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CONFIDENTIAL PSYCHOLOGICAL EVALUATION

Date of Evaluation: November 25, 2014

Date of Report: November 30, 2014

RE: [REDACTED] Date of Birth: [REDACTED]

[REDACTED] Date of Birth: [REDACTED]

Referral and Reason for Evaluation

I am a female clinical and forensic psychologist, licensed in New Mexico since January 1985. I speak Spanish fluently and I have training and experience in the evaluation of children as well as adults. I first volunteered to evaluate women and children in the Artesia detention facility on October 7, 2014. I evaluated [REDACTED] and her son [REDACTED] on November 25, 2015.

AILA attorneys at the Artesia Family Detention Facility referred [REDACTED] and [REDACTED] for psychological evaluation because both mother and son are experiencing serious deterioration in their physical and emotional condition. They have been detained for nearly five months.

Background Information

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] reported that she and [REDACTED] suffered mistreatment by ICE staff when they were picked up in Texas. They slept on the floor in a cold, windowless room and were fed little for several days. [REDACTED] prescription glasses and some medications were in a bag that was taken from them. [REDACTED] repeatedly explained the importance of her son's glasses, and requested their return, but she was disregarded. After arriving at the Artesia center, [REDACTED] had a high fever for five days and received no treatment. More recently, [REDACTED] has been evaluated by an eye doctor. The doctor told her the same things she had known [REDACTED] needs surgery ASAP to correct his "lazy eye;" there has been no response to her requests to have his glasses replaced. She realizes that she will not be able to have his eye problems addressed until she is released from detention, and that the delays are likely to compromise the success of the surgery, which she had planned to have done before their precipitous flight from Honduras.

[REDACTED] herself has undiagnosed physical symptoms for several months, principally continuous vaginal bleeding. She said several blood samples were submitted and lost. The same day I met with her, [REDACTED] was scheduled to see a gynecologist.

Assessment Procedures and Results

In addition to the clinical interview, [REDACTED] emotional status, and [REDACTED] were assessed using the following psychological tests:

PTSD Checklist (PCL-5) - Spanish version
Beck Depression Inventory II - Spanish version
Beck Anxiety Inventory - Spanish version
Trauma Symptom Checklist for Young Children (TSCYC) - Spanish translation.

The *PCL-5* is a 20-item questionnaire corresponding to the DSM-5 symptom criteria for Post Traumatic Stress Disorder. DSM-5 is short for Diagnostic and Statistical Manual of Mental Disorders, fifth edition. The items on the *PCL-5* are rated on a 5-point scale for the presence and intensity of the symptoms (from 0="not at all," to 4="Extremely") during the month preceding the evaluation.

The "gateway" **criterion (A)** requires that the person being evaluated has experienced a serious stressor, e.g. threat of death, witnessing violent death of a loved one, etc. [REDACTED] *suffered severe physical abuse by her brother [REDACTED] both in childhood and adulthood; the [REDACTED] niece, whom she considered her daughter, suffered [REDACTED]; she was threatened with death by extortionists who also threatened to kill her child.*

The symptoms of PTSD are classified into four groups, Criteria B through E.

Intrusive, unwanted thoughts, memories and/or images constitute **Criterion B**; the *PCL-5* has five items in this category and requires that at least one is present. [REDACTED] *has all five, four at an intense level.*

Criterion C, Avoidance symptoms, has two items and requires that at least one is present. [REDACTED] *has both avoidance symptoms, the most serious being her effort to stop dwelling on past physical abuse, the death of her niece and her own son's increasing suffering during the months of detention.*

Criterion D, Negative Alterations in Cognition and Mood, requires two items of the seven detailed on the *PCL-5* be present. [REDACTED] *is experiencing six of the symptoms, three at an intense level: self-blame and hatred of her abusive brother, strong feelings of horror, anger, fear and shame related to the traumatic events of the past and loss of interest in activities she used to enjoy.*

Criterion E, Negative Alterations in Arousal and Reactivity, requires the presence of two of six items. [REDACTED] *has five of the six symptoms all at an intense level, e.g. being always on guard against threats, extreme nervousness*

and frequent startle reactions, trouble concentrating, and, worst of all, extreme difficulties sleeping.

The symptoms have persisted for more than one month (**Criterion F**) and is not due to alcohol or drug use (**Criterion G**).

The presence of symptoms in Criteria B - E is necessary but not sufficient for the diagnosis. The National Center for PTSD has provisionally established a score of 38 as the cut-off point. To reach that score a person would need to be experiencing more than the minimum number of symptoms, with many symptoms at a serious level of intensity.

██████████'s score on the PTSD checklist resulted in a score of 50. She is suffering from severe Post Traumatic Stress Disorder.

She indicated that she had trauma symptoms related to the long history of domestic violence while still in Honduras, but was able to cope with them because she was busy with work and with caring for her ██████████. During the extended period of detention, she has not had the distractions that her commitments in Honduras afforded her. Now she awakens at night tormented by painful images of the horrors she has experienced as well as from a sense of hopelessness and despair about the deterioration of her son's condition and her inability to take action on his behalf.

Her scores on the *Beck Depression Inventory* indicate that ██████████ is suffering also from **Major Depressive Disorder**. She feels exhausted, irritable, and agitated. It is extremely frustrating to her that she can't get help for her son's vision problem or help him with his depression and anxiety. Since her bond hearing she feels increasingly hopeless about the future, especially since other families who arrived much more recently than she did have been released on bond or granted asylum.

██████████ has many physical symptoms of **Anxiety**, including trembling, sweating, heart palpitations. She wakes up at night with feelings of terror about being killed or having her son taken from her.

██████████ also is constantly worried about ██████████. He is teased and bullied by other children because of the appearance of his eyes. He is socially withdrawn, has nightmares. He is angry with his mother and says she "lied" to him about how long it would take to reach their family. He thinks they will be locked up forever.

To assess ██████████'s emotional functioning, she agreed to complete the *Trauma Symptom Checklist for Young Children*.

The Trauma Symptoms Checklist for Young Children (TSCYC) is a 90 item questionnaire that can be read by, or read to, a child's caretaker. The caretaker indicates how often the child has done, felt or experienced the described behaviors in the past month.

The TSCYC includes two validity scales, one of which is designed to determine whether a child's caretaker tends to indiscriminately endorse the most unusual symptomatology in their child regardless of the child's true symptomatic state. The other validity scale reveals the opposite tendency, that is, the caretaker tends to deny behaviors that are common in children.

██████ didn't indicate that ██████ had any of the rare symptoms nor did her ratings indicate denial of problems that he has. Her approach to the rating scale was serious and thoughtful. She gave examples of the kinds of things that are bothering ██████ and the negative behaviors and emotions she has observed in her son.

In addition to the Validity Scales, the TSCYC has nine clinical symptoms scales: (1) Anxiety, (2) Depression, (3) Anger/Aggression, (4) Intrusive Post-Traumatic (5) Avoidance Post-Traumatic, (6) Arousal/Reactive Post-Traumatic, (7) Total Post-Traumatic, (8) Dissociation, (9) Sexual Concerns.

Diagnosing PTSD in children involves criteria that are more behavioral than the adult criteria because young children have not developed the cognitive and verbal abilities to report on their emotional and behavioral symptoms. Children often don't express their intrusive, unwanted thoughts. Their avoidance symptoms may be expressed in withdrawal from play activities and from interacting with other children and these behavioral changes may also reflect alterations in mood and cognitions. Increased arousal and reactivity in children can manifest in temper tantrums, irritability, sudden changes in mood.

██████'s scores — except for Anger/Aggression and Sexual Concerns — all were in the serious or clinical range. His Anxiety was at the 98th percentile compared to other boys his age and his Depression score was at the 95th percentile. For the Post-Traumatic Scales, Avoidance and Arousal/Reactive symptoms were at the 99th percentile and Intrusive symptoms were at the 99th. Total Post Traumatic score was at the 99th percentile.

██████'s results on the TSCYC indicate that he is experiencing significant **depression and anxiety**. He also has very significant symptoms of **Post Traumatic Stress**.

Summary and recommendations

██████ left Honduras precipitously at the end of ██████ to save herself and her 4 year old son from being kidnapped and killed by extortionists who called her repeatedly demanding \$5000. Several years ago, her brother was murdered when he was unable to pay increasing extortionist demands. She has no doubt that she would meet the same fate if she is returned to Honduras.

██████ suffers from **Post Traumatic Stress Disorder** related to severe domestic violence she suffered throughout childhood and also as an adult. Since arriving at the Artesia center, she has grown increasingly depressed and anxious, particularly after she was given a prohibitively high bond. As their detention has continued for so many months, ██████ is witnessing the progressive deterioration of her son's emotional condition and feels a desperate level of frustration that she cannot provide the security he needs, nor get medical help for his strabismus.

██████ also is suffering from **Depression, Anxiety** and many symptoms of **Post Traumatic Stress**. He witnessed violence against his mother and is afraid for her safety and his own.

Incarceration of children has been shown by research to negatively affect children's intellectual, emotional, and social development. ██████ is emotionally fragile. He is the victim of bullying by other children and is socially withdrawn. His severe emotional and social problems put his cognitive functioning at risk as well.

██████s and ██████ are in need of individual and family psychotherapy. I recommend treatment by a mental health professional experienced in treating victims of trauma.

Respectfully submitted

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