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I. Sample Letter

October 1, 2008

Attorney Jones
Office of the Public Defender
Defender District xx
Post Office Box xxxxx
City, North Carolina xxxxx

Dear Attorney:

I have had the opportunity to meet your client, John Doe, in order to assess his treatment needs and amenability to treatment in the context of public safety, pursuant to North Carolina General Statute § 7B-2203, referring to the transfer of a juvenile to Superior Court.

As part of the evaluation, I met with John Doe for a total of four hours over the course of two evaluation sessions (September 25 and September 27, 2007), during which time he participated in a clinical interview and psychological testing. Specifically, he was administered a structured screening instrument for adolescent symptoms of mental and emotional disorder (the Massachusetts Youth Screening Inventory, 2nd edition, or MAYSI-2) and a standard test of current functioning in relevant academic areas (the Wide Range Achievement Test, 3rd edition, or WRAT-3). In addition, the Juvenile Petitions (dated June and July 2007); John's academic records (dated 1988 to 2005); and the Forensic Screening Evaluation conducted at the Evaluation Center (dated September 13, 2007) were reviewed. Finally, I interviewed John's maternal grandmother, Jane Doe for approximately 30 minutes between September 12 and 27, 2007 and Patrick Smith for approximately 25 minutes on October 2, 2007. Additional interviews may be conducted with staff at John's school in the future.

The following provides a summary of my clinical and forensic opinions at this point regarding John's treatment needs and amenability to treatment, as well as his capacity to benefit from services offered within the juvenile justice system.

John has a lengthy history of familial instability and exposure to negative influences from both family members and peers within the community. The absence of his father and inconsistent and frequently negative involvement of his mother are significant sources of stress for John. Of particular concern is his mother's reported history of alcohol and substance abuse resulting in his moving several times between members of his family. Although he has experienced some success while living with his grandmother, he also has expressed desires in the past to return to his mother's custody and has been intensely disappointed when his mother has

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been unable or unwilling to care for him properly. He has also been more prone to difficulties, both emotional and behavioral, when he resides in the less structured environment of his mother's home. Although I have not personally reviewed his Child Protective Services (CPS) records, it is clear from my interviews and review of the above materials that John also has a history of neglect and emotional and physical abuse that have contributed to his difficulties developing and maintaining healthy and trusting relationships with others. Despite this, John appears to have strong needs for attachment, and he will continue to seek out acceptance from others. He is also likely to experience feelings of anxiety and depression, which he may exhibit by withdrawing from others or through losing his temper and control of impulses. He does not appear to have developed adequate skills for identifying and solving problems appropriately.

John's academic history and level of achievement are difficult to evaluate because he has transferred schools several times. He was evaluated when he was in the 3rd grade in 2003. His performance was quite variable during that evaluation; he obtained a WISC-IV Verbal Scale IQ Score of 78 and a Performance Scale IQ Score of 59. On measures of academic achievement (Woodcock Johnson), his scores ranged from a Standard Score of 59 in Reading Comprehension to 92 in Broad Mathematics. More recently, when evaluated at the Evaluation Center, he obtained the following scores on the WISC-IV: Verbal Comprehension = 79; Perceptual Reasoning Index Score = 100; Working Memory Index Score = 83; and Processing Speed Index Score = 70. During his evaluation with this writer he was noted to have significant deficits in basic reading skills (WRAT-3 Reading Standard Score of 55).

John was classified as Emotionally Mentally Disabled (EMD) within the public school system in 2003, and an Individualized Education Plan (IEP) was developed. A preliminary review of his school records also indicate that he was described as depressed, as having difficulties with attention/concentration and hyperactivity ("fidgety"), and he exhibited some behavior problems (e.g., displays of anger, low frustration tolerance). Most recently, he began attending another charter school, The New Charter School, in the City. According to John and his grandmother, John has enjoyed attending his new school, and he has not exhibited any significant behavioral problems this year. Overall, John's history and recent performance on psychological testing suggest the presence of a possible diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and learning difficulties in the areas of reading and writing. Further evaluation, conducted by a qualified education specialist, would be beneficial in clarifying his educational needs further.

John's future goal is to work in construction. According to Patrick Smith, who worked with John at a construction camp this summer, this is a reasonable goal. In fact, Mr. Smith indicated that John demonstrated that he is quite skilled in applied mathematics a "quick learner" with respect to developing construction-related skills. This report is consistent with John's academic history and his recent performance on measures of intellectual and academic functioning. Mr. Smith continues to work with John for approximately three hours each afternoon.

Regarding his mental health history, John has had limited to no involvement in treatment. As described above, he denies problems with attention and concentration but may have exhibited such difficulties within the school environment. Likewise, he has exhibited and currently endorses symptoms of depression and anxiety. His distress appears related not only to his current legal situation but also to his family instability and, in particular, his mother and father's inconsistent involvement in his life. He also reports anxiety leading to "clumsy" behaviors and subsequent feelings of frustration and anger, with which he has difficulty coping. He also acknowledges a history of difficulties controlling his temper. Finally, he reports a history of witnessing several traumatic events (e.g., an older peer being shot "in the face" in his neighborhood). Although he denies symptoms consistent with Post-Traumatic Stress Disorder (PTSD), it is unlikely that these experiences have had no impact on his thoughts and behavior. Further evaluation is needed to rule-out the possibility of his meeting formal diagnostic criteria for PTSD.

Regarding his legal history, John reports one prior finding that he was undisciplined, which may have been due to his mother failing to take him to school. To my knowledge he has never been adjudicated delinquent. He reports experimenting with cannabis prior to his arrest on his current charges but denies use of alcohol or other substances. He states he is not using drugs of any kind currently, and there is no indication from the collateral information reviewed to suggest that he has been involved in recent substance use.

In summary, based on my review of the information available at this time, it is my opinion that John presents as an emotionally immature youth who has strong needs for attachment with others but who is particularly susceptible to the influence of negative peers. Compared with others his age, he is viewed as being at a moderate risk for reoffending. In order to decrease his risk further, he would benefit from the following:

- (1) Further testing of his academic needs so that a detailed education plan can be developed and monitored.
- (2) Further evaluation, ongoing monitoring, and treatment, as needed, for possible symptoms of depression, anxiety, attention deficit hyperactivity disorder, and post-traumatic stress disorder.
- (3) Participation in family therapy, such as Functional Family Therapy (FFT) or Multisystemic Family Therapy (MST). Such treatment may provide John's grandmother with a source of support if she continues to remain John's primary guardian. If John returns to his mother's care, it is imperative that his mother abstain from alcohol and drugs and be actively involved in some form of alcohol and substance abuse treatment and/or self-help program. John and his mother would also benefit from participation in family therapy to help develop structure, appropriate boundaries, and expectations within the home.

- (4) Training in the areas of anger management, problem solving, and decision-making. Such training may be in the form of direct individual or group therapy, or more indirectly, with an adult mentor (see below). Regardless, at the appropriate time, individual counseling would be beneficial in helping John discuss his feelings about his parents and other family/ environmental stressors.
- (5) Participation in community programming with an adult mentor who could help John engage in better problem solving, decision-making, and coping skills, particularly as they may relate to family and peer relationships;
- (6) Participation in vocational training to develop work-related skills, to increase his self-worth and to ensure that he is surrounded by positive, supportive peers and adults; and
- (7) Participation in drug and gang-prevention programming.

It is my opinion that John's needs can be addressed within the juvenile justice system and that his needs are such that participation in community programming is essential to successful reduction of risk. John has a number of strengths, including strong family and community support systems already in place; relatively strong skills in mathematics; recent success and enjoyment in the school environment; and clear and attainable goals for the future. As evidenced by his response to intervention within the Outreach Program this past summer, John is viewed as quite amenable to treatment and habilitation efforts. He is particularly responsive to the mentoring he has received from Mr. Smith and to participation in a program that teaches him valuable, work-related skills. Overall, the success he experiences within these types of programs may help him understand the importance of focusing on and improving his academic skills and of exhibiting prosocial behaviors within the community.

Thank you for the opportunity to evaluate John. Should additional information become available that may be germane in addressing John's treatment needs and amenability to treatment, I would welcome the opportunity to review it. Likewise, should your office require further service from me, please do not hesitate to contact me.

Sincerely,



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