



Beth Powell's  
**In-Family Services**  
Trauma-Informed Psychotherapy,  
Licensed Clinical Social Work and Neuro-Behavioral Education

*Please note that this report is not an official psychological report for any court of law or for Children's Protective Services. It is an unofficial, pro-bono write up of this therapist's professional, subjective opinion of the optimal behavioral, neuro-behavioral, psychological, and/or academic interventions to best meet this client's needs by the child's primary and secondary caregivers.*

Subject: Evaluatory Report  
Child: Maggie Mae  
Age: 11  
Evaluator: Beth Powell, LCSW  
Date: 5/17/16

**DSM 5 Diagnosis:**

1. 309.81 (F43.10) (Complex PTSD/Developmental Trauma) Due to stressful gestational period; inconsistent/insecure/stressful first 9 years of life

**Suspected Neuro-Sensory/Emotional Regulatory Challenges:**

**R/O proprioception issues:** has difficulty finding herself in time and in space; **R/O immature differentiation:** common with anxious children who display ADHD symptoms; has hyper-startle response; **R/O "sticky" interhemispheric switching:** obsessive thinking present as well as oppositional defiance; has awkward crawl, avoids midline crossing, and rhythmic synchronicity is challenging.

**Summary:**

*Mom and Dad want to help Maggie cease hurting from past experiences. She is in a foster-adopt kinship placement with them. She had been born to a fifteen-year-old mom and had been removed from her due to neglect. Birth mom admits to drinking, smoking and drugging during her pregnancy with her. Maggie also experienced at least physical abuse with her maternal grandmother with whom she lived part of her life. Sexual abuse has not been ruled out. Where Maggie lived prior to kinship placement tended to be determined by which male partner mom lived with. At least one tried to kill birth mom and Maggie by locking them into a house and setting it on fire. Mom notices that Maggie is developmentally somewhat behind her peers: she thinks in concrete, not abstract terms, and is socially immature. Mom describes her as argumentative, deceitful and that she tries the patience of adults. Mom notices that she seems to be highly anxious. She carries a current diagnosis of ADHD and is on Seroquel and a class 2 stimulant.*

**Recommendations:**

Maggie has had a lot of challenges in her life and is blessed to be as well put together as she is, given her past circumstances. She is frightened, insecure and anxious. She has experienced far too much threat and danger in her young life. She is likely delayed developmentally due to too much stress, too early on, for too long. Brains don't develop as they are supposed to in the optimal time that they are supposed to develop when the body is in a state of just trying to survive. It is very possible that the ADHD symptoms she presents with are caused by chronic anxiety.

Even though her war is over, her brain doesn't know that, yet. It sounds like fight-flight-freeze became the modus operandi for her daily existence for the first 9 years of her life.

Maggie is likely fabricating truth and arguing because it is a way to get the chaos that lies within her to the outside of her as it gives her a sense of control over something. If she isn't in control, something bad could happen, her brain may tell her. Also, she isn't accustomed to being loved, as this feels uncomfortable, and she, therefore, pushes people away.

This therapist suspects that Maggie isn't switching interhemispherically and intrahemispherically as well as she should to unstick negative stinking thinking, obsessiveness and contrariness. The switching mechanism may have gotten worn down by too much stress. The more tired she is, the more stressed she is, the hungrier she is, then the more unpleasant she is to be around, this therapist wagers.

**Recommended Beginning Plan to Help Caregivers Set the Stage for Recovery:**

1. You may want to get a copies of **The Connected Child**, **The Boy Who Was Raised as a Dog** and **The Fabric of Autism** if you don't already have copies of these books. They are great primers for helping parents better understand children from "hard" places.
2. I know it's hard to help others understand that feeling sorry for Maggie is the worst thing that they could do to help her become a victor over her circumstances. You've already shared that many people in your life feel sorry for her and treat her with pity. Pity is perfect for helping children who come from a hurting, traumatic place NOT rise from the ashes of their circumstances. She needs to be treated with understanding and empathy, not pity. Pity can help victims stay victims who victimize others. You are "good people" and will do your best to help Maggie be all she can be. You are trying to help Maggie become a thriver, not just a survivor. See handout on this topic.
3. Please consider a second opinion with a psychiatrist regarding whether or not a class 2 stimulant should be a medication for this child. They sometimes make anxious children more anxious and ornery. Would a calming pharmaceutical be better for the reactive part of her brain rather than a stimulant?
4. Diet is important. Please see handout on healthy foods.

5. Of course, you parents could benefit from parenting strategies and education to help you be as resilient and effective as you can be with Maggie's challenging behaviors and attitudes. This therapist will help you in this area.
6. What about some targeted, therapeutic neuro-behavioral and creative play strategies and ideas to address her neuro-behavioral and emotional needs? I will help you in this area.
7. EMDR would be a very good past trauma healing modality to utilize with Maggie. This therapist can perform EMDR with her.
8. Maggie needs relationship-building therapy with at least you, Mom, since you are around her the most and bear the brunt of her transferred hurt. She has to learn to trust you, and you have to learn not to get triggered by her. You're the mom. Maggie has to learn that it's safe to love and be loved.

Her birth mom and maternal grandma didn't protect her, so other women who try to fill the place of a mom get most of her resistance and lack of trust for female caregivers. So, you, the adoptive mom, will be the primary change maker in this situation. This therapist will guide you along the path of helping you heal Maggie's relationships with herself, with you, and with others.