UNM HEALTH SCIENCES CENTER

The New Mexico Immigrant Law Center created a phenomenal training video that some of their pro bono medical partners have created for our team + extended pro bono network. It is a fictional demonstration of a mental health evaluation conducted to support an asylum/withholding/CAT claim. **Below is the sample Affidavit from the Eval in the video.**

Olivia Shadid, M.D.
2400 Tucker Avenue, NE
MSC 095030
Albuquerque, NM 87131
Department Phone 505-272-2223
Department Fax 505-272-4639

Date: 06/02/20

SAMPLE ASYLUM INTERVIEW AFFIDAVIT

IDENTIFYING INFORMATION:
Given Name: Alma Flores
Preferred Name: Alma
Alien Number: 000-62-3807
DOB: 05/30/02
Age: 18
Gender: Female
Cultural Identity: Latina
Evaluation Date: 06/02/2020 @ 8:30 a.m.

CONFIDENTIALITY STATEMENT
Pursuant to a request by Claudia Huerta, attorney, I evaluated Alma Flores to determine the psychological impact on her from her experiences in El Salvador. For the remainder of this interview we will refer to the client as Alma her preference. Prior to conducting the evaluation, we discussed with Alma the limits of confidentiality for this interview. Specifically, information obtained during the interview is confidential with the exception of legal utility.

SOURCES of INFORMATION
This report is based upon the following sources of information:

(1) 60 minute in-person interview at La Mariposa Community Center in San Diego, CA.
(2) Client's Declaration, provided by attorney
(3) I-589 Form

Note that the account in this report reflects information that Alma provided and described unless one of these sources is cited.

EVALUATOR INFORMATION

Dr. Shadid is a medical doctor who is licensed to practice medicine in New Mexico and a member of the American Psychiatric Association. She is an Albert Schweitzer Fellow for Life for her work in addressing health inequities prevalent in immigrant families with young children. She is a 2020 recipient of the Academy of Child and Adolescent Psychiatry Advocacy and Collaboration Grant, as well as the 2020 Bennahum Fellowship in Medical Humanism. Dr. Shadid has conducted multiple mental health evaluations of asylum-seekers and of family members of deported migrants. She has had presentations on conducting asylum evaluations accepted for national conferences. She has published op-eds

regarding global and intercultural population-level health and has published in national news outlets on parenting in crisis. Dr. Shadid has published in the medical literature on community interventions promoting the health of resource-poor populations. Her current research pursuits include examining the intersection of cultural subgroups and mental health treatment adherence, as well as the impacts of government-imposed familial separation on migrant youth. Further, Dr. Shadid and Dr. Sidhu are currently writing a book chapter on evidence-based psychological assessment of asylum-seekers. Dr. Shadid has testified multiple times as a mental health expert in mental health court. Dr. Shadid has been active in working with children and young adults in community and clinical settings for a decade. She has received formal mentorship and coursework on conducting objective, thorough, and fair mental health evaluations in the legal setting, including coursework in conducting telephonic mental health evaluations of asylum-seekers. **Her clinical work thus far has predominantly been in underserved communities in which trauma, suicide, homicide, substance use, and mental illness rates are considerably higher than the national average. She has experience working with traumatized adults and children.**

Dr. Sidhu is a medical doctor who is licensed to practice medicine in California and New Mexico. He is 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. He currently serves as Program Director for the Child and Adolescent Psychiatry Fellowship Program at the University of California San Diego Medical Center and Rady Children's Hospital of San Diego. He was previously an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of New Mexico (UNM), where he served as 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). Dr. Sidhu is 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. He is 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. He also serves on the Executive Council of the Assembly of Regional Organizations for the American Academy of Child and Adolescent Psychiatry. He has 47 publications on his Curriculum Vitae, and has given over 100 national, state, and local presentations, including keynote addresses and grand rounds presentations. **His clinical work has predominantly been in underserved minority communities in which trauma, suicide, homicide, substance use, and mental illness rates are considerably higher than the national average. He has extensive experience working with traumatized adults and children, in both in rural and urban settings.**

Dr. Sidhu has 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. He has also trained 575 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.

CONTEXTUAL HISTORY:
**What was happening in the country when the trauma occurred? What minority group were you a part of? 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)? Would the client have felt safe moving somewhere else in their home country?*

Alma grew up with her family in Soyapongo, El Salvador where her community was plagued by gang activity. Many individuals were forced into doing work for the gangs. Community members was suspicious of each other regarding gang involvement. Often families who were not involved with the gangs were the ones most likely to be targeted "for money or something else." Neither Alma's parents or siblings were involved with the gangs, but Alma did have cousins and classmates who were involved. Often the girls and young women who would become involved were initially informants and then gradually completed more dangerous and violent, even murderous tasks for the gangs. Some people in the community would be kidnapped by the gangs; when girls or women were kidnapped they would often be "found dead or missing."

One gang eventually required Alma's father to pay them money, which he refused. He also refused to have his children join the gangs. Alma states that many families lived in fear in their own homes and her own father did not want the family to leave the house except if necessary. After her father refused to pay them, the gang began to target her family more specifically and the gang's interaction with her family escalated in intensity. Further, Alma knows that the gang was targeting her because of her father's refusal to pay money because of what they told her while they were assaulting her: "they told me to give thanks to my father for his decision."

Recourse to the police or authorities was not helpful in Alma's neighborhood. Her house was surrounded by the houses of gang members "so if they saw the police come to your home, it was basically a death sentence for my family." Gang members were also members of the police force and many non-gang police officers assisted the gangs and worked for them.

Alma did not feel that she could move to another neighborhood or city in El Salvador as the gang has connections throughout the country and the police force. "Once they were after you, they could find you anywhere."

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. Quotations are paraphrased and not exact quotes. Given the fact that a diagnosis PTSD requires a hx of at least one traumatic event and due to limitation of time, I have asked the client to share one particularly difficult traumatic experience for the purpose of this report and evaluation.*
**Focus on qualitative details rather than quantitative details*

The gang increasingly harassed Alma and her family, threatening the family, demanding Alma and her sister be allowed to work as informants for the gang, and eventually smashing Alma's father's workplace

windows, beating her father multiple times, and vandalizing the family home. The gang demanded that Alma and her sister be home the next time they came by the house, but Alma's father continued to keep them out of the home when this was happening to keep them away from the gang.

One evening, Alma and her friend were walking home from where they worked in Alma's father's panadería. Alma heard male voices shouting at her to stop walking and "hold up," but Alma continued to walk away faster. At this point, the group began to shoot guns in the direction of Alma and her friend. As the group approached, Alma recognized one of the men as "Malo," a prominent gang member. Alma's

friend began crying and apologizing to Alma, saying that the gang had threatened they would hurt her if she did not disclose where she and Alma would be walking that evening: **"I felt so sad and betrayed that**

she could do this to my family." Alma's friend was allowed to leave, then the men put a gun on Alma and pointed another one in her direction. She tried to offer them the money she had on her, "but they just kept telling me to shut up....I told them I was going to scream but they just told me if I didn't shut up they would shoot me in the mouth...they backed me up into an alley and they kept saying things like 'we're going to have fun with you or, or you can thank your dad for this.'" Alma was then hit on the head with a gun and passed out.
When she awoke, she was lying in the street naked. She collected the few clothes she could find, like a shoe or her pants, and ran home: **"I just wanted my life to be over**...when I came home, I could barely walk. I felt dizzy, my head was bleeding. I looked in the mirror and saw bruises all over my body, I had hickies on my breasts, I had some sort of white liquid running down my legs, my privates were bleeding and bruised. I just hurt everywhere. **I just felt like I couldn't do anything it was so painful,** I couldn't even go to the restroom for a few days. **I mostly just stayed in my bed and didn't want to get up."**

After this incident, the gangs continued to pressure Alma's father. This led to Alma's mother, sister, brother, nephew going to the US to apply for asylum and were detained upon arrival. Meanwhile Alma stayed back to help her father and grandmother. Eventually, Alma was able to get a tourist visa and moved to San Diego to live with her aunt, who helped Alma apply for asylum herself.
Regarding her mother, sister, brother, and nephew in detention: "**it's horrible**, knowing that they're all separated and lonely...**it just worries me** they could get sick there or possibly die in there...or just knowing or not knowing how long they could be there, **or worse they could be sent back to El Salvador and who knows what the gangs would do to them then.**"

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

Grew up in Soyapongo, El Salvador. Alma lived with her mother, father, sister and her baby, younger brother, and grandmother. Alma's father owned a *panadería.*
High school diploma at Escuela La Campanera in Soyapango.
Alma worked at her father's *panadería* and at a dress shop. She was saving money to obtain her teaching degree.
Should Alma remain in the United States, "I'd love to become a teacher...my *tía* got her teaching degree in El Salvador and eventually she was able to teach in the United States. She inspired me to want to help young people like me."

PAST MENTAL HEALTH HISTORY:

**Past treatment (meds and therapy), past hospitalizations. If have hx of SI, can say that further decompensation could lead to a return to that critical level*

Alma worked with a counsellor around age 12 or 13. Her father wanted her to drop out of school to help with work and this saddened Alma. She felt it was helpful to talk with a therapist during this time. Denies psychiatric hospitalizations or medications. No prior suicide attempts or self-harm.

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

She reports having a superficial lesion on her right lateral forehead that is secondary to when gang members hit her with a gun. Alma has suffered from headaches since that incident, as well.

Alma does not suffer from any chronic medical conditions. She has never had to be hospitalized for a medical condition or undergone any surgical procedures.

Denies any history of traumatic brain injury. However, her assault by the gangs--when she was hit with a gun, lost consciousness, awoke with poor memory, along with her enduring headaches--is suspicious for traumatic brain injury.

MEDICATIONS: Aspirin for headache
ALLERGIES/SIDE EFFECTS: None

PHYSICAL EXAM: **Document any reported lesions due to scars and functional impairments, no private areas*
~2cm hypopigmented lesion on right lateral forehead near hairline. Alma reports this is from when a gang member hit her with a gun.

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.*

CRITERIA WITH EXAMPLES--not to be included in your submitted affidavit

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 – Mr. Doe reports when he lays down sometimes he can feel people grabbing at him and tying him up or putting a bag over his head, (4) intense prolonged psychological distress with triggers – "he reports high levels of anxiety and fear when recalling the torture," (5) strong physiological reactions to triggers – "he reports panic-like symptoms in the form of increased heart rate, fast breathing, and nausea when remembering"

C) At least one avoidance symptom

(1) Avoidance of memories/thoughts/feelings "in the form of trying to constantly distract himself from memories in the form of staying busy and avoiding isolation," (2) Avoidance of external triggers "in the form of avoiding any television shows or reading any material related to violence or torture"

D) At least two negative mood/cognition

(1) Cannot remember aspect of trauma, (2) persistent negative thoughts about self/world "in the form of believing that corruption wins in the end and that there is no way for good people to win," (3) blames self or others "in the form of blaming himself for almost putting his family in danger," (4) persistent fear/horror/anger/guilt/shame, (5) decreased interest, (6) detached or isolated "– because he misses his family," (7) no positive emotions like love or happiness "– he feels this way without his family"

E) At least two changes in being aroused or reactive

(1) Anger towards others (spontaneous aggression, outbursts), (2) Recklessness, (3) Vigilant "– has to be in a position where he can always see things in the room, checks locks multiple times at night," (4) Startle "– jumps easily at any sound," (5) Difficulty focusing, (6) Sleep issues – "especially when he closes his hands and can still feel his assailants hands on him"

Alma reports that she was negatively impacted to the point of an impairment in functioning given her traumatic experiences in El Salvador. She meets the following criteria for Post-Traumatic Stress Disorder: **Criterion A1**: Alma was sexually and physically assaulted by gang members. She and her family were threatened and harassed by the gang in their home, as well. **Criterion A2**: Alma witnessed people dying on the streets, secondary to gang violence. **Criterion A3**: Alma learned of her father being physically assaulted and of her young cousin being killed by gangs. **Criterion B1**: Alma suffers from intrusive memories regarding her trauma: "I always think about all the violence that happened." **Criterion B2**: She describes recurrent distressing dreams: "Sometimes I dream that gangs are coming into my bedroom...I can feel like it's actually happening, like I can hear the voices of the gang members taunting me again. It just feels so real, like it's all happening again." **Criterion B3**: She reports dissociation and flashbacks: "Sometimes when I wake up from one of those nightmares, I feel like I don't know where I am, back in El Salvador or San Diego, I feel like I don't know where I am." **Criterion B4**: She reports intense prolonged psychological distress when she has memories of her traumas: "I just feel scared all the time." **Criterion B5**: She also reports strong physiological reactions to triggers and memories, including increased heart rate, chest tightness, "I feel like I just can't breathe when I think about it." **Criterion C1**: She reports avoiding memories, thoughts, and feelings related to her traumas: "I feel like my life is one big distraction. I don't really go out anymore, not even to hang out with my cousins or go for a walk in the park. Whenever I go out, I feel so unsafe." **Criterion C2**: Alma avoids external triggers in the form of avoiding large crowds and even smaller groups of people. **Criterion D1:** She has difficulty remembering certain aspects of the trauma, including after she lost consciousness following being hit with a gun. **Criterion D2:** Alma's beliefs about herself and the world have changed following her traumas: "I feel like I'm a really gross person. I feel bad, like what kind of world is this, where something bad happens so many times to someone like me. I just feel like this has broken me...it's really hard to trust people, especially men, especially men who look like Malo. After Elsa gave me up to the gangs I feel like I can't trust anybody....especially people I know, it's like they can attack me at any moment." **Criterion D3**: She blames herself for her assault: "I do feel like I shouldn't have trusted Elsa so easily." **Criterion D4**: She

reports experiencing negative emotions much of the time, including persistent fear, sadness, and anxiety. **Criteria D5 & D6**: She reports decreased interest and enjoyment in activities and increased isolation following the traumas: "I don't really do much anymore. I just stay in my room, trying to study. I feel like this should be a good time to try to stay in touch with my family, but I get so anxious just thinking about it that I just end up not talking to them. **Criterion D7**: She reports difficulty experiencing positive emotions, including happiness and affection: "I love my family but don't feel for much else." **Criterion E3:** Allma describes hypervigilance: "I feel like I'm constantly looking over my shoulder, thinking somebody might be following me or like I should run away somewhere." **Criterion E4**: She describes an increased startle response: "if i don't hear someone come up to me and they touch my shoulder or something, I get scared." **Criterion E5**: She reports difficulty focusing on tasks since the traumas. **Criterion E6**: She reports difficulty falling asleep: "there are some nights where I don't fall asleep until 4 in the morning."

PTSD LEVEL of SEVERITY: **Ask patient out of 10, then give your assessment*
Alma rates her level of PTSD symptoms at a "8 or 9/10." This clinician rates Alma's of severity at MODERATE to SEVERE.

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

Alma reports suffering from depression since her assault in October (~6mos). She feels depressed every day, most of the day.
She describes poor concentration, interest/enjoyment, and feelings of guilt (see PTSD screen). She describes low energy and psychomotor retardation: "I feel like I have no energy at all. My tía sometimes calls me 'la tortuguita,' or 'little turtle' just because I've been moving around so slow." She reports poor appetite: "I don't care much for food anymore."

Alma reports that there are times she feels very hopeless, "but I would never really do anything because of my family and because I'm Catholic." She reports she has these ideations at times when she hears "someone bad calling my name. I just get so scared I don't know if I should be running away. I don't know what to do sometimes."
She denies any intent, desire, or plan to harm herself or end her life.

She denies periods of mania or hypomania.

DEPRESSION LEVEL of SEVERITY: **Ask patient out of 10, then give your assessment*
Alma reports her level of depression is a "8 or a 9/10." This clinician rates Almas's level of severity at MODERATE to SEVERE, particularly as there may be a psychotic element.

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

Alma describes anxiety which is completely situational about her case and his family, but denies any previous anxiety conditions. She rates this level of anxiety at a "7 or 8/10."

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

Alma reports there are times when she hears "someone bad calling my name." This experience can cause her to feel hopeless.

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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.*

Tan complexioned, appears stated age, long thick dark hair, bespectacled, good grooming and hygiene, casually dressed, **~2cm hypopigmented lesion noted on left lateral forehead near hairline**; cooperative, engaged, reflective; no tics or tremors, **occasionally playing with drawstring of hoodie, intermittent eye contact**; normal rate/rhythm/volume of speech, **increased latency**, **flat tone of speech,** occasional slight Spanish accent; mood described as **"scared all the time;**" incongruent affect, **flat affect, at times tearful, restricted range, decreased reactivity,** non-labile; thought process linear and logical; no current SI/HI/AVH, memory/attention/insight/judgement good and age-appropriate based on interview

ASSESSMENT:
This evaluator found Alma's reported history to be consistent with someone who has been traumatized for the following reasons:

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) His 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 physical and sexual assaults,
5) She did not appear to be endorsing symptoms indiscriminately: she endorsed many, but not all of the symptoms that I inquired about,
6) Her physical exam was significant for a scar which she reports was received from trauma

DIAGNOSIS:
Alma 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 (296.23, F32.2)
3) Likely history of Traumatic Brain Injury based on reported history (854.0, S06.2X9D)
3) Rule Out Adjustment Disorder with Anxiety (309.24, F43.22)

DISCUSSION:
The following are aspects to Alma's presentation which could potentially impact her testimony.

1) Alma suffered from trauma, which can impact memory as described below
2) Alma suffered from a significant physical assault with the possibility of head injury and concussion. Concussions are a form of traumatic brain injury and can impact memory as described below.
3) Alma reports symptoms of Post-Traumatic Stress Disorder and Major Depressive Disorder. Each of these conditions impair concentration and the ability to focus, which could impact her testimony. Moreover, symptoms of Post-Traumatic Stress Disorder are often re-activated under stress, and especially in hostile conditions which could be present depending on how questions are asked during testimony. These conditions also cause insomnia, which is an independent risk factor for poor concentration and focus.
4) Alma suffers from headaches which could impact her testimony

5) Alma may display an affect (facial expression) which appears confusing to the honorable judge and/or attorneys, but which is a typical response to trauma, the situation, and/or this particular circumstance. For instance, a client who has difficulty talking about traumas in the context of strangers, and who experiences hypervigilance and re-traumatizing symptoms when in public may have difficulty. This can be considered an "ego defense" in psychology, in which the mind is attempting to remain intact in the face of great stress, when there is concern by the individual that they would break down completely and be unable to continue were they to let all of their defenses down. Therefore, Alma may do things like smile at times while reporting traumas, laugh inappropriately, or be unresponsive. Some of these behaviors may also be culturally normative, with frowning and crying in public being discouraged and considered impolite in some cultures.
6) XXX is currently a typically developing nine-year-old, which places her in the Piaget stage of "Concrete Operations." Children in this stage are beginning to understand sequencing, seriation, and classification, but are far from competent in these tasks. Sequencing refers to putting things in order according to time, and seriation refers to putting things in order according to magnitude or size. Classification refers to the ability to categorize objects based on characteristics or qualities. Sequencing, seriation, and classification all fully develop by age 12, and therefore XXX would not be developmentally capable of performing these tasks fully. Further, being in "Concrete Operations" means that XXX may not be able to grasp abstract concepts.

a Piaget's "Preoperational Stage."

XXX is currently a typically developing 5 year old boy, which places him in Piaget's "Preoperational Stage." As he will not approach transition to the next stage, "Concrete Operational Stage" until age 7 or 8, XXX is unlikely to have a sophisticated understanding of sequencing, seriation, and classification and would be far from competent in these tasks. Sequencing refers to putting things in order according to time, and seriation refers to putting things in order according to magnitude or size. Classification refers to the ability to categorize objects based on characteristics or qualities. Sequencing, seriation, and classification all fully develop by age 12, and therefore XXX would not be developmentally capable of performing these tasks fully. Further, being in the "Preoperational Stage" means that XXX is unlikely to be able to grasp abstract concepts.

7) XXX is currently in/only completed 4th grade, and therefore any vocabulary used beyond the scope of a 4th grader would not be understood with certainty or reliability. Further, his rhetorical abilities to organize cohesive narratives and explanations may also be limited to those achieved by a 4th grader.
8) That XXX was able to undergo such severe reported traumas, but has since demonstrated much functional stability, such as in school and relationships, and a positive outlook on life is a testament to his significant psychological and interpersonal strengths as an individual, his healthy coping skills, and his resilience. Further, his resilience is a sign of the strength of his mother's ability to support XXX, despite difficult circumstances.

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 Alma 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-exper iences, 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 Detention on the 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 Undergoing Traumatization of Children on Caregivers' Report
The medical literature has suggested that caregivers of traumatized children may have suffered their own traumatic events and may experience distress or guilt related to their child's trauma. This may lead to inaccuracies in report of how their child is coping with trauma.

Gartland, M. G., Ijadi-Maghsoodi, R., Giri, M., Messmer, S., Peeler, K., Barkoudah, A., & Shah, S. (2020). Forensic Medical Evaluation of Children Seeking Asylum: A Guide for Pediatricians. Pediatric Annals, 49(5), e215-e221.

The cultural idiom "Thinking Too Much"
"Thinking too much" idioms are most commonly expressed by non-Western individuals. "'Thinking too much'" idioms typically reference ruminative, intrusive, and anxious thoughts and result in a range of perceived complications, physical and mental illnesses, or even death. These idioms appear to have variable overlap with common psychiatric constructs, including depression, anxiety, and PTSD." "In our review, 'thinking too much' idioms were found to more saliently communicate distress, as they reference locally meaningful ethnopsychological constructs, value systems, and social structures"

For more, please see this systematic review: Kaiser, B. N., Haroz, E. E., Kohrt, B. A., Bolton, P. A., Bass, J. K., & Hinton, D. E. (2015). "Thinking too much": A systematic review of a common idiom of distress. Social Science & Medicine, 147, 170-183.

RECOMMENDATIONS:

Alma 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 Alma reported would be helped with the proper, evidence-based psychiatric treatment. 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 her in El Salvador. Furthermore, deporting her could possibly lead to a serious psychiatric decompensation, including escalation of her suicidality.

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.

Signed and dated with full credentials and titles