U.S. District Court
Middle District of Florida

COURT'S EXHIBIT

Exhibit Number:

1

Case Number:

3:15-mj-1170-JRK

United States

v.

Joshua Ryne Goldberg

Date Identified:

4/27/2017

Date Admitted:

4/27/2017

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS
FEDERAL MEDICAL CENTER

P. O. Box 1600
Butner, North Carolina 27509-1600
(919) 575-3900

March 21, 2017

The Honorable James R. Klindt
United States District Court
Middle District of Florida
300 North Hogan Street, Ste 5-111
Jacksonville, Florida 32202

RE: GOLDBERG, Joshua Ryne
Register Number: 63197-018
Docket Number: 3:15-mj-1170-JRK

Dear Judge Klindt:

In accordance with your latest order of December 12, 2016, a forensic evaluation of Mr. Goldberg has been completed. Please see our opinion in the attached report.

If you require additional information or clarification of issues presented in the report, our clinicians are available by telephone or video conferencing. Unfortunately, our budget does not include funding for travel. If a clinician's presence in Court is required, we will have to request reimbursement of expenses.

If appropriate, the United States Marshals Service will be notified for his return to your district for further legal proceedings.

If we can be of further assistance to you in this or other matters, please do not hesitate to contact Ms. Kelly Forbes, Health Systems Specialist, at extension 6030.

Respectfully,

M. K. Lewis, Associate Warden

cc: Kevin C. Frein, Assistant United States Attorney
Paul A. Shorstein, Defense Attorney

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March 21, 2017

Clerk of Court
United States District Court
Middle District of Florida
300 North Hogan Street
Jacksonville, Florida 32202

RE: GOLDBERG, Joshua Ryne
Register Number: 63197-018
Docket Number: 3:15-mj-1170-JRK

Dear Clerk of Court:

Please find enclosed a Certificate of Restoration of Competency to Stand Trial on the above-referenced individual.

Mr. Goldberg was committed to FMC Butner under the provisions of Section 4241(d), for continued hospitalization and treatment in an effort to restore his competency to stand trial.

Mr. Goldberg is now competent to stand trial and our report reflecting this opinion will be forwarded to the Honorable James R. Klindt, on this date.

We are forwarding this Certificate to your office for filing, pursuant to Title 18, United States Code, Section 4241(e). Thank you for your assistance in this matter.

Respectfully,

M. K. Lewis, Associate Warden

cc: The Honorable James R. Klindt
Kevin C. Frein, Assistant United States Attorney
Paul A. Shorstein, Defense Attorney

CERTIFICATE OF RESTORATION OF COMPETENCY TO STAND TRIAL

This is to certify that Joshua Ryne Goldberg, Register Number 63197-018, is able to understand the nature and consequences of the proceedings against him and to assist properly in his own defense. This certification is made and filed with the Clerk of the Court pursuant to Title 18, United States Code, Section 4241(e).

In accordance with Section 4241(e), the Clerk of the Court should mail a copy of this certificate to the defendant's counsel and to the attorney for the Government.

M. K. Lewis, Associate Warden

Subscribed and sworn before me this 21st day of March, 2017.

Notary Public

My Commission Expires 09/30/2020

DAWN E. HENRY
Notary Public, North Carolina
Granville County
My Commission Expires
09/30/2020

FORENSIC EVALUATION
Mental Health Department
Federal Medical Center
Butner, North Carolina

NAME:	GOLDBERG, Joshua
REGISTER NUMBER:	63197-018
CASE NUMBER:	3:15-mj-1170-JRK
DATE OF BIRTH:	05/14/
DATE OF REPORT:	03/10/17

IDENTIFYING INFORMATION: Mr. Joshua R. Goldberg is a 20-year-old, Caucasian, male, from Orange Park, Florida. On 12/16/15, the Honorable James R. Klindt, United States Magistrate Judge for the Middle District of Florida, Jacksonville Division, committed Mr. Goldberg to the custody of the Attorney General for such a reasonable period of time, not to exceed four months, as is necessary to determine whether there is a substantial probability that in the foreseeable future he will attain the capacity to permit the proceedings to go forward, pursuant to the provisions of Title 18, United States Code, §4241(d). Judge Klindt also ordered further evaluation in determination of the existence of insanity at the time of the offense, pursuant to the provisions of Title 18, United States Code, § 4242.

On 09/10/15, Mr. Goldberg was charged in a one count Complaint of Distribution of Information Relating to Explosives, Destructive Devices, and Weapons of Mass Destruction, in violation of Title 18, United States Code, Section 842(p). The instant offense allegedly occurred on 08/19/15, through and including 08/28/15 in the County of Clay in the Middle District of Florida. Mr. Goldberg is represented by Paul A. Shorstein, and Kevin C. Frein is the Assistant United States Attorney (AUSA) assigned to the case. There are no codefendants.

Mr. Goldberg arrived at the Federal Medical Center (FMC) in Butner, North Carolina, on 01/12/16. On 01/14/16, we informed the Court of Mr. Goldberg's arrival and requested the study period to begin on that date. On 05/10/16 we diagnosed Mr. Goldberg with Autism Spectrum Disorder, without accompanying intellectual impairment and without accompanying language impairment and Major Depressive Disorder, Moderate, Recurrent. The findings were based on clinical assessment by experts in the field of Autism as well as the results obtained by evaluators at FMC Butner. The undersigned evaluator opined that due to Mr. Goldberg's mental condition, he lacked rational understanding of relevant legal proceedings and rational ability to assist counsel in his defense. Nevertheless, there was a substantial likelihood that he would improve to such an extent his competency to proceed may be restored in the foreseeable future with compliance with antidepressant medication and individual therapy. We requested another period of evaluation and treatment to continue restoration efforts, pursuant to the provisions of Title 18, United States Code, §4241(d) which was granted by Judge Klindt at the conclusion of the status hearing held by videoconference on 06/15/16.

On 10/27/16, the undersigned evaluator opined that Mr. Goldberg's mental condition, namely Major Depressive Disorder, interferes with his rational understanding of relevant legal

proceedings and his ability to assist counsel in his defense and requesting another period of evaluation and treatment to continue restoration efforts. A competency hearing was set for 12/08/16. At the status hearing, counsel for the Government and Defendant filed a stipulation to the findings in the report. On 12/12/16, Judge Klindt ordered further committed of Mr. Goldberg pursuant to the provisions of Title 18, United States Code, §4241(d)(2)(A).

Pursuant to Title 18, U.S.C., §4247, the following offers a summary of Mr. Goldberg's history, present symptoms, psychological and medical test results, and findings and opinions as to his diagnosis, prognosis, and opinion as to whether he is presently suffering from a mental disease or defect rendering him mentally incompetent to the extent that he is unable to understand the nature and consequences of the proceedings against him or to assist properly in his defense. Given criminal responsibility is assessed only after competency has been established, further evaluation is warranted and opinions on that issue will be submitted as an addendum.

NOTIFICATION: Mr. Goldberg was reminded that any information obtained from him or collateral sources would be shared with the Court, as well as the defense and prosecuting attorneys, in the form of a written report and possibly oral testimony. It was explained that the evaluation will aid the Court in determining whether he has a mental disease or defect which impairs his factual understanding of the charges and proceedings and rational ability to assist counsel in his defense. He was also informed that he was ordered to undergo an evaluation of his criminal responsibility. Mr. Goldberg verbalized a clear understanding of the factors noted above.

In addition to the records reviewed in the completion of the previous evaluation, the following documents were reviewed in preparation of this report:

1. Court Order, dated 12/12/16;
2. Court Order, dated 11/29/16;
3. Forensic Evaluation by Adeirdre Stribling Riley, Ph.D., dated 10/27/16;
4. Court Order, dated 06/16/16;
5. Court Order, dated 06/02/16;
6. Forensic Evaluation by Adeirdre Stribling Riley, Ph.D. and Tracy O'Connor Pennuto, J.D., Ph.D., dated 05/10/16;
7. Chapel Hill TEACCH Center Diagnostic Report by Mary E. Van Bourgondien, Ph.D. and Pamela DiLavore, Ph.D., dated 04/15/16;
8. Review of Bureau of Prisons Central File, SENTRY, Psychology Data System, and BEMR databases.

DATES OF CONTACT AND PROCEDURES ADMINISTERED: During the current evaluation, Mr. Goldberg was assessed by Adeirdre Stribling Riley, Ph.D., Forensic Psychologist. Psychiatric consultation was completed by Bryon Herbel, M.D., Staff Psychiatrist. Mr. Goldberg was regularly observed by Medical, Mental Health, and Correctional staff. Their observations and comments were considered during the study period.

The following procedures were administered:

Clinical interviews (ongoing)
EKG (11/30/16)

BACKGROUND INFORMATION: Mr. Goldberg's background information is summarized in the previous evaluation completed by Lisa B. Feldman, Psy.D., Forensic Psychologist, dated 11/13/15, and our previous evaluations which are in possession of the Court.

CURRENT COURSE OF HOSPITALIZATION: Mr. Goldberg presents as a youthful Caucasian male of average stature. He recently cut his hair and beard in order to improve upon his previously haggard presentation. While housed on a transitional unit, he is typically sloppily dressed in an orange jumpsuit. During the evaluation, his affect varied depending on the subject. When discussing his legal situation, his affect was consistently flat. However, when questioned regarding his hygiene, institutional misconduct, or accusations he presented with exaggerated hand expression, loud volume of his voice, and significant affective expansion. This was evidenced when challenged about topics he did not want to address. Otherwise, there was no evidence of irritability, depression, or mood disturbance. He denied having any nightmares or sleep terrors. His thought process remained organized. He denied experiencing hallucinations of any form. Mr. Goldberg denied having present suicidal or homicidal ideation. Mr. Goldberg's thoughts were organized and goal-directed.

Over the course of the evaluation, Mr. Goldberg continued in psychotherapy with Caitlin Kazmerksi, Psychology Intern, who offered the following summary of his treatment:

> Mr. Goldberg began treatment with this provider on 09/09/16 and has been seen on a weekly basis for approximately 17 sessions. Sessions generally lasted from 50 to 60 minutes.
>
> Mr. Goldberg has repeatedly expressed a desire to engage in therapy, noting that he would like to address his poor hygiene, social skills, and negative outlook. However, Mr. Goldberg has struggled throughout the course of treatment to maintain focus on therapeutic tasks; rather, he has frequently voiced his frustrations and complaints regarding his placement, safety, staff, and other inmates. He has required continuous redirection throughout each therapy session. However, Mr. Goldberg has been amenable to redirection regarding his confrontational approach with this provider such that he has communicated more appropriately over the last few weeks.
>
> In addressing his hygiene, we have discussed appropriate grooming and hygiene behaviors, as well as the costs and benefits of adequate and poor hygiene/grooming. We have also explored factors that contribute to self-care and barriers to these habits.
>
> A number of social skills training techniques have been employed with Mr. Goldberg. He and I have reviewed a social skills inventory, wherein he has identified problem areas

of communication for him. Mr. Goldberg and I have explored how his verbal and nonverbal communication may cause him difficulty with his peers and staff, and how he could appropriately engage with others. We have also discussed feedback he has received from his peers and how that influences his interactions. Mr. Goldberg and I have reviewed ways that he contributes negatively to social interactions. Role playing techniques have also been utilized for Mr. Goldberg to practice how to interact with others effectively and how to he might express himself more appropriately.

Although Mr. Goldberg continues to struggle with perspective taking, having a negative world view, and poor social skills, he has made small improvements and demonstrated an ability to learn appropriate social skills in therapy such that he has engaged more effectively with staff and peers.

In terms of institutional adjustment, on 11/07/16, psychology staff were notified that another inmate reported Mr. Goldberg was being sexually harassed by two inmates on his housing unit. When interviewed, Mr. Goldberg replied, "This is not happening. This is not happening." According to the interviewer, Mr. Goldberg "firmly stated he is not and has not been sexually harassed or pressured to engage in sexual behavior. He was reminded of the PREA policy and how to access services, should he need them. He was also reminded of the zero-tolerance policy for sexual abuse or harassment. He indicated he understood the information provided to him.

It was noted that Mr. Goldberg had both endorsed and recanted being sexually harassed by other patients. However, upon questioning by nursing staff again on 11/08/16, he endorsed being sexually harassed since September 2016, with no physical contact. He denied having been pressured to engage in sexual behavior. Due to the variable nature of his presentation, the situation was further investigated and ultimately not substantiated. It was recommended he not be housed in a cell with any inmates identified as at increased risk for sexual abusiveness. The undersigned evaluator also recommended a greater level of supervision regarding his work and education assignments. Programming recommendations include daily participation in the Vocational Rehabilitation Workshop. Mr. Goldberg was agreeable to the programming recommendations. Custody elected to place Mr. Goldberg on a transitional unit in order to be separated from the inmates he accused of sexual harassment, thus his programming was limited.

While on the transitional unit, on 12/27/16, Mr. Goldberg incurred an incident report for Misusing Authorized Medication. He allegedly tried to purchase ibuprofen from another inmate on the unit. Mr. Goldberg was counseled and allowed to stay on the transitional unit rather than being sent to a restricted unit.

In general, Mr. Goldberg adjusted well to the unit and his assigned roommate. He continued to have poor cell sanitation and poor personal hygiene, but was more receptive to interventions. He was notably helpful with some of the more impaired and demented patients on the unit, often assisting them with walking around the unit or escorting them in a wheelchair. This improvement in prosocial behavior on behalf of Mr. Goldberg was applauded.

Unfortunately it became apparent Mr. Goldberg had been bartering with another patient who receives a special religious meal. On 03/09/17, the patient refused to trade the meal with Mr. Goldberg for two soups and hit Mr. Goldberg on the right side of his face. No injuries were sustained. However, Mr. Goldberg is now on administrative detention pending investigation of the incident.

On 11/01/16, Dr. Herbel met with Mr. Goldberg to address his subjective reports of anxiety due to the ending of the study period. More specifically, Mr. Goldberg asked Dr. Herbel, "I need more medication. I'm feeling anxious and depressed...My doctor said my study was over. Can I stay here? I don't want to be locked down in the county." Dr. Herbel noted:

> "Mr. Goldberg has approached me the past few days, asking for additional medication. His complaints are subjective depression and anxiety. During my assessment today, he complained of feeling some degree of panic. He appeared calm without evidence of sweating or rapid breathing, but his pulse was slightly elevated at 110. I reviewed some of my past treatment notes, indicating Mr. Goldberg has not responded to a wide range of antidepressant drugs, and has not tolerated several of my attempts to augment the effect of the mirtazapine. I didn't find any reference in my notes to past treatment with citalopram. He recalled being prescribed this drug in the past. He didn't know if it had been helpful but he affirmed he did not suffer side effects on it. Today Mr. Goldberg was calm, alert, and cooperative. There was no evidence of active psychotic symptoms, such as hypervigilance, response to unseen others, or disorganized speech. His mood appeared euthymic but somewhat odd as usual. His personal hygiene was unkempt, which is typical for him. There was no evidence of self-harm or aggressive ideation or behavior."

Dr. Herbel prescribed Citalopram 10 mg at bedtime titrated up to 20 mg at bedtime to address and treat the reported symptomatology.

In a review on the efficacy of medication treatment, on 11/29/16, Dr. Herbel indicated:

> "Mr. Goldberg has been calm on 2-E. He reports some benefit in his depressive symptoms since starting citalopram but requests a dose increase to enhance efficacy. He reports his appetite is good but concentration is poor, which is a problem which has plagued him most of his life. There was no evidence of active psychotic symptoms, such as hypervigilance, response to unseen others, or disorganized speech. His mood appeared euthymic with his usual mildly odd and flat affect. No self-harm ideation or behavior. He reports no adverse effects aside from some wakening at night. He does not want to shift the dose of the SSRI to the morning as a means to determine whether the wakening is the result of an activation syndrome. Continue mirtazapine and obtain baseline EKG prior to increase in citalopram."

An EKG completed on 11/30/16 was machine interpreted as normal sinus rhythm with normal QTc of 431. The citalopram was increased to 40 mg at bedtime.

During an assessment of Mr. Goldberg on 01/27/17, Dr. Herbel noted:

> "When I assessed Mr. Goldberg on 2-E a few days ago, he reported the addition of citalopram to the mirtazapine had improved his subjective sense of being depressed. He did not report any significant side effects and wanted to continue on both antidepressants. He stated he preferred to remain at FMC Butner rather than return to a local jail in his court of jurisdiction because he anticipated being housed in solitary confinement there, which had been his housing assignment there previously. During my assessment there was no evidence of active psychotic symptoms, such as hypervigilance, response to unseen others, or disorganized speech. His mood appeared euthymic with appropriate smiling at intervals. There was no evidence of self-harm or aggressive ideation or behavior."

Other medications include Acetaminophen 650 mg twice daily as needed for headache, Albuterol Inhaler (6.7 GM) 90 mcg inhale two puffs by mouth four times daily as needed for shortness of breath, and omeprazole 20 mg by mouth each evening on an empty stomach at least 30 minutes before the evening meal.

Mr. Goldberg was continued on the same treatment regimen without any reports of medication side effects.

DIAGNOSTIC IMPRESSIONS: On the basis of the available information, Mr. Goldberg's diagnoses according to the criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5)*, by the American Psychiatric Association continue to be the following:

Autism Spectrum Disorder, without accompanying intellectual impairment and without accompanying language impairment, 299.0
Major Depressive Disorder, Mild, Recurrent, 296.22

A diagnosis of Autism Spectrum Disorder is applied based on the clinical formulation by the experts at the University of North Carolina TEACCH Center, as detailed in their report on Mr. Goldberg, dated 04/15/16. They noted: "In contrast to his strength on intellectual tasks, Joshua [Goldberg] was reported as having a significant weakness in adaptive behavior skills on a standardized questionnaire completed by his mother. Adaptive behavior skills are the practical, everyday abilities needed to effectively and independently meet environmental demands, including taking care of oneself and interacting with other people, in an age-appropriate manner. Joshua [Goldberg] earned an overall composite score that fell within the below range and at the 9th percentile in comparison to other individuals his age. While deficits were noted in each domain, the most striking deficits are in his ability to socially interact with other people, engage in appropriate leisure interests, and take care of his personal needs and be self-directed."

Autism is a neurodevelopmental disorder characterized by reciprocal social deficits, communication impairment, and a range of rigid ritualistic interests. The prognosis of autism is

determined mainly by the level of intelligence and of communication. Mr. Goldberg has good premorbid intelligence, yet presents with communication deficits as detailed in the TEACCH report. Taken together, his prognosis remains fair once the symptoms of depression are controlled. The summary of the TEACCH report detailed the following:

> To address the question of an autism spectrum disorder, the results of the direct assessment of Joshua [Goldberg's] social-communication and restricted and repetitive behaviors were integrated with the information provided by his parents about his developmental history and current behaviors in these same areas. The direct observations were consistent with Joshua [Goldberg's] developmental history and indicate that he does qualitatively and quantitatively meet criteria for an autism spectrum disorder.
>
> Social-communication: Joshua [Goldberg's] development of verbal language was within normal limits, or perhaps a little advanced. However, as a young child and today, he seldom uses gestures or makes eye contact in order to enhance his communication with others. Joshua [Goldberg] has never been able to engage with his peers in typical play interactions. He has always had difficulty in initiating and maintaining interactions even with family members. The conversations he does have with others are typically more of a question and answer session, unless it is a topic of high interest to him such as movies. Both he and his mother report that he has never had friends. Based on the reports of his behavior at the correctional center and on the results of his performance on theory of mind tasks during the evaluation session, Joshua [Goldberg] shows an inconsistent ability to truly take another person's perspective.
>
> Restricted and repetitive behaviors: Throughout Joshua [Goldberg's] life he has had a number of intense interests. Early in life these included visual interests in fans and sprinklers, and then an interest in specific types of movies, music, computer, and politics. In addition to frequently picking at his skin, he reports arm flapping which has also been observed at the facility and his mother reports that he often paces. Current sensory aversions include his sensitivity to loud noises, avoidance of touch and aversion to certain sensory experiences such as sand at the beach. He has a number of routines such as checking locks when he was home or always having to have things be even (e.g. number of steps with each foot) that appear quite rigid, though it is not clear whether these are due to his autism or may be related to a co-morbid diagnosis of an obsessive compulsive disorder. In summary, Joshua [Goldberg] has long standing and severe deficits in his social-communication skills that has led to him spending most of his time at home and in his room with little to no direct contact with peers or even family members.
>
> Due to the severity of both his social-communication and restricted interests and preoccupations, Joshua requires very substantial supports. In addition to his autism spectrum disorder, Joshua [Goldberg] has been identified as having some type of mood or anxiety disorder which also affects his coping skills and current functioning.

A diagnosis of Major Depressive Disorder, Mild is assigned to Mr. Goldberg based on his history of depression as well as his presentation during the evaluation. The essential feature of Major Depressive Disorder is a period during which there are five or more symptoms of depressed mood or loss of interest or pleasure accompanied by significant weight loss/weight gain or decrease/increase in appetite nearly every day, insomnia or hypersomnia every day, psychomotor agitation or retardation, or fatigue or loss of energy. Cognitive signs may be present with the individual having a sense of worthlessness or guilty ruminations/preoccupations which are unrealistic. These individuals may also experience impaired ability to think, concentrate, or make decisions. They often complain of being easily distracted and having difficulty remembering. There is a preoccupation with death and dying of varying degree, with variability in the frequency, intensity, and lethality of these thoughts. The degree of impairment associated with a Major Depressive Episode varies, but if severe the individual may lose the ability to function socially or occupationally. In extreme cases, the person may be unable to perform minimal self-care or to maintain minimal personal hygiene.

Mr. Goldberg reported a history of depression dating back to childhood. He has been tried on various antidepressants and cognitive behavioral therapy, with no reported cessation of symptoms. ECT was suggested in late 2014 and early 2015 due to his lack of treatment response. During this evaluation, he endorsed feelings of worthlessness, hopelessness, and despair. While he endorsed suicidal ideation in the past, he denied intent to harm himself or others in any way during this evaluation. Mr. Goldberg responded well to antidepressant medication, with significant lifting of depressed mood. However, he continued to present with ruminations about past failures. Symptoms of depression, to include suicidal ideation may emerge should Mr. Goldberg elect to stop taking his medication.

Mr. Goldberg does not present with symptoms of Schizophrenia which was previously listed as a rule out diagnosis on the original treatment plan. There is no evidence of delusional ideation or hallucinations of any form. His thoughts are organized, goal directed, and future-oriented. Throughout the evaluation, Mr. Goldberg did not evidence signs of active psychotic symptoms, such as hypervigilance, response to unseen others, or disorganized speech. There was no evidence of any significant cognitive impairment, such as being too confused to comply with the structure and rules on the unit.

Instead, it appears symptoms characteristic of Autism have been misclassified as psychosis. For example, individuals with Schizophrenia may present with flattened affect and constricted emotional expression. However, Mr. Goldberg's problems with social skills are best attributed to a diagnosis of Autism. While he presents as awkward in social settings, there is also some evidence that he is less inclined to initiate or maintain a conversation with others, particularly if he is disinterested in the topic. He tends to answer questions in a terse manner and seeks to understand the evaluator's intention before answering. Lastly, he indicated he used the internet as his only form of social interaction because he could not stand to be around people, adding "The more I talked to people on the internet, the more I disliked them."

Also, Mr. Goldberg has not demonstrated the behavioral disorganization often characterized in individuals with Schizophrenia. Instead, he has eccentric or repetitive behaviors and unusual preoccupations or rituals that are consistent with individuals with Autism. Mr. Goldberg has consistently picked at his skin since age 12, resulting in a significant number of healed lesions all over his body. Mr. Goldberg mentioned he must do things in two's. For example, when walking, he must take one step at a time but if he makes the mistake and takes two steps with one foot, he must then take two steps with the other. When listening to others speak, he moves his fingers in two's in a scissor cutting motion. As previously noted, he presents as clumsy and awkward, consistent with coordination problems exhibited by those with Autism.

In terms of communication difficulties, Mr. Goldberg averts eye contact when speaking during clinical interviews. He has some difficulty using facial expressions and gestures, and understanding body language. He is also very literal in his use of language. Nevertheless, there are no notable problems with expressive or receptive language. He is capable of rationally engaging in a discussion of matters in which he is interested and is adept at presenting sound arguments for his perspective.

Mr. Goldberg presents with legitimate deficits and puts forth sufficient effort during the present evaluation. As such, a diagnosis of Malingering was ruled out.

Diagnoses of substance use disorders were also ruled out. He reported no evidence of tolerance or withdrawal of any substances. Access to substances has been historically limited due to social withdrawal. Currently, his access to illicit substances is limited by incarceration.

FORENSIC ASSESSMENT: In response to the Court's specific question regarding Mr. Goldberg's competency to stand trial, we proceeded with structured clinical interviews and psychological testing, to include the Evaluation of Competency to Stand Trial-Revised (ECST-R). The ECST-R yields scores measuring the defendant's Rational Ability to Consult with Counsel (CWC), Factual Understanding of the Proceedings (FAC), Rational Understanding of the Proceedings (RAC), and Overall Rational Ability (Rational). In addition to assessing competency to stand trial, the ECST-R also provides a screening for a defendant's feigned psychopathology as a deliberate attempt to avoid being competent for proceedings.
Mr. Goldberg obtained scores in the minimal to no impairment range on all domains. Further, there was no evidence based on his scores on the atypical scale to suggest that Mr. Goldberg over-endorsed rare symptoms on the ECST-R and attempted to feign incompetency. Improvements include his ability to comprehend the risks of incrimination. Mr. Goldberg evidenced an adequate overall level of rational understanding, but indicated that he would rely solely on his attorney, regardless of the outcome. However, the passivity is not due to an inability to comprehend information and to make rational decisions, but a general anxious avoidance of the matter.

SUMMARY AND RECOMMENDATIONS: Title 18, U.S.C., §4241 specifies a defendant is incompetent to proceed to trial if, as a result of a mental disease or defect, s/he "is unable to understand the nature and consequences of the proceedings against him or to assist properly in

his defense." In answer to the Court's question posed under section (d), as of the date of this report, the undersigned evaluator opines that Mr. Goldberg's mental condition, namely Major Depressive Disorder has been adequately treated with medication. The decrease in depressed mood is most notable. The increased anxiety regarding his legal situation is not in excess of what would be experienced by others in a similar situation. His rational understanding of relevant legal proceedings and his ability to assist counsel in his defense are not impaired by slowed cognition or apathy. Although the determination of Mr. Goldberg's current competency and need for further restoration is ultimately a decision for the Court, I opine Mr. Goldberg's symptoms have improved to the extent that his competency has been restored as a result of combined therapeutic efforts.

Ongoing treatment with an antidepressant and individual psychotherapy are warranted to maintain the gains he has made with regard to his competency to stand trial. It is recommended that he be allowed to undergo continued restoration efforts while he is awaiting legal proceedings in order to maintain the gains he has made. This may be achieved by arranging for direct transport near the hearing date.

TEACCH Recommendations

1. Mr. Goldberg will benefit from the use of written material to help him understand and process information. Clear descriptions of his options and the consequences of each option will help him to better understand any future decisions he needs to make. Time to process this information and come back and ask follow-up questions will be helpful. While his intellectual abilities suggest that he has a well-developed vocabulary, he will do best if information is presented in concrete language with real life examples.

2. To help address issues of initiation and self-care, written schedules and checklists should be explored as a way of helping Mr. Goldberg organize his day and to help him approach tasks in a more organized manner.

3. In general, written information is likely to be more informative and comprehensible to Mr. Goldberg than verbal information. This is particularly true when the information is complex and detailed.

At this time Mr. Goldberg does not appear to present an imminent risk of harm to himself or others in an institutional setting. His medical condition is also stable. Other than universal precautions necessary in the transportation of all federal detainees, no special precautions are required. It is recommended that he continue to receive monitoring by medical and mental health professionals while in custody if transported back to court. He is currently prescribed Citalopram 40 mg at bedtime, Mirtazapine 60 mg at bedtime, Acetaminophen 650 mg twice daily as needed for headache, Albuterol Inhaler (6.7 GM) 90 mcg inhale two puffs by mouth four times daily as needed for shortness of breath, and Omeprazole 20 mg by mouth each evening on an empty stomach at least 30 minutes before the evening meal.

Adeirdre L. Stribling Riley, Ph.D. Date
Forensic Psychologist
Federal Medical Center
Butner, North Carolina

ASR/deh