Mental Health Assessment Report

Alabama Institute for Behavioral Health & Research
1211 7th Avenue, Suite A
Phenix City, AL 36867
334-540-5538
www.Alabamainstitute.com

For: [redacted]
On: [redacted]

REDACTED SAMPLE

30 Table of Contents

31 *Purpose of Assessment* ... 5
32 *Qualifications and Credentials of the Assessing Clinician* ... 5
33 *Examinee Demographics* ... 6
34 *Mental Health Assessment Instruments Used* ... 6
35 Mental Status Exam (MSE) ... 6
36 Bio-Psycho-Social Examination (BSP) ... 6
37 PTSD Checklist (PCL) ... 7
38 Life Event Checklist (LEC) ... 8
39 Mood Disorder Questionnaire (MDQ) ... 8
40 Hamilton Anxiety Rating Scale (HAM-A) ... 8
41 Beck's Depression Inventory (BPI) ... 8
42 Minnesota Multi-Phasic Personality Inventory Revised Form (MMPI-2-RF) ... 8
43 Narcissistic Personality Inventory (NPI) ... 9
44 Columbia Suicide Risk Assessment Instrument (CSRAI) ... 9
45 Domestic Violence Inventory (DVI) ... 9
46 Parental Abduction Risk Assessment Interview (PARA) ... 9
47 Parenting Skills Competency Interview (PSCI) ... 10
48 Parenting Stress Inventory - 4 (PSI-4) ... 10
49 Parent-Child Relationship Index. (PCRI) ... 10
50 *Mental Status Exam* ... *11*
51 Observations ... 11
52 Mood ... 11
53 Cognition ... 11
54 Perception ... 11
55 Thoughts ... 11
56 Behavior ... 12
57 Insight & Judgment ... 12
58 *Background* ... *12*

59 *Physical Functioning* *14*
60 **Medical** **14**
61 **Nutrition** **14**
62 *Social* *14*
63 **Social Support Network** **14**
64 **Living Situation** **15**
65 **Current Employment** **15**
66 **Financial Situation** **15**
67 *Psychological* *15*
68 **Diagnoses: Present and Historical** **15**
69 **Abuse/Neglect/Exploitation** **16**
70 **Addictive Behaviors.** **16**
71 *Risk Assessments* *17*
72 **Suicide** **17**
73 **Homicide** **18**
74 **Parental Kidnapping/Absconding with Children** **19**
75 *Assessment Instrument Results with Interpretive Commentary* *19*
76 **PCL-C** **19**
77 **LEC** **19**
78 **MDQ** **19**
79 **HAM-A** **19**
80 **BDS** **20**
81 **NPI** **20**
82 **MMPI-2-RF** **20**
83 Validity 20
84 Over-Reporting 20
85 Under-Reporting 20
86 Key Scales 21
87 **Parental Competency** **23**
88 **Parenting Stress Index** **24**

89 **Defensive Responding 24**
90 **Parent Domain Scales 24**
91 Competency Stress 24
92 Isolation Stress 24
93 Restricted Role Stress 25
94 Spouse Parenting/Co-Parenting Relationship 25
95 Life Stress Scale 25
96 ***Summary 25***
97 ***Diagnostic Information 26***
98 **Diagnoses 26**
99 **Diagnostic Considerations 26**
100 **Treatment/Intervention Recommendations 26**
101 ***CERTIFICATION 27***
102
103
104
105
106
107
108 REDACTED SAMPLE
109
110
111
112
113
114
115

Purpose of Assessment

This mental health assessment has been performed in accordance with (IAW) the mandates of the court in the case of [redacted], a case of divorce with child custody determination. The Guardian ad Litem in this case is [redacted], Attorney-at-Law. The Goal of this assessment is to review the current and historical elements of the Examinee's biological, psychological, and social condition/status and development. It further examines the examinee's current and most recently employed parenting style and skillsets in raising the children under [redacted] care. Parental stress levels and Parent-child relationship instruments are included to further shed light on the examinee's experiences while/when parenting.

Qualifications and Credentials of the Assessing Clinician

The assessing clinician is Mr. John M. Duffey, Sr., MC, NCC, CFMHE-C, ALC. Mr. Duffey is an Associate Licensed Counselor (Lic# 3406) in the State of Alabama in good Standing under the supervision of Dr. Sherrionda Crawford, PhD, NCC, LPC/S. He has a combined 9-10 years of experience working with families and children in crisis and 5 years of experience in working with adult and child victims of family violence and in the performance of assessments for use in treatment planning and in court proceedings. Mr. Duffey was a criminal investigator for the United States Army from 1994 to 1999 and a crimes against children detective and family violence intervention officer for the Clayton County Police Department in Jonesboro, GA from 1999 to 2002.

Mr. Duffey received his bachelor’s degree in pre-clinical psychology (PsyB) from Auburn University. He received his master's degree in Clinical Mental Health Counseling (CACREP Accredited) from the prestigious Wake Forest University. He is currently a doctoral student at Capella University pursuing a PhD in Counselor Education and Supervision. He is a

member of the Psi Chi Psychology Honor Society and the Sigma Chi Iota Counseling Honor Society.

Mr. Duffey is a member of the American Counseling Association, Alabama Counselors Association, American Psychological Association, Association of Military Surgeons of the United States, Special Operations Medical Association, Board of Certified Forensic Evaluators, and International Society for Trauma Studies. He has published three peer-reviewed research papers on PTSD treatment and suicide prevention methodology.

Examinee Demographics

NAME: Sex: Female GID: SO:

DOB: NATIONALITY: LANGUAGE: Amer English

Children: SSN Last 4:

ADDRESS: VETERAN:

MARRITAL STATUS:

REDACTED SAMPLE

Mental Health Assessment Instruments Used

Mental Status Exam (MSE)

This is an immediate examination of the examinee's behavioral mental status indicators at the time of the assessment interview. This structure interview gathers immediate information and does not collect historical mental health information.

Bio-Psycho-Social Examination (BSP)

This is a three-fold structured interview examination of the examinee's present and historical biological (Physical Health), Psychological (Mental Health), and Sociological conditions and experiences that are known to impact individual cognition, perception, and

162 behavioral patterns. The biological section of this structured interview examination covers the
163 examinee's physical health historically, developmentally, and contemporaneously with particular
164 attention paid to those conditions or maladies which are known to affect human behavior and
165 cognition. Additionally, medications taken by the examinee under prescription are recorded
166 with, again, focus on those medications which may serve to negatively or positively impact the
167 behavior and stability of the examinee. This element of the BPS review includes use and/or
168 abuse of substances (illicit drugs, alcohol, or abuse of Rx medications).

169 The psychological element of this interview covers the examinee's current and historical
170 psychological functioning. It includes previous and current diagnoses made by the licensed
171 professionals who have treated the examinee or performed assessments of the examinee. This
172 element reveals the psychological history and behavioral patterns of the examinee that are of
173 interest to the court ordering the mental health assessment.

174 The sociological element of this interview examination covers the examinee's
175 relationships at numerous social echelons (family, community, work, etc) and the patterns of
176 behavior and interaction related to them. It reveals childhood experiences and developmental
177 progress, relationships with parents, siblings, spouses, children, and co-workers. It also reviews
178 the social support networks available to the examinee. Employment history and financial
179 resources and stressors will also be identified in this section.

180 PTSD Checklist (PCL)

181 The PTSD Checklist (PCL) has been developed to assist clinicians in the determination
182 of the presence of DSM-5 relevant diagnostic symptoms for Post-Traumatic Stress Disorder
183 (PTSD). There are numerous versions of the PCL that include military trauma (PCL-M) and
184 non-combat related traumatic experiences (PCL-C). This is not a diagnostic tool by itself but

185 rather a probe into the possible presence of PTSD and justifies further diagnostic investigation
186 into the possible presence of PTSD.

187 ## Life Event Checklist (LEC)

188 The LEC is designed to supplement PTSD assessment by allowing the examinee to
189 identify specific traumatic events in their life that may be contributory to the examinee's
190 development of PTSD.

191 ## Mood Disorder Questionnaire (MDQ)

192 The MDQ was developed by a team of psychologists, researchers, and consumer
193 advocates to address the need for timely and accurate evaluation of Bi-Polar disorder.

194 ## Hamilton Anxiety Rating Scale (HAM-A)

195 The HAM-A was one of the first rating scales developed to measure the severity of
196 anxiety symptoms and is still widely used today in both clinical and research settings. The scale
197 consists of fourteen items, each defined by a series of symptoms, and measures both psychic
198 anxiety and somatic anxiety.

199 ## Beck's Depression Inventory (BPI)

200 The BPI is a client self-report inventory that measures both the presence and intensity of
201 depressive symptoms in the client.

202 ## Minnesota Multi-Phasic Personality Inventory Revised Form (MMPI-2-RF)

203 The MMPI-2-RF is a revised 338-item version of the MMPI-2 designed to provide an
204 exhaustive and efficient assessment of the clinically relevant variables measurable with the
205 instrument's item pool. It is a broadband instrument intended for use in a variety of settings -
206 including counseling.

207 ## Narcissistic Personality Inventory (NPI)

208 The NPI measures the presence of traits inherent in people who have near or complete
209 narcissistic personalities. It is well-documented in behavioral science journals of peer-reviewed
210 research that Narcissistic parents produce profoundly negative impacts on the psychological
211 status and development of their children well into adulthood. Additionally, research also shows
212 a positive correlation with emotional and physical abuse of loved ones and children (Domestic
213 Violence and Psychological Abuse). The NPI, combined with other scientifically supported
214 instruments, can serve as key identifiers of the presence of Narcissistic traits that pose a threat to
215 children or others.

216 ## Columbia Suicide Risk Assessment Instrument (CSRAI)

217 The CSRAI is a comprehensive structured interview designed to examine the presence of
218 suicidal ideation, intent, means, plans, and appointed times for suicide behavior. This structured
219 interview has significant scientific evidence that supports its efficacy in the clinical setting.

220 ## Domestic Violence Inventory (DVI)

221 The DVI is an instrument with significant scientific research support for efficacy,
222 validity, and reliability. It measures the examinee's potential for attempted or completed
223 homicide by the examinee against a domestic partner or other immediate family member(s).
224 This instrument has been used primarily in court ordered assessments in pre-trial and pre-
225 probation/parole proceedings.

226 ## Parental Abduction Risk Assessment Interview (PARA)

227 The PARA is a semi-structured interview with the examinee that is designed to identify
228 risk factors for potential parental abduction behaviors. This assessment is of significant
229 importance to the court in cases of custody dispute and Department of Family and Children

230 Services or Department of Human Resources custody cases where abuse/neglect have been
231 alleged in the court. Cases of parental abduction have been increasing steadily over the last
232 thirty years and pro-active assessment and awareness is the key to prevention and the protection
233 of children.

234 ## Parenting Skills Competency Interview (PSCI)

235 The PSCI is designed, as a semi-structured interview, to uncover the examinee's current
236 parenting style and parenting skills. It consists of four scenarios that include the examinee's
237 children that require the examinee to make certain decisions and determinations that reflect their
238 parenting skills competency, parenting style, and attitudes toward parenting and parental
239 responsibility.

240 ## Parenting Stress Inventory - 4 (PSI-4)

241 The development of the PSI-4 was guided by four key assumptions. The first was that
242 the instrument would be built on the existing empirical knowledge base. The second was that it
243 would integrate the existing knowledge base with the clinical issues of identification and
244 diagnosis of individual parent-child systems under stress. The third was that stressors or sources
245 of stress are additive. The fourth assumption was that stressors are multidimensional in source
246 and type.

247 The PSI-4 is a 101item inventory plus life stress scale designed to evaluate the magnitude
248 of stress in the parent-child system. It is composed of two domains, child and parent, which
249 combine to form the total stress scale.

250 ## Parent-Child Relationship Index. (PCRI)

251 The PCRI is an instrument designed to measure the key relationship variables that impact
252 childcare, welfare support, and development from the parental relationship/bond perspective. It

253 serves to reveal elements where both healthy and unhealthy relationship systems exist and to

254 what extent of harm prognosis exists.

255 ## Mental Status Exam

256 ### Observations

257 The examinee presents in appropriate, neat, and clean dress and hygiene. ███ fails to

258 maintain eye contact throughout the interview when answering questions sensitive to ███

259 parenting behaviors. Examinee does maintain normal speech rate and volume. No unusual

260 psychomotor activity is observable. The examinee participates in the session with full affect.

261 ### Mood

262 The examinee presents with an apprehensive and guarded mood.

263 ### Cognition

264 The examinee is oriented to person, place, object, and time without impairment. There is

265 no evidence of memory impairment and the Examinee's attention is normal with easy distraction

266 or derailment of thought process.

267 ### Perception

268 The examinee presents no indicators of hallucinatory experiences in session. Examinee

269 reports a history of hallucinations and delusional thoughts in the past. The Examinee does not

270 present in a status of derealization or depersonalization but does report a history of derealization

271 and depersonalization experiences in the past.

272 ### Thoughts

273 The examinee denies having any thoughts, plans, or intent to engage in suicide behavior.

274 The Examinee reports a history of suicidal thoughts in the past. The examinee denies any

275 thoughts, plans, or intent to engage in homicidal behavior. The examinee reports no history of
276 homicidal or attempted homicidal behaviors. The examinee does not present with any
277 observable delusional thinking at the time of this assessment interview but does report a history
278 of delusional thinking.

279 ### Behavior

280 The examinee's behavior is cooperative but highly guarded, apprehensive, and mildly
281 hesitant to coopoerate.

282 ### Insight & Judgment

283 The examinee demonstrates impaired insight and judgment.
284

285 ## Background

286 [redacted] (Examinee) was born in [redacted] on the [redacted] day of
287 [redacted], [redacted] to [redacted] (Father) and [redacted] (mother). Examinee
288 describes [redacted] childhood as being highly strict under parents who were strict adherents to a very
289 restrictive protestant Christian denomination. Examinee reports being home-schooled by [redacted]
290 parents where strict Christian dogma was both rigidly enforced and strongly re-enforced
291 throughout childhood and adolescence.
292 Examinee describes adolescence as being rebellious and "mischievous." Examinee states
293 that [redacted] was frequently in trouble with [redacted] parents due to [redacted] rebellious behavior and
294 punishments were frequently severe. Examinee describes [redacted] mother as a strict disciplinarian
295 who was always yelling at [redacted]. Examinee reports having started drinking alcohol to cope at age
296 fifteen years.

At age nineteen years, Examinee reports having been raped while at a party. Examinee reports that ██ had been drinking alcohol and that ██ believes that a drug was introduced into ██ drink. Examinee reports that ██ remembers laying down in the back seat of Examinee's friend's car when a █████ briefly met earlier entered the car with ██. Examinee reports that ██ does not remember anything else that occurred other than ██ remembers screaming for the ███ to "get off of me."

The examinee reports only a short period after ██ traumatic sexual assault experience ██ was a victim of an armed robbery at ██ place of employment. The Examinee states that ██ was working at a hotel when a person placed a gun in ██ face and robbed the hotel and ██. The examinee states that ██ was in immediate fear for her life during the robbery. The Examinee states that ██ did participate in counseling provided by ██ employer immediately after the event but discontinued treatment when ██ left her job at the ███.

The Examinee describes a life-long struggle with alcohol addiction that includes multiple attempts to recover on ██ own. ██ entered into an in-patient treatment facility after what Examinee describes as, "a psychotic break." Examinee reports that ██ has not been able to participate in out-patient follow-up counseling to support ██ recovery/sobriety objectives.

The Examinee states that ██ marriage has been tumultuous and filled with verbal and physical abuse from ███████. The Examinee reports that ██ use of alcohol had two coping objectives with one being to self-medicate for trauma-related anxiety and the other to cope with a failing marriage and abusive experiences within the home.

At present, Examinee reports that ██ has two charges of family violence and disorderly conduct pending in court. The Examinee reports that ██ was intoxicated by alcohol when arrested and charged with family violence and disorderly conduct. The Examinee denies having

320 threatened, attempted, or actually caused harm or violence against ███ in these cases.
321 The Examinee does report that the children were present and observing the event and other
322 events of similarity between ███ and ███.

323 ## Physical Functioning

324 ### Medical

325 The Examinee reports that ███ is currently diagnosed with no physiological ailments.
326 Examinee does report a history of a head injury. Examinee reports no disease or disorders such
327 as hyper-/hypothyroidism, traumatic brain injury (TBI), or any other condition which may serve
328 to impair judgement, cognition, or emotional regulation. The Examinee is not currently taking
329 any prescription medications other than Effexor.

330 ### Nutrition

331 The Examinee reports that ███ consumes one to two meals per day. ███ described
332 consumption pattern can be characterized less than healthy. Examinee reports that alcohol
333 consumption has impacted ███ nutritional intake.

334 ## Social

335 ### Social Support Network

336 The Examinee reports a considerably limited social network outside of ███ family.
337 Examinee reports that ███ does not have close relationships/friendships that permit ███ to seek
338 and receive social support during times of emotional or other conditions of personal crisis.
339 Examinee states that ███ has some associates in ███ life but no one that ███ can speak to or lean
340 on for emotional/psychological support in times of personal distress or in moments of relapse in
341 addiction recovery.

342 ## Living Situation

343 The Examinee lives in a house that the Examinee describes as being of adequate
344 construction and upkeep for child wellbeing, welfare, and safe development. The Examinee
345 reports that there are no other adults in the home other than ██ parents. The Examinee is
346 dependent upon the help of ██ parents in meeting basic expenses for self and child needs.

347 ## Current Employment

348 The Examinee reports that ██ is currently self-employed part-time under contract with
349 ██████████████████.

350 ## Financial Situation

351 The Examinee reports financial hardship due to low wages earned at work and
352 indebtedness that ██ attributes to ██ current ██████ impulsive spending and money
353 mismanagement. The Examinee denies any responsibility in ██ current financial situation. The
354 Examinee reports that ██ has not developed a plan for the re-establishment of personal financial
355 stability.

356 # Psychological

357 ## Diagnoses: Present and Historical

358 The Examinee reports a history diagnostic history of Alcohol Addiction/Abuse for which,
359 on at least one occasion, ██ has received in-patient treatment for detoxification and addiction
360 recovery. Patient reports that ██ received treatment from a counselor at age nineteen years
361 following an armed robbery with the working diagnosis being ██████████████.
362 At present, the Examinee reports struggling with alcoholism but trying hard to recover.
363 The Examinee is not currently receiving treatment from a counselor, psychologist, or

364 Psychiatrist. Examinee states that ██ is in need of counseling for Post-Traumatic Stress
365 Disorder (PTSD) and self-medicating problems with alcohol.

366 ## Abuse/Neglect/Exploitation

367 The Examine reports two instances in ██ life that occurred within short temporal
368 distance of each other. Both having occurred when the Examinee was nineteen years of age.
369 The first traumatic event described by the Examinee occurred while ██ was a t a party
370 and drinking heavily. Examinee reports that ██ went out to ██ friend's car█ and laid down in
371 the back seat. Examinee also reports that ██ suspects that a drug had been introduced into one
372 of ██ drinks. The Examinee reports that ██ doesn't remember all of the details of the event but
373 that ██ does remember screaming, "get off of me." The Examinee reports waking up the next
374 morning in the backseat of ██ friend's backseat disheveled and undress partially. The Examinee
375 reports that ██ was later diagnosed with Chlamydia infection shortly thereafter.
376 The second traumatic event occurred within a month or two of the first. This event,
377 according to the Examinee, involved being robbed at gunpoint while ██ was working at a ███.
378 The Examinee states that ██ was in immediate fear of losing her life throughout the event. The
379 Examinee report having received brief counseling intervention provided by the owner of the
380 ███.

381 ## Addictive Behaviors.

382 The Examinee reports a pattern of alcohol abuse and addictive behavior starting at the
383 age of fifteen and continuing through to the present. The Examinee's response to the CAGE
384 screening interview and other responses during the assessment interview indicate that the
385 Examinee continues to struggle with alcohol addiction.

The Examinee's addictive behavior presents special challenges due to her use of alcohol to self-medicate for symptoms of PTSD and as a means to cope with tumult and difficulties in ███ marriage that is now in divorce proceedings. The Examinee reports that ███ drinking has led to violent confrontations with ███████ and in "blackout" periods while in sole custody of ███ children.

The Examinee acknowledges that ███ abuse of alcohol has contributed to the problems ███ is experiencing in ███ dissolving marriage and that ███ conduct while under the influence of alcohol has impaired ███ parenting and parental availability to ███ children. The Examinee reports that ███ drinking has led to ███ being arrested for family violence, disorderly conduct, and resisting arrest.

The Examinee's current stage of change is contemplative. This means that the Examinee is aware of having a problem with alcohol addiction but is not yet determined or committed to getting off of the substance of choice - Alcohol.

Risk Assessments

Suicide

The Examinee reports of history of Suicidal Ideation and attempt in 2016, while under the influence of alcohol, that led to ███ self-committal to a rehabilitation and mental health facility for treatment. The Examinee reports one attempted suicide behavior that involved ███ attempt to over-dose on an anti-depressant medication. This resulted in transport to the Emergency room for treatment and follow-up hospitalization. The Examinee reports further that ███ was not referred for mental health follow-up treatment.

The Examinee reports that ███ has, within the last three months, thought about suicide but did not form a plan or determine a time to act on them. The Examinee reports that ███ is not

409 currently receiving mental health counseling, nor does she have a strong social network to lean
410 on for help.

411 An extensive suicide interview was conducted and the Examinee reports that ███ did not,
412 as of the date and time of this assessment interview, have any thoughts, intent, plan, or means to
413 commit suicide. However, with an actual attempted suicide behavior and recent thoughts of
414 suicide combined with alcohol addiction, nearly non-existent social support network, and high
415 levels of life stressors the risk of another attempted/completed suicide is well increased for the
416 Examinee.

417 The Examiner and Examinee discussed and built a safety plan together that included
418 resources for help and actions to take in the event that ███ should find herself thinking about
419 suicide. Further, the Examiner and Examinee discussed counselors and psychologists in the area
420 where ███ lives, and a referral was made for ███. Hotline numbers were shared with the
421 Examinee.

422 The results of the suicide risk assessment indicate an elevated risk for suicidal behavior
423 by the Examinee but insufficient to require hospitalization at the time of this assessment
424 interview.

425 Homicide

426 There is a history of domestic violence, and pending charges for same, on the part of the
427 Examinee against ████████ and in the presence of the children. The Homicide risk
428 assessment structured interview indicates that the Examinee does not have thoughts, intention,
429 plans, or means to manifest a homicidal behavior against any particular target(s). The risk of

430 homicidal behavior is low. However, the history of violent temperament and behavior does
431 elevate the risk.

432 Parental Kidnapping/Absconding with Children

433 The Examinee does not report any thoughts of absconding with the children in defiance
434 of any legal decree of custody. The Examinee reports that ██ has no intention or plan to
435 abscond with the children at the time of this assessment or in the future.

436 Assessment Instrument Results with Interpretive Commentary

437 PCL-C

438 The Examinee's responses to the PTSD Check List for Civilians indicate that ██ is
439 experiencing DSM-5 diagnostic symptoms of Post-traumatic Stress Disorder. Although this
440 instrument is used for screening and is not diagnostic it does assist in understanding the presence
441 of PTSD symptoms.

442 LEC

443 The Examinee's responses to the Life Event Checklist reveals that the Examinee has been
444 exposed to two severely traumatic experiences in ██ life.

445 MDQ

446 The examinee's responses to the Mood Disorder Questionnaire indicate that there are no
447 historical experiences or symptoms matching the DSM-5 criteria for Bi-Polar Disorders I or II in
448 the examinee.

449 HAM-A

450 The Examinee's responses to the Hamilton Anxiety Scale indicate moderate to severe
451 experiences of anxiety.

452 ## BDS

453 The Examinee's responses to the Beck's Depression Scale indicate the presence of
454 moderate depression.

455 ## NPI

456 The Examinee's responses to the Narcissistic Personality Inventory indicate the presence
457 of strong traits of narcissism. Interview-collected information supports traits of covert
458 narcissism in the Examinee.

459 ## MMPI-2-RF

460 ### Validity

461 The responses to this assessment instrument are valid and relevant. This assessment
462 instrument's results are interpretable.

463 ### Over-Reporting

464 There are no indications of the Examinee's over-reporting symptoms or experiences
465 during this assessment. Cases of over-reporting are often associated with exaggeration of one's
466 symptoms or experiences. Malingering would be an example of over-reporting symptoms. In
467 this case there are no indications of over-report/exaggeration of symptoms by the Examinee.

468 ### Under-Reporting

469 The Examinee's responses to MMPI-2-RF prompts indicate a significant under-reporting
470 of ██ symptoms and/or experiences. The Examinee's under-reporting has an impact on all of the
471 scales of the MMPI-2-RF in that the actual scores are higher than indicated. Under-reporting is
472 associated with attempts to conceal or minimize a person's true nature and magnitude of
473 symptoms. In this case, where the Examinee is fearful of losing custody of her children in a
474 custody case, regardless or rationality/irrationality of that belief, the under-reporting can be
475 characterized as intentional for the purpose to derail accurate reporting/results.

476 ## Key Scales

477 **Thought Dysfunction**: The Examinee's responses have resulted in a T-score that is
478 slightly below average. However, when the issue of under-reporting is considered in
479 interpretation, the Examinee, more likely than not, has a much higher presence of Thought
480 Dysfunction. This is supported by other instruments where delusional thinking and suicide
481 behavior patterns are identified.

482 **Behavioral Externalizing Dysfunction**: The Examinee as scored a T-score that is very
483 near but slightly below the average. However, when incorporating the presence of under-
484 reporting, this score is more likely than not much higher indicating that the Examinee's locus of
485 control is externally assigned and indicates a belief that the Examinee's problems are external
486 and not internal. Scores of this sort are consistent with people who reject taking responsibility
487 for themselves/individual behaviors. This is supported by high NPI scores regarding individual
488 responsibility acceptance/rejection. This also may indicate that the Examinee feels that ███ life
489 is controlled by external forces and not under her own control at all. This is supported by the
490 results of the BDI results where feelings of hopelessness and helplessness are concerned.

491 **Anti-Social Behavior**: The Examinee's T-score is above average for Anti-Social
492 behavior. With the impact of under-reporting being integrated into assessment of this scale it is
493 more likely than not that the magnitude of the Examinee's Anti-Social characteristics are much
494 higher than indicated. This is further supported by the presence of a high externalizing
495 disposition and by high scores on the NPI. Anti-social people tend to be violators of rules,
496 regulations, and laws and are prone to violent outbursts or attacks when confronted with their
497 violations of social and legal rules/norms.

498 **Ideas of Persecution**: The Examinee also scores high on ideas of persecution which
499 indicates a belief or possible delusions of persecution by the Examinee. This is consistent with

500 the Examinee's mental health history (delusional thinking) and self- reported beliefs of people
501 and society conspiring against her during structured and un-structured interviewing.
502 **Suicide Ideation:** The Examinee scores significantly lower than average for this scale.
503 However, it is crucial that the impact of under-reporting, the history of attempted suicide, and
504 recent thoughts of suicide be considered as it regards a risk for suicide behavior on the part of the
505 Examinee.
506 **Helplessness/Hopelessness**: The Examinee reports a significantly low feeling of
507 helplessness and hopelessness. With consideration for under-reporting the Examinee's
508 hopelessness and helplessness feelings remain below average.
509 **Anger-Proneness**: The Examinee's T-score plots well below the norming sample's
510 average and even beyond the standard deviation. When considering under-reporting, self-reports
511 of explosive temper, history of family violence behaviors, and chronic alcoholism it can be
512 reasonably determined that there is a significant presence of anger-proneness. Additionally, self-
513 reported emotional and anger management problems during this assessment interview further
514 support that the Examinee is more prone to anger than indicated in the MMPI-2_RF.
515 **Juvenile Conduct Problems**: The examinee's T-score is above average for Juvenile
516 Conduct Problems. Under-reporting may be influencing a lower T-score than is actually present
517 in the Examinee. The Examinee, in interviews and on other instruments, self-reports conduct
518 problems during her teen years.
519 **Substance Abuse**: The Examinee's results for substance abuse is higher than average.
520 When considering the presence of symptom under-reporting, history of alcohol abuse, indices on
521 the CAGE assessment, recent in-patient treatment for addiction, and current self-reported

522 struggles with alcohol addiction, it can be reasonable concluded that the Examinee's addictive
523 behavior is much higher than indicated in this MMPI-2-RF assessment instrument.
524 **Familial Problems**: The Examinee reports in this instrument a T-score that is
525 significantly lower than average, extending beyond the margin of error and within the 95th
526 percentile. This indicates that the Examinee is reporting extremely low to no familial problems -
527 a statistically near impossibility. When considering under-reporting, the fact that the Examinee
528 is in a divorce process, and family violence charges are pending against the Examinee along with
529 Examinee's statements during this assessment interview, it can be reasonably determined that the
530 Examinee's familial problems are quite high.
531 **Aggression Scale**: The Examinee's T-score for aggressiveness is high and with the
532 consideration of under-reporting the and history of aggressive behaviors the Examinee's level of
533 aggressiveness, more likely than not, higher than indicated.
534 **Disconstraint Scale**: The Examinee's T-Score is high for disconstraint meaning that the
535 Examinee has difficulty in self-constraint regarding aggressive impulses and anger.

536 ## Parental Competency

537 The Examinee participated in a structured interview designed to assist in the
538 determination of the examinee's parenting style and patterns of conduct related to the raising and
539 caring for the children. The results of this assessment indicate that the Examinee's parenting
540 style is of the permissive type with rules being made but rarely enforced.
541 The Examinee expresses a strong bond and affection for ███ children and responses to
542 scenarios indicate that the wellbeing, welfare, and development of the children are primary to
543 her. There are no indices of detrimental or directly abusive parenting patterns. However,
544

545 ## Parenting Stress Index

546 ### Defensive Responding

547 The Examinee's responses to the PSI-4 indicate a significant level of defensive
548 responding. With a raw score of 24 and below indicating severe defensive responding the
549 Examinee scored a 27 which indicates a high-level Type II Dishonest Answering as defined by
550 the assessment instrument designers. This level of defensive answering is indicative of a parent
551 desiring to under-report stress levels and stressor factors in order to present a more desirable
552 appearance.

553 ### Parent Domain Scales

554 #### Competency Stress

555 The Examinee has a T-score that is nearly one standard deviation below the norming
556 sample average. This indicates that the Examinee reports exceptionally low parenting
557 competency-related stress levels that is inconsistent with average stressor encountered in normal
558 parenting conditions. Significantly low competency stress levels are indicative of a parenting
559 style that is permissive or unengaged.

560 #### Isolation Stress

561 The Examinee reports -1SD T-score indicating very low stress related to isolation stress.
562 Very low IS scale scores are indicative of a parenting style of disengaged/unengaged or
563 permissive. The impact of Defensive Answering and the presence of an extremely high life
564 stress level combined with other instrument responses where the Examinee reports negatively
565 impacting isolation, small social support and familial support networks, and struggles with
566 alcoholism allows for a reasonable calculation that the Examinee's actual isolation stress level is
567 much higher than reported in the PSI-4.

Restricted Role Stress

The Examinee reports a slightly above average score for stress related to a perceived restriction on ██ role as a parent.

Spouse Parenting/Co-Parenting Relationship

The Examinee reports an extremely high co-parenting stress level. An increase in this stress scale can be considered normal concerning the circumstances of a pending divorce, separation, and on-going custody dispute in court. However, the Examinee's T-score is +2 Standard Deviations above average and indicates an excessive level of stress for the Examinee which may serve to negatively impact her parenting efficacy.

Life Stress Scale

The Examinee's Life Stress Scale T-score exceeds the recordable scale. This indicates a very severe level of over-all stress experienced by the Examinee. The Examinee's score is indicative of overwhelming and clinically significant levels of stress experienced by the Examinee which may serve to diminish her parenting efficacy.

Summary

The Examinee's responses to formal assessment instruments, structured interviews, and unstructured interviews reveals a person experiencing significant mental health distress related to past traumatic experiences and possibly a developed Cluster B personality disorder (Covert Narcissism). ██ history of alcohol addiction, most likely as a means to self-medicate for Post-trauma related anxiety responses and intrusive memories.

The Examine has a history of suicidal ideation and attempt requiring, on at least one occurrence, in-patient hospitalization and treatment. ██ also reports thoughts of suicide within the last three months but not at the time and date of this assessment. A safety plan has been

591 developed with the Examinee and referral for mental health counseling made. ███ current risk
592 for suicide behavior is moderate and requires immediate mental health intervention via out-
593 patient counseling. Supervised parenting, until counseling results in a more stable condition,
594 should not be ruled out when considering custodial arrangements.

595 The Examinee, according to scales of the MMPI-2-RF and PSI-4, indicate a deliberate
596 under-representation of ██ symptoms, conditions, and circumstances in order to place her in a
597 more positive light by the Examiner and court. The Examiner encourages that caution be
598 exercised as it regards child custody determination at this time. This is based on research
599 information that implicates alcohol addiction, severe depression, and history of suicide attempts
600 in parents as detrimental elements to sound parenting and care for children.

601 ## Diagnostic Information

602 ### Diagnoses

603 F10.20 Alcohol Use Disorder - Severe
604
605 F43.10 Post Traumatic Stress Disorder - Delayed Onset - w/Dissociative Features - w/psychotic
606 features - Complex.

607 ### Diagnostic Considerations

608 The results of this assessment indicate that further diagnostic and treatment planning by a
609 licensed professional mental health clinician/practitioner:
610
611 Cluster B Personality Disorder
612 Narcissistic Personality Disorder
613 Borderline Personality Disorder

614 ### Treatment/Intervention Recommendations

615 The results of this assessment strongly indicate the presence of significant trauma-based
616 disorder requiring immediate professional mental health intervention. Specifically, the
617 Examinee is in need of continued follow-up care for alcohol addictive behaviors, PTSD, and
618 suicide ideation. Further assessment regarding possible Cluster B disorder is strongly
619 recommended.
620 Although a safety plan has been put in place the Examinee needs to see, regularly and
621 intensively, a trained and licensed professional in mental health as soon as possible.

622
CERTIFICATION

623 I, John M. Duffey, Sr., MC, NCC, FMHE, ALC, certify this report to be true and accurate
624 to the best of my knowledge and training this 22nd day of September, 2020.
625
626
627 *John M. Duffey, Sr.*

628
629 John M. Duffey, Sr., MC, NCC, FMHE, ALC
630 Alabama Institute for Behavioral Health & Res.
631
632
633
634
635
636
637
638