Sworn Affidavit: Psychological Evaluation

IDENTIFYING INFORMATION:
Given Name:
Preferred Name:
Alien Number:
DOB:
Age:
Gender:
Cultural Identity:
Evaluation Date:

CONFIDENTIALITY STATEMENT
Pursuant to a request by (insert attorney name here), attorneys, I evaluated (insert client name here) to determine the psychological impact on him/her from his/her experiences in (insert country here). For the remainder of this interview I will refer to the client as (insert preferred name here) as per his/her preference. Prior to conducting the evaluation, I discussed with (insert client name here) 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:

EVALUATOR INFORMATION
(Insert credentials here), including today's training!

CONTEXTUAL HISTORY:
**What was happening in the country when the trauma occurred? How were members of the minority group being treated, and what is the evidence (governmental policies, lived experience of discrimination, unable to avail self of police protection, culture of exploitation, what did people say and do to client)?*

FOCUSED TRAUMA HISTORY: Given the limitation in time, this history describes reported traumas in detail but may not be a comprehensive list of every trauma ever experienced by the client. A history of one significant lifetime trauma is all that is required for a diagnosis of Post-Traumatic Stress Disorder (PTSD). Quotations are paraphrased and not exact quotes.
**Focus on qualitative details rather than quantitative details*

SOCIAL/EDUCATIONAL/OCCUPATIONAL HISTORY:
**LEVEL of EDUCATION, work history, what client wants to do in US, basic family info*

PAST MENTAL HEALTH HISTORY:
**Past treatment (meds and therapy), past hospitalizations*

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https://pro.panopto.com/Panopto/Pages/Viewer.aspx?tid=9bbc51e7-df0c-4e4b-8543-aee401291be1

PAST MEDICAL HISTORY:
**History of TBI and FUNCTIONAL IMPAIRMENT from REPORTED HISTORIES VERY IMPORTANT!*

MEDICATIONS:
ALLERGIES/SIDE EFFECTS:

PHYSICAL EXAM: **Document any reported lesions due to scars and functional impairments*

MENTAL HEALTH REVIEW of SYSTEMS: Symptoms of PTSD identified below are secondary to the trauma reported by this client at the hands of governmental officials, police, gangs, or other official entities. Childhood abuses or traumas, if present, are not included here.

PTSD SCREEN: **Ask about each individual criterion separately. Need exposure to actual or threatened death, serious injury, or sexual violence. >3=symptomatic.*

A) Exposure to actual or threatened death, serious injury, or sexual violence (need one):
(1) Directly experiencing trauma, (2) witnessing trauma to others, (3) learning about trauma to a loved one, or (4) repeated exposure to community violence (first responder)

B) At least one intrusion symptoms associated with the trauma
(1) Recurrent distressing memories, (2) recurrent distressing dreams, (3) dissociation, (4) intense prolonged psychological distress with triggers, (5) strong physiological reactions to triggers

C) At least one avoidance symptom
(1) Avoidance of memories/thoughts/feelings, (2) Avoidance of external triggers

D) At least two negative mood/cognition
(1) Cannot remember aspect of trauma, (2) persistent negative thoughts about self/world, (3) blames self or others, (4) persistent fear/horror/anger/guilt/shame, (5) decreased interest, (6) detached or isolated, (7) no positive emotions like love or happiness

E) At least two changes in being aroused or reactive
(1) Anger towards others (spontaneous aggression, outbursts), (2) Recklessness, (3) Vigilant, (4) Startle, (5) Difficulty focusing, (6) Sleep issues

PTSD LEVEL of SEVERITY: **Ask patient out of 10, then give your assessment*

DEPRESSION SCREEN: **Establish course, longest depressive episode, SIGECAPS, SI, w/ Psychosis?*

*Must include either (1) depressed mood or (2) loss if interest or pleasure for at least 2 weeks in duration
Criterion A) Must endorse five or more of the following nearly every day for at least two weeks (if less than 2 weeks, then at least 5 are present but not for 2 weeks, then give Other Specified Depressive Disorder)

(1) Depressed most of the day, (2) Decreased interest or pleasure in almost all activities,

(3) Decreased appetite or unintentional weight loss, (4) Insomnia/Hypersomnia, (5) Psychomotor agitation or retardation, (6) Decreased energy or fatigue, (7) Feeling worthless or excessive/inappropriate guilt, (8) Decreased concentration, ability to think, or indecisiveness, (9) No longer wanting to live, recurrent thoughts of death, suicidal ideation without a plan, suicidal thoughts with a plan, or near/actual suicide attempt

*Include presence of mood-congruent psychosis when present

DEPRESSION LEVEL of SEVERITY: **Ask patient out of 10, then give your assessment*

ANXIETY SCREEN: **Clients will endorse anxiety around case universally*

PSYCHOSIS SCREEN: **Important to do a basic screen as can have big impact on testimony*

MENTAL STATUS EXAM: **Be sure to highlight here anything that supports PTSD! This includes appearance, behavior, speech, body movements, reactions to questions, affect, thought content, etc.*

ASSESSMENT:
This evaluator found (insert client name here) reported history to be consistent with an individual who has been traumatized for the following reasons:

1) The psychological findings that he/she reported are consistent with the traumatic history that he/she reported,
2) The psychological findings that he/she reported are typical reactions to extreme stress,
3) His/Her emotional responses during the interview were consistent with the experiences he/she related,
4) He/She was able to describe in vivid detail certain traumatic events such as his/her physical and sexual assaults,
5) He/She did not appear to be endorsing symptoms indiscriminately: he/she endorsed many, but not all of the symptoms that I enquired about,
6) His/Her physical exam was significant for multiple scars which he/she reports were received from torture/trauma

DIAGNOSIS:
(insert client name) 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)
2)
3)

DISCUSSION:
The following are aspects to (insert client name) presentation which could potentially impact his/her testimony.
1)
2)

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 glands 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 (insert client name here) **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 Traumatic Brain Injury on Memory Formation and Concentration:
Reported cognitive impairments resulting from Traumatic Brain Injury include, but are not limited to, impairments in attention and processing speed, mental fatigue, learning new information, executive functioning, problem solving, short term and working memory, and long term memory.

This article is an excellent synopsis of the breath of this research, which has the support of not only individual studies, but also reviews of multiple studies:
Semple, Bridgette D. et al. "Affective, Neurocognitive, and Psychosocial Disorders Associated with Traumatic Brain Injury and Post-Traumatic Epilepsy." Neurobiology of Disease. 2018 Jul 27. pii: S0969-9961(18)30284-5. doi: 10.1016/j.nbd.2018.07.018

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.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/

Impact of Detention on Mental Health
Scholars have argued that post-migration stressors such as detention could lead to a "building block effect," increasing the risk for mental illness. Many studies have found that depression, anxiety, and PTSD symptoms persisted months to years after release from detention, and that the severity of these symptoms and accompanying sadness, hopelessness, and anger were correlated with detention length. There is also emerging, high quality evidence to suggest that migrants placed in community settings have favorable outcomes compared to those who are detained, even when both groups of study participants have similar burdens of mental health trauma.

For a review of this topic, please reference: Sidhu, S. S., & Vasireddy, R. (2020). The Detention of Migrant Families. Journal of the American Academy of Child and Adolescent Psychiatry.

Impact of Neurodevelopment on Criminality Among Adolescents & Young Adults
"Recent studies have shown that the parts of the brain that govern judgment, reasoning, and impulse control are not fully developed until the early 20's. Through magnetic resonance imaging, scientists have learned that human brains continue developing until at least the early 20's. The last part of the brain to develop, the pre-frontal cortex, governs judgment, reasoning and impulse control. This means that while adolescents may be capable in other areas, they cannot reason or control their behavior as well as adults and should, therefore, not be held to the same level of culpability." (ACLU 2020, https://www.aclu.org/other/stop-killing-kids-why-its-time-end-indecent-practice-juvenile-death-penalty)

Pope, K., Luna, B., & Thomas, C. R. (2012). Developmental neuroscience and the courts: how science is influencing the disposition of juvenile offenders. Journal of the American Academy of Child and Adolescent Psychiatry, 51(4), 341–342. https://doi.org/10.1016/j.jaac.2012.01.003

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Mobbs, D., Lau, H. C., Jones, O. D., & Frith, C. D. (2007). Law, responsibility, and the brain. PLoS biology, 5(4), e103. https://doi.org/10.1371/journal.pbio.0050103

RECOMMENDATIONS:

I am concerned about the safety of (insert client name here) **given that he/she is reporting active suicidal ideation in detention. He/She should be assessed for safety regularly and referred for hospitalization if he/she presents a danger to himself/herself or others.**

(Insert client name here) **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 (insert client name here) reported would be helped with the proper, evidence-based psychiatric treatment. He/She would be able to receive both medical interventions and psychological therapy in the United States. It is highly unlikely that the same quality of care or basic availability of this care would be obtainable for him/her in (insert country here). Furthermore, deporting him/her could possibly lead to a serious psychiatric decompensation.

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

I declare under penalty of perjury, pursuant to the laws of the United States, that the foregoing is true and correct and that this interview was conducted on DD Month YYYY, and that this affidavit was executed on DATE in CITY, STATE.

Signed and dated with full credentials and titles

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