MARYLAND
Department of
Juvenile Services

Baltimore City Juvenile Justice Center
300 North Gay Street
Baltimore, Maryland 21202
(443) 263-8779

Boyd K. Rutherford
Lt. Governor

Larry Hogan
Governor

Sam Abed
Secretary

MULTIDISCIPLINARY ASSESSMENT & STAFFING TEAM (MAST)

CONFIDENTIAL PSYCHOLOGICAL EVALUATION

Name:
Date of Birth: (17 years, 1 month)
ASSIST Number:
Date of Evaluation: 4/6/16
Date of Report: 4/11/16
Date of MAST staffing: 4/12/16
Place of Evaluation: Baltimore City Juvenile Justice Center (BCJJC)
Examiner's Name:
Supervisor: , PhD

Presenting Problem

was recently released from detention after incurring a new charge of Reckless Endangerment. is currently on total house arrest and living at home with his mother, Ms.

Referral Question:

case manager, requested a comprehensive psychological evaluation to assess the youth's current level of emotional and cognitive functioning, as well as to ascertain appropriate treatment services.

Documents Reviewed:

Resource Staffing Form by DJS CMS dated 3/21/16
Baltimore City Public Schools-KASA Progress Report 2 from 11/6/15-12/14/15
IEP dated 5/20/14
Psychosocial Evaluation by , LCSW-C dated 5/26/15
Transfer of Juvenile Jurisdiction by dated 2/5/16
Court Order signed by Family Magistrate , Judge dated 3/18/16
Social History Investigation & Recommendation by DJS CMS dated 1/26/16
Youth History Report dated 3/22/16

DJS MCASP Needs dated 2/25/16
DJS ASSIST

Interviews and Consultations:
Clinical Interview with – 4/6/16
Attempted telephone Interview with mother, -4/8/16
Telephone Interview with father, 4/8/16
Consultation with DJS CMS-4/8/16

Statement of Confidentiality
was advised that the information gathered during this evaluation would be contained in a report used by the Department of Juvenile Services and the Juvenile Court. acknowledged an understanding of the limits of confidentiality and agreed to fully participate in the evaluation interview. Additional verbal notifications have been provided with respect to being a mandated reporter including issues of abuse/neglect and threats towards others (duty to warn).

Psychological Tests Administered:
CRAFFT Screen
WASI-II
Beck Youth Inventories 2nd Edition (BYI-II)
Brief Symptom Index (BSI)
Conners 3rd Edition, Self-Report
Childhood Trauma Questionnaire (CTQ)
Structured Assessment of Violence Risk in Youth (SAVRY)

Background Information:

Legal History:
has 7 contacts with the juvenile justice system beginning in 2013. It should be noted that he has one contact with the Adult system. As a result of his arrest on 4/9/15 he was placed in the adult detention center for three days. reported that his experience in adult detention didn't faze him. He stated that he had to stay humble and "stay in his lane". was transferred from adult to juvenile jurisdiction on10/16/15. At this time he was Committed to DJS. Richard was admitted to the Violence Prevention Unit on 10/30/15. He incurred a new charge on 1/15/16 and was placed in detention temporarily. is currently on total house arrest. He has a pending Disposition Hearing scheduled for 4/18/16 for Reckless Endangerment in Baltimore City. Below is a brief summary of offenses:

Alleged Offense	Offense Date	Jurisdiction	Adjudication/Disposition
Arson	1/15/16	Baltimore City	Disposition 4/18/16- Reckless Endangerment
Robbery with Deadly Weapon (5 counts), Assault 4 Degree (2 counts), Theft Felony 1,000 to under 10,000, Theft Misdemeanor under 1000 (2 counts), Deadly Weapon Misdemeanor (3 counts), Conspiracy to Commit any Felony Offense (2 counts), Robbery	4/5/15	Baltimore City	Committed 10/16/16: Assault 2 Degree (2 counts), Robbery
Disturbing the peace, CDS Possession-other	1/9/15	Baltimore City	Dismissed 2/23/15
Assault 1st Degree	11/21/14	Baltimore City	Committed 2/23/15
Assault 2nd Degree	8/24/13	Baltimore City	Probation 5/29/14
Assault 2nd Degree	7/25/13	Baltimore City	Probation 5/29/14

Pertinent Family History:

reported that he lives with his mother Mrs. , step-father Mr. , and his two older siblings (ages 18 and 29). reported that his relationship is good with his family members, with the exception of his step-father. According to the records, mother married Mr. In 2013. stated that his step-father contributes nothing. He indicated that all his step-father does is sit on his "butt" all day. further stated that he does not know why his mother even married him.

reported that he has a great relationship with his father, Mr. . According to the records, Mrs. and Mr. split when was 11 years old. stated that he was very confused by his parents split. stated that although his father continued to be in his life he felt it was not the same. He further noted that his parents get along well. spends a lot of time living between his parents two houses. He indicated that he wants to spend time with both parents.

reported that his mother drinks alcohol. He indicated that her drinking affects him because she forgets things. According to the records, Mrs. admits that she misuses alcohol to help her cope with stress. Mrs. has a history of being

arrested for DUI on 4/14/15. The records further revealed that she was court ordered to complete alcohol education classes and 6 months of supervised probation.

Mr. ... briefly participated in a phone interview. He indicated that he feels that has ADHD. Mr. ... abruptly ended the interview and indicated that he was at work and he was unable to talk. Mrs. ... was not available for interview.

Educational History:

... reported that he was enrolled at Knowledge and Success Academy (KASA) in the 10th grade. ... has an IEP and has been identified as a student with an Emotional Disturbance. According to the records, his most recent progress report indicated that he was failing all his classes (Biology 1-F, African American Literature-F, Spanish 1-F, and Fundamentals of Art-F). was noted to run the hallways, display no respect for authority, and breaks school rules. ... reported that he doesn't like the school. He indicated that the school was located on one floor and it was boring. ... stated "little kids" attended the school and he did not view this educational setting as a high school. On January 15, it was reported that he set something on fire in the girl's bathroom (garbage can) and a hallway structure. To date, ... cannot attend school until he participates in Fire Starter Program provided by Baltimore City Fire Department.

... stated that he has interest in playing colleges football. His vocational interests include construction or landscaping.

Social History:

... reported that he hangs with older people. He did not divulge any further information about his peers.

Substance Abuse History:

... reported that he started smoking marijuana at 12 years old, ... denies using any other drugs or alcohol. According to his DJS case manager Mrs. ... was enrolled in 7 challenges and he was unsuccessfully discharged. It was recommended that ... receive services from Mountain Manor. ... did not make himself available for this service.

... was administered the CRAFFT. The results indicate there is an 80% of a substance abuse disorder. He endorsed the following:

- Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- Do you ever use alcohol or drugs while you are by yourself, or Alone?-Yes
- Do your Family or Friends ever tell you that you should cut down on your drinking or drug use?-Yes

Medical History

According to he does not have a history of any significant medical issues. denies any history of head trauma or surgeries.

Psychiatric/Mental Health History

denied any history of psychiatric hospitalizations. According to the records, has a history of receiving services from Kennedy Krieger. According to , he started taking medication approximately 8 or 9 years old. He indicated that he stopped taking the medication when he was between 12-13 years old. stated that he stopped taking the medication because he didn't like how it made him feel. described that the medication had him being "quiet" in school. He stated that he is the type to come to class being slightly disruptive, and talkative to his peers. stated that the medication prevented him from being disruptive. According to DJS case manager Mrs. was referred to receive mental health services from Regeneration. He was connected through the Links program. It was reported that was not available on a consistent basis.

Trauma History

denies any history of physical, sexual or emotional abuse. (see Trauma Assessment Section).

Behavioral Observations and Mental Status Examination:

completed the assessment in the Aftercare Office located on the 2nd floor at BCJJC. After the limits of confidentiality and the purpose of testing were discussed, agreed to participate. is a 17 year old, tall and medium build African American male who appeared his stated age. greeted this examiner and was extremely polite. His eye contact was adequate. 's grooming was adequate, and he was dressed neatly in a jacket, t-shirt, and jeans. was engaged and cooperative throughout the evaluation.

reported that he was in a good mood. He appeared to be stable. His affect was appropriate to situation. He presented with the most variability in his affect when he discussed his relationship with his step-father and his parents relationship ending. did not appear to have any difficulty expressing himself. He was elaborate in his responses, and appeared to be a good historian. He answered questions when asked, and spoke at a normal tone and rate of speed. did not exhibit any formal thought disorders. He denied auditory and visual hallucinations, and delusions. In addition, he denied suicidal ideations. thought processes were coherent, logical, and goal directed. He was oriented to person, place, and situation. His attention, focus, and concentration were adequate. displayed adequate recall for recent and remote events. His insight and judgment is fair.

Cognitive Functioning

The Wechsler Abbreviated Scale of Intelligence- Second Edition (WASI-II) was used to assess 's general level of intellectual functioning. The WASI-II is an individually administered assessment of intelligence that provides two composite scores that estimate intellectual functioning in two areas (Verbal Comprehension and Perceptual Reasoning). The VCI and PRI composite scores combined yield a main score of general intellectual ability (Full Scale IQ-4 or FSIQ-4). The FSIQ-4 is considered to be the most representative measure of an individual's overall intellectual abilities.

SCALE	IQ SCORE	PERCENTILE	CONFIDENCE INTERVAL	CLASSIFICATION
Verbal Comprehension Index- VCI	76	5	71-83	Borderline
Perceptual Reasoning Index- PRI	86	18	80-94	Low Average
Full Scale IQ-4- FSIQ-4	79	8	75-85	Borderline

put forth good effort on testing. Therefore the obtained results are considered to be an accurate representation of his current intellectual abilities. Results of WASI-II indicate that FSIQ score of 79, and his PRI score of 76 both fall in the Borderline range of cognitive functioning; his VCI score of 88 falls in the Low Average range of cognitive functioning. His FSIQ percentile rank means that 8% of individuals age obtained a score below 79. The 95% confidence interval indicates that 95 out of 100 times true FSIQ will fall somewhere between 75-85 range

Based on these obtained scores his verbal and non-verbal skills are evenly developed. On verbal task he exhibited marginal abilities in word knowledge, general fund of knowledge, abstract reasoning, auditory comprehension, and verbal expression. On non-verbal task he demonstrated stronger abilities to reason, form concepts, and solve problems using unfamiliar information or novel procedures and simultaneous processing.

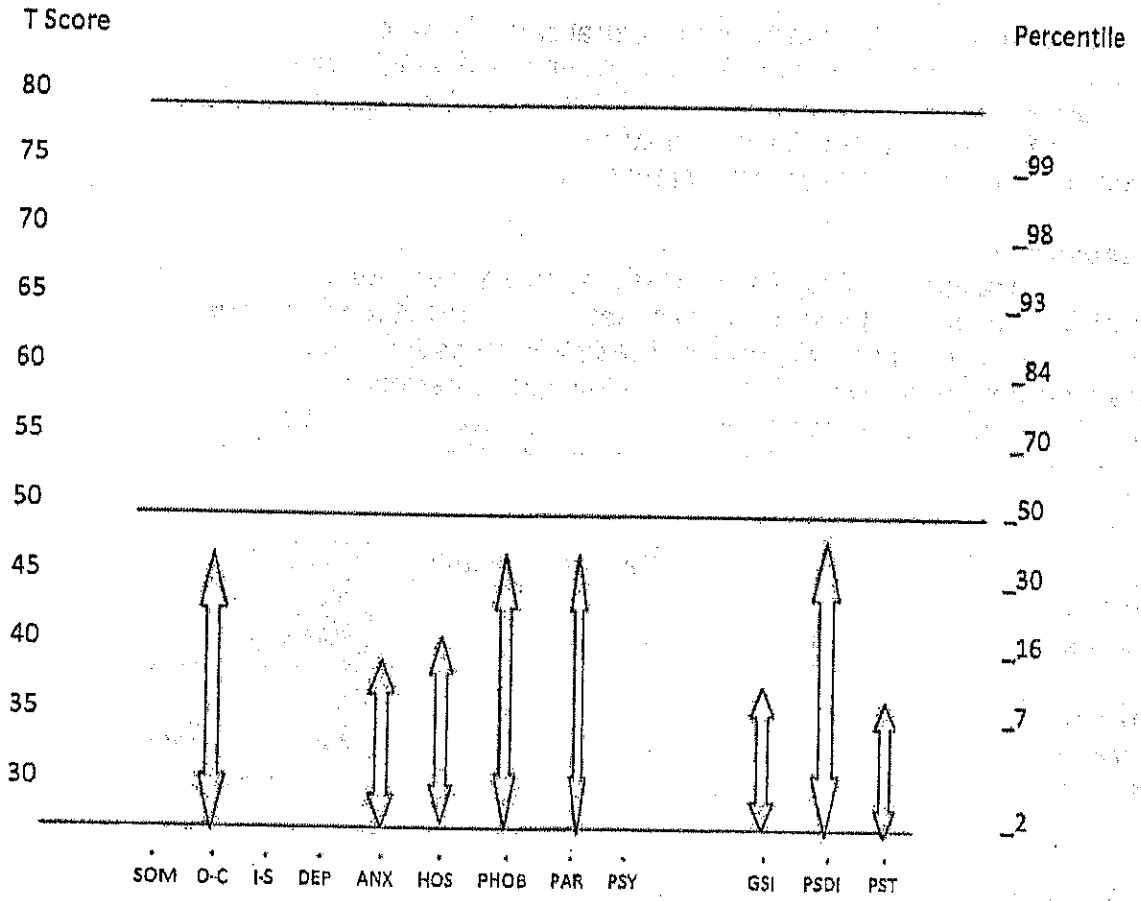
Personality and Emotional Functioning

was administered the Beck Youth Inventories. The BYI-II is used to evaluate children's and adolescents' emotional and social impairment. Based on his pattern of responding his scores were not clinically significant. His score of T=58 on the **Self Concept Inventory** fell in the Above Average range. All other scores fell in the Average Range on the remaining Inventories: **Anxiety** (T=52), **Depression** (T=44), **Anger** (T=48), and **Disruptive Behaviors** (T=51).

was administered the BSI. The BSI is a 53 item self-report symptom inventory designed to reflect the psychological symptom patterns of psychiatric and medical

patients, as well as community non-patient respondents. It is a short from of the SCL-90-R. Each item on the BSI is rated on a 5- point scale of distress ranging from "not at all" to "extremely". The BSI is scored and a profile is created based on 9 primary symptom dimensions and 3 global indices of distress. According to his responses, Richard did not endorse experiencing any psychological distress at this time.

BSI Clinical Profile



Adol. Nonpt. Norms												
T-Score	----	46	----	----	39	40	47	47	----	37	48	36
Raw Score	0	0.5	0	0	0.17	0.2	0.2	0.8	0	0.19	1.43	7

was administered the Conners 3rd Edition Self-Report Short Form which is designed to assess ADHD and its most common co-morbid problems in children and adolescents. The following table of results summarizes how assesses his own perceptions, attitudes, and feelings about his behaviors.

Scale	Raw Score	T-Score	Guideline
Inattention	8	62	High Average Score
Hyperactive/Impulsivity	7	66	Elevated Score
Learning Problem	2	48	Average Score
Deflance/Aggression	2	50	Average Score
Family Relations	1	44	Average Score

The results indicate that has poor concentration and attention. He is easily distracted and has difficulty finishing tasks. He is prone to have high activity levels, restlessness, and impulsivity. The results are consistent with his most recent IEP that indicate the need for special education and related services, meeting possible criteria for emotional disturbance or Other Health Impairment.

Trauma Assessment

was administered the CTQ. The CTQ is a screening tool used to asses different forms of maltreatment. His test results indicate that is not reporting any traumatic memories on any of the forms of maltreatment measured. However, based on his Minimization/Denial Scale score of 1, may be underreporting his trauma experiences. According to the records, Mrs. reported her disciplinary strategies have included her striking Richard with her fists. She denied he suffered any injuries as a result.

Scale	Raw Score	Percentile Rank	Classification
Emotional Abuse	**5**	**20**	**None to minimal**
Physical Abuse	**5**	**40**	**None to minimal**
Sexual Abuse	**5**	**70**	**None to minimal**
Emotional Neglect	**5**	**10**	**None to minimal**
Physical Neglect	**7**	**60**	**None to minimal**
Minimization/Denial Validity Scale	**1**		**Interpret with caution**

Risk Assessment

I was administered the SAVRY. The SAVRY is designed for use as an "aid" or a "guide" for assessing risk for violence and aggression in adolescents between the ages of 12 and 18 years. The SAVRY is composed of 24 risk items categorized under the following domains (historical, social/contextual, and individual/clinical). Six protective factor items are also provided.

A review of the SAVRY risk factors suggests that [redacted] falls in the **Low to Moderate range on historical risk factors** (i.e. history of violence, history of nonviolent offending, early initiation of violence, exposure to violence in the home, early caregiver disruption, and poor school achievement), he falls in the **Low to Moderate range on social/contextual risk factors** (i.e. peer delinquency, lack of personal/social support, stress and poor coping, poor parental management, and community disorganization),on the **individual/clinical domain he falls in Moderate to High range** (i.e. negative attitudes, risk taking/impulsivity, substance use difficulties, anger management problems, poor compliance, low interest/commitment to school, and low empathy/remorse).

. presents with several risk factors that may increase the probability of him engaging in delinquent acts. has had numerous contacts with the juvenile system and one contact with the adult system. . has not responded well to probation as he continues to incur charges. It is suspected that has been impacted by exposure to maternal substance abuse (alcoholism), and the split of his parents. , spends a lot of time living between the two households. Based on his report he is trying to spend as much time which each parent. It is believed that there separation and the inception of his step-father may have been a difficult adjustment for .

has a documented history of a diagnosis of ADHD. Currently, . is not currently taking medication. In conversation with his father Mr. , he was adamant that has ADHD. . appears to be very impulsive. It was noted in the records that . began experiencing difficulty with inattention and hyperactivity as a toddler. historically has had demonstrated poor school achievement. To exacerbate his difficulties in these areas he admits to smoking marijuana, has association with delinquent peers, and lacks involvement in prosocial activities.

reported that he has a strong attachment and bond with both parents, as well as his siblings. It appears that has adequate family support and nurturance. overall level of risk falls in **moderate to high range.**

Summary

is a 17 year old African American male who was recently waived down from adult to juvenile jurisdiction on October 16, 2015. As a result, he was Committed to DJS. was released from detention and placed in the care of his mother. Despite community based interventions and intensive supervision provided by DJS continues to incur charges. has endured some stressful events with the separation of his parents and maternal substance abuse. tends to minimize the impact of these life events.

has a history of violating the rights of others. He has displayed poor control over his aggression and has engaged in destructive tendencies (e.g. setting fire at school). It appears that his engagement in delinquent behaviors is more a manifestation of impulsivity rather than antisocial tendencies. The inability to control his impulses

enables him to make poor decisions and it becomes easy for him to engage in delinquent acts. is entitled and seeks quick gratification. He justifies his behavior through the belief that he has to take care of himself. stated that around age 14 he stopped asking his mother for things because he was tired of waiting for his needs to be met. For example, stated that there were times when his mother would tell him he had to wait to get a new pair of sneakers until she got paid. Although . denies, it is suspected that there is an underlying resentment that he feels towards his mother. openly spoke about his negative perceptions of his step-father. In mind his step-father is useless and does not contribute to the family. It should be noted that over the past three years his behaviors have steadily deteriorated. His behavioral problems are further impacted by his untreated ADHD, borderline intellectual abilities, and poor school performance.

, engagement in delinquent acts is not to be minimized. requires intensive behavioral and emotional supports to assist him in improving problem solving, moral reasoning, and other adaptable skills. If continued to be left untreated . s at significant risk for ongoing delinquency, substance use, poor impulse control, and will exhibit poor decision making and judgment. Currently, is residing in the community with his mother. A higher level of care should be considered if . does not engage in treatment services or continues to engages in disruptive behaviors in the community.

ICD 10 Diagnostic Impression

(F90.2)	Attention Deficit/Hyperactivity Disorder Combined (by history)
(F91.9)	Unspecified Impulse-control, Disruptive Behavior, and Conduct Disorder
(F12.10)	Cannabis Use Disorder-Mild
(R41.83)	Borderline Intellectual Functioning
(Z62.820)	Parent-Child Relational Problem
(Z55.9)	Academic or Educational Problems
(Z65.1)	Imprisonment or Other Incarceration

The following services are respectfully recommended:

1) Individual and group psychotherapies to aim at reshaping his thinking (cognition) to improve problem solving skills, moral reasoning, victim awareness, and impulse control.

2) Psychiatric evaluation to assess whether pharmacological intervention is indicated.

3) Family based interventions have been studied to have the most positive effect in positively altering behaviors. A thorough family assessment should be completed to ascertain the needs of the family. At minimum therapy should serve to improve family interactions and communication.