IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

UNITED STATES OF AMERICA,	)	FILED UNDER SEAL
	)	
v.	)	
	)	Criminal No. 1:08-CR 396 (CMH)
RICARDO TYRONE CARTER II,	)	The Honorable Claude M. Hilton
Defendant.	)	Sentencing Date: February 27, 2009

DEFENDANT'S POSITION WITH REGARD TO SENTENCING FACTORS

Pursuant to Title 18 U.S.C. § 3553(a), Rule 32, *Federal Rules of Criminal Procedure*, Section 6A1.3 of the *United States Sentencing Guidelines* ("U.S.S.G."), and this Court's Policy Regarding Procedures to Be Followed in Guideline Sentencing, Defendant Ricardo Tyrone Carter II, by counsel, hereby states that he has received and reviewed the Presentence Report ("PSR") prepared in this case and that he has no objections to the Report that affect the calculation of the Sentencing Guidelines. A downward departure is appropriate in this case because the PSR-calculated Guidelines range over-represents both the seriousness of his criminal history and the likelihood of recidivism. Accordingly, pursuant to 18 U.S.C. § 3553(a), Mr. Carter respectfully requests that the Court impose a total sentence of no more than 29 months.

INTRODUCTION

On November 12, 2008, Mr. Carter pled guilty to two counts of a 17-count indictment. Specifically, Mr. Carter pled guilty to Count Four, Bank Fraud, a violation of 18 U.S.C. § 1344, and Count Sixteen, Aggravated Identity Theft, a violation of 18 U.S.C. § 1028A. The Court granted the government's motion to dismiss the remaining counts. Having accepting Mr. Carter's plea, this Court continued his case to January 30, 2009 for sentencing. Upon defense motion, the Court again continued Mr. Carter's case to February 27, 2009.

ARGUMENT

Mr. Carter's case warrants a sentence of 29 months for at least four reasons. First, Criminal History Category III substantially over-represents the seriousness of Mr. Carter's criminal history. At Category II, a sentence of 29 months would be within the Guidelines. Second, unlike those who steal because of greed or malice, Mr. Carter's motivation for committing these offenses was concern for his ailing son and mounting debt from medical bills. Third, Mr. Carter suffers from a mental health condition that may have contributed to the commission of this offense. Finally, proper treatment of this condition will substantially reduce the likelihood of recidivism. Accordingly, a sentence of 29 months – a split-sentence of five months for Count Four (with five months in home or community confinement as a term of supervised release) and 24 months for Count 16 – is sufficient but not greater than necessary to comply with 18 U.S.C. § 3553(a).

A. Criminal History Category III Substantially Over-Represents the Seriousness of Mr. Carter's Criminal History.

Placing Mr. Carter into Criminal History Category III substantially over-represents the seriousness of his criminal history. Accordingly, a downward departure to Criminal History Category II is warranted.

In order to warrant a departure under section 4A1.3, the applicable criminal history category must substantially under-represent or over-represent the seriousness of the defendant's criminal history or the likelihood that he will commit other crimes. Mr. Carter's criminal history is substantially overstated for a simple reason: all six of Mr. Carter's criminal history points stem from a single court-martial conviction in February 2007. This is, in essence, Mr. Carter's second conviction.

In *United States v. Nelson*, 166 F. Supp. 2d 1091 (E.D. Va. 2001) (Lee, J.), this Court granted a motion for a downward departure based upon overstatement of criminal history from Criminal History Category VI to Criminal History Category III. Mr. Nelson, with 14 points, had a criminal history that is more serious than that of Mr. Carter. Mr. Nelson received criminal history points for: (1) possession of marijuana and driving on a suspended license; (2) failure to return a video; (3) escape from custody and damage to a police vehicle; (4) trespassing; (5) driving after a habitual offender adjudication; (6) speeding to elude police officers, reckless driving, and driving on a suspended license; and (7) malicious wounding. *Id.* at 1093. Mr. Nelson also received three criminal history points for committing the instant offense while under probation and less than two years after being released from a sentence of at least sixty days. *Id.* The defendant's criminal record in *Nelson* is much more egregious than Mr. Carter's record and yet, Mr. Nelson was found by the Court to be properly placed in Criminal History Category III.

Because Mr. Carter has only one prior conviction, Category II more appropriately reflects the seriousness of Mr. Carter's criminal history and likelihood of recidivism. Accordingly, with regard to Count Four, this Court should depart downwardly to Criminal History Category II, producing an advisory guideline range of 10 to 16 months.

B. The United States Sentencing Guidelines are Advisory.

Congress has required federal courts to impose the least amount of imprisonment necessary to accomplish the purposes of sentencing as set forth in § 3553(a) of Title 18, United States Code. Those factors include (a) the nature and circumstances of the offense and the history and characteristics of the defendant; (b) the kinds of sentences available; (c) the advisory guideline range; (d) the need to avoid unwarranted sentencing disparities; (e) the need for restitution; and (f) the need for the sentence to reflect the following: the seriousness of the

offense, promotion of respect for the law and just punishment for the offense, provision of adequate deterrence, protection of the public from future crimes and providing the defendant with needed educational or vocational training, medical care, or other correctional treatment. *See* 18 U.S.C. § 3553(a).

The Supreme Court in *Kimbrough v. United States*, 128 S. Ct. 558 (2007), and *Gall v. United States*, 128 S. Ct. 586 (2007), established that the Sentencing Guidelines are simply an advisory tool to be considered alongside other statutory considerations spelled out in 18 U.S.C. § 3553(a). In two recent summary reversals, moreover, the Court expressed in no uncertain terms that the Guidelines cannot be used as a substitute for a sentencing court's independent determination of a just sentence based upon consideration of the statutory sentencing factors. *Nelson v. United States*, ___ S. Ct. ___, 2009 WL 160585 (Jan. 26, 2009); *Spears v. United States*, ___ S. Ct. ___, 2009 WL 129044 (Jan. 21, 2009).

"Our cases do not allow a sentencing court to presume that a sentence within the applicable Guidelines range is reasonable," the Court held in *Nelson*. 2009 WL 160585, at *1. "The Guidelines are not only *not mandatory* on sentencing courts; they are also not to be *presumed* reasonable." *Id.* at *2 (emphasis in original). In other words, sentencing courts commit legal error by using a Sentencing Guidelines range as a default to be imposed unless a basis exists to impose a sentence outside that range.

Instead, the overriding principle and basic mandate of § 3553(a) requires district courts to impose a sentence "*sufficient, but not greater than necessary,*" to comply with the four purposes of sentencing set forth in § 3553(a)(2): retribution (to reflect the seriousness of the offense, to promote respect for the law, and to provide "just punishment"), deterrence, incapacitation ("to protect the public from further crimes"), and rehabilitation ("to provide the defendant with

needed educational or vocational training, medical care, or other correctional treatment in the most effective manner"). The sufficient-but-not-greater-than-necessary requirement is often referred to as the "parsimony provision." This requirement is not just another factor to be considered along with the others set forth in § 3553(a) — it sets an independent limit upon the sentence.

C. Confinement for No More Than 29 Months Would Be Sufficient, But Not Greater Than Necessary, to Comply with the Requirements of 18 U.S.C. § 3553(a).

1. The History and Characteristics of Ricardo Tyrone Carter II and The Nature of the Offenses

Ricardo Tyrone Carter II is a father of one son, R[], who was born on June 29, 2006. Three days later, on July 1, 2006, R[] had his first kidney surgery – an attempt at cystoscopy and a vesicostomy – and remained hospitalized for six weeks after birth. Shortly after his son was born, Mr. Carter pled guilty at a court-martial and spent between February 2007 and August 2007 in military custody at Ft. Knox. As he prepared for his release from Ft. Knox during the summer of 2007, the knowledge of his son's illness and his family's worsening financial situation caused a sense of desperation in Mr. Carter, causing him to wonder if he would be able to provide for them once he was released.

Shortly after Mr. Carter's August 2007 release, on September 4, 2007 Mr. Carter's son had to undergo a second surgery, which was ultimately terminated. On December 21, 2007, Mr. Carter's son had a third operation, an internal urethotomy and vesicostomy closure. At the conclusion of this surgery, a catheter was left in place and remained there until December 28, 2007. Altogether, R[] would have to endure four operations.

On January 6, 2008, R[]'s parents brought him to the emergency room. He was

experiencing abdominal pain, eating less, and had decreased urine output. Another catheter was put into place and R[] was placed in the pediatric ICU with a febrile urinary tract infection and acute renal failure on chronic renal failure. He stayed in the hospital for five days. By January 16, 2008, R[] had been readmitted to Children's National Medical Center because he was vomiting the antibiotics that he had been prescribed. This time, R[] stayed in the hospital for three days. On January 23, January 25, January 27, and February 27, 2008, R[] was back in the emergency room. Each time, R[] was prescribed medication and had a catheter either inserted or left in place.

Mr. Carter found it unbearably painful to watch his son suffer in this way. Additionally, Mr. Carter found himself strapped financially, owing in excess of $30,000 in unpaid medical bills. It was in this context that Mr. Carter's offenses occurred. As outlined in the Indictment, the vast majority of Mr. Carter's fraudulent activity occurred between November 2007 and Spring 2008, while his son's body was failing and medical bills were piling up. Further compounding the problem was that, during these stressful periods, Mr. Carter was also experiencing difficulties with his mental health.

In addition to being the father of an extremely sick child, Ricardo Carter is also a "25-year-old male whose developmental history is notable for exposure to chronic severe domestic violence and alcoholism and episodes of depression dating back to age 12, if not earlier." Appendix B at 7. He is also ". . . a young man with very low self-esteem, very limited coping skills and frustration tolerance who is prone to develop anxiety and depression under stress." *Id.*

Dr. Gloria Morote examined Ricardo Carter over the course of two extended visits and performed upon him a battery of tests. Dr. Morote concluded:

The test data . . . indicates that Mr. Carter has unresolved emotional issues

> relating to his chronic exposure to domestic violence and alcoholism in his childhood years. Further, the test data indicates that within the past year, Mr. Carter has been experiencing severe, chronic, situational stress in various domains, including his family and home life, financial situation, work, illness in his child.
>
> Appendix B at 7.

During the period of time in which Mr. Carter used the identities of other people in order to obtain money, he was suffering from stress, anxiety, and depression. Additionally, at the time he took the Army roster from Ft. Knox, Mr. Carter was feeling desperate and lacked the psychological ability to productively cope with these stressors. Appendix B at 2. To be sure, the fact that Mr. Carter's limited coping skills played a role in these offenses does not ultimately excuse his conduct. These facts do, however, suggest that Mr. Carter should not be treated like a defendant who commits such an offense for greed or purely for monetary gain.

3. The Advisory Guidelines Range

The Guidelines range and mandatory minimum/maximum for Count Sixteen is 24 months. The total offense level for Count Four is 11, creating an advisory Guidelines range of 12 to 18 months. Should the Court grant Mr. Carter's motion for downward departure to Criminal History Category II, the Guidelines range becomes 10 to 16 months. Consistent with the Sentencing Guideline's "zone system," individuals within this range (10 to 16 months) are eligible for a "split-sentence," permitting the Court to substitute community confinement or home detention for one-half of the term of imprisonment. *See* U.S.S.G. § 5C1.1(d)(2). Accordingly, the Court could, within the Guidelines, impose a sentence of five months confinement for Count Four and substitute home or community confinement for the remaining time.

4. Specific Deterrence

Mr. Carter poses a low risk of recidivism and, accordingly, needs no specific deterrence. Dr. Morote's assessment is that, provided certain steps are taken, Mr. Carter's likelihood of recidivism is low: "Mr. Carter expressed a great deal of regret regarding the actions that brought him to the attention of the Court. He appears to be genuine in his desire to change and improve the course of his life such that he will not re-offend again." Appendix B at 7. Specifically, Dr. Morote opined that "incarceration alone will not treat the dysfunction which ultimately lead to criminal behaviors on [Mr. Carter's] part." In her report, Dr. Morote identified several psychological, educational, and vocational treatment options which could be best addressed as terms of supervised release, including medication, counseling, and job training. *See* Appendix B at 7-8. According to Dr. Morote, these options, if pursued by either the Bureau of Prisons or while Mr. Carter is on supervised release, will significantly reduce his likelihood of repeating this mistake.

Additionally, by the date of sentencing, Mr. Carter will have signed a consent order of forfeiture and an agreed-upon restitution order. The knowledge that his actions have not helped but harmed his family has impressed upon Mr. Carter that there is nothing to be gained by violating the law in this manner.

5. General Deterrence

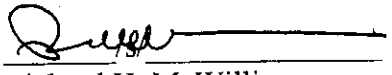
The two-year mandatory minimum in this case serves as a substantial deterrent to others who may be contemplating a similar offense. By establishing this mandatory minimum for 18 U.S.C. § 1028A cases, Congress has already sent a clear message about the consequences of committing aggravated identity theft and this Court, by imposing the two-year mandatory minimum, will both reinforce that message and deter others. While Mr. Carter recognizes that there must be some sanction for the bank fraud itself, the bank fraud and aggravated identity theft

charges are inherently intertwined. For that reason, the deterrent value of any incarceration above and beyond the two-year mandatory sentence will be marginal at best. A split sentence of five months actual confinement and five months community or home confinement is sufficient but not greater than necessary to comply with the requirements of 18 U.S.C. § 3553(a)(2).

CONCLUSION

Accordingly, Mr. Carter respectfully requests that this Court impose a sentence of no more than 29 months of incarceration. Mr. Carter further respectfully requests that this Court include within the Judgment in a Criminal Case a recommendation to the Bureau of Prisons that Mr. Carter be designated to a facility as close to Washington, D.C. as possible.

Respectfully submitted,
RICARDO TYRONE CARTER II
By Counsel



Richard H. McWilliams
Assistant Federal Public Defender
Virginia Bar No. 75744
Counsel for Mr. Carter
1650 King St., Suite 500
Alexandria, Virginia 22314
(703) 600-0840 (tel.)
(703) 600-0880 (fax)
Richard_McWilliams@fd.org

APPENDICES

A. Letter from Ricardo T. Carter II dated January 21, 2009

B. Report of Psychological Evaluation by Gloria Morote, PhD

C. *Curriculum Vitae* of Gloria Morote, PhD

CERTIFICATE OF SERVICE

I hereby certify that on the 20th day of February 2009, I will personally file the foregoing document under seal with the Clerk of Court, and then provide copies to the following:

Mr. Benjamin L. Hatch
Assistant United States Attorney
2100 Jamieson Ave.
Alexandria, Virginia, 22314

and delivered to U.S. Probation by facsimile to:

Ms. Mary Beth Simpson
U.S. Probation Office
401 Courthouse Square
Alexandria, Virginia 22314

/s/

Richard H. McWilliams
Assistant Federal Public Defender
Virginia Bar No. 75744
Counsel for Mr. Carter
1650 King St., Suite 500
Alexandria, Virginia 22314
(703) 600-0840 (tel.)
(703) 600-0880 (fax)
Richard_McWilliams@fd.org

Wednesday Jan 21. 2009

To: The Honorable Claude M. Hilton
Senior United States District Judge

Your Honor, first and foremost I want to thank you for taking out the time to even consider reading this letter. I'm writing you for a plea of mercy and asking that I be given one last chance to go out here and take care of my family, mainly my son the right way. I've used this time that I have served already to look at my life and I sat down and said that it is time for me to step up the right way. I've had alot of circumstances to deal with over the last few years, but I'm not going to use that as an excuse for my actions. I take total responsibility for all that I have done. My intentions were never to cause harm to anyone. I was simply trying to provide for my son and myself. I went about it the wrong way and now I'm suffering for what I have done. My son is also without me and his mother has expressed to me that she needs me to return as soon as I can to teach my son the things that he needs to start learning. I just want a chance to do that and. I'm going to work as hard as I can to provide for him. Stealing from people is not going to get me anywhere. I want help

Your Honor. I'm going to do what it takes to be a good father to my son. He is fighting through a Chronic Kidney Disorder. His Medical Expenses are very high. That played a big part in what I've done. Wrong is wrong and I'm not saying that his condition and me wanting to provide for him and myself excuses what I've done, but this is why I did what I did. I really have no one else to turn to at all. My family is broken and most of my relatives are distant, so I have no one to turn to. I was struggling making $16.50 an hour working 25 hours a week at an arcade. That was getting nothing paid for and my son could not be without the things he needs to survive on a daily basis. His mother and I fell behind in our expenses and it is really hard for her without me out there with her and him. Your Honor. I just want some help and if I'm provided the proper resources and agencies that can possibly help me. I know I can make a difference. I feel as though I can benefit from the halfway house program so I can find a job and be able to provide for my child while I continue to get back on my feet. Once my Army case is off appeals. I plan to go back in to the Military to make up what I've messed up in that situation as well. I have my confidence and determination back. I'm going to do something big with my life. I thought it was over, but I'm a new creature in Christ. I can do all through Him.

I'm just asking you for another chance to be a productive citizen in this world and a chance to be the father to my son. that my father was not to me. I'll be paying restitution for years ahead. That will effect me for years to come. So I'm paying for my wrongdoings. In closing. I thank you for reading this letter and I pray that the same mercy the Lord has had on me by giving me a chance to get right. will be upon your heart when I stand before you. Your Honor. I also pray for your strength to keep working as hard as you do in making decisions everyday. I ask that He keep His arms and grace covered you and your family as well. May God Bless You.

Sincerely,
Ricardo Tyrone Carter II

Gloria Morote, Ph.D., PLLC
Neuropsychology and Clinical Psychology
(703) 683-2695

424 South Washington St.
Alexandria, VA 22314

Facsimile: (703) 683-5454
E mail: morote@aol.com

Report of Psychological Evaluation

Name:	Ricardo T. Carter, II
Date of Birth:	9/6/1983
Age:	25
Date of Evaluation:	1/14/09 and 1/16/09
Case Reference	United States vs. Ricardo T. Carter II, Defendant Criminal No. 1: 08CR396
Referred by:	Richard H. McWilliams, Esq. Assistant Federal Public Defender - Office of the Federal Public Defender, Eastern District of Virginia
Examiner:	Gloria Morote, Ph. D.

Referral Factors:

Ricardo Carter is a single, 25-year-old, African American male who was referred for a Psychological Evaluation by his defense attorney, Richard McWilliams, to assess his emotional and personality functioning and determine if there are any factors that may be relevant with respect to sentencing. Mr. Carter has pled guilty to Bank Fraud and Aggravated Identity Theft.

Procedures Utilized:

- Diagnostic Clinical Interview
- Cognistat - the Neurobehavioral Cognitive Status Examination
- Minnesota Multiphasic Personality Inventory - II Restructured Form (MMPI-II-RF)
- Detailed Assessment of Post Traumatic Stress (DAPS)
- Sixteen Personality Factor - 5th Edition (16-PF)

Procedures Utilized (cont.):

- Millon Clinical Multiaxial Inventory - III (MCMI-III)
- Life Stressors and Social Resources Inventory - Adult Form (LISRES-A)
- Review of Documents: a) Statement of Facts by Chuck Rosenberg, U.S. Attorney, b) Defendant stipulation and signature, c) Pre-sentence investigation report prepared by Mary Beth Simpson (12/28/08)

Results of Evaluation

Clinical Interview:

Current Mental Status: Ricardo Carter is a right-handed male who presented as alert, fully oriented, and adequately groomed. He was seen at the Alexandria Detention Center over the course of two sessions. Mr. Carter was generally cooperative with interview and test procedures. His eye contact was normal, his affect was subdued, and rapport was easily established. Mr. Carter described his mood as depressed. His speech was normal in volume, rate and productivity and denied ever having experienced suicidal or homicidal ideation. Mr. Carter's stream of thought was organized and logical, with no evidence of psychotic processes. He denied ever having experienced auditory or visual hallucinations. Of late, he has experienced some loss of appetite and believes he has lost some weight in the last five months. He has experienced changes in his sleep patterns as he tends to sleep during the day as he has trouble falling, or staying asleep in the evenings. Mr. Carter states that he feels "drained all the time." Since he hit his head while playing basketball this past September, he has been experiencing "crazy dreams." He worries a great deal about his current legal situation, about his girlfriend's financial struggles, and about his son's medical problems. Mr. Carter denied having experienced panic attacks. He tends to experience mood swings, mostly irritability. He has never experienced a manic episode.

Mr. Carter expressed a great deal of regret regarding the actions that have brought him to the attention of the court. At various points, he stated that he wants to change the ways he deals with life and does not want to get in trouble with the law ever again. Mr. Carter reported that the reason he engaged in the unlawful actions was because he was feeling desperate. His son was ill and he did not have money to cover the medical and living expenses. Mr. Carter reported that he was trying to provide for his family and was "stressed out" as his only child, his 2 ½ year-old son, Ricardo Carter, III has a chronic kidney disease and was diagnosed with acute renal failure.

Mr. Carter stated that he is attempting to get reinstated into the Military and is appealing his case. If he is unable to get reinstated in the military, he wants to go back to school to learn a trade so he can earn a better living. He has always been interested in Culinary Arts and believes that this would be a good vocational track to pursue.

Mr. Carter stated that he joined the military "to get off the streets." He was discharged by the military because he went AWOL. From August 1 until August 24, 2007, he was confined or locked up in Ft. Knox. His son was born on June 29, 2007 and had to be hospitalized for 6 weeks. In December 2007, his son had to have surgery to remove tissue blockage from around his kidney. After New Year's Eve, his child had to be hospitalized for a couple of months. It was painful to see his son suffer. His insurance carrier, Tri Care, paid well over $100,000 for the medical interventions but Mr. Carter still owes approximately $30,000 in medical bills.

Background History: Ricardo Carter is the second of three children born and raised in an intact family until the age of four, when his parents separated. His oldest sister died at 3 months of age. He has two half-brothers from the paternal side (ages 32 and 34). After his parents separated, his mother got involved with Maurice Ross. When Mr. Carter was 14-years old, his mother married Mr. Ross. When asked to describe the home environment in which he was raised, Mr. Carter responded that he got tired of seeing his mother constantly get beaten by Mr. Ross, a controlling, demanding, and possessive alcoholic. Mr. Carter's stepfather also mistreated and rejected him. When Mr. Carter was approximately 15 years old, his mother divorced Mr. Ross. At the age of 16, Mr. Carter went to live with his father because his mother got involved with another man, Tyrone. Mr. Carter stated that he could see "the same pattern" of abuse and controlling issues starting. He lived with his father and approximately six months. Subsequently, his mother told him that he only reason his father took him was to avoid paying child support, which hurts him to this day. Mr. Carter mentioned that he always wanted a relationship with his father. However, living with his father was difficult because he did not get along with his stepmother. Mr. Carter felt that his stepmother treated him differently than she treated her own children. His stepmother also interfered with his relationship with his father. As such, at the age of 17, he left the home. Mr. Carter stated that he was sent to a shelter and subsequently, he was sent to the Impact Program at the Victor Academy in Maryland, a juvenile facility for troubled youth, for 90 days. When he was released from the juvenile facility, he was placed in custody of his maternal aunt's daughter, Shenika Mayo, for approximately four or five months. He did not feel comfortable with her because was into drugs and was a lesbian. At the time, his father told him he should join the military. Mr. Carter returned to high school and subsequently joined the military.

Mr. Carter reports that technically he is still in the Military. He is appealing the Bad Conduct discharge. His case has been on appeal for 2½ years. He is fighting to get back into the Military. He joined in October of 2003. Mr. Carter states that the charge of Desertion was dropped to AWOL. He also was disciplined because he did not pay on a pay date loan back on three occasions (each loan was inder $300 each). He also was charged with impersonation as he wrote a letter to American Express verifying the resident for someone and taking the identify of a sergeant. Additionally, he was disciplined for opening the mail which contained a credit card that was not addressed to him.

Mr. Carter has been involved with Tynisha Page (age 24) for the past five years. He reports that they get along fine. She lives with her mother in Washington, D.C. They have one child.

Mr. Carter has suffered from headaches since the age of 12. He experienced problems with severe migraines in his teenage years. At the age of 12 or 13, he was prescribed Paxil for treatment of anxiety and depression. He has had two incidents of seizures in the past. The latest seizure was at the age 15. His sister suffers from epilepsy.

Mr. Carter reports that at the age of 12, he was diagnosed with anxiety and depression. He states that he has suffered from depression most of his life. He took Paxil for approximately a year. At the age of 12, he was seen by a counselor at Kaiser Permanente for almost a year. In September of 2006, he was diagnosed by a psychiatrist in Ft. Myer with "double depression," anxiety and "recurrence of something else." Sometime in August of 2007, he was prescribed Ambien. He was confined at Ft. Knox at the time.

Mr. Carter denies having a history of alcohol abuse. He denies having a history of drug abuse.

Mr. Carter has not had any history of head injuries.

Mr. Carter reports that he got out of the military from Ft. Knox on August 24, 2007. He looked for a job but could not find one. He finally got a job in January of 2008 as a floor person for an arcade (Tilt) at Boston Commons Mall. Mr. Carter states that he wanted to work full time but was only able to get 25 hours a week at $6.75 per hour. From May through August of 2006 (when he was AWOL) he worked for Six Flags in maintenance, earning approximately $9.50 an hour. As a teenager, from ages 15 to 17, Mr. Carter worked as a busboy after school and on weekends. He states that he has never been fired from employment. Mr. Carter reports that he wants to get back into the military. While in the military he was working in supply working in inventory.

Test Data:

Cognitive Screening: On the Cognistat, a screening measure that taps various cognitive functions, Mr. Carter generally performed in the normal range. Specifically, he did not exhibit significant problems in his basic auditory attentional span, working memory, receptive or expressive language functions. Additionally, no deficits were evident in his visual spatial

constructional skills, verbal reasoning and judgement, or visual memory functions. For instance, he was able to recall four words immediately after having heard them and after a delay and to abstract commonalities between verbal concepts and ideas. Additionally, he had no difficulty understanding instructions, repeating sentences of increasing length, drawing and recall a basic geometric pattern. For reference purposes, his profile is depicted below:

Scale	*Raw Score*	*Classification*
Orientation	5	Within normal limits
Attention	5	Within normal limits
Language		
Comprehension	6	Within normal limits
Repetition	11	Within normal limits
Naming	9	Within normal limits
Construction	5	Within normal limits
Memory	5	Within normal limits
Calculations	5	Within normal limits
Reasoning		
Similarities	6	Within normal limits
Judgement	5	Within normal limits

Emotional and Personality Functions: Mr. Carter was administered several standardized, clinical inventory measures that have been developed to assess emotional and personality disorders or conditions, including the Millon Clinical Multiaxial Inventory - III (MCMI-III), the Minnesota Multiphasic Personality Inventory - 2 - RF (MMPI-2-RF), and the Detailed Assessment of Post Traumatic Stress (DAPS). Additionally, he was administered the Sixteen Personality Factor - 5th Edition (16-PF), a standardized measure of normal or nonclinical personality dispositions. Further, he completed the Life Stress Source and Social Resources Inventory - Adult Form (LISRES-A), which provides a picture of the examinee's life context, including life stressors and social resources. All of these measures include validity scales which tap the test-taking approach of the examinee to detect impression management or response bias; that is attempts to feign, exaggerate, deny or minimize symptoms or problems. The validity scales of the MCMI-III and MMPI-2-RF indicate that Mr. Carter responded in such a fashion as to very openly endorse psychiatric symptomatology. These types of validity profiles

are commonly seen in individuals who are experiencing a great deal of emotional distress and are "crying for help." The validity scales of the DAPS and the 16-PF do not provide evidence of minimization or over-reporting of symptoms. In general, the validity profile do not provide clear cut or compelling evidence of malingering. The clinical scales are interpreted with Mr. Carter's test response patterns appropriately considered.

Data from the 16-PF indicates that Mr. Carter is an individual who has been struggling with chronic longstanding levels of emotional adjustment and instability and who is prone to psychological distress. He test as more anxious than most people and has a characteristic style of being prone to worry and emotionally reactive. He tests as insecure, as having low self esteem, as tending to be uneasy, restless, and easily upset. Mr. Carter has limited coping skills and has difficulty coping with demanding situations. He tests as introversive, tending to keep to himself. His 16-PF profile signals long-standing problems with anxiety, self-esteem, introversion, and coping skills. His emotional adjustment, social adjustment, and self esteem are all low.

The MCMI-III clinical scales which tap Anxiety, Dysthymia, and Somatoform concerns were markedly elevated, signaling marked affective distress and cognitive/ruminative concerns about health and physical symptoms. Additionally, the scale that taps symptoms of Post Traumatic Stress (PTSD) were markedly elevated as well. By contrast, Mr. Carter's profile does not match those of individuals with severe personality pathology scales (Schizotypal, Borderline, or Paranoid) or those with an Antisocial Personality Disorder. In general, he tests as having avoidant and dependent personality features, as prone towards depression, and as having limited coping skills.

On the MMPI-2-RF, Mr. Carter tests as prone to develop physical symptoms in response to stress and as having very limited capacities to deal with stress. Consistent with other test data, he tests as anxious, prone to worry, as having very low self esteem, and very limited capacities to deal with stress and frustration tolerance. Mr. Carter also tests as self-critical and guilt-prone. He feels constantly anxious. He also tests as distrustful, as tending to be suspicious of, and alienated from, others. It is likely that he experiences interpersonal difficulties as a result of his suspiciousness, limited coping skills, and limited capacities to deal with stress.

The DAPS indicates that he reports a trauma history that includes childhood physical abuse. Such experiences can be associated with more extreme or very symptomatic responses to later traumas. Mr. Carter's profile is similar to those who have endured childhood maltreatment and who continue to struggle with residual sequelae of this trauma.

Situational Factors: The LISRES-A indicates that for at least the past year, Mr. Carter has been experiencing severe, chronic, situational stress in various domains, including his family and home life, financial situation, work, illness in his child. Consistent with other

test data, this measure also indicates that Mr. Carter has very limited social and coping resources to deal with adverse stressors and life experiences.

Opinion:

Ricardo Carter is a 25-year-old male whose developmental history is notable for exposure to chronic severe domestic violence and alcoholism and episodes of depression dating back to the age of 12, if not earlier.

The current test data indicates that Mr. Carter's neurocognitive functions are intact. That is, he does not display deficits or impairments in basic attention, working memory, expressive or receptive language, or visuospatial constructional skills.

Measures of emotional and personality reveal that Mr. Carter is a young man with very low self esteem, very limited coping skills and frustration tolerance who is prone to develop anxiety and depression under stress. The test data also indicates that Mr. Carter has unresolved emotional issues relating to his chronic exposure to domestic violence and alcoholism in his childhood years. Further, the test data indicates that within the past year, Mr. Carter has been experiencing severe, chronic, situational stress in various domains, including his family and home life, financial situation, work, illness in his child.

Mr. Carter expressed a great deal of regret regarding the actions that brought him to the attention of the Court. He appears to be genuine in his desire to change and improve the course of his life such that he will not re-offend again.

Taking into consideration the current evaluation as a whole, it is my pinion that with treatment and vocational guidance, the chances of Mr. Carter re-offending are low. It is further my opinion that incarceration alone will not treat the dysfunction which ultimately lead to criminal behaviors on his part. As such, the following recommendations are offered for consideration:

1) Mr. Carter needs treatment to address his emotional problems. Psychotropic medication can be helpful to alleviate symptoms of depression, obsessive worry and rumination.

2) Mr. Carter needs counseling to improve his coping skills, frustration tolerance, self esteem, and stress management.

3) Mr. Carter is focused on being reinstated to the Military. If not possible, he intends to return to school to pursue training in a field that can optimize his chances of obtaining a job. He needs to further explore his options in this respect, within the context of psychotherapy or vocational counseling.

Diagnostic Impressions (DSM-IV-TR)

Axis I	300.4	Dysthymic Disorder, early onset, with anxious and obsessive features Features of Post Traumatic Stress Disorder (unresolved history of exposure to severe domestic violence and alcoholism)
Axis II	301.9	Personality Disorder NOS, with avoidant and dependent personality features
Axis III		No known medical conditions that are relevant to Axis I or II Episodes of petit mal seizures in childhood
Axis IV		Severe Stressors: Problems with primary support group Family problems (illness in child) Economic Problems Occupational Problems Problems related to the social environment Problems related to interaction with the legal system/crime
GAF		60

Thank you for referring Mr. Ricardo T. Carter for an evaluation. Please feel free to call me if there are questions regarding this report.

Respectfully submitted,

Gloria Morote, Ph.D

Gloria Morote, Ph.D.
Licensed Clinical Psychologist
Clinical Neuropsychologist

Gloria Morote, Ph.D., PLLC

Neuropsychology and Clinical Psychology

(703) 683-2695

424 South Washington Street
Facsimile: (703) 683-5454

Alexandria, VA 22314
Email: morote@aol.com

CURRICULUM VITAE

PERSONAL

Place of Birth: Lima, Perú - U.S. Citizen
Languages: Bilingual *(English and Spanish)*

EDUCATION

George Washington University - Washington, D.C.
May 1978 B.A. in Psychology - Special Honors

Catholic University of America - Washington, D.C.
May 1981 M.A. in Clinical Psychology
May 1985 Ph.D. in Clinical Psychology

Massachusetts General Hospital - Harvard Medical School -
Boston, Massachusetts
Jun 82 - Jun 83 Pre Doctoral Internship in Clinical Psychology
Jul 83 - Mar 85 Clinical Fellow in Psychology

Georgetown University Medical Center - Neurology Department
Washington, D.C.
Post Doctoral Fellow in Clinical Neuropsychology - Part Time
(1/90 to 6/91)

PROFESSIONAL EXPERIENCE

May 88 – Present

Private Practice - Alexandria, Virginia. Conduct psychological and neuropsychological evaluations of children and adults with a wide range of neurological, psychiatric, and developmental disorders. Provide consultations to community and government agencies. Since 1993, have been qualified as an Expert Witness in Clinical Psychology and Neuropsychology in Family Courts, and Circuit Courts in Virginia, Maryland, and the District of Columbia.

June 04 – Aug. 08

Youth Forensics Services Division. Assessment Center. Washington, D. C. *Consultant Neuropsychologist.* Provide evaluations of children, juveniles, and their families as ordered by the Family Division of the Superior Court of the District of Columbia.

Sept. 00 - Jan 01

Inova Mt. Vernon Hospital - Outpatient Neuro-Rehabilitation Program (BRIDGE) - Alexandria, Virginia.
Consultant Neuropsychologist. Participate in the interdisciplinary rehabilitation treatment of patients with acquired neurological disorders (traumatic brain injuries, strokes) in an outpatient Day Treatment Program.

Nov 00 - Present

National Institutes of Health (NIH). Institute of Neurological Disorders and Stroke (NINDS). Cognitive Neuroscience, Clinical Epilepsy Section - Bethesda, Maryland. *Consultant Neuropsychologist.* Provide consultation within the NINDS and other Institutes. Services include neuropsychological evaluations, intra-operative assessment of speech, language, and other functions via electrical brain stimulation and pharmacological studies of language. (WADA procedure), assistance in assessment procedures specific for the research setting and adapted to the study of neurological disorders in adults and children (Brain Mapping, fMRI), participation in seminars, rounds, and discussions as part of multi-disciplinary teams.

Nov 01 - Present

Police and Fire Clinic - Washington, D. C.
Consultant Psychologist – Neuropsychologist. Conduct Psychological Fitness for Duty evaluations of sworn law enforcement and other public safety officers for the District of Columbia's Metropolitan Police Department (MPD), Fire Department and Emergency Medical Services, United States Secret Service, United States Park Police. Conduct neuropsychological evaluations of law enforcement and other public safety officers who have sustained brain injuries or neurological events.

Jan 92 - Present

Multicultural Clinical Center (MCC) - Springfield, Virginia
Director of Diagnostic Services. Coordinate the delivery of diagnostic services (psychological and neuropsychological testing) for children, adolescents and adults with a wide range of developmental disorders, psychiatric and neurologic disorders, and learning disabilities. Train and supervise bilingual psychologists and neuropsychologists who deliver diagnostic services in English, Spanish, Vietnamese, Sign Language, Farsi and Russian.
Clinical Supervisor (starting 9/0 7) of Pre-Doctoral Psychology Interns. Mid Atlantic Internship Consortium, Affiliated with Argosy University

Sept 92 - Present

Commission of Mental Health Member - Superior Court of the District of Columbia, Washington, D.C.
Commission Member. Co-preside over mental health hearings; determine the presence of mental illness and dangerousness; order release of respondents if they do not meet the legal requirements of the civil commitment statutes of the District of Columbia; make recommendations to the Superior Court to order special evaluation and/or commitment to either inpatient or outpatient mental health facilities for those respondents meeting statutorily-mandated criteria.

Jun 98 - August 00

Health Management Strategies International, Inc. - Alexandria, Va.
Consultant Neuropsychologist. Peer-Advisor for Quality Assurance and Utilization Review. Responsible for pre-certification and concurrent peer review of psychological and neuropsychological assessments of children, adolescents and adults patients.

Aug 92 - Jan. 93	**American Psych Management** - Arlington, Va. *Neuropsychologist Consultant.* Peer-Advisor for Quality Assurance and Utilization Review. Responsible for pre-certification and concurrent peer review of psychological and neuropsychological assessments of children, adolescents and adults patients.
Jan 90 - August 00	**Law Enforcement Assessment Center** - Maryland *Clinical Psychologist Consultant.* Conduct pre-employment screening of applicants to Police and Sheriff departments. Montgomery County, U.S. Capitol Police.
Jan 89 - Dec 95	**Dominion Hospital** - Falls Church, Va. *Neuropsychologist Consultant.* Performed neuropsychological evaluation of young children and adolescent psychiatric inpatients.
Jan 91 - Jan 93	**Psychiatric Institute of Washington D.C.** - Washington, D.C. *Neuropsychologist Consultant.* Performed neuropsychological evaluations for dually-diagnosed adults, young children and adolescents with a wide range of psychiatric, neurologic and developmental disorders.
Jun 90 - Dec 90	**Head Start Parent and Child Center** *Consultant.* Provided training and technical assistance to Higher Horizons Parents and Child Center in Bailey's Crossroads, Virginia.
May 88 - Mar 89	**Mount Vernon Center for Community Mental Health - Child Team** *Staff Clinical Psychologist.* Provided family individual and group therapy for children ages 4 to 18. Conducted intake interviews and psychological evaluations for children and adults as ordered by the Juvenile and Domestic Relations Court.
Apr 85 - Apr 88	**St. Elizabeths Hospital** - Washington, D.C. *Clinical Psychologist Coordinator (10/87 to 4/88).* Developed and implemented an Intensive Day Treatment Program for adults with chronic and severe psychiatric disorders. Provided group, family and individual therapy, psychological and neuropsychological evaluations. Supervised Doctoral level psychology interns. *Staff Psychologist of the Admission Unit (4/85 to 9/87).* Provided assessments and coordinated treatment for adult psychiatric patients with acute psychiatric conditions.
Jun 82 - Jul 83	**Massachusetts Gen. Hospital - Harvard Medical School** - Boston, Ma. *Pre-Doctoral Intern.* Received extensive training in psychodynamically-oriented therapy, cognitive behavioral interventions for phobic conditions and pain management, as well as psychological and neuropsychological assessments. Assigned to the General Psychiatric Unit and the behavioral Medicine Unit to provide intake evaluations, psychological testing, individual, and couples therapy.

Jul 83 - Mar 85	**Massachusetts Gen. Hospital - Harvard Medical School** - Boston, Ma. *Clinical Fellow in Psychology (Half Time Position).* Provided psychological and neuropsychological evaluations and individual therapy to adult outpatients.
Jul 84 - Feb 85	**School Consultant** - Malden and Milford, Ma. *School Consultant.* Provided psychological evaluations for preschoolers and consultations to teachers.
Jul 83 - Jun 84	**Framingham Youth Guidance Center** - Framingham, Ma. *Mental Health Therapist.* Provided assessments and therapy to young children and their families.
Sept 80 - Jun 82	**St. Elizabeths Hospital** - Washington, D.C. *Clinical Extern - (Half Time).* Administered and interpreted psychological testing for children and adults. Provided individual therapy to chronic psychiatric adult inpatients.

TEACHING POSITIONS

Jul 98 - Present	**Uniformed Services University of the Health Sciences** - Maryland *Adjunct Assistant Professor of Medical/Clinical Psychology.* Medical and Clinical Psychology Program *(APA approved Ph.D. Program)*
Jun 89 - May 98	**Fairfax County Public Safety Academy** *Instructor.* Provided cross-cultural training to law enforcement officers.
Jan 90 - Feb 93	**Northern Virginia Criminal Justice Academy** *Instructor.* Provided cross-cultural training for police officers.

RESEARCH AND PUBLICATIONS

William H. Theodore, William D. Gaillard, Carol Frattali, Gloria Morote, Ben Xu, John Heiss, Lyn Balsamo, Ellis Boudreau, Susumu Sato, National Institutes of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, MD. ***Comparison of Functional MRI and Cortical Stimulation Language Mapping in Epilepsy.*** Epilepsia, 43 Supp. 7:90, 2002.

Lidia Artiola i Fortuny, L., Feldman, E., Fernandez Barillas, H., Garolera, M., Hermosillo Romo, D., Keefe, R., Lemaitre, M.J., Ortiz Martin, A., Mirsky, A., Monguio I., Morote, G., Parchment, S. Parchment, L.J., da Pena, E., Politis D.G.,

Sedo, M.A., Taussik I., valdivia F., de Valdivia L.E., Verger Maestre, K (2005). ***Research with Spanish-Speaking Populations In The United States: Lost In the Translation. A Commentary and a Plea***. Journal of Clinical and Experimental Neuropsychology, 27: 555-564.

Morote, G. ***Neuropsychological Sequelae of Acute Carbon Monoxide Poisoning in Young Children*** Journal of Neuropsychiatry and Clinical Neuroscience. Vol. 12(1) Winter 2000 (Abstract)

Morote,G. and Sapin, L. ***The Body Remenbers: Neurocognitive Sequelae of Electrical Shock.*** Archives of Clinical Neuropsychology. 1999; 14, 137-138 (Abstract)

Pascualvaca, D. and Morote, G. ***Cognitive Development from a Neuropsychological Perspective.*** Book Chapter. In: Foundation and Future of Neuroimaging in Child Psychiatry, 2000 (Eds.) Ernst, Monique and Rumsey, Judith.

Pinto, A.; Di Rosa, E.; Davidson, R. A. & Morote, G. ***The Halstead - Reitan Neuropsychology Battery (HRNB): A Competency Based Bilingual Training Module.*** 1995. Joint project: Dept. of Psychology, Crownsville Hospital Center and Multicultural Clinical Center. XXV Interamerican Congress of Psychology - Puerto Rico. Sostek, A.; Morote, G.; Gardano, A.

Childcare Training Material for Hispanic Mothers
Aug. 1986 - SBIR Grant from the Department of Health and Human Services National Institutes of Health (N.I.H.)

Morote, G. ***Psychological and Social Adjustment as Related to Perceptions of Cross - Cultural Transitions among Young Hispanic Immigrants***
Doctoral dissertation (Unpublished) - Presented at the American Psychological Annual Convention - Aug. 24, 1985

PRESENTATIONS

Apr. 12, 2001 — **National Association of Women Judges**
Speaker. *Language and Cultural Issues.* Conference: Removing Obstacles to Justice for Immigrant Women and Their Families - Judicial Conference Center - Washington, D.C.

Nov. 18, 2000 — **36th Annual Deborah T. Creek Criminal Practice Institute/Appellate Practice Institute Seminars** - The Public Defender Service for the District of Columbia. - Gallaudet University Kellogg Conference Center
Speaker: *Cognitive, Psychological, and Personality Factors Associated with False Confessions.*

Nov. 10, 1998	**6th Annual Capital Defense Workshop** - Virginia Bar Association Speaker: *Race and Ethnicity Issues in Capital Cases.*
Nov. 6, 1998	**18th Annual Conference of the National Academy of Neuropsychology** *The Body Remembers: Neurocognitive Sequelae of Electrical Shock.. Injuries.* Poster Presentation .
May 11, 1998	**Uniformed Services University of the Health Sciences** Guest Lecturer: Department of Medical and Clinical Psychology *Introduction to the Millon Clinical Inventories.*
Dec. 3, 1996	**Catholic University of America** Speaker: *Model for Comprehensive Multicultural Clinical Services.*
Nov. 16, 1994	**Chesapeake Association of Rehabilitation Professionals in the Private Sector (CARPPS)** Speaker: *Cross-Cultural Assessment.*
Apr. 1, 1994	**State of Maryland, Department of Health and Mental Hygiene. Crownsville Hospital Center.** Speaker: *Cross-Cultural Assessment and Treatment*
Mar. 18, 1994	**Spotsylvania County Schools** Speaker: *Hispanic children and their families. Cultural Adjustment Issues*
Mar. 16, 1993	**Central American Delegation to the U.S.** - Conference sponsored by the Center Children and the Law (ABA): Speaker: *Assessment and Treatment Strategies for Children with Complex Mental Health Problems. Enhancing Juvenile and Children's Rights.*
Mar. 31, 1993	**Fairfax County Juvenile and Domestic Relations Court** Speaker: *Cultural Differences Among Clients and Their Families.*
Mar. 5, 1993	**Grand Round - Dominion Hospital** Tyson's Corner, Virginia Speaker: *Comprehensive Approaches in Mental Health - Evaluation and Treatment of Multicultural Clients.*
Jan. 30, 1992	**Psychiatric Institute of Washington** Speaker: *Evaluation and Treatment of High-Risk Hispanic Adolescents.*
Jan. 28, 1991	**Court Appointed Special Advocate (CASA) Program** Speaker: *Understanding Hispanic Culture*
Jan. 4, 1991	**Fairfax County Schools - Area II Admin. Office** - (Counselors and Teachers) Speaker: *Evaluation of Hispanic Families.*
Dec. 7, 1990	**Oakton and Madison High School** (Guidance Counselor) Speaker: *Dealing with Cross-Cultural Differences.*

Feb. 27, 1990 **Loudon County Community Mental Health Center** (Therapists and Managers)
Speaker: *Assessment and Treatment of Hispanic Clients.*

Sep. 1990 **City of Richmond** - (Therapists and Managers)
Trainer: *Cross cultural Evaluations and Treatment of Hispanic Children and Their Families.*

HONORS AND AWARDS

George Washington University: Board of Trustees - Scholarship 1976 – 1978

American Psychological Association: Full Fellowship Awards 1978 - 1982

LICENSES

Virginia
Maryland
District of Columbia

PROFESSIONAL MEMBERSHIPS

National Academy of Neuropsychology (NAN)
International Neuropsychological Society (INS)

RELATED PROFESSIONAL TRAINING

February 28, 2008	The American Psychological Association. Continuing Education in Psychology. **Hidden Disorder: A Clinician's Guide to Attention Deficit Disorder.**
December 7, 2007	Maryland Psychological Association **Legal and Ethical Issues for Maryland Psychologists. By Richard Bloch, Esq., J.D.**
October 26, 2007	Maryland Psychological Association. **Assessment and Treatment of Youth Violence.** By Mary Kathryn Seifert, Ph. D. **Introduction to Gottman Method Therapy.** By Scott T. Wolfe, Ph. D.
May 23, 2007	Argosy University. **Ethics Workshop: Self Disclosure: Ethical and clinical considerations, and APA's revised Record Keeping Guidelines: The nature of the changes and their relationship to local regulations and laws.** By Stephen Lally, Ph. D. and George Stricker, Ph. D.
June 16, 2006	4th Annual Conference of the American Academy of Clinical Neuropsychology, Inc. **Assessment of Effort: Further Evolution.** By Kyle Brauer Boone, Ph. D. **Matters of Import in Forensic Neuropsychology.** Moderator: Jerry Sweet, Ph.D. Panel: Larry Binder, Ph.D., Robert L. Denney, PsyD., Manfred Greiffenstein, Ph.D., Robert L. Heilbronner, Ph. D. **Neuropsychological Perspectives of Attention Deficit Hyperactivity Disorder Across the Lifespan.** By Jeffrey M. Halperin, Ph. D. **Advanced topics in Neuropsychological Practice II:** Discussant – Kenneth M. Adams, Ph. D. **1) The quandary of assigning qualitative descriptors to neuropsychological test scores: Results of a survey of AACN members.** By Thomas J. Guilmette, Ph.D. **2) Reliable change scores: Methods and motives. Recognizing significant change in neuropsychological test performance.** By Gordon J. Chelune, Ph. D. **3) Clinical inference in an inherently uncertain environment: Considerations related to the relative reliability and validity of neuropsychological tests.** By Gregory J. Meyer.
June 14, 2005	**Legal and Ethical Issues in Mental Health.** Conference sponsored by Specialized Training Services, Inc. By Phillip J. Resnick, M.D.
June 1 – June 3, 2005	**Assessing and Treating Personality Disorders.** Conference sponsored by Specialized Training Services, Inc. *Personality Disorders: Progress in Understanding Etiology and Innovations in Assessment and Treatment.* By John Livesly, M.D. *Schizoid, Schizotypal, and Paranoid Personality Disorders.* By Phillip Erdberg, Ph. D. *Dependent and Avoidant Personality Disorders.* By Robert Bornstein, Ph. D. *Borderline Personality Disorder.* By John Gunderson, M.D. *Obsessive – Compulsive Personality Disorder.* By Glen Gabbard, M.D. *Histrionic, Narcissistic, and Antisocial Personality Disorder.* By Reid Meloy, Ph. D.
April 22, 2005	**Assessment of the Five-Factor Model of Personality: The NEO PI-R.** Conference in Columbia, Maryland. By Paul Costa, Jr., Ph. D. Maryland Psychological Association.
March 14, 2005	**Bateria III Woodcock Munoz (Bateria III).** Conference in New York. By Griselda Guajardo Alvarado. Sponsored by Riverside Publishing Co.
March 9-13, 2004	**Society for Personality Assessment.** Annual Conference. Key Biscayne, Florida *Assessing Response Style in Context of Forensic Evaluations.* By Randy K. Otto, Ph. D. *Using the MMPI-2 with Criminal Offenders.* By Edwin I. Megargee, Ph. D. *Beyond Risk Management: Resolving Ethical Dilemmas in Clinical and Forensic Assessments under the 2002 Ethics Code and the HIPAA Privacy Rule.* By Robert E. Erard, PhD. *The Role of the MMPI K Correction in Forensic Examinations.* By Stuart Greenberg, Ph.D. *Assessing the Risk of Aggression and Violence.* By Edwin Megargee, Ph.D. *Presenting the Rorschach: Forensic and Clinical Applications.* By Irving Weiner, Ph.D.
Feb. 4-7, 2004	**International Neuropsychological Society.** Annual Conference. Baltimore, MD. *The Development and Application of the Demographic Norms for the WAIS-III and WMS-III.* By Gordon Chelune, Ph.D. and David Tulsky, Ph.D. *The Neuropsychoilogy of Autism.* By Natacha Akshoomoff, Ph.D. *Neurodevelopmental Aspects of Lead Poisoning.* Lisa Standford, Ph.D. *CASADIL: A new Genetic Form of Vascular Dementia.* By Stephen Salloway, M.D.

Nov. 7-9, 2003	**Rorschach Workshops.** Conference in Chicago, Illinois. *Advanced Rorschach Workshop:Scoring and Interpretation.* By Barry Ritzler, Ph.D. & Ronald Ganellen, Ph.D.
Feb. 22-23, 2003	**International Institute of Object Relations Therapy Washington, D.C. and The Department of Psychology, The Catholic University of America-** *Attachment Theory and Psychopathology.* Presenter: Patricia Crittenden, Ph.D.
Dec 10, 2001	**University of Arizona - Extended University -** *The Diagnoses and Treatment of Attachment Disorders* - Elizabeth Randolph, MSN, Ph.D.
Oct. 31- Nov 2, 2001	**American Academy of Forensic Psychology** - New York *Risk Assessment: Advanced Considerations* - Kirk Heilbrum, Ph.D. *Excusing and the New Excuses: Theory & Practice* - Stephen Morse, J.D., Ph.D. *How Reliable are Children's Statements? Cognitive & Social Considerations* - S. Ceci, Ph.D.
Jul 13-15,2001	**Rorschach Worshops** - Chicago, IL *Rorschach & MMPI-2 Assessment in Forensic Cases* - Anthony Sciara, Ph.D. & Ronald Ganellen, Ph.D.
Jun 22, 2001	**Centers for Attention - Vanderbilt University** *Advances in Treatment of ADHD in Children and Adults* - Robert D. Hunt, M.D.
Apr 21, 2001	**District of Columbia Psychological Association** - Washington, D.C. *Integrating Rorschach and MMPI-2 Findings in Clinical Practice* - Ronald Ganellen, Ph.D., ABPP
Nov 15 - Nov 17, 2000	**National Academy of Neuropsychology** - 20th Annual Conference - Orlando, Florida *Current Developments in Working Memory* - Baddeley *Aging and Alzheimer's Disease* - Albert, Ph.D. *Detecting Exaggeration and Malingering* - Iverson, Ph.D. *New Research on the WAIS - III and WMS - III* - Tulsky, Ph.D., et. al. *Conners' CPTII: New Developments* - Conners, Ph.D. *BQSS for the Rey Osterrieth Complex Figure* - Stern, Ph.D.
Oct 99 - Mar, 00	**National Academy of Neuropsychology - Distance Center** *Neuroanatomy and Medical Neuroscience* - Douglas L. Chute, Ph.D. & Philip Schatz, Ph.D.
Aug 2, 2000	**American School of Professional Psychology** - Arlington, Virginia *Personality Disorders: Theory. Assessment and Therapy* -Theodore Millon, Ph.D., D.SC.
Aug 3, 2000	**Society of Clinical Psychology - American Psychological Association** *Cognitive Behavior Therapy for Panic Disorders and Post - Traumatic Stress Disorder* - Michael Otto, Ph.D.
July 20 - 22, 2000	**Marquette University - College of Health Sciences** *Neuroanatomical Dissection: Human Brain and Spinal Cord.*
Nov 29 - Dec 2, 99	**Specialized Training Services, Inc.** - Baltimore - Maryland *Clinical Assessment of Malingering & Deception* - P. Resnick, M.D. *Risk Assessment of the Mentally Ill Individual* - P. Resnick, M.D. *Violence Risk and Threat Assessment* - Reid Melory, Ph.D.
May 7 - 9, 1999	**Rorschach Workshops** *Advanced Rorschach: Scoring & Interpretation* - Barry Ritzler, Ph.D.
April 30, 1999	**Expert Testimony and Forensic Evaluation** Institute of Law, Psychiatry & Public at the University of Virginia *Developments in Virginia Evidence Law* - R. E. Reddling, J.D., Ph.D.
Mar. 5, 1999	**Chesapeake Beach Professional Seminars** *Assessment and Treatment of Children with Attachment Problems in Play Therapy/Child Psychotherapy* - Sue Anita Ammen, Ph.D.,RPT-S
Nov. 6, 1998	**National Academy of Neuropsychology Conference** *Alzheimer's Disease* - J. L. Cummins, M.D. *Language Learning Impairements* - P. Jallhal *Mild TBI: Diagnostic Chalenges* - Bath & Ruff *TheWJ - R and Bateria* - Woodcock & Dean

April 2 - 4, 1998	**1st Annual Assessment Psychology Conference** Orlando, Florida *Practical Issues When Using a Psychological Test Battery for Pre-Employment Screening* - Robin Inwald, Ph.D., ABPP, ABAP *Direct and Cross Examination of the Assessment Psychologist*- William E. Hahn, Esq. *State of the Art Neuropsychology: Accountability and Credibility* Elbert Russell, Ph.D, Sally K. Russell, Ph. D. *More Accurate Psychiatric, Psychological and Neuropsychological Evaluations in a Psycho-Medico-Legal Context* - Alan J. Raphael, Ph.D., ABAP - Charles J. Golden, Ph.D., ABPP, ABAP *Mild Head Injury: Unraveling the Puzzle* - Ralph Reitan, Ph.D., ABAP, - Deborah Wolfson, Ph.D., ABAP, *Detection of Malingering and Invalid Test Results* - Ralph Reitan, Ph.D., ABAP - Deborah Wolfson, Ph.D.
Mar. 20, 98	**Administration and Interpretation of the WAIS-III & the WMS-III .** By D. R. Malone, Ph.D. Maryland Psychological Association.
Oct. 26 - 28, 97	**Braintree Hospital Rehabilitation Network And Health South** 18th Annual Neurorehabilitation Conference: *Understanding Recovery and Outcome after Brain Injury.*
Jun. 5 - Jun. 6, 97	**Reginald S. Lourie Center For Infants And Young Children** Infant Mental Health Practice: *Assessment and Treatment Techniques for Fostering the Parent - Child Relationship*
Nov. 20, 96	Washington Council of Child And Adolescent Psychiatry *The Secrets of the Hyperactive Brain* - Alan Zametkin, M.D.
Jun. 4, 96	**Multicultural Clinical Center** *Systemic Treatment of Child Abuse* - Dr. Eliana Gil
May 14, 96	**Multicultural Clinical Center** *The Use of Art Work With Abused Children* - Dr. Eliana Gil **Fairfax-Falls Church Interagency Coordinating Council For Early Intervention** *Early Identification and Treatment of Regulatory Disorders* - Dr. Moshe Shtuhl
March 9, 96	**Autism and Aspergers Disorder: a New Understanding.** By Dr. Peter Tangay. Washington Council For Children And Adolescent Psychiatry
Feb. 13, 96	**Assessment of Alleged Child Abuse.** By Dr. Eliana Gil. Multicultural Clinical Center. Springfield, Virginia.
Mar. 19 - 25, 96	**Forensic Evaluation Training And Research Center Institute of Law, Psychiatry and Public Policy - University of Virginia** *Forensic Evaluation Under Virginia Law*
Mar. 5, 96	**Multicultural Clinical Center** *Sexualized Children: Assessment And Treatment* - Dr. Eliana Gil
Apr. 12, 96	**Multicultural Clinical Center** *Clinical and Research Update on ADHD in Children and Adults* - Alan Zametkin, M.D.
Sep. 95	**D.C. Capital Area Branch of the Orton Dyslexia Society** *Critical Advances in Our Understanding of Dyslexia: The Role of Language, Genetics, Neurobiology and Intervention*
Oct. 23, 95	**National Association of Rehabilitation Professionals in the Private Sector and Learning Services** *Cognitive Deficits and the Impact on Return to Work - Traumatic Brain Injury* - Peter Patrick, Ph.D.
Jun. 23, 95	**Northern Virginia Society of Neuropsychology** *The Latest Research and Findings on the Biological Substrates of ADHD* - Alan Zametkin, M.D.
Sep. 24, 95	**Northern Virginia Society of Neuropsychology** *Plasticity and Development of Intrinsic Connections in the Cerebral Cortex*
Jun. 1, 93 to Aug. 95.	**Advanced Rorschach Training** *Interpretation of Rorschach Protocols of Children, Adolescent and Adults* - Robert R. Dies, Ph.D. 6/1 to 8/1/93: 4 hours a week and 9/94 to 9/95: 3 hours a month

Oct. 23 to 30, 93	**National Academy of Neuropsychology** Phoenix, Arizona *Presentation of Atypical Childhood Syndromes* - C. Reynolds, Ph.D. *Forensic Aspects of Minor TBI in Children* - L. Hartlage, Ph.D. *Life Goes On: Neuropsychological Sequelae of Childhood Disease* G. Wilkening, Ph.D. *Neuropsychological . Assessment of the Spanish Speaker* - A. Puente, Ph.D.
Jun. 11, 93	**Dominion Hospital** *Adults with ADHD and Executive Dysfunction* - Martha Denckla, M.D.
Apr. 24 to 27, 93	**A National Law and Mental Health Institute** Nova University Center for Psychological Studies: Shepard Broad Law Center *Personal Injury Litigation and Expert Testimony*
Dec. 9 to 12, 92	**Florida Society of Neurology and Center for Neuropsychological Studies University of Florida** *The 18th Annual Course in Behavior Neurology and Neuropsychology:* *Neuropsychology of Dementia*
Aug. 19, 92	**Northern Virginia Society of Neuropsychology** *The WAIS-R as a Neuropsychological nstrument* - Edith Kaplan, Ph.D., ABPP
Feb. 13, 92	**St. Alban's Hospital** Radford, Virginia *Attention Deficit Hyperactivity Disorders in Children and Adolescents: A Comprehensive Update* - Sponsored by the University of Minnesota
Dec. 15 to 18, 91	**Florida Society of Neurology and the Center for Neuropsychological Studies - University of Florida** *The 17th Annual Course in Behavior Neurology: Language and Memory*
Oct. 31 to Nov. 2, 91	**National Academy of Neuropsychology** - Washington, D.C. *Assessment of Memory Disorders in Amnesia and Dementia* *Neuropsychological Assessment of Learning and Memory in Adults and Children*
Aug. 14 to 16, 91	**Forensic Mental Health Associates** - Richmond, Virginia Dr. Eliana Gil and Dr. Nicholas Roth *Sexual Abuse: Assessment of Abused Children* *Sexual Abuse: The Male Victim - Impact and Recovery* *Sexual Abuse: Treatment of Adults Survivors of Childhood Abuse*
Jun. 6 and 7, 91	**Boston Neurobehavioral Institute** *Neuropsychological Assessment and Language Treatment* - Edith Kaplan, Ph.D.
Feb. 9, 91	**Fordham University at Lincoln Center** *Psychological Testing of Hispanics*
Aug. 10 & 11, 90	**American Psychological Association** *Clinical Applications of the MMPI - 2*
Feb. 90	**International Neuropsychological Society** - Orlando, Florida *Attention Deficit Disorder: Current Concepts* *Brain Structure and Physiology in Aging: Implications for Geriatric Neuropsychology*
Nov. 4, 89	**National Academy of Neuropsychology** - Washington, D.C. *Introduction to the Evaluation of Malingering and Deception in Clinical Neuropsychology* *Spectrum of Mild Closed Head Injury* *Traumatic Brain Injury in Childhood* *Innovations in Memory Assessments and Rehabilitations* *Neurological Basis of Learning Disability and Attention Deficit Disorder*
Jul. 13 and 14, 89	**Drexel University - Summer Institutes in Neuropsychology** *Neuropsychological Assessment in Children* - Dr. Charles Golden
Jul. 15 and 16, 89	Drexel University - Summer Institutes in Neuropsychology *Child Halstead and Luria Nebraska Neuropsychological Batteries* - Dr. Charles Golden

Jun. 9 to 11, 89	**Halstead - Reitan Advanced Workshop in Clinical Interpretation** Ralph Reitan, Ph.D. - Oakbrook, Illinois *Child Neuropsychology and Learning Disabilities*
Jun. 89	**Mt. Vernon Hospital** *Multiple Personality and Dissociation: Diagnosis and Treatment*
Jul. 12 to 14, 85	**Halstead - Reitan Advanced Workshop** - Oakbrook, Illinois *Halstead - Reitan Advanced Workshop in Human Clinical Neuropsychology - Advanced Course in Clinical Application* - Ralph Reitan, Ph.D.
Sep. 83 to May 84	**Tufts University Medical School** *Seminar in Clinical Neuropsychology* - Weekly sessions - Dr. Homer Reed