U.S. District Court
Middle District of Florida

COURT'S EXHIBIT

Exhibit Number:

3

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

November 9, 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 June 15, 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,

J. C. Holland, Complex Warden

JCH/deh

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-mj-1170-JRK
DATE OF BIRTH:	05/14/
DATE OF REPORT:	10/27/16

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.

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 June 16, 2016;
2. Court Order, dated June 2, 2016;
3. Forensic Evaluation by Adeirdre Stribling Riley, Ph.D. and Tracy O'Connor Pennuto, J.D., Ph.D., dated May 10, 2016;
4. Chapel Hill TEACCH Center Diagnostic Report by Mary E. Van Bourgondien, Ph.D. and Pamela DiLavore, Ph.D., dated April 15, 2016;
5. 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)
Competency Restoration Group (weekly)
EKG (07/26/16)

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 evaluation which are in possession of the Court.

CURRENT COURSE OF HOSPITALIZATION: Mr. Goldberg presented as an uncoordinated White male with medium length thin brown hair. Despite redirection, he was

sloppily dressed in the issued khaki uniform and appeared unkempt. He argued this presentation would "make [him] look crazy in court." His thoughts were primarily focused on completing the evaluation as quickly as possible. During the evaluation, his mood was dysthymic and his affect significantly flat. He discussed having feelings of hopelessness, sadness, and despair for most of his life. 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 experiencing hallucinations.

Since May 2016, Mr. Goldberg has presented with poor institutional adjustment. He was admitted to the restricted movement unit on four occasions from May 2016 to October 2016 for a total of 81 days due to behavioral disturbances. He typically had some interpersonal conflict with a peer and he would subsequently be placed on a restricted movement unit. When in open population, he was scheduled to work in the Vocational Rehabilitation Workshop. However, Mr. Goldberg often refused stating on 05/27/16, "I don't want to work. Why do I have to work? This does not make any sense. The inmate I had a problem with has been locked up so why is me being in open population contingent on me working?" Indeed, Mr. Goldberg was quite confrontational and directive when questioning the rationale for working. The evaluator explained to him that we are hoping to treat his depression with medication, prosocial exchanges, individual therapy, and engagement in areas of interest. We completed a tour of the institution, beginning with him showing his collating work in the workshop. He complained that he does not like getting up early to work and that the collating is demeaning. We then toured the Education Department and specifically reviewed information available to him in the law library. Mr. Goldberg protested and said, "All I want to see is National Geographic movies, nothing more."

The clerk provided him with a full binder which catalogued the National Geographic movies. At this point, Mr. Goldberg smiled and was interested in spending more time there over the next few months. We briefly met with an Education Specialist who provided us with information about computer courses available to Mr. Goldberg. We agreed that he should enroll in the following courses on Personal Responsibility: Defining the Issues of a Problem and Solving Problems Logically. Mr. Goldberg also agreed to take Decision Making Skills. According to the Education Supervisor, Mr. Goldberg presented to Education Department on a daily basis to complete the on-line courses. He was then enrolled in Horticulture, which is a college level course taught by an instructor from Vance Granville Community College. Mr. Goldberg enjoyed the course and the interaction with higher functioning inmates. However, on 10/27/16 the instructor voiced concern about him singing aloud in class. Although he was temporarily removed, he was reinstated after he agreed to refrain from singing. Mr. Goldberg explained that his behavior was due to his excitement about the Music Theory class that he was enrolled in two days prior.

On 05/12/16, the on-call psychologist was contacted regarding an email Mr. Goldberg wrote on the previous day which stated, "Honestly, I think maybe I would be better off just killing myself." He was immediately assessed for suicide risk. Mr. Goldberg adamantly denied

experiencing suicidal ideation. He stated "I'm not considering suicide, it was a hyperbolic statement." Suicide watch was not warranted due to the explicit denial of suicidal ideation. Later that afternoon, he was described as "pacing frantically in cell, grabbing hair away from face, periodically sitting down and bending at the waste (sic)." He was reportedly screaming, "I need to have Lorazepam or Benadryl.'" The on-call psychologist noted, "Mr. Goldberg was observed to writhe around on the floor again demanding medication. He then defecated on himself and yelled multiple times "my muscles are on fire." Mr. Goldberg described being pressured to take the other inmate's prescribed medication and while he did not identify the individual who reportedly gave it to him, Mr. Goldberg described being "scared" of this individual.

When assessed by the primary evaluator on 05/13/16, Mr. Goldberg presented as frustrated with his legal situation and the recent decision he made regarding taking medication from other inmates. He continues to lack an appreciation for consequences for his actions and tends to minimize his role. While he has ongoing symptoms of depression, he denies having current ideation, intent, or plan to inflict self-harm. He presented as alert and oriented to person, place, time, and situation.

Mr. Goldberg informed the consulting psychiatrist that he took the medication because, "I thought it would help me go to sleep." Dr. Herbel noted, "I assessed Mr. Goldberg today in 1-E, who was calm in his cell but complaining of restlessness from the unknown medication he took yesterday afternoon. He asked for treatment with 'Ativan' (lorazepam) because the injection of benztropine I had ordered telephonically last night was not very effective. I told him I would not prescribe him this benzodiazepine for several reasons. First, Dr. Wadsworth indicated she observed him stopping all of his dramatic movements in 1-E after being told he was going to get an injection. He then got up off the floor and took a shower, and received the injection of benztropine afterwards. This is clear evidence that much of his presentation last night was not from the biological effects of ingesting this unknown pill. Second, if he had ingested a single pill of some kind of antipsychotic medicine yesterday afternoon, it would already be in the process of being metabolized and his restlessness should continue to diminish today. I also mentioned that lorazepam is a controlled substance, but did not confront him with my concern he was feigning or grossly exaggerating his physical complaints as a means to inappropriately gain access to this drug." Dr. Herbel further noted, "In my experience, his capacity to engage in this sort of verbal exchange in regard to social norms [is] not consistent with someone suffering from severe autism."

On 06/01/16, Mr. Goldberg presented with improved grooming and hygiene. He had just left the barbershop where he had all of his facial hair removed and his hair cropped medium length with shorter bangs. When the evaluator commented that he had received a haircut, he initially stated, "Yeah, I shouldn't have done that. It doesn't look right." However, when told that he appeared more organized and clean-cut, he smiled brightly and quipped, "I do?" Mr. Goldberg's ability to engage in conversations and to demonstrate a range in affective expression improved as his depression was treated. However, he remained reliant on others for approval and direction.

Mr. Goldberg was excited to have a visit with his parents on 06/24/16. The evaluator was able to meet with them in the visitation room as well. Mr. Goldberg interacted with his mother in a very dependent manner and was able to take redirection from both parents. He smiled for most of the encounter. Notable was his ability to explain basic rules of the institution and some of the complexities involving behavioral disturbances by others. However, he did not go into great detail regarding his behavioral difficulties (such as showering, intrusive behaviors, and demanding cell changes).

On 07/08/16, Mr. Goldberg was counseled about writing "drop notes" implicating other inmates in wrongful behavior on the unit. Staff members reported that "drop notes" were left in cells and these notes have been disrupting the unit. It was determined that the notes were written by Mr. Goldberg to implicate other inmates in rule violations and to remove them from open population, as well as to alter roommate assignments. Mr. Goldberg was not receptive to feedback, refused to take responsibility for his actions, and blamed staff members for these allegations.

Of concern throughout the evaluation was Mr. Goldberg's involvement in staging violations of institutional rules by writing drop notes and implicating others so that they may incur disciplinary infractions and be removed from open population. In consultation with the Mental Health Lt and on-call psychologist, Mr. Goldberg has reportedly caused significant disruption in the mental health division by attempting to have others removed. The evaluator was notified on 07/15/16 that Mr. Goldberg alleged he had been sexually harassed by another inmate. Mr. Goldberg was assessed on the unit after he commented to the morning watch officer that another inmate was "constantly asking [him] to have sex and it's stressing me. You guys need to lock that other guy up." Upon further inquiry by the nurse, Mr. Goldberg denied making the statement, but added, "He says he is crazy about me. Daydreams about me. Wants me to move in with him." During a clinical interview, Mr. Goldberg presented as alert and oriented with no signs of acute distress. He was preoccupied with having other inmates either removed from the unit or as his roommate based on his generalized fear and concern about being housed with those who are mentally ill. In this instance, the person he accused of threatening him was recently released from a restricted housing unit and indeed presents as disorganized. Mr. Goldberg admitted that he simply did not want to have to interact with the inmate in the open mental health milieu and that the inmate had not harassed or threatened him in any way. In another example, Mr. Goldberg submitted a note which read, "Fite 4:15," suggesting a fight after the 4:00 count. The note was investigated, but was unsubstantiated.

Mr. Goldberg presented with considerable anxiety that he attempted to manage by orchestrating events in his environment to gain a sense of control and predictability. Some of his logic is quite elaborate, but is impulsively carried out without regard to consequences for his actions. Once confronted with discrepancies, Mr. Goldberg tends to quickly recant and minimize the significance of providing false information, remaining focused solely on having his objectives (such as single-cell, avoiding certain mental health inmates, etc.) met. To this end, he continues to struggle with perspective taking, secondary to Autism Spectrum Disorder as well as a sense of

entitlement. Mr. Goldberg denied being harassed, victimized, or threatened sexually. He did not endorse having suicidal or homicidal ideation, intent, or plan.

Mr. Goldberg was deemed to be competent to undergo proceedings with the Disciplinary Hearing Officer and responsible for the incident of writing drop notes/disruptive conduct. While he awaited the hearing and while detained on administrative detention (from 07/15/16 to 09/23/16), Mr. Goldberg expressed his frustrations in an organized manner, void of delusional ideation. Mr. Goldberg was capable of using sound logic and making appropriate suggestions that were in his best interest. He demonstrated a solid understanding of the disciplinary hearing process and a rational understanding of the implications. These skills were noteworthy and applicable to improvements in his ability to engage in the legal system. He was released to open population on 09/23/16.

On 10/04/16, Mr. Goldberg accused another inmate of engaging in unwitnessed menacing behavior, to include staring at him. He denied that the inmate has threatened him in any way. However, he implied that this particular inmate has harmed others in the past. Upon review by custody staff, it was determined that the inmate in question has not approached Mr. Goldberg in a threatening manner or threatened to harm him. In contrast, Mr. Goldberg has implicated the other inmate in behavior that was unsubstantiated in the past. The concern was that Mr. Goldberg continued to have others removed from open population. The other inmate was moved to the treatment unit as previously scheduled by his provider. Mr. Goldberg understood this plan and indicated he did not feel threatened.

On 10/20/16, Mr. Goldberg was placed on a restricted movement unit for a few hours where he was temporarily detained on an Administrative Detention status after incurring an incident report for being out of bounds. Specifically, he was located on the fourth floor in the medical area of the hospital. This area is on the other side of the building from the mental health division, requiring an individual to deliberately walk the distance to the center of the facility, take the elevator, and exit on the fourth floor. While on the fourth floor, Mr. Goldberg was observed to be using the inmate computer system. Computers are available to him in mental health and he has utilized them before without issue. When questioned about the incident, Mr. Goldberg relayed to the officer that he had been escorting classmates from the horticulture class to the fourth floor. This was not confirmed by the teacher. During the assessment with the evaluator, Mr. Goldberg presented as verbally expressive and outraged that he had to be detained. At the time, custody staff were escorting him back to open population given the incident report could be handled at the Unit Team level and was not deemed to warrant further administrative detention. Mr. Goldberg presented with full understanding that he had willfully violated institutional rules. There were no signs of affective, cognitive, or perceptual disturbance. He denied having suicidal or homicidal ideation, intent, or plan.

To summarize, Mr. Goldberg had a poor institutional adjustment. 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 misinformation regarding inmate misconduct.

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. After an extended period of treatment with the maximum dose of the antidepressant Mirtazapine 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 on 05/05/16 at a low dosage of 25 mg daily and gradually increased. However, it was discontinued on 05/19/16 because Mr. Goldberg stated the medication was not helpful and his mother told him he had been on the medication before with no additive benefit. On 05/25/16, Mirtazapine was tapered and scheduled for discontinuation after 10 days given that a trial of a tricyclic antidepressant, amitriptyline was added to treat complaints of depression and anxiety. Mr. Goldberg reported no significant change in his symptoms of anxiety, depression and insomnia during the cross-taper of antidepressant medicines. He reported having an upset stomach and feels fatigued in the daytime, but fasting blood sugar testing on 06/01/16 was unremarkable. On 06/30/16, Mirtazapine 60 mg was reordered. EKG obtained on 07/26/16, was due to Mr. Goldberg's complaints of chest pain. The results were unremarkable and interpreted as normal sinus rhythm with normal QTc interval. Mr. Goldberg was informed and reassured that his episodic chest pain was most likely anxiety or stress related. On 09/29/16, Mr. Goldberg requested to start the trial of Topiramate 25 mg twice daily to treat headache. The medication was ordered on 10/17/16 and discontinued on 10/20/16 due to poor medication compliance.

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.

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, 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 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] 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, 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. 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 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 10/27/16. 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. Of ongoing concern is that he plans to passively defer decisions to his attorney in order to speed the legal process.

SUMMARY AND RECOMMENDATIONS: It is my opinion 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. Ongoing treatment with an antidepressant and individual psychotherapy are warranted, as previously noted. Based on all available information, 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).

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.

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 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