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**Client:** Adam DeRito  
**Date of Birth:** [REDACTED]  
**Age:** 29  
**Date/s of Assessment:** 04/11/2017  
**Examiner:** Beckie M. Grgich, Psy.D.

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**PSYCHOLOGICAL EVALUATION REPORT**

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**I. REFERRAL INFORMATION:**

Adam DeRito is a 29-year-old male who presented for the initial intake session indicating, "I was putting in my packet to go back and fly.... I went to get my final stamp from the final flight doc. And they clicked on something (in his record) and he (the doctor) said 'I can't let you fly right now because apparently the Air Force Academy has you listed with major psychological concerns'." Mr. DeRito explained.

Apparently the psychological issues listed in Mr. DeRito's military record are believed to be erroneous, given that the information does not match any location, timeline or provider/s of Mr. DeRito during his military career.

Mr. DeRito was referred for a psychological evaluation to determine the extent of psychological concerns he may or may not have, with the intent to clarify his current mental health status.

**Methods of Assessment**

- a. Interview of client
- b. Medical Records (FOIA medical file pages 6, 11 and 15)
- c. Records reviewed:
- d. Mental Status Examination
- e. Minnesota Multiphasic Personality Inventory-II-RF (MMPI-II-RF)
- f. Millon Clinical Multiphasic Inventory-III (MCMI-III)

## **II. INFORMED CONSENT**

From the outset of this evaluation, Mr. DeRito was provided documentation as well as verbal information pertaining to informed consent. This examiner clearly explained that regardless of the outcome / findings, that a report would be made and available to him, as there was not guarantee this examiner could or would formally clear him of any mental health diagnosis. In addition, Mr. DeRito indicated he understood the potential positive and or negative implications of submitting to a psychological evaluation. Finally, he indicated he was willing to proceed and cooperated fully with the examination process.

## **III. REVIEW OF RECORDS**

The behavioral health report (medical records from the military that client produced) revealed this client underwent psychological testing in 2010 at USAFA. In 2010, the records showed that Mr. DeRito did not meet any diagnosis (799.9 in Axis-I and Axis-II). However, there was no written report of the findings from the psychological assessment included in Mr. DeRito's records, only a code showing that testing had occurred, and no diagnosis was evident.

Of notable concern in his records, was a notation dated 6/20/2011 by Kristin Henley Price indicating Mr. DeRito was then diagnosed with "personality disorder, 301.9" as well as "Impulse Control Disorder, 312.30". The additional diagnoses appear to be added with no additional clinical testing or face-to-face services, approximately one year after Mr. DeRito was examined and found to be clear psychologically. In addition, the diagnoses were added under the CPT code 90885, which is the code for a diagnostic evaluation based upon a "review of records" only. This examiner was unable to find, in the records provided, any evidence of previous findings related to a personality disorder or impulse control disorder.

In addition, the provider, Kristin Henley Price is a provider that Mr. DeRito indicated he does not know and has never seen. In addition, Mr. DeRito indicated he was never seen on the Ft. Carson military base for psychological services (as his military record reflects). He was only treated at Ft. Carson for a shoulder injury and a genitalia injury (per his report).

Another notable concern that that his military records reflect mental health diagnoses that technically warrant withholding a secret clearance (under certain circumstances) as well as potentially would prevent Mr. DeRito from being able to occupy the job classification he carries in the military (i.e. being able to pack parachutes). Yet, he has been able to function and maintain his standing to this point, as the records were not fully available / transparent or made accessible (possibly) to his military command.

## **IV. GENERAL OBSERVATIONS:**

Adam is a 29-year-old male. During the course of the intake interview, Adam displayed cooperative and interactive behavior. During the assessment with the examiner, his facial expression was appropriate to the topics discussed. The client's level of cooperation was appropriate. There was no display of negativism toward the examiner. Overall, the client's ability to interact, respond to questions, maintain eye contact and behave as expected within this setting was within normal limits.

## **V. HISTORY AND CLINICAL DATA:**

### **a) Present Difficulties:**

Adam's current and most notable concerns as outlined in the initial intake forms (which included 75 different symptoms), revealed that Adam is not experiencing any psychological complaints at this time including mood, behavior and thought.

### **b) Birth and Developmental History:**

No fetal drug or alcohol exposure was noted. There is no history of exposure to environmental teratogens (i.e. toxins that are linked to birth defects). Adam was delivered following a full term pregnancy. Adam's birth was through normal labor and delivery. He did not require additional medical intervention/s at birth and the duration of his hospitalization was unremarkable.

Adam's developmental milestones were within normal limits including crawling, walking, gross motor, fine motor and toilet training. He indicated he was reading and talking ahead of his developmental level. In addition, he indicated at a young age he was able to take things apart and put them back together.

When asked about his history of potential exposure to trauma (such as witnessing or experiencing traumatic events), he indicated he was on the fire department and the first aid squad as well as search and rescue (volunteer experiences) and he witnessed several deaths, suicides etc. He indicated, "I always took a very compassionate stance toward it. I dealt with the families a lot. I felt like I was giving back to the community". He denied any traumatic symptoms such as flashbacks, nightmares, emotional distress related to his volunteer work.

When asked about a history of physical, emotional or sexual abuse, he indicated he was sexually assaulted in 2008 (by a female) as a cadet at the Air Force Academy. He indicated he was drugged and did not know what had occurred. He indicated he reported the event to the CSU police (as it occurred on the CSU campus) as well as SARK at the academy. He reported that he did not like the sense of not feeling in control but was able to process this with Major Todd emotionally. The Office of Special Investigations was involved and the female that assaulted him had some ramifications but was not punished legally.

### **c) Personal History:**

Adam is the son of Chris and Carol. His mother is a high school graduate and did not attend college. His mother has worked as an architectural office assistant, a paralegal

and now she works as a hospice consultant. His relationship with his mother is reported to be good overall.

His father is a high school graduate and did not attend college. He has worked as a dress designer and was very skilled (until this industry moved overseas) then he went into construction and he is now a property manager. His relationship with his father is reported to be very good.

Adam was born in Poughkeepsie, NY. He was primarily raised in NJ. His parents were together for 28 years, although his father moved to AZ and resided there for many years prior to his parents divorcing. They divorced in 2016. Together, his parents have three children. Mr. DeRito is the oldest and he has two younger sisters, currently ages 27 and 25. His relationship with his sisters is reported to be good.

With regard to Mr. DeRito's young adult life, he outlined a complicated history, explaining at length, the circumstances of his schooling, challenges at the Air Force Academy, difficulties with his commanding officers, implications of his attempts to "do the right thing" as well as the impact upon his status leading to this psychological evaluation.

Mr. DeRito graduated from High School and then left two weeks later for the Air Force Academy boot camp. He attended USAFA from 2006-2010 specializing in behavioral science-human factors engineering.

He indicated after his sexual assault in 2008, OSI (Office of Special Investigations on base) asked him if he wanted to be involved in "going after cadets that were doing wrong things at the academy". He indicated his job was to be under cover and report cadets that were posting sex online, doing drugs, trafficking drugs etc. The command structure did not know what was going on with the investigation, as OSI staff intended to keep this confidential during the investigation. Mr. DeRito worked directly with OSI (Special Agent Munson and Special Agent Samanski) during this time, as he also did his daily tasks and posed as a traditional student.

Mr. DeRito indicated he decided that he no longer wanted to be in the Air Force and applied to Marine Officer Candidate School in 2009. He attended and graduated from Marine training in July of 2009. He did well and enjoyed the Marine Corps.

He returned to USAFA to finish his last year at the Academy. He returned and there was a swine flu outbreak. He was unable to teach basic cadet training due to the quarantine. For his leadership billet, he was sent to the USAFA prep school for two weeks. He was right out of the Marine Corps and was very disciplined and was "harder on my guys and they loved me there". After that, he indicated a lot of the cadet candidates stayed in contact with him. In September of 2009, some cadet candidates contacted him and they were telling him about under age alcohol use that was occurring at the prep school. He indicated, "It raised my concerns and I contacted my handles (at the OSI) about investigating". The OSI staff had reportedly encouraged

him to remain in contact with the cadets in order to gain additional information for the investigation.

In order to maintain contact with the cadets, Mr. DeRito reported that he set-up a cross fit fitness program two days a week to contact the cadets and to collect information from them without being accused of fraternization. Client then indicated that a cadet wanted to meet with him one-on-one and he met with her in the parking lot and she expressed concerns about sex, drugs and drinking. She appeared to make advances toward him and he left and typed the report of the information she had given him to submit to OSI. He did not have names in his investigation and had to meet with her one more time to attain names of individuals who were moving drugs and alcohol. He submitted this information to OSI. Three weeks later, his commander contacted him after discovering Mr. DeRito had been at the prep school and they decided to launch a fraternization investigation against him for being at the prep school. The OSI staff indicated he “should just take the disciplinary hit for fraternization and that graduation was only three weeks away” and that he would be protected if Mr. DeRito just signed off on the complaint against him.

At that time, the base General had apparently discovered that OSI had been doing these investigations without knowledge of the base command and another investigation was launched about Mr. DeRito’s involvement in the investigation/s. In addition, there was additional information revealed that star football players were involved in sexual assault. In addition, it was discovered that about 50% of the recruits were involved in alcohol and / or drugs. Overall, the realization of the expanse of issues among cadets and athletes at USAFA, caused quite an uproar.

As a result of all of this happening, Mr. DeRito indicated he was placed on “late grad” status as punishment. He had to build a gazebo on the airfield in the summer of 2010. Then Mr. DeRito indicated the general decided to withhold Mr. DeRito’s degree (until further notice and the investigation was complete).

Mr. DeRito was then out of the Air Force due to an “Administrative Discharge”, although Mr. DeRito denied any wrongdoing with regard to fraternization, sexual involvement, or other behaviors unfitting of a cadet. He indicated that he was supposed to have a fighter pilot slot for the Marine Corps but he was unable to do so due to his military discharge. He was given a discharge code of “RE-4 – general discharge under honorable condition – cannot serve in the military”. Since that time, Mr. DeRito has been in an administrative appeal process (for the past seven years) with his legal representation.

Mr. DeRito began working in the oil industry with fracking and drilling. He returned to complete his degree at a university and received an undergrad degree in psychology at CU-Denver. He also graduated with a MS in business from CU-Denver in 2015. He continues to work in the oil industry. He now works for [REDACTED] as a Lead Superintendent and Regional Account Manager, starting the job two weeks ago after a 5-year career in the oil and gas industry.

Mr. DeRito continued to be interested in military service and he met with various recruiters (all branches of military) and indicated that the National Guard found that he was able to enter the Guard as an E-4 specialist, as part of the Special Forces group. He completed basic training again in October of 2015. He was reportedly the top of his class. In December, he was sent to Utah for training and discovered that there was an Apache helicopter unit in Utah. He reported that he was told to call the commander (Jones) at the Utah National Guard. They are in need for pilots and he was asked to submit his packet. At the time of his submission, (very recently) concerns with regard to his mental health status were unveiled (apparently with records that were not previously available to them). This, the only way that Mr. DeRito can pursue his desire of flying Apache helicopters, is by submitting to a psychological evaluation (with the hope of having no significant findings) as well as applying for his records to be cleared.

With regard to his current lifestyle, Mr. DeRito indicated he lives in Wiggins, CO. He is engaged to Ashleigh [REDACTED], whom he has known for five years. They met in January of 2011 when he began working in the oil and gas industry. She is an environmental health and safety specialist for [REDACTED]. He indicated that his relationship is reported to be "we are both extremely well working professionals. We never fight. We problem-solve everything. We are building a new house right now. We are both really smart and we both like doing completely different things". He indicated they are planning to marry, after they know what is going to occur with his military career.

**d) Medical History:**

Adam has no significant medical issues at the present time. His primary care physician is Dr. Scott Pace (Greeley Medical). When asked about his history of head injuries, seizures or loss of consciousness, he denied any such history.

**e) Legal History:**

Denied

**f) Substance Abuse or Exposure:**

He indicated he rarely uses alcohol, maybe 1-2 beers per month. He denied any history of a substance abuse disorder or misuse of alcohol or other drugs. He has never reportedly experimented with illicit substances.

**g) Mental Health History:**

With regard to outpatient mental health services, he indicated he has met with Major Todd to review his status and concerns related to his USAFA appeal process. He denied any additional counseling services in his lifetime.

With regard to psychiatric medications, he has never been prescribed such medications.

He denied ever feeling so badly that he no longer wanted to live. He denied a history of suicidal ideation, planning or intent. He denied a history of homicidal ideation, planning or intent.

**h) Family History:**

When asked about the family history of mental health issues, he indicated his father and paternal grandmother have a history of alcoholism.

**VI. MENTAL STATUS EXAMINATION:**

**a) Appearance:**

This 29-year-old male appeared to be average in stature for his age and developmental level. He walked without assistance with a normal, steady gait. His overall hygiene appeared to be good.

**b) Speech:**

The quality of the Adam's speech was appropriate from the outset. His word-quality was characterized by adequate inflection, tone, and volume. Speech continuity throughout the interview was marked by appropriate transitional production. The organization of speech responses was coherent and logical. Overall, Adam displayed a good command of the English language.

**c) Thought Content/Process/Perceptual Abnormalities:**

No looseness of association, circumstantially or tangentially, was noted by this examiner. During the intake, there was no reported history of distorted illusions; thought misperceptions; and auditory, visual, tactile, or olfactory hallucinations.

There was no reported history of delusions of persecution, paranoia, grandeur, self-reference, thought insertion, thought broadcasting, and thought control. Even in the circumstances of the USAFA investigation, he indicated that rather than feeling paranoid about other's intentions, he believes the actions are more likely to be career-preservation of higher ranking individuals rather than an attempt to plot against him.

He denies feelings related to detachment, depersonalization, or a sense of unreality. He does not exhibit severe phobias. There is no reported history of free-floating anxiety, obsessional ideation, or compulsive/ritualistic patterns of behavior.

**d) Sensorium and Orientation:**

Evaluation of his cognitive processes revealed him to be alert and oriented to person, place, and time for his age and developmental level. The client maintained adequate flexibility in moving from topic to topic. Overall, clarity of consciousness was unimpaired. The client appeared to be alert and attentive toward the information presented to him.

**VII. PSYCHOMETRIC TEST RESULTS:**

**Validity / Reliability:** All tests were administered according to standardized procedures. Results indicate valid and reliable outcomes indicative of this client's current level of functioning. In addition, this client put forth what appeared to be significant motivation and attention during the assessment process.

The **Minnesota Multiphasic Personality Inventory-RF (MMPI-RF)**. The questions asked on the MMPI are designed to evaluate the thoughts, emotions, attitudes, and behavioral traits that comprise personality. The results of the test reflect an individual's personality strengths and limitations, and may identify certain disturbances of personality (psychopathologies).

Validity: All scales assessing validity were examined, in light of the secondary gain for Mr. DeRito with regard to the outcome of this testing. His pattern of responses was consistent. There were no significant findings indicative of random responding or failure to pay attention during the examination process. There was some evidence of under reporting symptoms and therefore, the assessment results were interpreted with caution.

Clinically, Mr. DeRito endorsed mild beliefs related a sense of feeling persecuted. In light of his history and information provided to this examiner, it is more likely than not the patterns of thought are indicative of his history rather than a thought disorder. In addition, there were no clinical concerns related to aberrant experiences. There were no significant concerns related to demoralization, physical complaints indicative of poor psychological health, cynicism, antisocial behavior or hypomanic activation.

The subscale measures did not reveal concerns related to physical complaints, thoughts of suicide, helplessness, self-doubt, stress/worry, anxiety, anger proneness or fears.

His response pattern was indicative of a young man who tends to be more so interpersonally passive rather than acting out in an aggressive or outward manner.

Mr. DeRito was administered a personality assessment measure, the **Millon Clinical Multiaxial Inventory-3<sup>rd</sup> edition (MCMI-III)**. The MCMI-III is an empirically validated, relevant, and reliable assessment measure that allows for an assessment of Axis I and Axis II disorders as outlined in the DSM-IV. In addition, this measure identifies characteristics of pervasive personality indicators beneath an individual's overt presentation. Finally, the measure allows for understanding of the relationship between personality characteristics and clinical syndromes to facilitate treatment decisions.

Mr. DeRito's responses suggest an effort to present a socially acceptable appearance or a resistance to admitting personal shortcomings. This is not surprising, given his current circumstances. In addition, he may be inclined to view psychological problems as a sign of emotional or moral weakness. He described in the interview, his belief that problems do not need to permanently destroy or permeate a person's mood or functioning, as people can learn from challenges and move forward. His MCMI-III

scores were adjusted to compensate for his response pattern. Despite the pattern of responding, his results are believed to be interpretable and were adjusted to accommodate for his protective response pattern.

Mr. DeRito tends to exhibit a gregarious self-image. He is rather attention seeking in his interpersonal relationships although he is also able to maintain discipline in relationships. He tends to have a constricted cognitive style, manifesting high expectations for himself and others.

No severe personality pathology was present including schizotypal, borderline or paranoid thoughts or patterns of behavior. No clinical syndromes were evident including anxiety, somatoform disorder, bipolar symptomology, dysthymia, substance dependence or posttraumatic stress. No severe clinical syndromes were evident including thought disorders, major depressive disorder or delusional disorder.

#### **VIII. SUMMARY:**

Mr. DeRito submitted to this psychological evaluation with the understanding that the findings, whether favorable or not, would be included in this examiner's report. In addition, it should be noted, this examiner was aware of the secondary gain that Mr. DeRito could potentially attain as a result of the findings that would rate him as having no mental health impairment.

This examiner reviewed Mr. DeRito's background history and information, conducted an extensive interview, reviewed his current circumstances, medical records, mental status as well as the assessment findings. Although Mr. DeRito was moderately protective in his response pattern, which is more typical than not for these types of evaluations, the assessment measures could be interpreted with scale corrections. Overall, Mr. DeRito does not meet criteria for a mental health diagnosis at this time.

Mr. DeRito has successfully completed his bachelor's degree, master's degree and has pursued a career in the oil and gas industry, with significant career advancements in the last five years. In addition, he has been successful in his position with the Guard, allowing for advancement and submission to join the Apache helicopter training program. This type of behavior and functioning is not typical of individuals struggling with mental health concerns or with individuals who manifest deficits with thought-patterns, emotions or behavior.

Respectfully,



Beckie Grgich, Psy.D.  
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