Full Sample Report

\*Disclaimer: The following affidavit is based on a composite of clients

**IDENTIFYING INFORMATION:**

Given Name: The child Turcios (last name)

Alien Number: Not Applicable

DOB: 05-27-2009

Age: 9 years

Gender: Female

Evaluation Date: 11-13-2018 (180 minutes)

**CONFIDENTIALITY STATEMENT**

Pursuant to a request by Linda Rivas, attorneys, I evaluated The child (last name) to determine the psychological impact on her from her experiences in (native country), (transit country), and the United States. Prior to conducting the evaluation, I discussed with The child the limits of confidentiality for this interview. Specifically, information obtained during the interview is confidential with the exception of a possible subpoena by the court.

**SOURCES of INFORMATION**

This report is based upon the following sources of information:

1) 180 minute telephonic interview with The child on 11-13-2018 using a certified Medical Spanish Language Line Solutions Interpreter, Adriana (Interpreter Number 246444)

2) Interview at the University of New Mexico Health Sciences Center using a Spanish interpreter, Oscar (interpreter number 123456).

**EVALUATOR INFORMATION**

I am a medical doctor who is licensed to practice medicine in New Mexico and California. I am double Board Certified by and a diplomate of the American Board of Psychiatry and Neurology in both Psychiatry and Child and Adolescent Psychiatry, and a diplomate of the National Board of Medical Examiners. I am an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of New Mexico (UNM). I am also the Training Director for the UNM Child and Adolescent Fellowship Program and the former President of the New Mexico Child Psychiatrists Regional Organization (state branch of the American Academy of Child and Adolescent Psychiatry). I am the former Director of the UNM Rural and Community Psychiatry Program, and the former Assistant Medical Director to the UNM-Indian Health Services Telebehavioral Health Center of Excellence Program. I am a Distinguished Fellow of the American Psychiatric Association, a Distinguished Fellow of the American Academy of Child and Adolescent Psychiatry, and an Advocacy Liaison for the American Academy of Child and Adolescent Psychiatry. I also serve on the Executive Council of the Assembly of Regional Organizations for the American Academy of Child and Adolescent Psychiatry. I have 52 publications on my Curriculum Vitae, and have given over 100 national, state, and local presentations, including keynote addresses and grand rounds presentations. My clinical work in New Mexico has predominantly been in underserved rural communities in which trauma, suicide, homicide, substance use, and mental illness rates are considerably higher than the national average. **I have extensive experience working with traumatized adults and children, in both in rural and urban settings.**

**I have served as an expert witness in immigration court testifying to the mental health evaluation of clients seeking humanitarian relief on the grounds of trauma, torture, and persecution. I have evaluated clients who are both detained in federal detention centers and those who are residing in the community. I have trained over 400 mental health professionals in how to conduct a mental health interview and write a forensic report in support of clients seeking humanitarian relief from reported trauma, torture, and persecution.** **I have also testified to the United States Committee on Healthcare, Education, Labor, and Pensions (HELP Committee) staff.**

*\*Please note that The child is currently a 9 year old child, and that children are not capable of sequencing events until the age of 12. Therefore, it is quite possible that The child has misremembered the sequence of certain events or quantitative data such as numbers or dates because 9 year old children have not yet fully passed through the developmental stage of concrete operations (seriation, conservation, etc.).* ***Her memory of trauma and how it affected her should not be impacted by her age, but her method to describing or communicating this information would be typical of a 9 year old child.***

**CONTEXTUAL and FOCUSED TRAUMA HISTORY**:

The child reports that both of her biological parents were living in the United States prior to her birth. After the mother became pregnant with The child, she and the biological father separated and The child’s mother traveled back to (native country). The child is unsure of the circumstances around this separation and move. Her biological father remained in the United States, and she had frequent contact with him through her childhood on the phone.

The child reports that she was born in (native country), and reports that she was lived in (native country) with her mother and a few siblings throughout most of her childhood. At some point in her childhood, she reports that her mother began dating a boyfriend and that the family lived with this boyfriend. The child states that her mother’s boyfriend was domestically violent towards her mother on multiple occasions. She reports that she did not directly witness these alleged assaults because her mother’s boyfriend would become aggressive after the children had went to sleep in their bed. She states that she could hear the sounds of her mother being beaten from the other room, and also reports she heard mother’s boyfriend threaten “I will kill you” to the mother.” She also reports hearing her mother screaming one night, and that she ran from the room to see her mother and the mother’s boyfriend standing by a stove with smoke coming up. The following day she observed that her mother’s hand had been burned. She reports living in a constant state of fear while in (native country), not knowing when her mother would be attacked next. She reports that her mother did everything she could to shield the children from the violence.

The child states that her mother decided to flee the domestic violence and that they then traveled through (transit country) to (transit country), where they remained for 6 months awaiting humanitarian relief. She reports that her father was sending them some money from the United States throughout this time so that they could survive. When this humanitarian relief did not come, The child’s mother decided to attempt crossing the border into the United States for relief.

The child reports that she and her mother crossed the border through a low level river during the day, and that they were discovered by border patrol while crossing. She and her mother were subsequently taken to an immigration center where they were interviewed by officials. She was then shown a video in Spanish stating that she would be separated from her mother. The next day she was taken into an area with multiple other families and told that mothers and children were no longer aloud to be together and that children were now the responsibility of the government. Immediately thereafter multiple families were separated simultaneously. She reports that it happened in a rush and that she did not have time to properly say goodbye to her mother. She reports that her mother was crying when they were separated, and that she cried shortly thereafter because she thought she would never see her mother again. She was then taken to a separate facility with only one other girl temporarily (she recounts being afraid because it she felt alone with adults who were strangers), and was then taken to another separate immigration facility for one day before traveling by plane to a Church shelter in Florida. She remained at the shelter in Florida for one month prior to being reunited with her biological father in Minnesota where she is currently residing.

Reports that the most traumatizing things in her life were when her mother was the victim of domestic violence and also when she was separated from her mother. She does get to speak to her mother approximately once a week at this time.

The child reports that she feels safe in Minnesota, but that she fears for the life of her mother if she was to return to (native country).

**SOCIAL/EDUCATIONAL HISTORY:**

The child is currently living in Minnesota with her biological father and two siblings. Her daily routine is going to school in the morning, and then spending some time with a family friend in the afternoon prior to her father picking her up. Her father is currently working in the siding industry for homes.

The child’s completed 3rd grade in (native country) and is currently in 4th grade in Minnesota. She reports enjoying school and denies any bullying. She feels comforted by other Spanish-speaking students, although reports she gets little to no accommodation for learning in Spanish. The child would like to become a doctor when she grows up and has belief that if she works hard she can achieve her dreams.

**PAST MENTAL HEALTH HISTORY**:

Patient herself denies any history of psychiatric treatment, including counseling and medication management

She is not currently in therapy or counseling in Minnesota

No history of suicide attempts or inpatient hospitalizations

**PAST MEDICAL HISTORY**:

No known medical problems

No known cardiac issues, seizures, or brain injuries

**PHYSICAL EXAM**:

Denies any physical scars or sequelae of torture or physical abuse; however, does report that mother continues to have a scar on her hand from being burned (mother is not available for questioning)

**MEDICATIONS**:

None reported

**ALLERGIES/SIDE EFFECTS**:

None reported

**SUBSTANCE USE HISTORY**:

None reported

**THOROUGH DIAGNOSTIC SCREENING for MENTAL ILLNESS**:

POST-TRAUMATIC STRESS DISORDER (PTSD) SCREEN:

The child reports the following criteria for PTSD based on her report (in which trauma is defined as exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways: Criterion A1 – She directly experienced traumatic event of being separated from her mother (**parental separation is considered an official Adverse Childhood Event by the United States Center for Disease Control**). Criterion A2 - She directly witnessed the beating of her mother in (native country). Criterion B1 – She reports recurrent, involuntary, and intrusive distressing memories of both her mother being beaten and being separated from her mother. Criterion B2 – She also reports recurrent distressing dreams in which the content and/or affect of the dream are related to her mother being beaten or being separated from her mother. Criterion B4 – She reports intense or prolonged psychological distress in the form of intense sadness and anxiety at exposure to internal or external cues that symbolize or resemble an aspect of the original traumas. Criterion B5 – She reports physiological reactions in the form of intense headaches to internal or external cause that symbolize or resemble an aspect of the traumatic event. Criterion C1 – She reports avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic events by constantly distracting herself through play, biking, or schoolwork. Criterion C2 – She reports efforts to avoid external reminders such as watching the news that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic events; however, she is in frequent contact with her mother which is a constant reminder (although she much prefers to remain in contact with her mother than to not have her mother in her life). Criterion D4 – She reports being in a persistent negative emotional state of fear that her mother is incarcerated and alone, and worrying for her mother’s safety. Criterion D5 – She reports markedly diminished interest or participation in significant activities when remembering the traumas. Criterion D7 – She reports persistent inability to experience positive emotions such as happiness when remembering the traumas. Criterion E5 – She reports problems with concentration when remembering the traumas. Criterion E6: She reports frequent sleep disturbance secondary to anxiety about being separated from her mother and worry for her mother’s safety.

The child rates the severity of her PTSD Symptoms at a “4/4,” or “terrible,” because she continues to have distressing memories and flashbacks of her mother being beaten and being separated from her mother, and these make it difficult for her to function.

DEPRESSION SCREEN:

The child reports a history of depression that began in (native country) when her mother was reportedly the victim of domestic violence, and that it again became worse when she was separated from her mother. She reports a history of tearful episodes, and reports that she would cry daily in (native country) for up to a week at a time, and that she could stay sad for up to a week at a time because she was afraid for her mother. She reports she also had increased sadness in Florida after being separated from her mother and living in the shelter with tearful episodes. She reports decreased sleep, appetite, interest, and concentration during depressive episodes. She denies suicidal ideation because she endorses hope that she will be able to do well in school and better herself and her family.

The child rates her level of depression as “4/4” or “terrible” because she feels very sad at being separated from her mother. She reports that when she remembers her mother it does make it hard for her to function, and impacts her sleep, appetite, interest, and concentration.

ANXIETY SCREEN:

The child endorses worrying primarily about her mother being incarcerated. She reports worrying about this every day for all of the day, and she reports insomnia secondary to anxiety. She reports somatic symptoms in the form of stomach aches, headaches. She endorses restlessness. She reports that despite her anxiety being so bad now, that it was even worse when she was living in (native country). She reports that she continues to be highly worried about being separated from other family members currently. She endorses difficulty concentrating secondary to anxiety. She reports a high level of anxiety for several months in a row without any relief. She reports she is very anxious about going back to (native country) because she is afraid her family is not safe there.

The child rates her level of anxiety as “4/4” or “terrible,” and states that this current worry impairs her ability to function because it makes it difficult to sleep and concentrate in school, and causes stomach aches and headaches.

PSYCHOSIS SCREEN:

The child reports that she has heard voices (auditory hallucinations) since she was living in (native country) around the age of 8 and that they continued in (transit country) and during the separation as well and stopped in Florida. She reports that the voices would only come when she was sad, and she does not remember what they would say. She does remember that they were mean voices that she did not recognize, and that they would say disparaging things. She also reports that she used to see shadows at night and that they would come both when she was sad and when she was happy.

The child reports that her current level of psychosis is “0/4” because they are not happening actively, but that at one point they were a “3/4” in (native country) and (transit country).

**MENTAL STATUS EXAM**:

9 year old female who is highly cooperative with the interview. Initially it was difficult for her to communicate given the circumstance; however, as the information progressed and she felt more comfortable she was able to offer more information. Her speech was soft in tone but otherwise normal in rate and volume. Mood “sad because I am away from my mother.” Her thought process is linear and logical. She is not currently endorsing any suicidal ideation, homicidal ideation, or psychotic experiences. Her insight and judgment are good based on interview.

**ASSESSMENT**:

The child (last name) is a 9 year old girl currently being evaluated regarding the impact of two previous life traumas, including domestic violence against her mother in (native country) and being separated from her mother at the United States border.

This evaluator found The child’s interview to be consistent with someone who has been traumatized because:

1. The psychological findings that she reported are consistent with the traumatic history that she reported,
2. The psychological findings that she reported are typical reactions to extreme stress,
3. Her emotional responses during the interview were consistent with the experiences she related,
4. She was able to describe in vivid detail certain traumatic events such as her mother being beaten and being separated from her mother
5. She did not appear to be endorsing symptoms indiscriminately: she endorsed many, but not all of the symptoms that I enquired about,

**DIAGNOSES**:

The child meets full criteria for the following conditions as described in the 5th edition of the Diagnostic and Statistical Manual (DSM-5) published by the American Psychiatric Association:

1. Post-Traumatic Stress Disorder (309.81, F43.10)
2. Major Depressive Disorder, Recurrent, Severe, **With Psychotic Features** (296.34, F33.3)
3. Rule Out Generalized Anxiety Disorder (300.02, F41.1)

**EXPLANATION of DIAGNOSES**:

The child meets full criteria for Post-Traumatic Stress Disorder and Major Depressive Disorder and the level of severity of both of these conditions is HIGH. Major Depressive Disorder **With Psychotic Features** connotes

**DISCUSSION**:

The following are aspects to Ms. Doe’s presentation which could potentially impact her testimony.

1. She reports physiological distress in her lower back when sitting for long periods of time which she reports is due to back trauma
2. She reports a 3rd-4th grade level of education, which may make answering abstract questions difficult
3. She reports a history of trauma, which could cause her to break down emotionally, dissociate, or have memory difficulties during testimony

Impact of Trauma on Memory Formation:

Memory is so often impacted by trauma that memory difficulties are actually listed as a criterion for the diagnosis of Post-Traumatic Stress Disorder. Criterion D1 reads “Inability to remember an important aspect(s) of the traumatic event(s).” The memory center in the brain is known as the Hippocampus, and the Hippocampus sits adjacent to the emotional center of the brain known as the Amygdala. In chronic trauma, the adrenal grands produced chronically elevated levels of the stress hormone, cortisol. Cortisol is neurotoxic to the Hippocampus, and thus patients with chronic trauma have actually been found to have a much smaller Hippocampus than matched controls (the shrinkage in size both due to increased apoptotic cell death and decreased proliferation and growth of new neurons). The amygdala has also been found to be increased in size in patients with chronic trauma. Thus, patients who experience a great deal of trauma are both simultaneously at risk for fragmented memory and emotional reactivity. This is based on a very widely accepted body of research in Psychiatry on the Hypothalamic-Pituitary-Adrenal Access.

This article is an excellent synopsis of the breadth of this research, which has the strength of not only individual studies, but meta-analysis of multiple composite studies:

*Mohlenhoff, Brian S. et al. “Are Hippocampal Size Differences in Posttraumatic Stress Disorder Mediated by Sleep Pathology?” Alzheimer’s & dementia : the journal of the Alzheimer’s Association 10.3 0 (2014): S146–S154. PMC. Web. 1 May 2018.*

**That Ms. Doe has difficulty with certain aspects of specific memories is not at all inconsistent with our biological understanding of trauma. Mental health professionals rely much more heavily on their mental status examination and the criteria for believability outlined above than they do specific dates to establish the credibility of patients reporting symptoms of trauma.**

Impact of Parental Separation on Children and Parents:

The United States Centers for Disease Control has classified Parental Separation as an official Adverse Childhood Experience (See <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>, Also see <https://www.cdc.gov/violenceprevention/acestudy/index.html>). Adverse Childhood Experiences have been linked to long-term impairment, including a statistically-significant increased risk for the lifelong development of teenage/high-risk pregnancy, drug and alcohol use, depression, sleep disturbance, suicide attempts, poor dentition, diabetes, heart disease, cancer, decreased quality of life, and early death. Parents separated from children are at high risk for mental health conditions themselves, including PTSD and Depression.

Impact of Adverse Childhood Experiences on Mental Health and Coping:

**Adverse Childhood Experiences (ACEs) have been linked to long-term impairment, including a ​statistically-significant increased risk for the lifelong development depression, drug and alcohol use, sleep disturbance, suicide attempts, adult criminality, aggression,** poor dentition, diabetes, heart disease, cancer, **decreased quality of life**, and early death​.

[https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-exper iences](https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences)​, ​<https://www.cdc.gov/violenceprevention/acestudy/index.html>​).

Reavis, J. A., Looman, J., Franco, K. A., & Rojas, B. (2013). Adverse childhood experiences and adult criminality: how long must we live before we possess our own lives?. The Permanente journal, 17(2), 44–48. <https://doi.org/10.7812/TPP/12-072> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662280/>

RECOMMENDATIONS:

**I am concerned about the safety of Ms. Doe given that she is reporting active suicidal ideation in detention. She should be assessed for safety regularly and referred for hospitalization if she presents a danger to herself or others.**

**Ms. Doe would likely benefit from thorough, comprehensive, and urgent mental health treatment** in the form of evidence-based and/or practice based therapy and medication. It is this evaluator’s impression that the symptoms of PTSD and Major Depressive Disorder that Ms. Doe reported would be helped with the proper, evidence-based psychiatric treatment. She would be able to receive both medical interventions and psychological therapy in New (transit country). It is highly unlikely that the same quality of care or basic availability of this care would be obtainable for her in India. Furthermore, deporting her could possibly lead to a serious psychiatric decompensation.

However, with continued safety and treatment in the United States of America her symptoms would likely be alleviated.

Please feel free to contact me with any questions or requests with how I could be of service to the court.

Shawn S. Sidhu, M.D.

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