

STATE OF MICHIGAN  
IN THE SUPREME COURT

Appeal from the Michigan Court of Appeals  
Stephen L. Borrello, P.J., Amy Ronayne Krause, Brock A. Swartzle, JJ.

PEOPLE OF THE STATE OF MICHIGAN,

Plaintiff-Appellee,

Supreme Court No. 160034

Court of Appeals No. 345268

Circuit Court No. 84-000570-FC

ROBIN RICK MANNING,

Defendant-Appellant.

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Saginaw County Prosecutor  
Attorney for Plaintiff  
111 S. Michigan Ave.  
Saginaw, Michigan 48602

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Brittany D. Parling P78870  
Attorney for Defendant  
Jones Day  
150 W. Jefferson Ave., Ste. 2100

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AMICUS CURIAE BRIEF IN SUPPORT  
OF ROBIN RICK MANNING

Prepared By: Amicus Curiae Corey L. Manning

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STATEMENT OF JURISDICTION

This Court has jurisdiction to accept and file this Brief pursuant to Michigan Court Rule 7.312(H).

STATEMENT OF QUESTIONS PRESENTED

- I. WHETHER THE RULE ENUNCIATED IN MILLER V. ALABAMA SHOULD BE EXTENDED TO APPLY TO PERSONS 18 YEARS OLD THAT SUFFERED FROM MENTAL HEALTH ISSUES AND WHERE THE COURTS WERE PROHIBITED FROM CONSIDERING SUCH DOCUMENTED EVIDENCE AS A MITIGATING FACTOR DURING THE SENTENCING PHASE?

Defendant-Appellant Answers, "Yes."

Trial Court answers, "No."

Appellate Court Answers, "No."

STATEMENT OF FACTS

Defendant-Appellant, Corey L. Manning, was convicted by a jury of two counts of first degree murder, MCL 750.316-A, MSA 28.548; assault with intent to do great bodily harm less than murder, MCL 750.84, MSA 28.279; first degree home invasion, MCL 750.110A-2, MSA 28.305; and felony firearm, MCL 750.227, MSA 28.424 before the Honorable Wendy M. Baxter in the Recorder's Court for the city of Detroit, now called the Third Judicial Circuit Court for the county of Wayne. On September 25, 1996 he was sentenced to two terms of life without the possibility of parole, 6 to 10 years, 10 to 20 years, and a mandatory 2 years, respectively.

The prosecutor's theory of the case was that on October 11, 1995 Defendant struck the complainant, Jameeka Davis. She told him that she did not want to see him anymore, but that Defendant was not going to take "no" for an answer. On October 12, 1995, at 4:30am Defendant entered a home on Sheridan street where Davis was staying. Before he entered the house, he recruited his "crew" to accompany him to the house. The three men went to the house, forced the door open, and began shooting. During the incident, Defendant was allegedly heard telling the others to shoot everyone in the house. The only thing that ended the incident was the fact that Defendant ran out of bullets. The prosecutor further stated that Defendant was the leader and that he wanted revenge because Davis wanted to live her life.

During this incident, Yvette Fulton was shot several times and killed. Witness Edward Burrell was shot in the lower left side of his abdomen.

Defendant is currently serving time on the remaining life sentences, having completed all other sentences.

Amici Corey L. Manning committed this crime when he was 18 years and 7 months old.

ISSUE I:

THE HOLDING IN MILLER V. ALABAMA SHOULD BE EXTENDED TO 18 YEAR OLDS THAT SUFFERED FROM MENTAL HEALTH ISSUES AND WHERE THE COURTS WERE PROHIBITED FROM CONSIDERING SUCH DOCUMENTED EVIDENCE AS A MITIGATING FACTOR DURING THE SENTENCING PHASE.

To prevent redundancy and the wasteful use of judicial resources, Mr. Corey L. Manning herein adopts the scientific deductions and legal determinations enunciated and espoused in Miller v. Alabama, Montgomery v. Louisiana, Graham v. Florida, and Roper v. Simmons, as well as the lead-in case here, People v. Robin Rick Manning.

Consequently, the courts and other interested parties (including Dr. Laurence Steinberg) have failed, thus far, to consider additional evidence with regard to neuropsychology. For instance, how does the use of alcohol and drugs impact the already slow developing brain of an adolescent? Or, how does the mental health history factor into the development of the juvenile brain? Or, whether an 18 year old who has mental health problems should benefit from the Miller holding? It is Mr. Corey L. Manning's belief that Miller should in fact apply retroactively and prospectively to those 18 year old juveniles and adolescents who suffered from drug and/or alcohol abuse at a young age, and to those who had been committed to mental health facilities and diagnosed as having mental and/or emotional issues.

Attached to this brief, Mr. Corey L. Manning submits a true copy of his Competency to Stand Trial report authored by Dr. Stephen A. Norris. Of key importance in this report is the following excerpt: (See Appendix A, "Competency Report").

"Information was received from the Lafayette Clinic. The records indicate that Corey was admitted on June 22, 1987, at the age of 10. His mother admitted him as a result of frequent physical aggression with peers and his sister, stealing from his mother and stores, frequent lying, fire-setting, and problems in school including being destructive, talking back to teachers, not following rules, and using a knife in a fight. It was reported that during an initial interview he denied such things as stealing and fire-setting. He reportedly admitted that there was a problem, but he was unable to state what the problem was. The Lafayette Clinic notes reported that Corey was seen at the Butzel Center at age seven for similar problems. It was reported that at that time he was tried on Ritalin, but his mother said that it made him more hyperactive and she discontinued the medication and withdrew him from therapy. The Lafayette Clinic notes reported that Corey's mother and

the many male figures with whom she had been involved with, had violent episodes which were frequently witnessed by Corey. It was reported that there was one episode in which the mother ordered her boyfriend out of the house at gunpoint, after which they had a physical fight. It was reported that Corey Manning came from a chaotic family with physical abuse, alcoholism, and inconsistent limit-setting. It was reported that he observed much modeling for violent behavior and came from an environment in which most males came to a 'bad end'. It was reported that physical and neurological exam results were within normal limits. On the Wechsler Adult Intelligence Scale for Children - Revised, he produced a Full Scale IQ of 101, a Verbal IQ score of 105, and a Performance IQ score of 96. It was reported that he had a keen ability to understand societally approved conventions/standards. It was also reported that he had a very superior ability to attend, plan ahead, and concentrate. Corey was discharged from Lafayette Clinic on November 27, 1987, when his mother signed him out against medical advise (sic). It was reported that at the Lafayette Clinic, Corey had severe difficulties with aggressive behavior since the time of his admission. It was reported that he was provocative towards peers and took great pride in bullying other children on the unit. It was reported that as he began to establish relationships with treatment team members, his aggressive behavior decreased. He was started on Mellaril to help control explosive outbursts. At the time of his discharge, the plan was to have titrated the Mellaril. A new behavior modification program had been designed for him. His final diagnosis was Conduct Disorder, Solitary Aggressive Type. (Page 5, Competency to Stand Trial Report)

"Conduct Disorder" is a psychological disorder diagnosed in childhood or adolescence that presents itself through a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate norms are violated. Conduct Disorder is classified in the DSM, Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision). Beyond difficulties in executive function, youth with conduct disorder may also demonstrate differences in brain anatomy and function. Compared to normal controls, youths with early and adolescent onset of conduct disorder displayed reduced responses in brain regions associated with antisocial behavior (i.e., amygdala, ventromedialprefrontal cortex, insula, and orbitofront cortex). (Passamonti, L. Fairchild, G., Goodyer, I., Hurford, G., Hagan, C., Rowe, J., & Calder, A. (2010). Neural abnormalities in early-onset and adolescent-onset conduct disorder. Archives of General Psychiatry, 67(7), 729-738). In addition,

youths with conduct disorder also demonstrate less responsiveness in the orbitofrontal regions of the brain during a stimulus-reinforced and reward task. (Finger, E., Marsh, A., Blair, K., Reid, M., Sims, C., Ng, P., Pine, D., & Blair, R. (2011). Disrupted reinforcement signaling in the orbitofrontal cortex and caudate in youths with conduct disorder or oppositional defiant disorder and a high level of psychopathic traits. *American Journal of Psychiatry*, 168(2), 152-162). This provides a neural explanation for why youths with conduct disorder may be more likely to repeat poor decision making patterns. Lastly, youths with conduct disorder display a reduction in grey matter volume in the amygdala, which may account for the fear conditioning deficits. (Raine, A. (2011). An amygdala structural abnormality common on two subtypes of conduct disorder: A neurodevelopment conundrum. *American Journal of Psychiatry*, 168(2), 569-571). This reduction has been linked to difficulty processing social emotional stimuli, regardless of the age of the onset. (Fairchild, G., Passamonti, L., Hurford, G., Hagan, C., von dem Hagen, E., van Goozen, S., Goodyer, I., & Calder, A. (2011). Brain structure abnormalities in early onset and adolescent onset conduct disorder. *Journal of Psychiatry*, 168(6), 624-633). Aside from the differences in neuroanatomy and activation patterns between youth with conduct disorder and controls, neurochemical profiles also vary between groups. Individuals with conduct disorder are characterized as having reduced serotonin and cortisol levels (e.g., reduced hypothalamic-pituitary-adrenal (HPA) axis), as well as reduced automatic nervous system (ANS) functioning. These reductions are associated with the inability to regulate mood and impulsive behaviors, weakened signals of anxiety and fear, and decreased self-esteem. (Cappadocia, M.C.; Desrocher, M.; Pepler, D.; Schroeder, JH. (August 2009). "Contextualizing the neurobiology of conduct disorder in an emotion dysregulation framework." *Clin Psychol Rev* 29(6): 506-18).

Contemporary neurological science confirms the cognitive differences between a child and an adult. An examination of the human brain demonstrates the undeveloped frontal lobe in adolescence compared to adults. This is the area of the brain that is

associated with impulse control, planning, risk evaluation, and comprehending consequences. Scientific research confirms that the part of the brain which allows for mature decision making is not yet fully developed in teenagers. (See Laurence Steinberg, "A Social Neuroscience Perspective on Adolescent Risk-Taking," Developmental Review (2008)).

The following is an excerpt from Miller v. Alabama:

"To start with the first set of cases: Roper and Graham establish that children are constitutionally different from adults for purposes of sentencing. Because juveniles have diminished culpability and greater prospects for reform, we explained, they are less deserving of the most severe punishments. (Internal quotations omitted). Those cases relied on three significant gaps between juveniles and adults. First, children have a lack of maturity and an underdeveloped sense of responsibility, leading to recklessness, impulsivity, and heedless risk-taking. Second, children are more vulnerable...to negative influences and outside pressures, including from their family and peers; they have limited control over their own environment and lack the ability to extricate themselves from horrific, crime-producing settings. And third, child's character is not as well formed as an adult's; his traits are less fixed and his actions less likely to be evidence of irretrievable depravity."

Comparatively speaking, the three viewpoints of the Court are represented in the Competency report submitted by Mr. Corey L. Manning. For instance, the Court cited lack of maturity, and an underdeveloped sense of responsibility leading to recklessness, impulsivity and heedless risk taking. The Competency report states, "His mother admitted him as a result of frequent physical aggression with peers and his sister, stealing from his mother and stores, frequent lying, fire-setting, and problems in school including being destructive, talking back to teachers, not following rules, and using a knife in a fight."

The Court stated that children are more vulnerable to negative influences and outside pressure, including from their family and peers, they have limited control over their environment and lack the ability to extricate themselves from horrific crime producing settings. The Competency report states, "It was reported that Corey came from a chaotic family with physical abuse, alcoholism, and inconsistent limit

setting. It was reported that he observed much modeling for violent behavior and came from an environment in which most males came to a bad end."

Lastly, the Court stated that a child's character is not as well formed as an adult's and that his traits are less fixed and his actions less likely to be evidence of irretrievable depravity. The Competency report states that "It was reported that as he began to establish relationships with treatment team members, his aggressive behavior decreased." As this progress was being made, Mr. Corey L. Manning's mother signed him out of the Clinic against medical advice, before he could really benefit from the treatment. It should be noted that, according to the American Academy of Child and Adolescent Psychiatry, "more often than not, ongoing, adequate medical, emotional, educational and social supports are required for many years if teenagers with severely disturbed behavior are to go on to live meaningful lives and become productive members of society."

Additionally, the Competency report states on page 6, "Corey was classified at Boyssville as emotionally impaired." "Emotional Impairment" is a term which is used to cover many mental and emotional health issues. The Individuals with Disabilities Education Act (IDEA) uses the term "emotional disturbance" and defines it as "...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: A) An inability to learn that cannot be explained by intellectual, sensory, or health factors; B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; C) Inappropriate types of behavior or feelings under normal circumstances; D) A general pervasive mood of unhappiness or depression; and E) A tendency to develop physical symptoms or fears associated with personal or school problems. (Michigan Alliance for Families, <http://www.michigsnallianceforfamilies.org>).

There are factors that remain to be addressed with regard to the socio-environmental aspects of a youthful offender. While Dr. Steinberg has indeed laid out

the ground work from which the United States Supreme Court has proceeded, his studies are ever growing, as we have recently witnessed in the case of Cruz v. U.S., 2018 U.S. DIST. LEXIS 52924. Additionally, "More and more, child and adolescent psychiatrists and other professionals are recognizing the role played by prior physical, sexual, and emotional abuse in the genesis of certain kinds of aggressive and inappropriate sexual behaviors. Research shows that youngsters with conduct disorder are likely to have ongoing problems if they and their families do not receive early and comprehensive treatment. Without treatment, many youngsters with conduct disorder are unable to adapt to the demands of adulthood and continue to have problems with relationships and holding a job. They often break laws or behave in an antisocial manner. Treatment is rarely brief since establishing new attitudes and behavior patterns takes time. However, early treatment offers a child a better chance for considerable improvement and hope for a more successful future." (American Academy of Child & Adolescent Psychiatry).

The evidence points to an early onset mental defect that Mr. Corey L. Manning experienced as a child. This mental disorder directly effected the growth and development of Mr. Corey L. Manning's brain as stated above. The fact that Mr. Corey L. Manning was twice removed from treatment and medical interventions by his mother (guardian) only created a greater chasm to cross if he was to return to any kind of normalcy.

Environmental factors also played a significant role in the progression of Mr. Corey L. Manning's disorder. For example, at an early age Mr. Corey L. Manning was subjected to both physical and sexual abuses. When Mr. Corey L. Manning was 14 years old and a ward of the state, during a family treatment session, it was discovered that Mr. Corey L. Manning was sexually abused by an older cousin when he was a child. (See Attached Appendix B1 & B2, Updated Service Plans from Boysville of Michigan Inc. dated 10/09/91 and 2/10/91) (10-09-91 and 12-06-91).

According to the first of two reports, "Corey's disrespect and anger seems to

stem from two areas, his feelings towards his mother's rigid adaptability and his own sexual victimization from his cousin." This further speaks to the socio-environmental issues that Mr. Corey L. Manning faced as a youth that significantly impacted his growth and is undoubtedly the nexus between the onset of the conduct disorder.

As stated above, a "Conduct Disorder" is a psychological disorder. The DSM defines "psychological disorder" thusly: "A psychological disorder, also known as a mental disorder, is a pattern of behavioral or psychological symptoms that impact multiple life areas and/or create distress for the person experiencing the symptoms." Likewise, the DSM classifies "mental disorder" as follows: "Any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning, caused by genetic, physical, chemical, biological, psychological, or social and cultural factors. Also called emotional illness, mental illness, psychiatric disorder."

The question now turns to how does this psychological anomaly factor into the above discussion regarding whether or not the holdings in *Miller v. Alabama* should be extended to those 18 year olds who suffered from some form of mental disorder/illness.

As stated in *Cruz v. U.S.*, supra, "The Court in *Roper*, *Graham*, and *Miller* thus looked to the available scientific and sociological research at the time of the decisions to identify differences between juveniles under the age of 18 and fully mature adults --- differences that undermine the penological justifications for the sentences in question." *Cruz*, supra at \*59, citing *Roper*, 543 U.S. at 569-72; *Graham*, 560 U.S. at 68-75; *Miller*, 567 U.S. at 471 ( Our decisions rested not only on common sense --- or what any parent knows --- but on science and social science as well.)(internal quotations removed).

The Supreme Court in these cases identified "three general differences between juveniles under 18 and adults." In his testimony, Dr. Steinberg divided adolescence into three categories, defining early adolescence as occurring between ages 10-13, middle adolescence between ages 14-17, and late adolescence between 18-21. He defined

two different decision-making processes: cold cognition, which occurs when an individual is calm and emotionally neutral, and hot cognition, which occurs when an individual is emotionally aroused, such as in anger or excitement, and explained that while cold cognitive abilities are mature around the age of 16, the emotional regulation required for hot cognitive abilities are not fully mature until early- or mid-20's.

As alluded to above, Mr. Corey L. Manning suffered from a mental disorder that impacted the development of the grey matter of his brain thereby affecting his ability to regulate mood and impulsive behaviors. This mental defect undoubtedly presented itself throughout his younger years, and consequently progressed in the negative where he was repeatedly removed from treatment programs that were effective. Not receiving the relevant and necessary treatment (or having it suddenly disrupted) allowed the psychological disorder to worsen, and by the age of 18 years old he was diagnosed as an antisocial personality disorder, which stems from and is rooted in conduct disorder of younger adolescents.

Dr. Steinberg also testified that late adolescents "still show problems with impulse control and self-regulation and heightened sensation-seeking, which could make them in those respects more similar to somewhat younger people than to older people. He stated that impulse control is still developing during late adolescent years, and are more likely to take risks than adults or middle or early adolescents. According to Dr. Steinberg, risk-seeking behavior peaks around ages 17 to 19 and declines into early adulthood. The scientific evidence, thus, shows the similar characteristics of immaturity and impulsivity of 18-year olds and juveniles under age 18.

In considering the testimony of Dr. Steinberg and all of its scientific revelations, one cannot help but look at how such evidence, coupled with the existence of a mental defect/disorder, reveals an even greater truth: that teenagers diagnosed with mental disorders are even more less culpable than the average adolescent by virtue of the defect and its direct correlation to brain development and behavioral

and emotional issues. To overlook this reality would be a travesty of justice, especially in the face of the scientific data that supports such.

In 1982, the United States Supreme Court decided *Eddings v. Oklahoma* and held:

"Youth is more than a chronological fact. It is a time and condition of life when a person may be most susceptible to influence and to psychological damage. Our history is replete with laws and judicial recognition that minors, especially in their earlier years, generally are less mature and responsible than adults."

455 U.S. 104, *Id.* at 115-116 (emphasis added), 102 S.Ct. 369, 71 L.Ed.2d 1 (1982). The *Eddings* Court went on to explain that consideration of an adolescent defendant's background, as well as the defendant's mental and emotional development, did not serve to excuse the defendant's legal responsibility for the crime committed. Rather, such considerations are important because "just as the chronological age of a minor is itself a relevant mitigating factor of great weight, so must the background and mental and emotional development of a youthful defendant be duly considered in sentencing [for the crime of murder]." *Id.* at 116 (emphasis added). Accordingly, there is United States Supreme Court precedence that permits, even encourages courts to look to the mental and emotional health as well as the background of a youthful offender when considering sentencing for the crime of murder. Nevertheless, in Michigan, MCL 750.316 prohibits the sentencing court from considering any mitigating factors that would allow the sentencing court to consider these factors and tailor a sentence that took into account these factors and the overall nature of the crime itself.

In 1993, the United States Supreme Court revisited the issue of Youth as a mitigating factor in *Johnson v. Texas*, 509 U.S. 330, 113 S.Ct. 2658, 125 L.Ed.2d 290 (1993). The *Johnson* Court made clear that "[t]here is no dispute that a defendant's youth is a relevant mitigating circumstance that must be within the effective reach of a capital sentencing jury if a death sentence is to meet the requirements of *Lockett* and *Eddings*." *Id.* at 367 (citing *Sumner v. Shuman*, 483 U.S. 66, 81-82, 107 S.Ct. 2715, 97 L.Ed.2d 56 (1987); *Eddings*, 455 U.S. at 115; *Lockett v. Ohio*, 438 U.S. 586, 608, 90 S.Ct. 2954, 57 L.Ed.2d 973 (1978)(plurality opinion)); see *Lockett*, 438 U.S. at 604

("We conclude that the Eighth and Fourteenth Amendments require that the sentencer...not be precluded from considering as a mitigating factor, any aspect of a defendant's character or record and any of the circumstances of the offense that the defendant proffers as a basis for a sentence less than death.").

The Johnson Court held:

A lack of maturity and an underdeveloped sense of responsibility are found in youth more often than in adults and are more understandable among the young. These qualities often result in impetuous and ill-considered actions and decisions. A sentencer in a capital case must be allowed to consider the mitigating qualities of youth in the course of its deliberations over the appropriate sentence.

The Johnson Court stressed the importance of presenting the qualities of youth as mitigating evidence:

Even on a cold record, one cannot be unmoved by the testimony of petitioner's father urging that his son's actions were due in large part to his youth. It strains credulity to suppose that the jury would have viewed the evidence of petitioner's youth as outside of its effective reach in answering the second special issue. The relevance of youth as a mitigating factor derives from the fact that the signature qualities of youth are transient; as individuals mature, the impetuosity and recklessness that may dominate in younger years can subside.

Johnson, 509 U.S. at 367. In raising this point Mr. Corey L. Manning directs the Court's attention to the fact that as these "normal" teenagers, with all of their characteristics of youth, may one day develop the capabilities to function intelligently in society, whereas an adolescent suffering from an untreated conduct disorder will face insurmountable obstacles in this very same arena. They will have reduced mental and emotional intelligence and lack the wherewithal to reason, rationalize, and comprehend consequences in the same manner as their contemporaries.

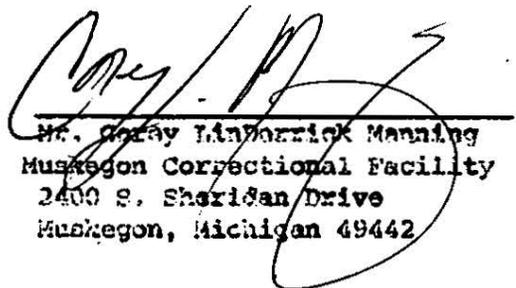
Accordingly, it is because of these facts and factors that Mr. Corey L. Manning advances the position that Miller v. Alabama, and its progeny should be extended to those youthful offenders who were 18 years of age when they committed their crimes, and specifically extended to apply prospectively and retrospectively to those 18 year olds who as children suffered from some form of mental defect/disorder

that ultimately and significantly affected their mental and emotional maturation process.

CONCLUSION

WHEREFORE, for the foregoing reasons, Amici Curiae, Corey Linderick Manning believes that this Honorable Court should adopt the reasoning of the Cruz Court and extend Miller to 18 year olds in Michigan.

Respectfully Submitted,



Mr. Corey Linderick Manning  
Muskegon Correctional Facility  
2400 S. Sheridan Drive  
Muskegon, Michigan 49442

APPENDIX A  
Competency Report

STATE OF MICHIGAN



JOHN ENGLER, Governor

DEPARTMENT OF COMMUNITY HEALTH  
JAMES K. HAVEMAN, JR., Director

## CENTER FOR FORENSIC PSYCHIATRY

WILLIAM H. MEYER, Director  
P.O. BOX 2060 • ANN ARBOR, MICHIGAN 48106  
TELEPHONE: TDD and Administrative Staff - (313) 429-2531  
Clinical Staff - (313) 429-0862

June 19, 1996

The Honorable Wendy M. Baxter  
Recorder's Court  
1441 St. Antoine  
Detroit MI 48226

RE: MANNING, Corey  
CFP #: 901706  
Docket #: 95-012837-01  
Subject: Competency To Stand Trial

Dear Judge Baxter:

This is the second referral to the Center for Forensic Psychiatry for this 19-year-old, never married, black male who was born on March 16, 1977, in Detroit, Michigan. Charged with two counts of First Degree Murder, Assault with Intent to Murder, Felony Firearm, and Home Invasion under Docket Number 95-012837-01 in the Recorder's Court, the defendant was referred to the Center on an Order for Diagnostic Commitment dated April 18, 1996, by the Honorable Wendy M. Baxter, for Evaluation of Competency to Stand Trial, Criminal Responsibility, Diminished Capacity, and Competency to Waive Miranda Rights.

Prior to the interview and pursuant to MCL 330.1750, the defendant was informed of the purpose of the evaluation, of the fact that a report would be issued according to legal requirements, and that the examiner might be subpoenaed to testify about the report or anything else related to the examination. The defendant conveyed an understanding of the limits on confidentiality which pertain to this court-ordered examination and participated in the interview.

The examination for competency to stand trial in conjunction with the examinations for criminal responsibility and diminished capacity and competency to waive Miranda rights, was conducted at the Center for Forensic Psychiatry on May 22, 1996. The examination consisted of a clinical interview which lasted approximately four hours and 42 minutes.



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At the time of the examination, Mr. Manning was in the custody of the Wayne County Jail. Mr. Manning reported that at the time of the evaluation he was being prescribed the following medications: Depakote (an anti-epileptic medication that is also used for mood instability and impulsiveness), Thorazine (an antipsychotic), Zantac (an ulcer medicine), Midrin (a medicine for diarrhea), Buspar (an anti-anxiety agent), Serzone (an antidepressant), and Desyrel (an antidepressant). The defendant reported that he began these medications after coming to the jail. He reported that he was taking them as prescribed and he reported that they were helpful and he denied side effects. A phone call to the jail after the examination indicated that at the time of the defendant's Forensic Center evaluation he was being prescribed Depakote and Thorazine.

Mr. Manning appeared to look about his given age. His hygiene and grooming appeared excellent. Mr. Manning claimed that the deputies in the jail, on more than one occasion, have beaten him up or physically abused him. The defendant said that a nurse witnessed this once, but told or indicated to him that there was nothing she could do about it. The defendant said that most of the inmates are susceptible to similar treatment, but the officers are inclined to treat him more harshly because of the nature of his case and because of past problems he had with them before his current incarceration. The defendant reported that he is in a single cell in "level one," which he said is a maximum security, high risk section. The defendant said that his mother has been visiting him in the jail.

Mr. Manning was cooperative with the clinical interview. He was not cooperative with psychological testing. Mr. Manning was alert and oriented to time, place, and person. There was no evidence of any clouding of consciousness. He displayed no difficulties in attention, concentration, or general memory ability. There was no evidence of a present thought disorder. His speech was coherent and it was goal-directed and it was free of such signs of an underlying formal thought disorder as loosening of associations (scattered speech) or neologisms (made up words). With respect to hearing voices, the defendant endorsed that, but his claims were not consistent with the clinical phenomenology of hallucinations. Mr. Manning did not make any spontaneous report suggestive of hallucinations. Near the end of the interview, the defendant was asked whether he had ever experienced any unusual experiences. He said that he did not know what the examiner meant. He was then asked if he had ever heard things that were not there or that no one else could hear, and he claimed that he hears such everyday. The defendant said that his grandmother died when he was five and he claimed that since then he has been subject to hearing her voice. He said that she would ask him if he has been a good boy and why did he do certain things, and she would encourage him to think about his future. The defendant said that after he came to the jail, instead of hearing his

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grandmother's voice. he would hear unknown voices talking about his situation or his case. A contradiction, however, was that a few minutes later, he described the voices not as being unknown, but as the voices of various persons known to him who are deceased. He was asked why he thought he heard these voices in the jail and he said he did not know. He was asked whether he thought the voices were real or a product of his mind and he endorsed both answers. He was vague about when he heard the voices. He denied hearing voices at the time of the current interview. There was no behavioral evidence that he was distracted by internal stimuli during the interview. Mr. Manning said that he told the jail doctor about the voices, but he denied ever telling a doctor about voices before his current incarceration. The defendant was asked whether the voices had ever instructed him to do or not do anything. The defendant said that the voice of his deceased friend, Kuwan, tells him that it would be better if he would kill himself. The defendant indicated, however, that he regards that as bad advice because it is his understanding that if one were to kill oneself, one could not go to heaven. The defendant denied visual hallucinations. He denied paranoid or grandiose ideas or delusions. Mr. Manning said that his ex-girlfriend, one of the victims, has a father who is a black Muslim group head in prison. The defendant said that he has been informed that persons in prison are waiting to kill him there. The defendant denied unusual beliefs, such as that his thoughts could be broadcast out loud, his mind could be controlled externally, or that he receives special messages from the radio or television set.

There was no evidence of a present mood disorder. When the defendant was asked about his current mood, he said, "Depressed." He was asked how the depression affected him. "Makes me furious." He was asked if he displayed his furiousness and he said that he shakes the bars in his cell. The defendant denied ever experiencing depression in the past before his current incarceration. His affect was consistent with the content of his speech. In terms of suicide thoughts, the defendant said that he has had suicide thoughts everyday since coming to the jail. He was asked about acting on these thoughts. He said that a few times he tried to hang himself in the jail, and once he tried to overdose on pills. He was asked why he did this. Mr. Manning said that he does not like his current situation in which he is in the level one area where he is locked down 23 out of 24 hours a day and not allowed to use the phone and not allowed to go to the recreation area. He denied ever attempting suicide before his current incarceration. He was asked about current plans to kill himself and he said that he would hang himself "if I get found guilty of this stupid case." The defendant was asked if he ever had experienced homicide thoughts. "No. Only (toward) the prosecutor." The defendant demonstrated an ability to laugh. He did not say anything indicative of excessive or inappropriate guilt. He did not display psychomotor retardation or acceleration or emotional lability.

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During the current evaluation, a formal mental status examination was conducted. His fund of general information was average. His vocabulary level was spotty, however, there was no difficulty in communication during the interview. The defendant was able to successfully recall three unrelated items in order after a period of three minutes of intervening tasks. Mr. Manning was asked several questions concerning hypothetical situations that involve the application of social judgment. His answers indicated a profound disregard for social mores. As a measure of abstract reasoning, the defendant was asked how various pairs of items were alike or similar. His performance was within normal limits. He was also asked to interpret some common proverbs or expressions. His response to the first item was literal, but he may have been facetious. His responses to the other two proverbs were abstractly stated. On a formal measure of attention, his performance was low average, as it was on a formal measure of concentration. The defendant reported that he discontinued his schooling after leaving Boysville in the ninth grade. He reported that algebra and geometry were his favorite subjects and that he received Bs and Cs. He said that he was in special education for comprehension skills and problems with getting into fights. He denied ever repeating any grades. In terms of work experience, the defendant said that a brother of his has an engine hoist and a number of tools that he has let the defendant use to do auto tune-ups for persons. Mr. Manning said that his mother's boyfriend has a construction company and sometimes he has hired the defendant to do plastering work for him or house painting. The defendant said that he also does landscaping, using his brother's equipment and a friend's trailer and connections. Based on the brief formal mental status examination, as well as the defendant's conversational style and his self-reported educational and occupational history, his general intellectual functioning seemed to be about low average.

In terms of mental health history, the defendant reported that as a child he saw an outpatient psychiatrist at the Butzel Health Center in Detroit. He said he did not know or did not remember what that was about. Mr. Manning said that the court sent him to the Wayne County Youth Home for breaking into houses and vandalizing cars, and the Wayne County Youth Home later sent him to the Children's Center in Detroit. He also reported that as a child or youth he had outpatient mental health contact at the Total Health Center in Detroit. Mr. Manning reported that at the age of ten he spent several months as an inpatient at the Lafayette Clinic. He reported that he did not know why. He said that at Lafayette Clinic he received Ritalin and Mellaril for hyperactivity. He said that he was always into something and sometimes he could not calm down and sometimes he would begin to hyperventilate. He said he did not think that the medication was helpful. Mr. Manning denied ever receiving any other psychiatric medication before beginning his current incarceration. He denied ever having had any psychiatric

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hospitalizations other than his Lafayette Clinic experience. Releases of information were obtained.

Information was received from the Lafayette Clinic. The records indicate that Corey was admitted on June 22, 1987, at the age of ten. His mother admitted him as a result of frequent physical aggression with peers and his sister, stealing from his mother and stores, frequent lying, fire-setting, and problems in school including being destructive, talking back to teachers, not following rules, and using a knife in a fight. It was reported that during an initial interview he denied such things as stealing and fire-setting. He reportedly admitted that there was a problem, but he was unable to state what the problem was. The Lafayette Clinic notes reported that Corey was seen at the Butzel Center at age seven for similar problems. It was reported that at that time he was tried on Ritalin, but his mother said that it made him more hyperactive and she discontinued the medication and withdrew him from therapy. The Lafayette Clinic notes reported that Corey's mother and the many male figures with whom she had been involved with, had violent episodes which were frequently witnessed by Corey. It was reported that there was one episode in which the mother ordered her boyfriend out of the house at gunpoint, after which they had a physical fight. It was reported that Corey Manning came from a chaotic family with physical abuse, alcoholism, and inconsistent limit-setting. It was reported that he observed much modeling for violent behavior and came from an environment in which most males came to a "bad end." It was reported that physical and neurological exam results were within normal limits. On the Wechsler Adult Intelligence Scale for Children - Revised, he produced a Full Scale IQ of 101, a Verbal IQ score of 105, and a Performance IQ score of 96. It was reported that he had a keen ability to understand societally approved conventions/standards. It was also reported that he had a very superior ability to attend, plan ahead, and concentrate. Corey was discharged from Lafayette Clinic on November 27, 1987, when his mother signed him out against medical advise. It was reported that at the Lafayette Clinic, Corey had severe difficulties with aggressive behavior since the time of his admission. It was reported that he was provocative toward peers and took great pride in bullying other children on the unit. It was reported that as he began to establish relationships with treatment team members, his aggressive behavior decreased. He was started on Mellaril to help control explosive outbursts. At the time of his discharge, the plan was to have titrated the Mellaril. A new behavior modification program had been designed for him. His final diagnosis was Conduct Disorder, Solitary Aggressive Type.

Information was received from Boysville of Monroe, Michigan. The court placed the defendant in Boysville on November 1, 1990, as a result of a violation of probation by virtue of malicious destruction of property. Before Corey's placement at Boysville in

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August, 1990, psychological evaluation was performed on him at the Detroit Clinic for Child Study, at the request of the Probate Court. It was reported that he obtained a full scale IQ in the average range and his verbal and nonverbal scores were consistent. It was reported that his understanding of social convention was adequate. He was 13 years old at the time and it was reported that his reading vocabulary score was at a 4.7 grade level and his arithmetic test results placed him at least at the high school level. The evaluator described Corey as someone being generally irritable, angry and resentful. "It is difficult for him to surrender a grudge." He also wrote about Corey that, "He may be preoccupied with sexual thoughts and overly concerned about his sexual adequacy....He does not trust others and is overly sensitive to criticism." Placement in a group residential facility was recommended. Previous offenses of his reportedly included such things as unlawfully driving away of an automobile, school truancy and incorrigibility. It was reported that on March 17, 1992, Mr. Manning was released from Boysville. For aftercare follow up, he was placed at Diversified Living. Boysville reported that Corey then ran away from Diversified Living after engaging in a fight in which another person was severely hurt. The June 18, 1992, Boysville report listed Corey Manning's whereabouts as unknown. The initial assessment at Boysville reported that:

Prior to 1989 to 1990, Corey had severe behavioral problems in his family such as losing his temper, a nasty attitude, destruction to property, and fighting with siblings. Corey had little friends. (sic) It seems he made them angry at him and they'd beat him up. In March, 1989, Corey was placed in Jacoby for emotionally impaired children. It appears that his grades and behavior improved with this placement. In 1990, Corey's behavior worsened. He was fighting with siblings, violating curfew, truanting from home, physically aggressive to family members and a neighbor, and his behavior in school became disruptive such as being physically aggressive to other students.

Corey was classified at Boysville as emotionally impaired. An April 13, 1992, release report reported that at that time, he was in the second semester of the eighth grade and his reading level was that of an 11th grader. It was reported that his mathematic skills were at the 10th grade level. It was reported, however, that his attitude toward academic process had been inconsistent. "Corey can be positive, but often allows his anger to interfere with the academic process. Cooperation with the educational staff depends on his mood..." The Boysville records included numerous incident reports of instances in which Corey allegedly behaved towards others in a threatening or intimidating manner. Invariably, the incidents were dealt with by Corey being restrained by peers or staff. A typical listed resolution of an incident was that "Corey was restrained until he accepted

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the responsibility for his actions and pledged appropriated behavior." The Boysville records listed the defendant as being eligible for special education services by virtue of being "emotionally impaired," but no other diagnosis was given. There was no indication that he received psychiatric medication at Boysville. In none of the Boysville records available to this examiner was there any indication that the defendant had ever been observed to be exhibiting incoherent speech, delusions, apparent hallucinations or any frankly psychotic symptoms.

The defendant's first Forensic Center referral was to the Recorder's Court Psychiatric Clinic where he was seen on January 25, 1996. The Recorder's Court reports were authored by Sandra K. Paige, Ph.D. It was reported that at the time of the evaluation, Mr. Manning was alert and oriented and his affect was appropriate. It was reported that there was no evidence to suggest the presence of hallucinations or delusions at the time of the evaluation. It was reported that at the time of the evaluation he was being treated with psychiatric medications in the Wayne County Jail, following two suicide gestures. He was recommended as competent to stand trial and criminally responsible and as not having suffered diminished capacity.

Information was received and reviewed from the Wayne County Jail Health Services and Mental Health Department. A psychiatric evaluation was conducted on October 19, 1995, five days after the defendant's booking date. Mr. Manning described himself as "bothered by my situation," and he reported poor appetite and sleep and that it was hard for him to believe that his girlfriend was dead. The psychiatrist observed that Mr. Manning was alert and that he displayed good grooming and hygiene. He was described as generally cooperative, but evasive about some issues. It was reported that he was coherent and logical and there was no formal thought disorder. His affect was described as appropriate to his thought content and his mood was described as dysphoric. It was reported that there were no signs or symptoms of psychosis. He was described as oriented to person, place, time, and situation. It was reported that he acknowledged suicidal ideation, but that he denied intent. The diagnostic impressions included Conduct Disorder, a reported history of Attention Deficit Hyperactivity Disorder, Marijuana Dependence, and Personality Disorder problems. The psychiatrist predicted that the defendant might, in the future, attempt to malingering a dissociative or psychotic disorder.

During the defendant's initial psychiatric evaluation in the jail, he did not make any claim of hallucinations and there was no reported evidence of hallucinations. On October 22, 1995, however, the defendant reportedly claimed to a recreation therapist that he heard voices of his girlfriend and grandmother. He denied that there were command hallucinations and he denied that the hallucinations had to do with harming himself or

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others. On December 18, 1995, the defendant told a jail nurse in regard to hallucinations that he heard "stupid stuff." When the nurse asked him whether the hallucinations were giving him commands, he claimed that they were. He would not elaborate anymore to the nurse about the supposed hallucinations.

An October 28, 1995, Jail Mental Health Department Treatment Plan listed problems to address in terms of impulsiveness and substance abuse. A May 29, 1996 Treatment Review said of the defendant: "Remains mildly depressed to euthymic with thought content replete with themes of entitlement and victimization which justify assaultive/aggressive behavior. Will continue present treatment plan." It was reported that the diagnostic impressions had not been changed.

In terms of substance history, the defendant reported that at the age of 13 he was typically drinking two 40-ounce beers a day. He said that when he was released from Boysville, however, he decided to cut back his drinking. He said that since then he has limited his drinking to special holidays or family gatherings or events. Mr. Manning said that on such occasions he would not drink enough to become drunk. The defendant said that he began smoking marijuana at the age of eight. He said that his typical marijuana consumption has been three to five "blunts" a day. A blunt is a marijuana filled cigar. He said that the effect of the marijuana would be to "keep me mellow." The defendant reported that on the night in question he had mescaline. He said that was the first time he had used that drug. The defendant denied ever using or experimenting with other illicit substances. He denied ever using needles. He reported that he sold drugs.

During the current evaluation, psychological testing was attempted in the form of the Minnesota Multiphasic Personality Inventory - 2 (MMPI-2). On May 22, 1996, the defendant grudgingly completed part of the test. He was scheduled to return on June 7, 1996, to complete the testing, but deputies from the jail reported that the defendant refused to return and he said that he would not complete the test.

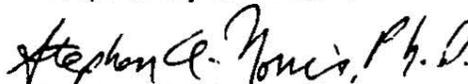
Concerning the issue of Mr. Manning's competency to stand trial, there were no findings during the present examination which suggested that the defendant was incompetent to stand trial. He was aware of what he was charged with and the name of the charges. He knew the maximum potential consequences of being convicted of the murder, assault and firearms charges, and he was able to give a close estimation of the maximum consequences of the home invasion charge. He understood the roles of various court personnel and he understood the results of findings of guilty and not guilty. Mr. Manning was aware of his right to have witnesses cross examined and the right not to be compelled to testify against himself. Mr. Manning knew who his attorney was and he

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reported that he was getting along with him, and he indicated examples of various initiatives by his attorney on his behalf. The defendant was asked what he should do if he were to hear a witness lie about him in court. "Tell him to stop lying. Raise your hand or something." He was told that he should inform his attorney by whispering to him or writing him a note and, when the defendant was asked about that later, he responded correctly. The defendant demonstrated an ability to understand the concept of plea bargaining. He proved capable of coherently communicating an account of the period of the alleged incident. He was asked how he was affected by substances at the time. He then claimed that most of what he had just related about the period in question were things that his younger brother and his cousin had told him. He was asked if the things that he was told fit with what he did remember and he said yes. The examiner went through the events of the narrative he had related and asked him for each event whether he remembered it and he responded affirmatively each time. The defendant said that there were some 15 minute gaps in his memory for the night in question, but he did not specify when they supposedly were or how many they were. He knew the allegations. He was aware of the expected standards of decorum in court and, throughout the evaluation, he demonstrated appropriate behavioral control. Mr. Manning had appropriate self-interest and he wished to achieve a favorable resolution to the charges pending against him.

In summation, the examiner found no evidence of a present mental condition which prevents Mr. Manning from understanding what he is charged with, comprehending the legal proceedings arising from the charge, or from assisting his defense in a rational manner. As a consequence of the above, it is the examiner's opinion that Mr. Manning presently does not meet the statutory criteria for being considered incompetent to stand trial. Thus, the examiner recommends the defendant as competent to stand trial.

Respectfully submitted,



Stephen A. Nortis, Ph.D.

Consulting Forensic Examiner

SAN:kjm

cc: Prosecuting Attorney  
Defense Attorney

Appendix B-1  
10-09-91  
REPORT

BOYSVILLE OF MICHIGAN INC.  
MOREAU CENTER  
3500 Comboni Way  
Monroe, MI 48161

## UPDATED SERVICE PLAN

(313) 242-5898

Youth's Name Corey Manning D.O.B. 3/16/77 Case # N8299649C

County Wayne County DSS Date of Boysville Entry 11/1/90

Report Period 7/10/91 to 9/18/91 Date Submitted 10/09/91

Corey Manning has been in placement at the Boysville, Moreau Center Campus, Foley group, since 11/01/90. He presently is on the Progress Level, the second of a three-step level system leading to a planned release. As of this report period, the projected length of stay is for 2-4 more months.

The following information summarizes Corey's Updated Service Plan for this report period.

COMMUNITY SERVICE WORKER CONTACTS:

There were no on-campus visit recorded by Ms. Whitehead DSW. It is anticipated that DSW will visit student on campus at least once per quarter.

FAMILY SERVICES:

The following contact occurred between FSW (Ms. Hemingway, MSW), Cheryl Whitehead (CSW), the Manning family, and other service providers.

Corey received no therapeutic home or community leaves during this report period. Corey received family visitors on 7/7, 9/4, and 9/15. Family therapy sessions were conducted on 7/7, 9/4, and 9/15. Mrs. Manning, Talbert, and Corey were present on 7/7, and 9/15. Mrs. Manning and Corey were present 9/4.

At this point in Corey's stay at Moreau Center Boysville, the family's involvement has been sporadic although, Mrs. Manning appears joined with the program. Several issues were addressed this report period including boundaries, limit-setting, and sexual abuse. At times, Mrs. Manning is complacent with Corey's behavior, although, at other times, she maintains rigid limit-setting with him. Mrs. Manning has recently returned to work after several months of not working. She at times, appears overwhelmed. Her rigidity in parenting appears at times of stress. In one family session, Mrs. Manning verbalized complacency in Corey's behavior. In another family session, Mrs. Manning was empowered to set consistent limits on Corey and asked to provide limits on him in this family session.

An issues of sexual abuse was addressed this report period. Corey identified being sexually abused by his cousin when he was young. His mother reported she did not know about it, but knew the cousin who sexually abused him had also been sexually abused. His mother also verbalized anger at the Aunt for allowing the cousin in the household without treatment. Corey seemed relieved when he told his mother about the sexual abuse and she supported him.

Corey Manning  
Updated Service Plan

A final issues was addressed with the family this report period, of Corey's post-placement. At this point, it seems Corey needs an alternative post-placement until his coping skills develop to a higher functioning rate.

In the next nine weeks anticipated contact between youth & family is as follows:

1. Weekly phone calls.
2. Visitation every other Sunday on-campus.
3. Family sessions.

#### EDUCATIONAL SERVICES:

Corey Manning entered Boysville in the first semester of the 7th grade. His reading comprehension was tested as 10.1. His mathematics cluster score was 6.5. He was certified under the Special Education Laws as E.I. on 1/10/91.

Corey is currently in the first quarter of the 8th grade. His reading assignments are approximately at a grade level of 8.5. His mathematics classwork is approximately at the 9.0 grade level. During the last nine weeks, Corey has achieved most of the objectives set. Corey completed two of the four writing assignments in this period. Overall, Corey is working at expectations.

His interest in education has been inconsistent, and his overall attitude toward the academic process has been one of acceptance, but short of hard work. His involvement with his group during the school day has been inconsistent, changing from positive leadership to intimidation. Corey's strengths in school include: reading well, and the ability to follow directions both written and oral.

#### RESIDENTIAL SERVICES:

At 45 weeks, Corey has started to respond to the program. Corey has begun to handle his anger a little better. Corey recently was hit in the jaw. He reacted by not striking back, but handling his frustration. The thoughts that he has been sexually abused have continued to be expressed by the student names have been given that a brother has been involved in the perpetration. Also another relative knew about the things going on, and never said a word. Corey's attitude about his group has changed. He has been stepping up to take some leadership. Corey's hostility toward females has started to ease up a little. Corey has expressed that when he spoke of the issues in front of his mother, he wanted to cry. Corey needs help in this area. I think he really feels badly about himself at times; wondering if he's homosexual. Corey has had good work habits as of late. Corey still has problem trusting group members; The student engages in power struggles to take the floor to speak and almost always is not willing to compromise in group processes. Corey has not been truant from this program.

Current goal: Express dissatisfaction without irresponsible behavior in an appropriate manner.

Corey Manning  
Updated Service Plan

- Action steps:
1. Talk about my frustrations on the side.
  2. Display my frustrations in the appropriate manner.
  3. Help out my group by speaking up, motivating, and keeping the group organized as much as I can.

TREATMENT COORDINATOR'S REPORT:

Group Meeting Behaviors/attitudes: Corey received the focus from his group twice in group meeting. Corey relates often to the problems of others. Corey claimed his mother tied his cousin Ernest to a tree with an extension cord and left him there. Apparently, as Corey relates, his cousin Ernest allegedly raped Corey's sister. In addition, Corey related how he and a friend shot up a person's house with whom they had a long-standing conflict. Finally, Corey did relate to his group that his mother would whoop him with an extension cord as punishment for his behavior.

Life Story: Corey has written and presented his life story to his group already. This occurred eight months ago, in January.

Family Sessions: Corey processed one family session during this report period from 6/24, in the 8/9 group meeting. He talked about his relationship with his teacher at Boysville and his authority issues with women, particularly his mother. Corey admitted that he stood up during the session and walked around to calm himself down. He wanted to hit the FSW, Ms. Hemingway.

Home visits: Corey did not go on any home visits during this report period.

USP's: Corey's 36 Week USP for the report period, 5/8/91 to 7/10/91 has yet to be read to him. It will be read to his group during the next report period.

Issues Addressed: Sexual abuse, incest, masturbation in the dorms, physical abuse, safety within the group, building caring & trusting relationships, etc.

During this reporting period individual treatment planning will address ITP Goal #5: Corey will learn problem-solving skills and apply them to core issues leading to placement. Objective B: For Corey to develop appropriate peer relationships. Barriers which may inhibit Corey from accomplishing this goal include: his inability and willingness to change and care for himself.

NINE WEEK TREATMENT PLAN: Please see attachments.

SUMMARY STATEMENT:

Corey has been in placement at Boysville for approximately 9 months. He is currently on Entry level, the first level of a 3 level program. As of this date, it is anticipated that Corey will remain in treatment for another 2-4 months.

Corey Manning  
Updated Service Plan

If there are any questions in regards to this matter, please feel free to contact me between the hours of 10 a.m. to 5 p.m., Monday through Friday at 313-242-5898.

Thomas M. Eby (10/16/14)  
Thomas M. Eby  
Treatment Coordinator  
Foley Treatment Team

Bill Geddes 10/17/14  
Bill Geddes  
Program Manager  
Foley/Vincent Treatment Team

Appendix B-2

12-06-91

REPORT

BOYSVILLE OF MICHIGAN INC.  
MOREAU CENTER  
3500 Comboni Way  
Monroe, MI 48161

## UPDATED SERVICE PLAN

(313) 242-5898

Youth's Name Corey Manning D.O.B. 3/16/77 Case # N8299649C

County Wayne County DSS Date of Boysville Entry 11/1/90

Report Period 9/18/91 to 11/20/91 Date Submitted 12/06/91

Corey Manning has been in placement at the Boysville, Moreau Center Campus, Foley group, since 11/01/90. He presently is on the Progress Level, the second of a three-step level system leading to a planned release. As of this report period, the projected length of stay is for 0-2 more months.

The following information summarizes Corey's Updated Service Plan for this report period.

COMMUNITY SERVICE WORKER CONTACTS:

There was one on-campus visit recorded on 9/17/91 by Ms. Whitehead DSW. It is anticipated that DSW will visit student on campus at least once per quarter.

FAMILY SERVICES:

The following contact occurred between FSW (Ms. Hemingway, MSW), Cheryl Whitehead (CSW), Corey (student), the Manning family, and other service providers. Corey received no therapeutic home visits during this report period. Family therapy sessions occurred on 9/29, 10/27, and 11/10. On 9/29, Mrs. Manning was present. On 11/10, Mrs. Manning, Theresa, Toni, and Corey were present.

During this report period, Corey's post-placement was addressed with the family. Mrs. Manning sways her opinion of Corey's return to the community. As certain times she puts rigid limits on Corey; and other times, she compensates his behavior. This causes inconsistencies in her parenting. Emotional bonding issues were addressed between Corey and his mother during this report period. Corey's disrespect and anger seems to stem from two areas, his feelings toward his mother's rigid adaptability and his own sexual victimization from his cousin. Interventions directed at having Mrs. Manning maintain her parental role, restructure her adaptability as a parent, and finally, to allow Corey to express his feelings regarding home.

It is anticipated that Corey will not return to his mother's home upon completion of placement. An alternative post-placement is being considered.

In the next nine weeks anticipated contact between youth & family is as follows:

1. Weekly phone calls.
2. Visitation every other Sunday on-campus.
3. Family sessions.

Corey Manning  
Updated Service Plan

TREATMENT COORDINATOR'S REPORT:

Group Meeting Behaviors/attitudes: Corey has asked for and received the focus in group meeting two times during this report period. Once for a family session, and once for a personal issue. Corey showed various behaviors in group meeting like intimidating his peers, attempting to confuse an issue to avoid the focus and any accountability. Moreover, Corey had occurrences of lowering his head, folding his hands and squeezing them tight, cracking his knuckles. This, at times, is Corey's way of showing he's upset about something. The effect on his peers this behavior elicits is that of intimidation. Corey tends to act out his feelings in a very physical way. Finally, Corey related with his peers on one occasion, that his mother used to punish him by hitting him with an extension cord.

Family Sessions: Corey had two family sessions this report period. His 9/15 family session was processed in the 10/21 group meeting with his group. Issues he talked about included Corey wanting to return home knowing full well he will go to a sexually abused children's group home or residential one; occasion, that his mother used to punish him by hitting him with an extension cord.

Home visits: Corey did not go on any home visits during this period.

USP's: Corey's 36 Week USP was read to him in the 9/24/91 group meeting. Also, his 45 Week USP was read to him in the 11/15/91 group meeting.

Issues Addressed: Group awareness, sexual abuse, holding peers accountable for their negative behaviors, etc.

During this report period individual treatment planning will address ITP Goal #5: Corey will learn problem-solving skills and apply them to core issues leading to placement. Objective C: For Corey to learn and demonstrate a socially acceptable value system along an honest means of getting needs met. Barriers which may inhibit Corey from accomplishing this goal include: a very defensive disposition; a tendency to be very resistant to change; and, an inability to admit his problems without denial.

NINE WEEK TREATMENT PLAN: Please see attachments.

SUMMARY STATEMENT:

Corey has been in placement at Boysville for approximately 12 months. He is currently on Progress Level, the second level of a 3 level program. As of this date, it is anticipated that Corey will remain in treatment for another 0-2 months.

If there are any questions in regards to this matter, please feel free to contact me between the hours of 10 a.m. to 5 p.m., Monday through Friday at 313-242-5898.

Thomas M. Eby (1/2/92)  
Thomas M. Eby  
Treatment Coordinator  
Foley Treatment Team

BC 1/3/92  
Bill Geddes  
Program Manager  
Foley/Vincent Treatment Team