U.S. District Court
Middle District of Florida

COURT'S EXHIBIT

Exhibit Number:

2

Case Number:

3:15-mj-1170-JRK

United States

v.

Joshua Ryne Goldberg

Date Identified:

4.27.17

Date Admitted:

4.27.17

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

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

May 18, 2016

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 order of December 16, 2015, 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,

J. C. Holland, Complex Warden

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

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

NAME:	GOLDBERG, Joshua
REGISTER NUMBER:	63197-018
CASE NUMBER:	3:15-mi-1170-JRK
DATE OF BIRTH:	05/14/
DATE OF REPORT:	05/10/16

IDENTIFYING INFORMATION: Mr. Joshua R. Goldberg is a 20-year-old, Caucasian male, from Orange Park, Florida. On December 16, 2015, 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 September 10, 2015, 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 August 19, 2015, through and including August 28, 2015 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 January 12, 2016. On January 14, 2016, we informed the Court of Mr. Goldberg's arrival and requested the study period to begin on that date. 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.

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.

NOTIFICATION: Mr. Goldberg was informed 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. When asked if he understood the purpose of the evaluation, Mr. Goldberg indicated he was admitted for "evaluation for competency." He verbalized a clear understanding of his charges, severity, and

possible penalties. 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. With clarification, Mr. Goldberg verbalized a clear understanding of the purpose of the evaluation.

The following records were reviewed in preparation of this report:

1. Arrival Letter from J. C. Holland, Complex Warden, dated January 14, 2016;
2. Court Order, dated December 16, 2015;
3. Transcript of Competency Hearing held on December 14, 2015, before magistrate Judge James R. Klindt;
4. Forensic Evaluation by Lisa B. Feldman, Psy.D., Forensic Psychologist, dated November 13, 2015;
5. Protective Order signed by Magistrate Judge James R. Klindt on October 15, 2015:
6. Complaint, dated September 10, 2015;
7. One (1) CD with calls and emails made by or received by Mr. Goldberg during his period of evaluation at FCI Miami
8. One (1) CD containing the following documents Bates numbered 0001 through 0243:
   a) Driver's license photograph of Mr. Goldberg (0001).
   b) Twitter account information for accounts: @AusWitnessAU6/@AusWitnesslS/@AusWitnlSAU (0002-0053).
   c) Verification of Mr. Goldberg's Surespot, Yahoo, and Gmail accounts (0054-0056).
   d) Results identifying 5 accounts for @AusWitnesslS4 (0057-0058).
   e) FBI Form FD-597, Evidence Collected Log (0059)
   f) FBI Advice of Rights form signed by Mr. Goldberg on September 10, 2015 (0062).
   g) Search and Seizure Warrant and attached Return of Evidence regarding the search of 3119 Pine Road, Orange Park, Florida in MDFL case number 3:15-mj-1169-JRK (0063-0072).
   h) FBI Form FD-1086, Consent to Assume Online Identity Authorization Form (0073-007 4).
   i) Open Source Social Media Screenshots and 8chan/Justpaste.it Screenshots (0075-0093).
   j) FBI Form FD-302 regarding Twitter account "@AusSecret" (0094-0232).
   k) FBI Form FD-302 regarding the interview of Danielle Goldberg (0233-0234).
   l) FBI Form FD-302 regarding the execution of a search warrant at 3119 Pine Road, Orange Park, Florida (0235).
   m) FBI Form FD-302 regarding the interview of Mr. Goldberg (0236).
   n) FBI Form FD-302 regarding the interview of Rebecca Goldberg (0237-0239).
   o) FBI Form FD-302 regarding the arrest of Mr. Goldberg (0240-0241).
   p) FBI Form FD-302 regarding the interview of Frank Goldberg (0242-0243).
9. One (1) CD containing the following documents bates numbered P0244-P0467:
   a) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated July 30-August 2, 2015 (P0244-P0246).

b) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 18-19, 2015 (P0247-P0265).
c) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 20-23, 2015 (document incorrectly reads August 20-30) (P0266-P0268).
d) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 20, 2015 (P0269-P0272).
e) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 26, 2015 (P0273-P0274).
f) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 27, 2015 (P0275-P0280).
g) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 12-15, 2015 (P0281-P0282).
h) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 27-28, 2015 (document incorrectly reads August 28) (P0283-P0286).
i) FBI Form FD-1057 regarding CHS Communications dated August 16-17, 2015 (P0287-P0293).
j) CHS Screenshots dated August 20, 2015 (P0294-P0303).
k) CHS Screenshots dated August 17, 2015 (P0304-P0312).
l) CHS Screenshots dated August 18, 2015 (P0313-P0329).
m) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated July 26-20, 2015 (P0330-P0331).
n) FBI Form FD-1057 regarding corrected communications (P0332-P0333).
o) CHS Captured Screenshots dated August 5-30, 2015 (P0334-P0401).
p) Communications Transcript dated July 26-August 28, 2015 (P0402-P0443).
q) FBI Form FD-1055 regarding surveillance of Mr. Goldberg on August 22, 2015 (P0444-P0446).
r) FBI Form FD-1055 regarding surveillance of Mr. Goldberg on August 23, 2015 (P0447-P0449).
s) FBI Form FD-1055 regarding surveillance of Mr. Goldberg on August 27, 2015 (P0450-P0452).
t) FBI Form FD-1055 regarding surveillance of Mr. Goldberg on August 28, 2015 (P0453-P0454).
u) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 12-15, 2015 (document incorrectly reads August 5-10) (P 0455-P045 7).
v) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 23-24, 2015 (document incorrectly reads August 24-25) (P0458-P0459).
w) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications dated August 29-30, 2015 (document incorrectly reads August 28-30) (P0460-P0463).
x) FBI Explosives Unit Report (P0464-P0467).

10. One (1) disc labeled "P0060" containing (protected) photographs taken during the search of 3119 Pine Road, Orange Park, Florida, on September 10, 2015.
11. One (1) disc labeled "P0061" containing (protected) photographs taken during the search of 3119 Pine Road, Orange Park, Florida, on September 10, 2015.
12. One (1) disc containing three (3) protected audio files of the interview of Mr. Goldberg on September 10, 2015.

13. One (1) CD containing the following documents bates numbered 0468 through P0849:
    a) Florida Virtual Academies letter regarding Mr. Goldberg (0468).
    b) Sandalwood High School records for Mr. Goldberg (0469-0476).
    c) Comcast subscriber records for account number ending in 2378 (04 77-0493).
    d) Subpoena response from Sabal Palm Elementary School regarding Mr. Goldberg (0494).
    e) St. Johns River State College records for Mr. Goldberg (0495-0509).
    f) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications with JihadiUK on August 30, 2015 (P0510-P0512).
    g) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications with AusWitness on August 31, 2015 (P0513-P0518).
    h) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications with AusWitness on September 2, 2015 (P0519-P0521).
    i) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications with Jihadi on August 31, 2015 (P0522-0524).
    j) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications with AusWitness on September 23, 2015 (P0525-P0531).
    k) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications with AusWitness on September 3-8, 2015 (P0532-P0535).
    l) FBI Form FD-1023, CHS Reporting Document regarding CHS Communications with AusSecret on September 9, 2015 (P0536-P0539).
    m) FBI Form FD-1057 regarding Transcript of CHS Communications with "AusWitness" from August 28 to September 10, 2015, and attached transcript (P0540-P0579).
    n) FBI Form FD-1057 regarding screenshots provided by WFO CHS (P0580-P0581).
    o) FBI Form FD-1057 regarding additional screenshots provided by WFO CHS (P0582-P0583).
    p) FBI Form FD-1057 regarding surveillance on August 21, 2015 (P0584-0586).
    q) FBI Form FD-1057 regarding surveillance on August 25, 2015 (P0587-P0589).
    r) FBI Form FD-1057 regarding surveillance on August 24, 2015 (P0590-P0592).
    s) FBI Form FD-1057 regarding surveillance on August 29, 2015 (P0593-P0595).
    t) FBI Form FD-1057 regarding surveillance on August 20, 2015 (P0596-P0598).
    u) FBI Form FD-1057 regarding surveillance on August 24, 2015 (P0599-P0601).
    v) FBI Form FD-1057 regarding surveillance on August 25, 2015 (P0602-P0604).
    w) FBI Form FD-1057 regarding surveillance on August 26, 2015 (P0605-P0607).
    x) FBI Form FD-1057 regarding surveillance on August 26, 2015 (P0608-P0609).
    y) FBI Form FD-1057 regarding surveillance on August 27, 2015 (P061 O-P0611) .
    z) FBI Form FD-1057 regarding surveillance on September 1, 2015 (P0612-P0614).
    aa) FBI Form FD-1057 regarding surveillance on September 2, 2015 (P0615-P0617).
    bb) FBI Form FD-1057 regarding surveillance on September 3, 2015 (P0618-P0620).
    cc) FBI Form FD-1057 regarding surveillance on September 4, 2015 (P0621-P0622).
    dd) FBI Form FD-1057 regarding surveillance on September 5, 2015 (P0623-P0625).
    ee) FBI Form FD-1057 regarding surveillance on September 6, 2015 (P0626-P0628).
    ff) FBI Form FD-1057 regarding surveillance (P0629-P0631).
    gg) FBI Form FD-1057 regarding surveillance (P0632-P0634).

hh) FBI Form FD-1057 regarding surveillance on September 7, 2015 (P0635.,.P0638).
ii) FBI Form FD-1057 regarding surveillance on September 8, 2015, and related notes (P0639-P0644).
jj) FBI Form FD-1057 regarding surveillance on September 2, 2015 (P0645-P0646).
kk) FBI Form FD-1057 regarding surveillance on August 30, 2015 (P064 7-P0649).
ll) FBI Form FD-1057 regarding surveillance on September 3, 2015 (P0650-P0652).
mm) FBI Form FD-1057 regarding surveillance on September 9, 2015, and related notes (P0653-P0658).
nn) FBI Form FD-1057 regarding surveillance on September 10, 2015 (P0659-P0661).
oo) Redacted Screenshots of CHS conversations dated August 5 through September 10, 2015 (P0662-P0849).

14. One (1) CD containing the following documents bates numbered 0910-0914:
Florida Virtual School Records with Declaration of Authentication of Business Records
2 Excel Spreadsheet containing enrollment details for Mr. Goldberg
15. Medical Records from Baptist Behavioral Health, various dates;
16. Medical Records from Family Care Partners, various dates;
17. Chat labeled "Zaffino and Pooley";
18. Chat labeled "Elise Potaka Conversation";
19. Email labeled "Email to Rita Panahi";
20. Chat labeled "Amina Blacberry-Potaka Conversation";
21. Chat labeled "Cindy Lavrencic";
22. Chat labeled "Grant Taylor Conversation";
23. Chat labeled "Media Direct Communicatiom";
24. Chat labeled "Media Direct Longer Discussion"; and
25. Chat labeled "Blazing Cat Fur"

In addition to the received collateral materials reviewed above, the following additional contacts and reviews were conducted:

1. Phone Interviews with Mr. and Mrs. Goldberg (January 21, 2016; March 9, 2016; and March 24, 2016);
2. Neuropsychological Testing (April 13, 2016; findings incorporated below);
3. Chapel Hill TEACCH Center Autism Diagnostic Assessment (April 15, 2016; attached);
4. 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. Neuropsychological testing was completed by Tracy O'Connor Pennuto, J.D., Ph.D., Staff Neuropsychologist. 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)
Physical Examination (January 13, 2016);
Validity Indicator Profile (VIP; March 23, 2016);
Structured Interview of Malingered Symptomatology (SIMS; January 15, 2016);
Minnesota Multiphasic Personality Inventory-Second Edition-Restructured Form (MMPI-2-RF; January 15, 2016)
Wide Range Achievement Test-4 (Reading subtest; April 13, 2016)
Repeatable Battery for the Assessment of Neuropsychological Status (RBANS; April 13, 2016)
Trail Making Test (April 13, 2016)
Stroop Color and Word Test (Attempted, April 13, 2016)
Wisconsin Card Sorting Test (WCST; April 13, 2016
Ruff 2&7 Selective Attention Test (2&7; April 13, 2016)
Controlled Oral Word Association (COWA: FAS; April 13, 2016)
Beck Depression Inventory-II (BDI-II; April 13, 2016)
Evaluation of Competency to Stand Trial-Revised (ECST-R; May 10, 2016)
Competency Restoration Group (weekly)

*Demographically-adjusted Heaton normative data were utilized when available; otherwise, specific test publisher norms were used.

BACKGROUND INFORMATION: Mr. Goldberg's background information is summarized in the previous evaluation completed by Lisa B. Feldman, Psy.D., Forensic Psychologist, dated November 13, 2015, which is in possession of the Court. While the information is largely consistent with what Mr. Goldberg relayed during the present evaluation, additional information regarding his psychosocial history was obtained from Mr. Goldberg as well as the above collateral sources. Further, a review of Mr. Goldberg's psychiatric and legal history is noted below, to include information regarding the alleged instant offenses.

Mr. Goldberg was born to the married union of Rebecca Goldberg (age 51) and Frank Goldberg (age 61). Both parents are Special Education Teachers. They have been married since 1987 and have three additional children, two of which are adopted. Mr. Goldberg denied a history of childhood trauma, abuse, or neglect. He views his parents as extremely supportive and relies on them for advice. Additional information regarding his developmental and academic history is included in the attached report from the TEACCH Autism Program.

Mr. Goldberg described his sexual orientation as asexual. He denied being sexually attracted to males or females. He has not had any sexual partners or romantic interests.

When asked about his religious affiliation, Mr. Goldberg stated he is an atheist, adding, "I have known since I was a kid that I am an atheist." He acknowledged that his views conflicted with his mother who is a Christian and his father who is Jewish. However, his choice reportedly did not result in interpersonal conflict with his family.

Mr. Goldberg has never worked or served in the military.

Medically, Mr. Goldberg has a history of severe insomnia, irritable bowel syndrome, asthma, chronic stomach pain, and general allergies. He denied having a history of head injury, loss of consciousness, or seizures. He has not had any surgeries other than having his tonsils, adenoids, and wisdom teeth removed.

During Dr. Feldman's evaluation, it is indicated that Mr. Goldberg had no substantial history of substance abuse. While at FMC Butner, Mr. Goldberg endorsed a history of consuming upwards of 80 cough medicine gels with the intent to be intoxicated. He did not specify the number of occurrences, but added he did not have access to many drugs because he did not leave the house and did not have any friends. Despite lack of access, Mr. Goldberg indicated that he managed to use mushrooms on one occasion in the 9th grade, but did not try them again because they made him "jittery." He endorsed intermittently huffing and sniffing gasoline during adolescence. In terms of recent drug use, Mr. Goldberg claimed to use cannabis while in transit to FMC Butner by paying $100 to another inmate via Moneygram. He also stated that he used opiate pain killers in prison.

Mr. Goldberg has an extensive psychiatric history since early childhood. He has been assigned various diagnoses, to include Attention Deficit Hyperactivity Disorder; Oppositional Defiant Disorder; Mood Disorder, Not Otherwise Specified; Major Depressive Disorder, Recurrent, Moderate; Obsessive Compulsive Disorder; Generalized Anxiety Disorder; Schizophrenia; and Schizoaffective Disorder. Medication treatment has included mood stabilizers, antidepressants, and antipsychotic medication. As recent as January 2015, he was referred by the treating physician at Baptist Behavioral Health for electroconvulsive therapy (ECT) for treatment resistant depression.

According to Mr. Goldberg, "They said I was delusional at the last place I was at because I had paranoid thoughts. They considered Schizoid Personality Disorder, Asperger Syndrome, and Paranoid Personality Disorder. I obsessively scratch and pick at my skin and take my entire toenails off. I had very bizarre erratic behavior throughout most of my childhood. I had tantrums and threatened to kill myself because I knew I had not spelled a word wrong. I would set fires for no reason and lie down a ramp while people were walking on it."

Mr. Goldberg endorsed having chronic feelings of hopelessness and helplessness, adding, "Suicide is something that is always in the back of my mind, but I never had the guts to go through with. I would go on suicide boards asking people if I should take pain killers first before laying on the train tracks. Also I wanted to burn charcoal in an enclosed space to die of carbon monoxide poisoning. I never went through with it because I did not want to hurt my family." Mr. Goldberg reported "cutting himself" when he was 15 years-old. He further stated he currently "picks at the sores [he has on his] face, arms, and legs." This behavior appears to intensify under stress. Mr. Goldberg acknowledged feeling as though his "life is over" due to his charges but expressed no desire to die. Historically, he has been social withdrawn and felt inept. He spent most of his time in his bedroom using the internet and rarely attending to basic hygiene. He did not establish solid friendships or social support other than from his parents.

Mr. Goldberg has no prior criminal history. When asked about his present charges, Mr. Goldberg relayed: "[I am accused of being] on the internet pretending to be a member of ISIS with the goal of hoping to meet terrorist so that I could obtain information from the terrorist in order to be a journalist or FBI agent. I was approached by an FBI agent pretending to be a terrorist for information on how to make a bomb. [I am accused of] sending information about bomb making from the Aspire journal that was online. Those are the charges. None of that is a good idea to do." He indicated that he would spend 14 or 16 hours a day on the computer creating lists of movies. He would also pose on the internet pretending to be a female Japanese college student in Osaka, a black supremacist from Somalia, a black female college student with conservative views, or a European Jew who moved to the U.S. to avoid anti-Semitism. He stated he had over 20 personalities and had "infiltrated" a Neo-Nazi website to the extent he was accepted as a contributor who made provocative statements as a deliberate ploy to offend people to see how they would respond. He informed staff that one of his favorite past times was fantasizing about creating a virus which would destroy the entire human race.

According to the Complaint, on May 3, 2015, two armed men attacked a police officer and a security officer at the "Muhammad Art Exhibit and Contest" in Garland, Texas, resulting in two fatalities of the armed gunmen by police. After the attack, the Islamic State of Iraq and the Levant (ISIL) also known as the Islamic state of Iraq and Syria (ISIS) claimed responsibility for the attack. During an open source internet review of reports from Australian and UK media outlet, United States Customs and Border Patrol Special Agent Wiliam J. Berry, Jr. determined that "prior to the attack, Twitter user 'Australi Witness' posted tweets calling for an attack on the Muhammad Art Exhibit and Contest in Garland, Texas. The media outlets also reported that Twitter user 'Australi Witness' posted a map of the Curtis Culwell Center prior to the attack and urged anyone in the area to attack "with your weapons, bombs, or knives." An investigation ensued, with Mr. Goldberg being tracked to the IP address for "Australi Witness" at his parent's home in Florida. A search warrant was issued on September 9, 2015. On that date, Mr. Goldberg waived his rights and spoke to law enforcement, the results of which are included in the affidavit accompanying the Complaint. Mr. Goldberg was ultimately charged with "distributing information pertaining to the manufacturing of explosives, destructive devices, or weapons of mass destruction in furtherance of an activity that constitutes a federal crime of violence by sending to a person five website links for websites that provided instructions that could be utilized to construct or make explosives, destructive devices, or weapons of mass destruction, as part of a plot to explode a bomb on September 13, 2015 at a memorial ceremony in Kansas city, Missouri that commemorates the terrorist attacks of September 11, 2001", in violation of Title 18, United States Code, Section 842(p).

Over the course of the proceedings, Mr. Goldberg's competency to stand trial was questioned and he was ordered to undergo an evaluation of his competency. He was evaluated at the Federal Detention Center in Miami, Florida, from September to November 2015 by Lisa Feldman, Psy.D. The following summary of his psychiatric treatment is included in her report:

> Mr. Goldberg was confined at a BOP facility in Tallahassee, Florida from September 22, 2015 to September 28, 2015. He arrived to that facility with a prescription of the antidepressant, levomilnacipran (Fetzima) 80 milligrams (mg.) at bedtime and clonidine

(antihypertensive) .2 mg. daily. Due to BOP formulary restrictions, the former medication was discontinued, but the latter medication was continued. On September 28, 2015, the defendant arrived to the FDC-Miami. He was initially evaluated by Jose Gonzalez, M.D., Chief Psychiatrist at the FDC-Miami, on September 29, 2015 and was assigned diagnoses of "Anxiety state, unspecified" and "Depressive disorder, not elsewhere classified." Mr. Goldberg was re-evaluated by Dr. Gonzalez on October 6, 2015, who noted that the defendant exhibited paranoid delusions. Dr. Gonzalez assigned Mr. Goldberg an additional diagnosis of "Unspecified psychosis" and prescribed risperidone (antipsychotic) 1 mg twice daily. The defendant's prescription of clonidine was discontinued at that time. On October 10, 2015, the defendant complained of adverse effects that were attributed to his prescription of risperidone, which was immediately discontinued. Medical records from October 12, 2015 noted that correctional staff reported that Mr. Goldberg was observed as "anxious and pacing the floor." The defendant was evaluated by medical staff and prescribed lorazepam benzodiazepine/anxiolytic) 2 mg one time dosage. Several hours later, Mr. Goldberg was re-evaluated a perseverative and tangential thought process with strained logic. His thought content was remarkable for grandiosity and paranoid delusions, including delusions of persecution. Though the defendant was placed on Suicide Watch during the evaluation period, he denied any current suicidal/homicidal ideation, plan, or intent. He also denied experiencing any hallucinations and he did not appear to be responding or attending to internal stimuli. His memory functioning appeared intact for-immediate, remote, and recent events, although appeared contaminated with persecutory interpretations. His insight into his mental health and legal status was impaired. Moreover, his judgment as to cause and effect relations was poor. In addition, a review of BOP records prior to the defendant's arrival at the FDC-Miami demonstrated similar impaired functioning.

Dr. Feldman administered several psychological measures, to include the Minnesota Multiphasic Personality Inventory, Second Edition, Restructured Form (MMPI-2-RF); the Structured Interview of Reported Symptoms-Second Edition (SIRS-2); and competency related measures (GCCT and MacCAT-CA). Mr. Goldberg over-endorsed symptoms of severe psychological impairment, cognitive symptoms, and somatic symptoms, rendering the results invalid. Further symptom validity testing did not indicate feigning of a mental disorder. Dr. Feldman diagnosed Mr. Goldberg with Unspecified Schizophrenia Spectrum and Other Psychotic Disorder and suggested a rule out diagnosis of Malingering. Dr. Feldman opined that he was not competent to proceed due to impaired rational understanding of proceedings against him. Mr. Goldberg was subsequently ordered to undergo the present evaluation.

COURSE OF HOSPITALIZATION: Mr. Goldberg was screened in the Receiving and Discharge area by psychology, medical, and unit team staff and deemed to be appropriate for housing in open population in the Mental Health Division pending the results of drug screening. Mr. Goldberg had access to 24-hour nursing care and medical monitoring in addition to custody supervision. He was routinely monitored daily by staff, to include members of the clinical treatment team. During the physical examination on January 13, 2016, his height was listed as 67 inches and his weight was 191 pounds. His pulse was 84 and his blood pressure was 118/69.

Laboratory tests consisted of a complete blood count, serum chemistries, serum lipids, thyroid function tests, and screenings for syphilis and HIV. The results of the laboratory testing were within normal clinical parameters. He was prescribed an Albuterol inhaler used as needed once or twice a month. Mr. Goldberg endorsed being allergic to Thorazine.

Upon admission, Mr. Goldberg presented as an uncoordinated White male with medium length thin brown hair. He was sloppily dressed in the issued khaki uniform and appeared unkempt. Mr. Goldberg walked with a steady gait but with significant stomping of feet. As he entered the interview room, he presented as significantly withdrawn and averted eye contact. He had numerous sores all over his legs, arms, and face. Mr. Goldberg's attention, orientation, and concentration were intact on brief exam.

Mr. Goldberg was quite guarded during the initial interview. When asked about the reason for the referral for evaluation and whether he exhibited behavior in the courtroom that was cause for concern, he clarified that the court order referenced aberrant behavior as one of the factors in considering competency, but that he has never exhibited aberrant behavior. Mr. Goldberg then asked whether he would be able to talk with his family. He was informed that he would be able to do so using the account that he set up as well as during collateral interviews in the future. His thoughts were primarily focused on completing the evaluation as quickly as possible. Mr. Goldberg's mood was dysthymic and his affect significantly flat. He discussed having feelings of hopelessness, sadness, and despair for most of his life. The symptoms have increased in intensity since being arrested for the instant offense. He reported being scared about the outcome of his case. He denied having present suicidal or homicidal ideation. Mr. Goldberg's thoughts were organized and goal-directed. There was no evidence of cognitive slowing or reference to delusional ideation. Further, Mr. Goldberg denied having hallucinations of any form.

As there was no evidence of recent drug use upon drug screening nor security concerns from the SIS review on January 25, 2016, Mr. Goldberg was transferred to open population. He was encouraged to attend the Vocational Rehab workshop for oversight and prosocial engagement. Mr. Goldberg relayed that he planned to stay to himself if released to open population, adding that over time he "grows to hate people." He would not elaborate on the factors that contribute to him hating someone, but indicated that he does not act on his hate with violence. Further, he denied having violent ideation. During the assessment, there were no signs of psychotic process or thought disorganization. Mr. Goldberg denied having suicidal or homicidal ideation, intent, or plan.

Mr. Goldberg had a poor institutional adjustment. His primary concern was that he would prefer to reside on a housing unit with no mental health inmates, arguing that he is not significantly impaired. Over the course of the study period, he resided on almost every unit in the mental health division due to complaints by other inmates regarding his poor hygiene and complaints by him that he was threatened by other inmates. In fact, Mr. Goldberg had significant interpersonal difficulties with all types of inmates, to include those who typical escalate matters as well as those who never had conflict with others. On any unit, to include the transitional unit, the common denominator of many inmate related issues was Mr. Goldberg's poor cell sanitation,

poor personal hygiene, and providing staff with information regarding inmate misconduct. Some inmates claimed they saw him go into his pants without washing his hands and at one point spread a rumor that he ate his feces. Mr. Goldberg denied the accusations, stating that the inmates just did not want him around "for some reason." At times, Mr. Goldberg would claim that he showered, only to then later admit that he had not done so.

Unfortunately, Mr. Goldberg became a target for physical harm due to his intrusive behaviors. On March 8, 2016, he claimed that his cellmate slapped him in the middle of the night without provocation. SIS reviewed Mr. Goldberg's case and did not sanction him or the other inmate for the incident, as the alleged act was not witnessed or corroborated. Mr. Goldberg was subsequently housed on the transitional unit primarily due to his tendency to engage in intrusive behaviors (face picking, boundary violations, etc.) that place him at risk of being harmed by others. He was displeased with the housing assignment and proposed various housing alternatives that would not work because he has had conflict with other individuals on those units. He remained on the transitional unit and progressed to the highest level where he was afforded the opportunity to spend more time off the unit and in open population.

On April 12, 2016, Mr. Goldberg incurred an incident report for destruction of government property under $100. Allegedly, he was in the television room with other inmates and was taunted about his hygiene. He purportedly stood up, pulled the cable cord from the wall (breaking the connection) and walked out. Several inmates witnessed this, but Mr. Goldberg claimed he was in his room at the time. He argued that none of the inmates liked him since he informed staff of a physical altercation between two peers the day before. Mr. Goldberg adamantly denied pulling the cord from the wall. On April 13, 2016, he posed several alternatives to resolve the incident report with the stated goal of leaving the unit and going to open population. Mr. Goldberg successfully argued that he would be willing to be sanctioned orderly duties rather than going to a restricted unit. This was granted to him after a review by treatment team and the mental health lieutenant.

Within two weeks, Mr. Goldberg had another altercation with a peer. Specifically, on April 26, 2016, an inmate from another unit allegedly came up to Mr. Goldberg while he was in the hallway and hit him several times in the face with his fist before walking away. The incident was unprovoked and unwitnessed. An injury assessment was subsequently completed and there were no injuries noted. However, two days later, Mr. Goldberg had a red mark under his eye. Mr. Goldberg denied being targeted by the inmate or subjected to sexual harassment or victimization in any way. Mr. Goldberg stated he was reluctant to inform staff because of his fear of being placed in special housing pending investigation. He said he was not concerned about being housed in open population with the alleged perpetrator adding, "It was just random. That guy is just crazy." An investigation was completed and Mr. Goldberg was allowed to remain in open population. Other than ongoing hygiene problems, there have been no further incidents. To his credit, Mr. Goldberg was able to advocate for himself and refute statements made about him in an organized manner. He was able to provide competing evidence and to challenge information that would result in him being placed in special housing. Despite his social limitations and withdrawal, when the need arose, he was quite capable of utilizing effective communication to avoid negative consequences for his actions.

On January 14, 2016, Mr. Goldberg was initially assessed by Staff Psychiatrist, Bryon Herbel, M.D. According to Dr. Herbel, Mr. Goldberg "described having 'paranoid thoughts' such as thinking someone on the internet was planning to track him down and kill him." Dr. Herbel added, "If someone is nice to him he will suspect they are trying to "set me up." If someone offers him some food he will become concerned it has been poisoned or otherwise tampered with to harm him. He often feels people are talking about him and laughing at him. This was the reason he was prescribed antipsychotics risperidone and olanzapine at MCC Miami." Dr. Hebel prescribed Mirtazapine 15 mg to be taken orally at bedtime for treatment of anxiety. The medication was titrated up to 60 mg. Mr. Goldberg stated the only benefit from the mirtazapine was reduced insomnia, with persistent subjective symptoms of anxiety and depression. He reported no response to previous trials of several SSRIs and venlafaxine. After an extended period of treatment with the maximum dose of the antidepressant mirtazepine 60 mg at bedtime, Mr. Goldberg reported reduced insomnia but persistence of subjective symptoms of anxiety and depression. After a discussion of past medication trials and other possible medication interventions, Mr. Goldberg agreed to the psychiatrist's recommendation of an augmentation trial of the mood stabilizer lamotrigene (Lamictal) to target these symptoms. In order to avoid potential severe medication side effects, the medication was started at a low dosage of 25 mg daily and gradually increased over a period of six weeks to the target dose of 200 mg daily. This medication trial was initiated on 05/05/16. Insufficient time has elapsed to determine the efficacy of this intervention.

PSYCHOLOGICAL TESTING

Symptom Presentation: To assess for symptom validity, Mr. Goldberg completed the Structured Interview of Malingered Symptomatology (SIMS), a multi-axial self-administered tool to screen for the detection of feigned or exaggerated psychiatric disturbance and cognitive disorders in adults in a range of contexts. He completed all 75 items. Mr. Goldberg's total SIMS score of 13 was just below the recommended cutoff score for the identification of suspected malingering. More specifically, he endorsed slightly more symptoms that are atypical in people with neurological impairment and affective disorders. Please note, a determination of feigning is made within a comprehensive evaluation and the SIMS is not used as a diagnostic tool alone.

Mr. Goldberg was administered the Minnesota Multiphasic Personality Inventory, Second Edition, Restructured Form (MMPI-2-RF), a 338-item objective measure of personality and symptom presentation. The MMPI-2-RF has validity scales to aid in determining whether the individual answered the questions in a valid manner. Mr. Goldberg provided scorable responses to all items and attended adequately to item content. He did not underreport symptoms or deny minor faults and shortcomings that are acknowledged by most people. However, his profile revealed evidence of over-reporting of psychological dysfunction, significant over-endorsement of infrequent responses, and over-endorsement of infrequent psychopathology responses. Further, there was over-reporting of unusual combinations of somatic and cognitive symptoms. As such there are serious concerns about the overall validity of the substantive scales. Elevations

on scales indicating a high degree of emotional, thought, and interpersonal dysfunction are interpreted with caution and are viewed in light of supporting data.

Cognitive Functioning: Mr. Goldberg completed the Validity Indicator Profile (VIP), a general assessment of response style designed to identify valid and invalid responding. The VIP and can be used to identify a person's effort and cooperation on measures assessing cognitive functioning. The VIP utilizes a multimodal approach to the assessment of response style based on a variety of strategies, to include symptom validity testing, performance curve analysis, floor effect, and atypical presentation. It provides an overall classification of test performance and response style reflecting an individual's testing motivation and effort.

Mr. Goldberg was administered both the verbal and non-verbal subtests of the VIP, the results of which were both valid. On the nonverbal subtest, Mr. Goldberg's response style was characterized as a compliant approach in which a review of his performance curve revealed he answered all of the easiest items correctly. His total score of 93 out of 100 on the non-verbal subtest and flat slope of the performance curve indicate he intended to respond to the test items correctly. On the verbal subtest, Mr. Goldberg performed in a similar manner, with a total score of 66 out of 78 and an elevated performance curve for the easiest items. Overall, Mr. Goldberg intended to respond to the test items correctly on the VIP. The results suggest that concurrently administered measures of intellectual and cognitive functioning may accurately reflect his true level of cognitive ability.

Mr. Goldberg was administered the Shipley-2, a brief measure of cognitive functioning and impairment. He answered all 40 vocabulary items and obtained a Vocabulary Standard Score of 121 in the Well Above Average range. Mr. Goldberg obtained an Abstraction Standard Score of 101 in the Average range. His overall abstraction composite standard score was 114 in the Above Average range. The overall assessment of his crystallized abilities and fluid abilities are within normal limits, as reflected by an Abstraction Quotient (AQ) standard score of 90 which is within normal limits.

Neuropsychological Consultation: Mr. Goldberg was assessed during a single session, for approximately 1.5 hours, in an office in the nurse's station on his housing unit. He was dressed in standard institutional attire, and his hygiene and grooming were somewhat lacking, despite having showered per officer's orders just before our meeting. His hair was long, wet, and hanging in his eyes, his face and hands were notable for scabs and open sores that he continued to pick or bite during our meeting, and he exuded a slight but malodorous body odor. His demeanor was rather withdrawn, and he demonstrated poor social behavior including mannerisms (i.e. eye rolling), language (cursing about the officers), and averted eye contact. He was generally cooperative with the interview and testing, and adequate rapport was established.

During the brief interview with the consulting neuropsychologist, Mr. Goldberg was alert and well-oriented. He was able to quickly and accurately provide his register number, housing unit, date of birth, age, and current month and year (though he was off by 2 days on the date). He was also able to provide auto-biographical information regarding his educational, substance use, social, and medical histories. When asked about his cognitive functioning, he denied any

difficulties, concerns, or changes. Thought processes were logical and linear, with content negative for homicidal or paranoid ideation. He did endorse suicidal ideation but no plan or intent to attempt it. No delusional material was elicited. He did laugh inappropriately at one point during the evaluation, though when questioned, he stated the test stimuli reminded him of something funny. Otherwise, he did not appear to show signs of response to internal stimuli.

Mr. Goldberg's speech was rather quiet and monotone, and he generally responded briefly and only when asked a direct question. The exceptions to this included softly singing when he was drawing; whispering to himself, sometimes repeating a word; and when discussing some staff, he became loud and cursing. He demonstrated no notable word-finding difficulties or paraphasic errors. He did sometimes appeared distracted when instructions were given, and thus, required repetition. However, his expressive and receptive language abilities appeared firmly intact. His affect was rather blunted, and when asked about his recent mood, he stated, "Low, I guess." He endorsed symptoms of depression, including hopelessness, low mood, poor sleep, and feeling there is "no point to living." Mr. Goldberg wore corrective eyeglasses, and with these, showed no indication of visual impairment which might interfere with test performance. He denied difficulty hearing. He ambulated independently, though he demonstrated an extremely immature fisted pencil grasp with excessive pressure on the paper. This resulted in significant slowing and hand fatigue on tasks requiring him to write.

During testing, Mr. Goldberg demonstrated some mild impulsivity, attempting to begin tasks before instructions were completed, and providing inappropriate words on a fluency task. However, he did not appear restless and there was no overt evidence of perseveration, confabulation, or confusion. Interestingly, after testing was completed and Mr. Goldberg was leaving the room, he became transfixed on a stack of music CDs, and in a stimulus-bound fashion, was unable to leave the room until he had studied the cover of each of them, despite multiple requests for him to step out of the room. Overall, he appeared invested and engaged in each task. He was cooperative with the testing process and appeared to put forth adequate effort, as discussed below. As such, these results are considered to be a valid reflection of Mr. Goldberg's current neuropsychological status.

Effort/Motivation: An internal validity indicator on the RBANS[1] derived from weighted subtest scores was utilized. His Effort Index (EI) score of 0 fell well within the normal range (cut off >3), indicating adequate effort and task engagement. Based on this derived effort index, as well as behavioral observations of Mr. Goldberg, these results are believed to accurately reflect his current cognitive level.

Academic/Premorbid Functioning: The Wide Range Achievement Test-Fourth Edition (WRAT-4) Reading subtest was utilized to assess Mr. Goldberg's basic word reading ability. His performance fell in the high average range, and was equivalent to college level ability (>12.9; Standard Score = 118). This is consistent with his reported educational attainment, and his two

[1] Silverberg, N.D., Wertheimer, J.C., & Fichtenberg, N.L. (2007). An effort index for the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS). *The Clinical Neuropsychologist, 21,* 841-854.

previous intellectual assessments (in 2005: FSIQ = 117; in 2012: FSIQ = 113), and is likely a good estimate of his premorbid intellectual functioning.

Executive Functions: Simple auditory attention (RBANS Digit Span) was superior, as Mr. Goldberg was able to correctly recite 9 digits forward.

Basic sequencing speed on Trails A fell in the impaired range, likely due to fine-motor slowing. Complex sequencing with the added demand of set shifting on Trails B fell at the low end of the low average range, and was also affected by fine motor slowing. He exhibited no sequencing errors on either subtest, revealing no evidence of cognitive inflexibility. Similarly, digit symbol substitution speed (RBANS Coding) fell in the impaired range, likely due to fine motor slowing. In contrast, on the Stroop test, word reading speed was average, reflecting intact processing speed in the absence of a fine motor component. Unfortunately, Mr. Goldberg reported he was colorblind, so the Stroop test was discontinued.

On the Wisconsin Card Sorting Test (WCST), a test of nonverbal problem solving and conceptualization in response to feedback, Mr. Goldberg's overall performance fell within expectation, with 6 of 6 categories completed. He exhibited no difficulty incorporating the feedback given to adjust his problem-solving strategy, and he was able to quickly obtain and maintain set for all 6 categories. Analysis of his errors reveals all performances in the high average to very superior range, including Total Errors and Perseverative Errors.

On the 2&7 Selective Attention Test, a speeded test of sustained and selective attention, Mr. Goldberg's speed fell in the low average range across both simple and complex trials, likely due to fine motor slowing. (Of note, upon request, Mr. Goldberg was given a 15-second break to rest his hand halfway through the test, a deviation from standardized administration.). His accuracy fell in the high average range for simple (automatic) trials and in the average range for more complex (controlled) trials. An analysis of his errors indicates no commission errors, which does not reflect impulsivity. He committed only 8 omission errors, which is not necessarily indicative of inattention. His pattern of performance did not reflect cognitive fatigue or inability to sustain attention.

Learning/Memory: Verbal learning over four trials on a word list-learning task fell in the superior range. Following a delay, free recall was average. On a subsequent recognition trial, he performed within expectation, correctly endorsing 20/20 items. He provided few repetitions and no intrusions. Verbal memory for more structured material on a narrative recall task for a short story presented twice was average for immediate recall and low average for delayed recall. Nonverbal memory for a complex figure after a delay was borderline, due to missing details.

Language: As noted above, basic word reading (WRAT-4) was high average. On the RBANS, Mr. Goldberg's object naming was average, with a perfect 10/10 performance. His semantic verbal fluency (Fruits and Vegetables), or his ability to verbally produce a series of words within one minute which share the given category, was high average. His lexical fluency (COWA: FAS), or his ability to verbally produce a series of words in one minute that begin with the same letter, was average.

Visuospatial/Constructional: On the RBANS, Mr. Goldberg's copy of a complex geometric design was high average. Spatial judgement of line orientation was average.

Emotional Functioning: Mr. Goldberg completed the Beck Depression Inventory-2nd Edition (BDI-II), a 21-item, face-valid, self-report mood questionnaire measuring current symptoms of depression. His answers reflect a severe level of depressive symptoms (BDI-II = 47), as he endorsed every item with the exception of guilt feelings and changes in sleep, appetite, and interest in sex. He did endorse suicidal ideation on an item specific to that content, though indicated he would not carry out his thoughts.

Neuropsychological Consultation Summary Overall, Mr. Goldberg's brief neuropsychological evaluation revealed a broadly intact cognitive profile. Specifically, Mr. Goldberg demonstrated primarily average or better performances across cognitive domains, including executive functioning (word reading speed, nonverbal abstract reasoning and conceptualization, attention accuracy, attention/working memory as assessed by digit span, intact cognitive flexibility), learning and memory (structured and unstructured verbal learning and immediate recall, delayed verbal recall and recognition), language (reading, object naming, semantic and lexical verbal fluencies), and visuospatial/ constructional skills (figure copy, spatial orientation). The only exceptions included low average delayed recall of a short story, borderline delayed recall of a complex figure, and slowed performances on timed tasks involving fine motor completion, undoubtedly due to his severely immature fisted pencil grasp. Important to note, assessment of Mr. Goldberg's cognitive processing speed in the absence of a fine motor component fell in the average range. Thus, it appears that much of the current and previous assessment of his processing speed was confounded by his poor fine motor skills. There were no concerns about his intellectual functioning, given the two prior assessments consistently showing high average overall intelligence, albeit with discrepant verbal and nonverbal abilities (2005: WISC-IV FSIQ = 117, VCI = 130, PRI = 108, WMI = 120, PSI = 88; 2012: WISC-IV FSIQ = 113, VCI = 132, PRI = 117, WMI = 116, PSI = 65). Current assessment of his reading ability as an estimate of premorbid intellectual functioning was also consistent, indicating stability over time (WRAT-4 Reading Standard Score = 118). As such, Mr. Goldberg's intelligence was not formally reassessed in the current evaluation. Regarding his emotional functioning, Mr. Goldberg endorsed severe symptoms of depression on a self-report questionnaire.

In sum, Mr. Goldberg's current cognitive presentation appears broadly intact, with the exception of significant slowing seen across testing when fine motor skills were involved. This motor-based slowing appears to be due to his immature fisted pencil grip, which is likely related to overall poor coordination. These coordination deficits are reportedly longstanding and developmental in nature. Further, there is no reported history of significant substance abuse, head injuries, or medical conditions that would be contributory factors for cognitive change. However, Mr. Goldberg did report a severe level of depressive symptoms, which can impact cognition, particularly with regard to cognitive efficiency.

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 are considered to be the following:

Autism Spectrum Disorder, without accompanying intellectual impairment and without accompanying language impairment, 299.0
Major Depressive Disorder, Moderate, 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 April 15, 2016. 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 is fair once the symptoms of depression are controlled.

A diagnosis of Major Depressive Disorder, Moderate 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 feeling 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 some lifting of depressed mood. However, he continued to present with apathy, melancholic thoughts, pessimism, and ruminations about past failures, to include his present legal situation. 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. 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 answers 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 make 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 he 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.

Mr. Goldberg presents with legitimate deficits and put 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), administered on May 10, 2016. 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, but was very close to the threshold of the moderate impairment range on consulting with counsel, rational understanding of the proceedings, and overall rational ability. Further, there was no evidence based on his scores on the atypical scale to suggest that Mr. Goldberg overendorsed rare symptoms on the ECST-R and attempted to feign incompetency.

Factual Understanding of Courtroom Procedures: When asked about his present charges and the serious of the charges, Mr. Goldberg provided the a detailed description, demonstrating an understanding of the complexity of the charges as well as a possible maximum sentence of 20 years imprisonment. Mr. Goldberg accurately portrayed an adequate factual understanding of the role of the Judge, the defense counsel, prosecutor, and jury. In terms of defense counsel, Mr. Goldberg relayed his attorney's role is to "Argue my case, represent me, plan a defense that I did not intend to hurt anyone and that I was a misguided kid fooling around and the judge should take that into account." Mr. Goldberg described the prosecutor as in individual who "argues against m to paint me in the worst light so that I am found guilty and get a very long sentence." "Despite this knowledge, Mr. Goldberg did not understand the risks of talking to the prosecutor without his attorney present, noting, "Do whatever my attorney says. I don't know. I don't know anything about that stuff." On further inquiry, he seemingly did not comprehend the risks of incrimination.

Rational Understanding of the Courtroom Proceedings: Mr. Goldberg's score on the RAC scale indicates he evidenced an adequate overall level of rational understanding, albeit marginal. He did not display any psychotic reasoning or self-defeating motivation. When asked about courtroom experiences, Mr. Goldberg denied having symptoms of psychosis. On considering a plea agreement and whether he should testify, he indicated that he would rely solely on his attorney, regardless of the outcome.

Consult With Counsel: Mr. Goldberg evidenced an adequate level of rational ability to consult with counsel. He viewed his attorney in a neutral manner, but did not elaborate. He previously expressed concern that his attorney could not adequately defend him because of his religious views, arguing "He is Jewish and I am an atheist." He expects his attorney to "get me off the hook or get the least sentence possible." Mr. Goldberg stated that his attorney expects him to be honest and cooperative. However, he expressed concerns about his attorney's willingness to work with him, stating, "He probably thinks I am an asshole. My mom says I waived my right to an attorney. That's why he may think I am an asshole I guess. He may not want to help me because he thinks I am a terrible person." His ability to consult with his attorney is clouded by a general negative self-impression. Mr. Goldberg held no odd or idiosyncratic beliefs about his attorney. However, of concern is that he plans to passively defer decisions to his attorney in order to speed the legal process.

SUMMARY AND RECOMMENDATIONS: It is our opinion that Mr. Goldberg's mental condition, namely Autism Spectrum Disorder and Major Depressive Disorder, interferes with his rational understanding of relevant legal proceedings and his ability to assist counsel in his defense. At this time, Mr. Goldberg would likely passively engage in the legal process. Ongoing treatment with an antidepressant is warranted, as previously noted. Based on all available information, we believe there is a substantial likelihood that he may improve to such an extent his competency to proceed may be improved in the foreseeable future in order to proceed. As such, we are requesting another period of evaluation and treatment to continue restoration efforts, pursuant to the provisions of Title 18, United States Code, §4241(d).

Mr. Goldberg's mental status is stable without suicidal or homicidal ideation. His medical condition is also stable. Other than universal precautions necessary in the transportation of all federal detainees, no special precautions are required. He is currently prescribed lamotrigene (Lamictal) to target symptoms of depression which was started at a low dose of 25 mg daily on 05/05/16. Over the next six weeks, the dosage will gradually increase to 200 mg daily.

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