at 17 years of age he was pressured to drink by a friend. He recalled that it calmed his nerves as he was shy and it "took the edge off". He continued to drink occasionally during that time. In college he reports drinking as much as three times per week during parties and that "blackouts happened alot". He indicated that he could not control how much he tolerated and, at times, he would "wake up in places without knowing how I got there". He believes that the blackout experiences would occur once every two weeks. As a high school student, Mr. Harrouff also reports that he experimented with marijuana and that this would occur a couple of times per month with friends and in a group setting. He described having a low tolerance and that "a couple of hits would make me hungry and stupid". As a college student, Mr. Harrouff reported that he began experimenting with other drugs. He stated that he bought Vyvanse and Adderall which he determined could help with his focus and creating an "uplifting type feeling". He further added that these drugs helped him stay up all night and study. He specifically recalls that he took Vyvanse on six separate occasions and Adderall on four occasions. After his college experience, Mr. Harrouff stated that he tried mushrooms on one occasion, LSD on one occasion, and one half of a Molly on one occasion only. He also reports using Xanax on one occasion. Mr. Harrouff stated that the LSD and mushrooms "never worked... it was disappointing... wanted a cool experience". He reported that he flushed the drugs that he had in his possession on 8/12/16. Mr. Harrouff reported an extended family history of alcohol usage.

A review of Mr. Harrouff's text messages beginning 10/25/15 confirms his use of Vyvanse and Adderall. He also made multiple references to using mushrooms, snorting Adderall and cocaine. On 5/30/16 Harrouff texted a friend that he has been getting high every day presumably with Vyvanse because he is "bored". On 7/12/16 Mr. Harrouff makes reference to being high on ice (methamphetamine). On 8/9/16 Mr. Harrouff's texts a drug dealer and wants to buy nine edibles (THC) and ½ gm of mushrooms. On 8/10/16 Mr. Harrouff texted his girlfriend and made reference to himself as being a drug addict. On 8/11/16 Mr. Harrouff wrote "I just know that, for me personally, the drugs are taking a toll on me and I can't handle". He texted his mother and stated "I quit doing every drug". On 8/13/16 Mr. Harrouff texted that "the drugs made me vulnerable to evil".

**Educational History:** Mr. Harrouff graduated from the Suncoast High School in 2015. He indicated that he received an International Baccalaureate (IB) diploma and recalls participating in a remedial reading class in high school. In terms of extracurricular activities, Mr. Harrouff indicated that he played high school football for four years and was on the wrestling team for his sophomore year. There is no indication of any special education placement or learning disabilities. He also reports that he took classes at the Palm Beach State College during the summer following his graduation. Mr. Harrouff enrolled in the Florida State University and reports having a 3.3 GPA following his freshman year. He also indicated that he completed some courses toward his sophomore year. He majored in biology.

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**BACKGROUND INFORMATION AND RELEVANT HISTORY** (Continued)

**Employment History:** Mr. Harrouff is reported to have been employed at a Palm Beach County dental practice for approximately six weeks beginning in July 2016 as a dental assistant.

**Family History:** Mr. Harrouff was born in Palm Beach Gardens, Florida and has a sister who was one year younger who presently attends the Florida State University where she is said to be doing well. He indicated that his parents divorced when he was 13 years of age, although recalls that they were separated prior to that time. He specifically recalled that they separated during his third grade year and that he "got used to it". He also recalls feeling that he did not know "what it was like to have a family". Mr. Harrouff recalled that his parents frequently fought and that his father would yell and scream which would be directed toward his mother. He indicated that he lived with his mother, yet he and his sister would visit with his father who would take them out. As he became older, Mr. Harrouff reported that his relationship with his father improved and he began to look up to him. He said that his father began dating a woman which lasted for two to three years with whom he got along well. He separated from her and is now with a different woman who Mr. Harrouff describes as a Christian and believes that they have dated for the past two years. He reported that his mother had a long-term relationship, however her partner died of a heart attack. He reports that she is now alone. In terms of a personal history, as a high school student, Mr. Harrouff indicated that he was not very popular. He previously reported that he began dating at 17 years of age and was involved in the relationship for approximately one year. He is reported to have met his last girlfriend in college in April 2016.

**Confidentiality Notice:** Prior to beginning this evaluation, Mr. Harrouff was informed with regard to the nature and purpose of the assessment and that the results would not be held confidential, rather shared with his attorney, the State Attorney, and the Court. He acknowledged his understanding of these parameters and, with that in mind, consented to proceed. It should also be noted that this evaluation was conducted in the presence of Mr. Harrouff's attorneys and the State Attorneys who listened via an audio feed in an adjoining room.

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**INSTRUMENTS ADMINISTERED/PROCEDURES USED**

Clinical Interview and Observations

Mental Status Examination

Millon Clinical Multiaxial Inventory-Third Edition (MCM I-III)

Miller Forensic Assessment of Symptoms (MFAST)

Structured Interview of Reported Symptoms (SIRS)

Records Review to Include:

FBI Laboratory Report (11/01/16)

Defendant's Interview with Dr. Phil McGraw

Defendant's Jail Calls

Defendant's Text Messages (10/25/15 through 8/15/16)

Medical Records St. Mary's Medical Center

Martin County Jail Medical Records

Psychiatric Evaluation Report by Dr. Philip J. Resnick (2/05/19)

Transcription of Dr. Philip J. Resnick's Interview Notes (2/01/17)

Curriculum Vita of Dr. Philip J. Resnick

Video of The Defendant's Arrest

Interview of Wade Harrouff, Defendant's Father (9/07/16)

Duffy's Video Time Stamps

Grand Jury Memorandum (10/15/16)

Defendant's Journal (Handwritten)

Law-Enforcement/EMT Witnesses (List)

Statement of Nicholas Melice

Educational Records (ACT)

Audio Interviews of:

Davis Yates

EMT Diapoules

EMT Lee

EMT Richter

EMT Ryan

EMT Ware

Mina Hailey

Samuel Polacek

Forensic Odontology Report (8/16/16)

Crime Scene Photos/Videos (Taken by Detectives)

Collateral Contacts:

Dr. Bruce A. Goldberger University of Florida Health Pathology Laboratories

Cynthia L. Morris-Kukoski, PharmD, Chemistry Unit FBI laboratory

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### **BEHAVIORAL OBSERVATIONS**

Mr. Harrouff was evaluated in a courtroom at the Martin County Courthouse over approximately five hours. As indicated above, also present for the evaluation were Mr. Harrouff's attorneys which included Mr. Robert J. Watson, Mr. Jordan Showe, and Ms. Nellie L. King. Prosecutors from the State Attorney's office listened via an audio feed in an adjoining room. Mr. Harrouff's attorneys were positioned behind him and did not participate in the evaluation. Mr. Harrouff was brought to the courtroom by correctional officers who remained in an adjoining room. He was unshackled. Mr. Harrouff was attired in the customary red stripe jail garb. He easily entered the evaluation session where he was found cooperative with all procedures. He ambulates without assistance. Grooming and hygiene were felt to be within normal limits. Mr. Harrouff had no difficulties offering information about himself, his family, or current situation. He seemed to enjoy the attention and focus. He was felt to be spontaneously conversant and highly verbal. He completed all tasks requested of him and no unusual or bizarre mannerisms were noted during the assessment. There is no indication that Mr. Harrouff was responding to internal stimuli. There were no obvious efforts to malingering.

### **TEST RESULTS/EVALUATION FINDINGS**

**Mental Status Examination:** A Mental Status Examination found Mr. Harrouff to be adequately oriented with respect to time, place, person, and situation. He denied the presence of homicidal or suicidal ideation and reported no history of same. He further denied any current auditory or visual hallucination experiences. Such, however, appears part of his clinical record. During the course of this assessment, there was no evidence of confused mentation, loosening of associations, delusional thinking, or psychotic thought processes. Recent and remote memory functions were considered to be reasonably intact. His speech was unpressured and his thoughts were goal-directed. Insight and judgment is presently intact. Mr. Harrouff's overall affect was felt to be appropriate to thought content. He appears to be of average to above average intelligence.

### **Malingering Measures**

#### **M-FAST**

The M-FAST is a structured interview designed to provide information regarding the probability that an individual is malingering psychiatric illness. This instrument was developed and validated through a series of studies using either clinical or nonclinical samples. The MFAST is a screening instrument developed to provide a quantitative estimate regarding the probability that an individual is malingering. A cutoff score of 6 was chosen by the researchers to maximize the negative predictive power without decreasing the positive predictive power to any considerable extent.

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### **TEST RESULTS/EVALUATION FINDINGS** (Continued)

Mr. Harrouff's total score on M-FAST is 5 which suggests that he is an "authentic" patient in terms of symptom presentation. It is noted, however, that Mr. Harrouff's Rare Combinations (RC) score of 2 indicates that he endorsed symptom combinations that are both unlikely and inconsistent with common mood and psychotic disorders. Similarly, on the Unusual Hallucinations (UH) scale, Mr. Harrouff's score of 2 indicates an atypical presentation and a tendency to endorse severe and unusual psychotic symptoms.

### **SIRS**

The SIRS was developed to assess systematically deliberate distortions in the self-report of symptoms. Its scales provide useful data on how a particular client may distort or fabricate his or her symptomatology.

Mr. Harrouff evidenced some variability in his RS scales. However, when examined together, the response pattern is consistent with individuals honestly reporting their difficulties. It should be noted that Mr. Harrouff's was found with a moderately elevated Symptom Combinations (SC) scale which theorizes the existence of bona fide psychiatric symptoms which rarely occur simultaneously. His score indicated that Mr. Harrouff is endorsing unlikely combinations of symptoms associated with mood or psychotic disorders.

### **Personality Functioning**

The MCM I-III is considered a reliable and valid psychological test that provides information about the presence of psychopathology, personality traits, including specific psychiatric disorders as outlined in the DSM-5. The normative population is composed of patients seen in individual practice, clinics, mental health centers, forensic settings, residential facilities, and hospitals.

Mr. Harrouff's performance on the MCMI-III resulted in a valid profile that is considered appropriate for clinical use.

With respect to clinical syndromes, Mr. Harrouff scored similar to those individuals who are experiencing an anxiety disorder, noted by symptoms such as fatigue, distracted thinking, and a general dysphoric mood. He appears to experience self-doubt and is socially uncomfortable.

In terms of personality patterns, Mr. Harrouff scored most like those individuals who are described as dependent, self-effacing, and noncompetitive. He tends to feel vulnerable if separated from those who provide support, yet may resent those on whom he depends because they are often perceived as critical and disapproving. When he expresses his resentment, however, his security is threatened.

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### TEST RESULTS/EVALUATION FINDINGS (Continued)

#### Estimated Mental State at the Time of the Alleged Offense

With respect to the Florida Insanity Statutes F.S. 775.027, all persons are presumed to be sane. Insanity is established when:

- (a) the defendant had a mental infirmity, disease, or defect; and
- (b) because of this condition, the defendant:
  - 1. did not know what he or she was doing or its consequences; or
  - 2. although the defendant knew what he or she was doing and its consequences, the defendant did not know that what he or she was doing was wrong.

In determining whether Mr. Harrouff suffers a mental infirmity, disease, or defect, it appears evident that during his latter high school and early college experience he would meet DSM-5 criteria for a Substance Use Disorder. It would appear from Mr. Harrouff's texts to friends beginning in May 2016 that his frequency and variety of drug usage was beyond that reported to this psychologist and the defense expert. Such a diagnosis, however, would not be relevant in this context as voluntary intoxication is not a defense in Florida. Further, liquid blood and urine samples taken from Mr. Harrouff on 8/16/16 and 8/17/16 respectively and analyzed by the FBI laboratory found no evidence of illicit drugs in his system with the exception of THC. He was, however, found with an ethanol concentration of 0.175. His toxicology screening included testing for ethanol, Flakka, antihistamines, benzodiazepines, cannabinoids, cocaine and metabolites, opioids, synthetic cannabinoids, and over-the-counter prescription and illicit drugs.

Mr. Harrouff is currently being treated for Schizophrenia at the Martin County Jail and reports feelings of depression and sadness at least twice a week for a short period of time. A review of his jail medical records finds that, on occasion, he continues to report feelings of invincibility, fearfulness at night and experiencing intrusive thoughts. In reviewing his history of depression, Mr. Harrouff described feelings of insecurity, rejection, and hopelessness which appears to have begun in high school and intensified in college. He would describe the feelings as intermittent and that some days he would feel up and other days feel down. He also described feeling overwhelmed and experiencing anhedonia. When not depressed, he described feeling hopeful and "on top of the world". In the Summer of 2016 Mr. Harrouff reported that he began to feel "go go go" and experienced some grandiosity and heighten self-importance. He also described experiencing paranoia at night and a heightened religiosity. He conveyed that he began to research philosophy which included Buddha, Gandhi, and Krishna where he found comfort. He reported experiencing auditory hallucinations which he described as "demonic things" although could also hear God's voice.



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### TEST RESULTS/EVALUATION FINDINGS (Continued)

Mr. Harrouff reports that approximately one week prior to the event he "acknowledged the poor... wanted to pay for meals. . . felt an extra generosity". He recalled feeling that he would feel better after he gave to others. He added that he felt that if he did well things will work out for him. He described however feeling "paranoid at night". He believes that he had his first "demonic" experiencing in college yet during high school reports experiencing a "sleep paralysis" when he felt like a person or a "demon" was over him. Mr. Harrouff indicated that he informed his girlfriend that he was experiencing monsters and that "the devil was harassing me".

Clinically, such experiences described by Mr. Harrouff at that time are consistent with individuals diagnosed with a mood and/or thought disorder. It is unclear, however, if these experiences were substance induced or if his drug usage exacerbated a developing psychiatric disorder. As indicated above, Mr. Harrouff remains symptomatic in the Martin County Jail with full medication compliance.

With respect to Mr. Harrouff's memory of events leading up to the murders on Monday, August 15, 2016, he describes having a good memory of the preceding four days. He described little memory for three days prior to that time. Mr. Harrouff recalled that his friends were shocked that he threw away the drugs that he had just purchased. He specifically remembered people being "weirded out because I was changing".

On Friday, August 12th, Mr. Harrouff recalled that it was his last day of work for the week and that he felt like he was "Jesus at work" and talked to patients about God and he felt "Jesus like... I had special abilities". He described feeling love, joy, peace and believed that he was able to bless the instruments by praying and pouring water over them. He recalls hearing a radio playing in the background and hearing themes of God. He reports crying for people during the day and feeling a special connection to a patient who had the same birthday as he. He indicated that when he went home he eventually flushed the drugs down the commode and "saw the evil". He described being "paranoid" that night at a friend's house and not sleeping.

On Saturday, August 13th, Mr. Harrouff described feeling somewhat lethargic and feeling a special interest and connection with animals. He also described feeling as if God was talking to him and at a restaurant felt that the water was the fountain of youth. As the day progressed, Mr. Harrouff believed that he had a force field around him that protected him from others. He recalls running to a safe place but was given a ride by an individual in a Dodge pickup truck where he began to believe that the RAM symbol was "like the devil looking at me". He reports becoming increasingly paranoid such that he slept with his dog for protection and in his sister's room.

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### TEST RESULTS/EVALUATION FINDINGS (Continued)

On Sunday, August 14th, Mr. Harrouff reported that while walking his dog he began to run and felt like he was "half dog half person". He further described feeling as if "dog spirits" were part of him and he had strength and agility. He also described a special connectivity with animals. He went with his father to a gun show where he reports talking with a knife vendor and described feeling "paranoid of spirits" and needed protection. He reported that he believed that if he ate a snake, it would give him power over the devil like Adam and Eve.

On Monday, August 15th, the day of the murders, Mr. Harrouff recalls putting on a Michael Vick jersey which he believed that "dog spirits told me to put it on" and, in doing so, felt invincible. He recalls buying a fit bit and felt like he was a "Terminator". Mr. Harrouff reports that he went to the beach and while petting dogs observed that the dog hair was blowing on his face and body and felt a special connection. Mr. Harrouff reports that he went to a fraternity brothers' house earlier in the evening and that they wanted him to smoke and drink. He recalls feeling "super hyper" and indicated that he poured beer on his hand. He believed that he was at the party for about an hour and denies any drug or alcohol usage. While at the Duffy's restaurant with his father, Mr. Harrouff stated that he felt as if time was standing still and like he was "the grim reaper". He indicated that he does not recall running to his mother's house or drinking Wesson oil. He did recall that his mother wanted him to return to Duffy's at which time he had a confrontation with his father. He reports that he left the restaurant and was running to his father's house "and following the stars" and was hearing voices in his head that said "I am sin... I am in control". Mr. Harrouff reports that he saw a figure which he perceived as having a white face and black clothes that frightened him. He then recalled seeing a light which he ran toward and was crying out. He remembers having a machete in his hand and stabbing her "and it was like she was covered in darkness". He also remembers seeing a man and "he was like glowing white". Mr. Harrouff remembers drinking a bottle of liquid and calling out to God to save him. He also remembers stabbing the man with a machete, falling to the floor and putting a dog in a white truck for safety. He also recalls having a machete in his mouth and biting. He reported that he felt like a dog. Mr. Harrouff reports that he then blacked out and that the next thing he recalled was waking up in the hospital.

Mr. Harrouff's account of the murders and the days leading up to the incident is generally consistent with that told to the defense expert and in an interview with Dr. Phil McGraw. References to his symptomatic behavior can also be found in his text messages to his friends and family.

Forensically, given the above findings, absent evidence of drug usage at the time of the incident, and observations made by first responding law-enforcement officers, it is reasonable to conclude that Mr. Harrouff was experiencing a decompensated mental state associated with an emerging mood and/or thought disorder resulting in an acute psychotic episode. As a result of this condition, it is opined that Mr. Harrouff was unable to distinguish right from wrong.

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### RECOMMENDATIONS

It is recommended that if the Court finds that Mr. Harrouff meets the criteria for legal insanity at the time of the offense, consideration should be given to his involuntary commitment to a secure forensic State hospital as he has a mental illness and, because of the illness, is manifestly dangerous to himself or others. It is further recommended that the Court retain jurisdiction over Mr. Harrouff and govern any movement within the DCF with regard to placement, particularly if consideration is being given to a step down facility or program.

It should be understood that the manifestation of Mr. Harrouff's psychiatric illness resulted in a psychotic episode so acute that two innocent people were killed and another near fatally wounded. Such an event is highly unusual as people with mental illness are no more likely to commit violent crimes than ordinary members of the public. Research, however, has shown that violence risk is increased in individuals with a Bipolar Disorder who also engage in substance abuse. It is also known that when violence does occur, it more often involves family members. Mr. Harrouff was not found with illicit drugs in his system at the time of the event and the victims were unknown to him.

It is additionally recommended that, prior to any release from the forensic State hospital, Mr. Harrouff complete a formal violence risk assessment by an independent forensic psychologist or psychiatrist to determine his potential for future acts of violence toward himself or others.



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