UNIVERSITY of VIRGINIA HEALTH SYSTEM

The INSTITUTE *of* LAW, PSYCHIATRY *and* PUBLIC POLICY
School of Medicine and University of Virginia School of Law

October 27, 2011

Honorable Charles L. Ricketts III
P.O. Box 1336
First Floor, 6 East Johnson Street
Staunton, VA 24401

Re: Terry Samuel Drake-Gordon

Dear Judge Ricketts:

In response to a court order issued pursuant to §16.1-356 of the Code of Virginia, I have completed an assessment of Terry "Sammy" Drake-Gordon's competency to stand trial (CST). Sammy is currently charged with two counts of assault and battery under Virginia Code §18.2-57 based upon events that are alleged to have occurred at Commonwealth Center for Children and Adolescents during two separate admissions of Sammy to the facility.

I met with Sammy for approximately one hour on October 24, 2011. During the assessment, Ms. Drake was in the room with me and nearing the end of the assessment, Tara Henry, a staff person joined us to further calm the young man and allow the assessment to be completed. Prior to the assessment, the purpose and scope of the assessment was explained to Ms. Drake and Sammy and the limitations of confidentiality were explained to them both. Sammy demonstrated a partial understanding of the assessment: he understood the legal nature of the inquiry but was not willing or able to listen to more detail about it as he was constantly pacing around the room, shrugging, and repeatedly asking me to leave.

In conducting the evaluation I reviewed the following sources of information:

1. Records from the Lynchburg Juvenile and Domestic District Court dated November 3, 2000;
2. Records from Page Memorial Hospital dated April 25, 2007;
3. Records from Virginia Baptist Hospital, Child and Adolescent Psychiatry, dated April 7 through April 25, 2007;
4. Records from the Commonwealth Center for Children and Adolescents dated March 2010 through October 21, 2011;
5. A letter from Linda Royster, Esq,, Office of the Public Defender, dated October 5, 2011;
6. A telephone interview with Ms. Drake on October 20th, 2011;
7. Prescreening reports by Valley Community Service Board staff, Faith Packer, MA on October 18, 2011 and Lisa Best, MA, on October 25, 2011.

Records were requested from Liberty Point Behavioral Healthcare, Grafton Integrated Health System, Northwestern Community Service Board, Child Help, and Paul Lyons, MD. They were not received by the time that the report was due to the Court. The information that was available, however, was extensive and comprehensive, and there is no reason to believe that any information that was not received would influence my observations concerning Sammy's competence to stand trial as summarized below.

Identifying Information

Sammy Drake-Gordon is a fourteen year old, eleven month, Caucasian male from White Post, Virginia. He was transferred under Temporary Detention Order status to the Commonwealth Center for Children and Adolescents from the Shenandoah Valley Juvenile Detention Center on October 18, 2011 after he tried to harm himself by repeatedly banging his head on a toilet and trying to choke himself with stitching that he had removed from his suicide blanket [4]. It was noted at that time that the presenting problems were self-injurious behavior and the report of psychotic symptoms. Sammy had been transferred to the Shenandoah Valley Juvenile Detention Center on September 20, 2011 from Commonwealth Center for Children and Adolescents after an alleged incident of violence toward a staff member [4].

According to the prescreening report dated October 18, 2011, Sammy had been doing well in detention until three days before his transfer. He attributed his distress to not being treated well and having been threatened by another peer who said that he was going to sexually assault him [7]. Prior to his hospitalization, Sammy had been living with his mother, Donna Drake, who had recently separated from Sammy's biological father after an attempt at reconciliation. The separation apparently occurred after Mr. Gordon pushed Sammy and spit on Ms. Drake and possibly threatened her with a BB gun, prompting them to leave the home and take up residence in a hotel.

In a second pre-screening report conducted by Lisa Best, MA, on October 25, 2011, she noted that Sammy has been accepted at Cumberland Hospital for Children and Adolescents in New Kent, Virginia and was waiting for approval of Medicaid funding.

Family History

Sammy's biological parents, Donna Drake and Donald Terry Gordon have been involved with each other for over thirty years but have never married. They separated when Sammy was four years old but reconciled in 2009 when Sammy returned home after a placement in the Grafton program. Sammy is the only child to the couple although Mr. Gordon has two grown daughters by two other women both of who are grown and neither of whom have any contact with Sammy. Records from the Grafton program describe Mr. Gordon as suffering from a psychotic disorder, as having a significant substance abuse problem for which he was in recovery, and as having been diagnosed with cancer from which he might not recover. The records indicate that Mr. Gordon receives a disability pension, and according to the in-home worker, is in constant pain and "is a very ill man." Ms. Drake suffers from depression and has not been able to fill her medication prescription for the past two months because of financial difficulties. The family, when together, lives in two bedroom trailer on a farm in White Post, Virginia [4].

Psychiatric History

Sammy was born by Cesarean section weighing close to ten pounds. According to his mother, there were no complications with the pregnancy or delivery and that all of Sammy's early developmental milestones were within normal limits. Ms. Drake stated that she did not think that Sammy was hyperactive but that school personnel urged her to get him evaluated when he was in kindergarten and one day was suspended for behavioral problems [4].

Records from Commonwealth Center for Children and Adolescents indicate that Sammy was first evaluated at the Kluge Children's Center where, according to Ms. Drake, he was given a number of different diagnoses including Oppositional Defiant Disorder [4]. He was later diagnosed with Attention-Deficit/ Hyperactivity Disorder and begun on medication. Sammy was placed at Childhelp Alice C. Tyler Village when he was nine years old and remained there for eight months because of escalating problems at school [4].

A psychological report prepared by Behavioral Resources PLC dated November 2008 indicates that Sammy underwent a psychological assessment in 2006 and was found to have a Full Scale IQ of 73 (Borderline Range). On the testing conducted in 2008, he achieved a Full Scale IQ of 48 (Extremely Low Range). An evaluation conducted by the Warren County Schools in October of 2009 indicated that Sammy's fluency and hearing skills were within normal limits. His articulation skills were determined to be 100 percent with mild distortions on the "s" and "r" sounds which were not educationally significant. His receptive and expressive language skills were determined to be in the moderate to severe range of impairment. Sammy was described as being able to develop positive, empathetic relationships with peers but also demonstrated disruptive behaviors that included bolting, poor cooperation, perseveration on issues, poor social boundaries, impulsiveness, physical aggression, and difficulty following directions. According to his mother, Sammy has had four seizures and was diagnosed with crypotogeneic epilepsy. He was reported to have an IEP in 2010 which identified the need for day treatment [4].

From April 7 through April 25, 2007, Sammy was hospitalized at the Virginia Baptist Hospital following a day of escalating violence toward his family requiring his mother to call the police [3]. At the time of admission, Sammy described himself as "sad, mad, and scared." At discharge, he stated that he would try to show his love for his family by "being good, listening and being nice, and talking to mom" [3].

In July of 2007, Sammy was admitted to the Grafton treatment program and remained there for two years until October of 2009 [4]. Sammy returned home and was enrolled in the Grafton Day Treatment Program for approximately a year before he was hospitalized at Commonwealth Center for Children and Adolescents on March 2, 2010 [4].

Sammy was first admitted to Commonwealth Center for Children and Adolescents on a voluntary status after being seen at the Winchester Hospital Medical Center Emergency Room. He had been brought there by his mother and in-home therapist. Records indicate that there was no school on March 1, 2010 and Ms. Drake took Sammy to his neurologist's office for a scheduled visit. While there, Ms. Drake told him that he would have to wait until after his appointment to go to McDonalds for lunch. Sammy became agitated, aggressive, used profanity, spit on his mother's face and leg, and punched his in-home

therapist. Sammy also began to bang his fist on the wall, kicked the door, and tore the cover off of the desk. The pre-screener noted that Sammy at times seemed to become a different person with "aggressive and hostile behavior." While waiting at the emergency room, Sammy attempted to throw a stool though the window with it requiring five people to restrain him while he was given a shot of Ativan. Before contacting Commonwealth Center for Children and Adolescents, the pre-screener attempted to find a bed for Sammy in a private hospital but none would accept him. Sammy remained at Commonwealth Center until March 19, 2010 when he was transferred to the Liberty Point residential program [4].

Sammy remained at Liberty Point until February of 2011. While at Liberty Point, Sammy was described as struggling at times with aggressive behavior toward staff and peers but doing well academically and participating in family therapy with his mother. He was in special education but reported liking math and science and being on the B honor role. During his stay, Sammy was taken for additional testing concerning his seizure disorder. No evidence of seizure activity was found and the medical staff suggested that the Depakote that Sammy had been taking be discontinued. According to Ms. Drake, following the decrease in Depakote, Sammy became increasingly aggressive to staff and residents [4].

At the time of admission to Commonwealth Center for Children and Adolescents on February 7, 2011, Sammy reported that he had been returned to the hospital because he had kicked one staff person in the face and had "broken the nose" of another. Sammy could not recall what had prompted his behavior but did not believe that he had been angry with either of the two staff member. The pre-screener report indicates that Sammy had told her that "monsters" took over his body and caused him to act in this way. He also reported that he had been hearing voices over the past three days telling him to kill himself and other residents. He said that he had been hearing these voices since he was five years old and that they would tell him to "fight and kill." Sammy told staff at the hospital that sometimes he wished he was dead when he gets into trouble but denied suicidal ideation or plans [4].

During this hospitalization, Sammy was described as being quite needy and demanding and tending to feel that he was not being listened to when he was simply having difficulty waiting or not getting what he wanted. He was also described as often getting into power struggles although he responded fairly well to clear but gentle limits and emotional support. A report conducted during this hospitalization observed that Sammy might suffer from some obscure genetic syndrome which accounted for his significant behavioral disinhibition, mood symptomatology, short stature, seizure history and syndromic facies (unusual facial features often associated with a genetic disorder). It was determined that Sammy would be kept in the hospital despite no further aggressive behavior so that the staff could provide a thoughtful review of prior placements and provide informed recommendations concerning discharge. The records indicate that Ms. Drake wanted Sammy to return home. This was considered to be a viable placement if Sammy could be provided close psychiatric follow-up, intensive individual and family therapy, specialized school support, mentoring, and involvement in structured, supervised peer group activities. Sammy was discharged on March 26, 2011 with arrangements having been made for In-home therapy by National Counseling Services. A plan had also been identified to offer Ms. Drake support in making application for SSDI assistance and a second request had been made to FAPT for mentoring services to support Sammy [4].

On March 26, 2011, Sammy returned home with services being provided by National Counseling Services and Northwestern Community Services Board [4]. He was described as doing well up until the separation of his parents. This separation had occurred because of a fight between his parents that had become violent. Sammy and his mother were residing in a hotel and he became agitated when his mother would not let him walk from the hotel to the local library.

On April 19, 2011, Sammy was seen at Winchester Hospital Emergency Room after he began to fight with his mother and "scared her." He apparently had tried to pull the mirror off the car, tore his mother's necklace off, and put his hands around his own neck saying to her "get me some help." Sammy stated that he did not like getting angry, wanted help with his anger, and would be willing to go to the hospital for treatment. Sammy remained at Commonwealth Center for Children and Adolescents until May 9, 2011. During the hospitalization, his lithium and Zoloft were tapered off as neither appeared to be effective leaving him on Guanfacine, Ability, and Depakote. He had multiple restrictive interventions but it was determined that there was no reason to keep him in the hospital where his behavior tended to regress and he was discharge home after several successful family passes [4].

Sammy was seen for a pre-screening evaluation on the night of June 22, 2011 at Warren Memorial Hospital Emergency Room after he became aggressive with his mother. After his outburst, Sammy became remorseful, asking her to forgive him, and begging her to take her back to the hospital. Sammy had been receiving in home services since his last admission and according to the in-home worker, had been "spiraling" for the past couple of weeks and had also threatened the worker. Ms. Drake had arranged for a second babysitter, after the first one quit after being assault by Sammy, as she was working at Seven Eleven on the night shift. Apparently, they had returned to the home that they shared with Mr. Drake-Gordon but Sammy refused to stay with his father saying that he was afraid of him. During the hospitalization, Sammy was found to have a decrease in his hemoglobin and a comprehensive metabolic panel was requested along with a urine screen that was negative and an EKG that was normal. Sammy was placed on the older adolescent ward in part due to his past history of aggression. He experienced only two episodes of aggression and immediately began to ask to go home. He was described as approaching staff with a childlike presentation asking for hugs and nurturance but becoming aggressive with hitting, spitting and chair throwing when he felt that his needs were being frustrated. A discharge meeting was held with all the agencies providing care with efforts being again made to have Sammy's treatment needs reviewed by FAPT. Sammy was discharged home on July 28, 2011 with a plan for him to begin a half day alternative program at Breck Alternative School on July 5, 2011 [4].

On July 3, 2011, Sammy was taken to the Emergency Room at Warren Memorial Hospital because of what appeared to be a seizure. His Depakote level was increased from 250 mg b.i.d to 500 mg. b.i.d. On July 5, 2011, Sammy was seen by Dr. Goshen and no major problems were noted at that time. Two days later, Sammy was reported to have "snapped" with his babysitter and became aggressive with her. He was taken to Warren Memorial Hospital where he raised his fist at the admitting nurse and spit at her. The next morning, Sammy told the staff that his parents did not get along and that his father would spit on his mother [4].

On July 8, 2011, Sammy was admitted to Commonwealth Center for Children and Adolescents for the fifth time. Sammy was treated for head lice and underwent a medical examination that was notable for syndromic facies, short stature, wide set eyes, lower back pain, loss of consciousness at age 4, some soft neurological signs, and cryptogenic epilepsy (a disorder characterized by recurrent episodes of brain dysfunction due to sudden, disorderly, and excessive neuron discharge). During the admission, Sammy had 14 restrictive interventions due to aggressive behavior toward both peers and staff. A schedule was devised which allowed him to have therapeutic passes only when he had demonstrated no aggression for three days. Sammy's last incident of aggression was on July 25th and, at the request of him and his mother, he was discharged home on July 28, 2011. A meeting of various treatment providers was held on July 27th and it was determined that Northwestern Community Services Board would coordinate his outpatient services with in-home services to include family therapy, psychiatric follow-up, and intensive educational services. Further contact with Dr. Lyons was recommended to further assess the use of Depakote as it was not clear the benefits were sufficient to warrant its continued use [4].

On September 19, 2011, Sammy was admitted to Commonwealth Center for Children and Adolescents for the sixth time after being taken to Page Memorial Hospital by his parents. He had broken a window, had been making threats of harming himself, and had also begun to make vague threats of harming both parents. Sammy became agitated during the pre-screening and told the evaluator that he might do something he would regret. He changed his mind several times during the evaluation as to whether or not he would be willing to be admitted to the hospital. Based on the assessment, the evaluator ultimately determined that commitment was necessary due to the many risk factors suggesting that "Sammy presented as a serious danger to self and others to the extent that severe or remedial injury could result" [4].

At the time of admission, Sammy reported having experimented with cigarettes and snuff over the summer with a toxicology screen conducted at Page Memorial Hospital being positive for barbiturates He was diagnosed as suffering from the following disorders:

Axis I:	Disruptive Behavior Disorder Not Otherwise Specified Mood Disorder Not Otherwise Specified Attention-Deficit/Hyperactivity Disorder, Combined Type Pervasive Developmental Disorder Not Otherwise Specified Phonological Disorder
Axis II:	Borderline Intellectual Functioning, Provisional
Axis lll:	Cryptogenic epilepsy Short Stature Allergies to Biaxin and Lamictal
Axis IV:	Stressors: moderate: family conflict, educational problems, legal problems
Axis V:	GAF at admission 40.

Sammy's past medications have included Adderal, Risperdal, Depakote, Seroquel, Stattera, Abilify, Clonidine, Tenex, and lithium. He is currently being prescribed Ability 20 mg. each evening, Depakote 500 mg. each morning and evening, Tenex 1.5 mg. each morning and evening, and 1 mg. each day at 2 PM, and Prozac 20 mg each morning.

Clinical Presentation

Sammy presents as a boy of small stature who appears much younger that his actual age. He was brought to meet me at the door of the hospital, and despite the obvious nature of our meeting, I spontaneously asked if he was Sammy, as I thought I was looking at a ten year old boy rather than an almost 15 year old young man. He was dressed in shorts and a T-shirt and appeared disheveled and poorly kempt. He became quickly agitated, and as soon as we entered the interview room, he began to pace about the room, refusing to sit down, and with profanity thrusting one of his fists into the other, and demanding that I leave. At one point while sitting on the floor he quickly reached out to slap my foot and then tried to remove my shoe by pulling on the heel. There was a provocative and controlling and slightly contemptuous quality to these behaviors and they gave me the sense that he believed that if he offered enough resistance and was threatening enough in his behavior, he would not have to complete the evaluation. He clearly stated that he wanted to finish with me and be able to go and have a one to one visit with this mother. However, for reasons that were largely inexplicable to me, he seemed to experience a sudden change of mind and jumping up from the floor, he came over to me wanting to put his head on my shoulder, while telling me that he was sorry. Sammy tended to say "I don't know" to anything and everything I asked him and then when he did begin to respond to my questions began to count my questions saying that I only had a certain number before he quit. Sammy suffers from articulation problems which made it difficult to understand what he said at times in particular because he speaks very quickly, in short sentences, and with minimal eye contact while moving and repositioning himself constantly. Occasionally, he would peek over at me to see what I was doing. At one point in the evaluation, Sammy told me "I'm scared" with no particular context or prompt for this reporting.

Sammy demonstrated good memory for past events and was able to recall events that had occurred in the past even during times when he was very agitated and upset. His judgment, however, was significantly impaired and he was never able to accept the possibility, as explained to him repeatedly by his mother, that the competency assessment was for his benefit, would not last long, and was best completed to the best of his ability. He did not appear to be experiencing any psychotic symptoms and at no time appeared to be responding to internal stimuli. His intelligence was clearly above the most recent testing that resulted in a Full Scale IQ of 48 and seemed to be more congruent with the earlier testing that suggested a Full Scale IQ of 73. At one point, Sammy stated that he needed to take a time out and wanted to return to his room with his mother. He returned about five minutes later with his favorite staff person asking that she and his mother join him in the interview. The remainder of the interview was completed with Sammy sitting between Ms. Henry and his mother, and in a contrite but antsy manner, answering the questions that I asked of him. When we were done, he reached out to shake my hand as I had done upon first meeting him.

Assessment of Competency to Stand Trial

There were no indications that Sammy understood the purpose or nature of the competency evaluation. He continued throughout the assessment to view it as a noxious event that he should disrupt by threatening behavior or terminate by his repeated demands. He did become more cooperative at the end of the interview but this change in behavior appeared to derive from the close presence of two adults he trusted and not from an informed understanding of the significance or impact of the assessment to him. His strained cooperation appeared to derive primary from this mother's request that he be "good" and his wish not to act up in front of his favorite staff person.

At the beginning of the evaluation, Sammy sought to deny any knowledge of the court process or any awareness of his current legal situation. He stated that he did not know the role of the attorney, was not acquainted with or familiar with his defense attorney, Ms. Royster, and did not know what he had done that might have contributed to his move to detention and the current charges against him. To each of these inquires he responded, "I don't know," adding "can you please go," with various profanities intermixed with these demands..

As the evaluation proceeded, Sammy began to convey what appeared to be a more accurate portrayal of his current level of understanding. He acknowledged that "yeah, yeah" he did know Ms. Royster and had meet with her on one occasion. When asked about her role or job, Sammy said that it was her job to tell him if he had to go to "juvie." He described there being two attorneys in court, one "good' and one "bad." The "good attorney" would try to say that he "didn't do it or didn't mean to do it." In contract, the "bad attorney" would try to say that he "had done it on purpose." At a later point in the interview Sammy reflected that he knew the answer to my question but added, "I will tell my attorney but not you!" Asked about the way he might work with his attorney, Sammy explained that he would do this by "being good, no fights, no arguments."

Sammy indicated that the Judge was the person "wearing black" and did not clearly articulate the role of the judge but did explain that if he was found not guilty he "could go free." When asked what it meant to plead guilty or not guilty, Sammy did not offer any explanation other than asserting forcefully that he was going to plead guilty "because I'm mad." There were no indications that Sammy understood the nature of a plea bargain or that there may be legal reasons why he might want to plead not guilty to the charges. He had no understanding of the rights that he would be giving up if he followed his current inclination and pled guilty.

When asked about the nature of a charge, Sammy stated that it was what happened when "you act up." He explained that the outcome of a charge could involve being sent to "juvie," "detention" or "get one of those things on my ankle." He told me that he thought he "might have to go to juvie," and would if he had to, although he would prefer to stay in the hospital as it was "more comfortable."

When asked about the type of behavior one should demonstrate in the court room, Sammy stated that he "had a big heart and was going to use it." He added that he was "going to do good" and demonstrated how he was going to act by saying, "yes ma'am, yes sir." When asked if he wanted to testify, Sammy said that he did not know and seemed confused by this question, again reiterated that he would say, "yes, ma'am and yes, sir."

Nearing the end of the evaluation, Sammy was asked about the circumstances of his arrest from Commonwealth Center for Children and Adolescents. He stated that a police officer came to the hospital and put him in handcuffs before leading him out of the hospital. He recalled that the police officer asked him how old he was and commented that it was wrong to put such a small fourteen year old in detention. He was asked about whether he had been Mirandized prior to being taken into custody. He was not familiar with this term but when these rights were articulated to him, he stated that he had not been told these things by the police officer. Asked further what they might mean, Sammy did not seem familiar with them and interpreted the right to remain silent as meaning that he was to "not cuss and don't try to get back." His explanation of these rights suggested that he had no understanding of the meaning of the word right and was not able to apply the principle to his own situation. He described them as imperatives for curbing his disruptive behavior rather than protections designed to protect certain of his legal rights and interests.

Conclusions

Sammy is a seriously emotionally disturbed young man with cognitive abilities that are most likely in the Borderline Level of intellectual functioning. His deficits in adaptive functioning are significant, however, and might further warrant a diagnosis of Mild Mental Retardation which is generally diagnosed at IQ scores three points below those achieved by Sammy in 2006. Sammy has also been diagnosed with a pervasive developmental disorder which reflects his severe and pervasive impairments in several areas of development including reciprocal social interactions, communication skills, and the presence of stereotypical behaviors and activities. Superimposed on these innate conditions are several additional mental disorders including a disruptive behavioral disorder, an attention-deficit/hyperactivity disorder, and a phonological disorder, reflecting the difficulties that he has with the articulation of certain oral sounds. For the past couple of year, Sammy has also been diagnosed with a mood disorder which reflects his feeling of sadness and suicidal ideation and which might encompass the more psychotic-like symptoms (for example, visual hallucinations and voices telling him to be violent) that he reported while residing at the Grafton School and Liberty Point. This combination of disorders and their associated symptoms have made it difficult if not impossible for Sammy to live at home with his mother, to develop on-going peer relationships, to accomplish what he might be capable of at school, and to navigate through any demanding social situation without becoming violent and threatening. Given one report of his father suffering from a psychotic disorder it is not possible to rule out the possibility that these behaviors might be associated with an incipient psychotic disorder, these generally becoming more apparent in early adulthood. They might also reflect a genetic disorder that is associated with his small stature, unusual facial features, below average IQ, and possibly his violent tendencies.

The intermingled nature of these disorders impacts Sammy's current level of adjudicative competency. He has developed an accurate and fairly sophisticated understanding of the role of his defense attorney and was able to convey her role in arguing that he did not mean to commit the crime for which he is charged. He also gave a rudimentary demonstration of his understanding of the privileged nature of the relationship when telling me that he knew what he had done to be charged with assault but would tell his attorney and not me. Sammy was able to articulate the nature of his charge and the possible sentences that might accrue from them including the likelihood that he would be sent to "juvie." He understood the function of the judge and the role that he or she would play in determining if he would be confined in some way or allowed to "go free."

Conversely, Sammy's ability to think through options that might impact his stance at trial was more limited. His chronically irritable mood appears to be impacting his current thinking about his plea options with him asserting that he planned to plead guilty because he was "mad." His understanding of his role in the courtroom was similarly limited and reflected the need to be polite and say "yes, ma'am and yes, sir" with no understanding of the collaborative role with his attorney that might best represent his legal interests. He did not understand the meaning of a right and the protections that derived from them, and in line with his provocative behavior, thought that the right to remain silent meant that he was to not "cuss" or "try to get back." It can be anticipated that his disruptive behavior will make it difficult for him to participate thoughtfully while in the court room with the entire process becoming a power struggle that he can seek to control through threatening and possible violent behavior. This behavior is present both when he is scared and when he thinks a situation is not unfolding as he expects or wishes.

Based upon these observations, it is my opinion that Sammy is currently impaired in his capacity to achieve a rational understanding of the proceeding against him including an understanding of his participation in the court process and making decisions in his own best interest. While he demonstrates a rudimentary but adequate factual understanding of the role of his attorney and other personnel in the Court, he is limited in his understanding of how he might contribute to and use this structure to further his best interest. It appears that he does have the capacity to rationally consult with his attorney. Although Sammy might at time be resistant, there are no indications that he would not be able to involve himself in restoration services and be restored in a relatively short period of time.

Should the Court find Sammy competent to stand trial, it will be important to have his mother and trusted staff person in the court room in clear view to help temper his provocative and possible violent behavior. If he chooses to testify, he will also need the help of his mother to interpret his comments as they are difficult to understand without considerable experience in talking to and listening to Sammy. Because of Sammy's reduced attention span and ability to focus, it can also be anticipated that he will not be able to follow the nature of any proceeding for an extended period of time and may require a time out should he become confused or agitated.

Should the Court determine Sammy to be incompetent to stand trial, a number of interventions might help to structure the restoration process and promote his successful remediation. It does not appear that Sammy has ever received a comprehensive genetic workup despite characteristics that are suggestive of a genetic abnormality. It would be of benefit to everyone working with Sammy for this type of study to be completed and consultation obtained with experts who are knowledgeable about any condition that might be identified. I would also recommend a telephone consultation with the researchers at the Child Psychiatry Unit of the National Institute of Mental Health. They are conducting cutting edge research on both childhood schizophrenia and the neurology of the developing brain, two areas that might inform the treatment interventions that might best help Sammy. More practically, any restoration counselor assigned to the case will need to have in place a thoughtful and consistently implemented safety plan to protect them while seeking to establish a relationship with Sammy. Without a relationship, Sammy is likely to use each restoration session as another opportunity to demonstrate his will through domination and violence. With a relationship, Sammy is likely to engage with the interesting new interactive tools that are available in Virginia, and in so doing, learn a great deal about his participation in court process and his legal rights and options.

Regardless of the outcome concerning competency, it will be important for anyone working with Sammy in the future to remain cognizant of his biological age and the fact that he will be turning eighteen years old within three years. His appearance as a prepubescent boy is compelling and tends to camouflage his teenage status, the many developmental issues that are at play during this period, and the importance of beginning to help prepare him for some type of independent living when he reaches adulthood. He is in need of vocational training, help in understanding and being involved with his medications, and assistance in beginning to develop reasonable and pro-social peer relationships. There are no indications that he will be successful living with his mother and there are indications that this type of situation could prove dangerous in the future.

Respectfully submitted,

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