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PSYCHOLOGICAL REPORT

Name: Abigail Adams
Age: 18
Education: Ninth
Date of Evaluation: 08-24-2009
Tests Administered: Incomplete Sentence Test; Mini Mental State Exam;
Minnesota Multiphasic Personality Inventory - 2;
Wechsler Adult Intelligence Scale (3rd Edition); and
Wechsler Individual Achievement Test (2nd Edition)

BACKGROUND INFORMATION: Abigail Adams was referred for evaluation by Chris Lincoln of the Department of Human Services. Ms. Adams was referred because of chronic neglect of her daughter, Rachel Adams, and an apparent lack of insight as to her parenting responsibilities. The Department of Human Services is seriously considering moving towards termination of parental rights because of the perceived parental incapacity of Ms. Adams and her neglect of Rachel.

According to the caseworker, Rachel was left alone for at least four hours on February 15, 2009 by Abigail. There have been several prior referrals to Protective Services in regards to this child. According to the report of Andrea Browning, the mother has continued to deny neglect of Rachel, and has refused preventive services. She continues to blame the baby's father for leaving the child unattended.

INTERVIEW WITH ABIGAIL ADAMS: Abigail Adams was intensely interviewed in regard to the current complaints. Ms. Adams described herself as an 18-year-old woman who has a ninth-grade education. She indicated that she did not complete her education when she moved to the Pittsburgh area because she was looking for her "natural mother" at that time. Ms. Adams stated that she was attempting to escape from her adoptive parents, who were harassing her and wanting her to go back to Ohio.

Ms. Adams indicated she was adopted at age two. She was informed by her adoptive parents that her own mother put her up for adoption because she was 16 and had no place to stay on her own. In addition, Ms. Adams' adoptive parents told her that her biological mother was pregnant at that time with another child and taking care of a grandmother who was dying of cancer. Ms. Adams indicated she was the youngest of three children in the adoptive family. She described her adoptive mother as being overweight with numerous physical problems. Ms. Adams also described herself as never having a stable home. She stated she experienced a lot of arguing and fighting and that there were frequent fistfights between her mother and herself, and between her father and brother. She recalled being spanked as a toddler and stated she was whipped with extension cords, belts, and coat hangers.

Ms. Adams stated that she had no memories of the time spent with her biological mother, but described herself as having a "typical childhood." However, she then indicated that she had to take care of her adoptive sister's baby for much of her early childhood and frequently got into a lot of trouble as a child. Ms. Adams stated she was accused of setting an organ on fire when she was seven years of age. She

recalled having very strong feelings of hostility towards her mother, who wanted her to play an organ. Ms. Adams indicated that she was also experimenting with smoking at the time. Rather than getting caught smoking, she threw the cigarette and caught the organ on fire. Ms. Adams said she began to run away from home beginning at the age of nine or ten. She stated she did not want to be there because her adoptive father was frequently sexually molesting her. She stated she did not tell anybody about the sexual abuse. She was fearful of making any type of complaints because she was afraid she would be put away in an institution for the rest of her life, as stated by her adoptive father. Ms. Adams indicated that she has been placed in numerous foster homes, group homes, and other programs throughout her life.

When asked about a charge that she had cut a foster child between the fingers with a razor blade in her adoptive home, Ms. Adams provided the following information. She stated that she came home from school at the age of 15 and found her adoptive mother overdosed on medication. The foster child was in the bathroom taking a bath, where apparently the child had been left prior to her adoptive mother's overdose. Ms. Adams stated that the child had found the razor blade and had cut herself prior to her walking into the room. Ms. Adams then recalls attempting to wrap the child's hand, and was accused by the adoptive mother of cutting the child.

Ms. Adams described her physical health as "good". She denied any concerns or problems associated with alcohol or drugs. She stated she was placed at the Whaley Children's Center about a year ago while she was a state foster care ward and that they had her on antidepressant medications. She indicated that she did not like the medication because it made her gain weight.

In reference to the current charges involving her own baby, Rachel, Ms. Adams tends to discount these charges and denies any type of neglect of her baby. She said that Rachel's father, Newell Smith, had always been rough with her, liked to tease the child to make her cry, and did not know anything about babies. She said that Newell mostly ignored the baby and had very little to do with her care.

COLLATERAL CONTACT:

I spoke with Mrs. Johnson, Abigail Adams' foster mother from the age of 16 until she was emancipated, regarding her experiences with Ms. Adams. Mrs. Johnson stated that Ms. Adams had "been a handful" and regularly broke house rules and skipped school. She also stated that Ms. Adams frequently talked back, was verbally aggressive, and ran away from home on at least two occasions. Mrs. Johnson corroborated Ms. Adams' report of taking antidepressant medications prescribed by the Whaley Children's Center and noted that she seemed calmer while on the medication, but "became a handful again" once she stopped taking it. She reported that she had no had contact with Ms. Adams since her release from foster care.

OBSERVATIONS: Abigail Adams' responses to the Mini Mental State Exam indicated no deficit in memory or orientation. Ms. Adams displayed sufficient short-term memory skills and was well-oriented to time, place, and person. She had no difficulty staying focused during the interview. However, her manner suggested that she was trying very hard to suppress feelings of anger and resentment toward others. For example, when asked if she ever felt that people were following her or "out to get her," she listed numerous family members and social service professionals who had grudges against her and wanted to see her fail. Her manner became more openly hostile as she discussed these individuals. It is unclear whether Ms. Adams' behavior is attributable to the stress of the evaluation or whether it is due to a more enduring

underlying pathology. Abigail Adams appears to be a woman who becomes very distressed in regards to talking about her own family or origin. She tends to have very strong feelings of agitation, anger, and mistrust based upon her own past experiences and also tends to vehemently deny any problems in terms of wrongdoing in regards to her own child. She appears very mistrustful of people who are working with her in relation to these charges.

TEST RESULTS: As measured on the Wechsler Adult Intelligence Scale (3rd Ed.), Abigail Adams is currently functioning within the low-average range of intelligence. Her Verbal Scale, Performance Scale, and Full-Scale Intelligence Quotients are 80, 87, and 82, respectively.

| VERBAL TESTS/SCALED SCORES | | PERFORMANCE TESTS/SCALED SCORES | |
|----------------------------|---|---------------------------------|---|
| Information | 3 | Picture Completion | 7 |
| Digit Span | 6 | Picture Arrangement | 9 |
| Vocabulary | 5 | Block Design | 7 |
| Arithmetic | 6 | Object Assembly | 8 |
| Comprehension | 6 | Digit Symbol | 9 |
| Similarities | 8 | | |

Examination of individual subtests indicates that some intellectual skills fall within the average range of intelligence. For example, her conceptual thinking abilities are within the average range of intelligence, which indicates an average ability to think in an abstract manner. The ability to engage in abstract thinking is one of the most important intellectual skills in regard to developing empathetic relationships, internal controls over one's behavior, and the ability to integrate and make plans based upon one's past experience. Her non-verbal ability to anticipate the behavioral reactions of others is also within the average range of intelligence.

Ms. Adams' awareness of what is appropriate for people in our society and environment is within the low-average range of intelligence. Her skills in social comprehension and ability to make judgments are also within the low-average range of intelligence. Likewise, her ability to sustain attention and concentrate falls within the low-average range. However, her vocabulary development is at the borderline-retarded range.

As measured by the Wechsler Individual Achievement Test (2nd Ed.), Ms. Adams' skills in reading and spelling are within the low-average range. Her reading and spelling skills are at the end of the eighth-grade level, while her arithmetic skills are at the end of the seventh-grade level.

The Minnesota Multiphasic Personality Inventory – 2 was completed in a valid manner. Ms. Adams answered all of the questions, but completed the inventory with a tendency to under-emphasize her psychological and emotional disturbances. This tendency to underreport is not sufficiently excessive to warrant invalidating the profile. She tried to present herself in the best possible light on this test, which is

common among parents involved in serious child protection proceedings. Ms. Adams' responses reflect a pattern consistent with a person who attempts to avoid or deny unacceptable feelings, impulses, and problems. She is defensive and lacks insight into her problems. Ms. Adams responded as those who have a simplistic view of life and views the world in extremes of good and bad.

Further, respondents with this type of profile are typically unwilling to acknowledge distress. They are usually immature and egocentric, and are reluctant to believe that psychological factors may play a role in their current problems. In addition, her profile is consistent with those people who are angry and hostile, and who deny or rationalize anger. This anger and hostility is often indirectly aimed at family members. Such a person does not understand why people react negatively toward him/her. An individual with this profile has a poor prognosis for behavior change without long-term psychotherapy. Finally, Ms. Adams endorsed a significantly high number of items related to having strange thoughts and experiences, hallucinations, and paranoid ideas.

On the Incomplete Sentence Test, Ms. Adams had numerous sentence stems that indicated a desire to have her baby back. She admitted to suffering with her baby being gone and stated that her worst fear is losing her daughter. However, the content of the Incomplete Sentence Test suggests that she focuses more on the abuse she has experienced in her own life and tends to lack awareness of the possible abuse that her daughter has experienced. Ms. Adams described her adoptive parents in very negative and hostile terms. She stated she is ashamed of her parents and said, "No one can repair the damage caused by an abusive parent". She also described her future as being "like a funny roller coaster of ups and downs". Finally, Ms. Adams admitted to being angry and lacking understanding of what makes her so angry and upset all the time.

Ms. Adams also participated in a one-hour family observation session with Rachel. Ms. Adams and Rachel settled easily in the room and Rachel began exploring the toys provided while Ms. Adams observed from her chair. Ms. Adams spent most of the time playing with Rachel. At one point, however, Ms. Adams became absorbed in putting some puzzles together. Rachel, who was playing next to Ms. Adams, picked up a Lego, placed it in her mouth, and appeared to be close to swallowing it. This writer had to intervene, as Ms. Adams did not notice this event. Ms. Adams appeared to be a bit shaken by this incident, and became more attentive to Rachel's play. Ms. Adams and Rachel were provided with a snack, which Ms. Adams supervised appropriately, cutting fruit in pieces small enough for Rachel to handle safely.

SUMMARY AND CONCLUSIONS: The results of this psychological evaluation indicate that Abigail Adams is currently functioning within the low-average range of intelligence. However, results from the interview and psychological testing suggest that this woman is not able to correctly identify abusive behavior because of the abuse she has experienced within her own childhood. In the interview, she stated she had a typical childhood, and it appears that she equates "typical" with abusiveness. The test results also indicate she has severe psychological problems, which is likely based upon her past abuse and problems within her family of origin. The test results suggest that Ms. Adams has very severe problems that would result in her having poor control over her own anger, and that she would impulsively express her anger -- even towards a child. Of course, she then would feel guilt and fear in regards to her poor control. Yet, this is a woman who has learned to relate with others on the basis of anger and then making up. People with her profile tend to impulsively act out their hostility, even though they do not wish to do so, and have values against such expression. Her behavior may likely show impulsivity, poor judgment, and a tendency to rationalize and deny her own problems. She is extremely suspicious, guarded, and fearful of

others' reactions to her. This is a woman who will tend to focus in on others mistreating her, and will be psychologically blind to her own mistreatment of others, even those whom she includes in her inner circle.

The test results suggest that Ms. Adams has possible tendencies toward a paranoid personality disorder. It is the underlying paranoia combined with the denial of her own problems, oversensitivity, mistrust, and inability to dislodge some of her misperceptions which may result in her difficulties in cooperating with Protective Services workers. She has a very firm belief that people will be out to get her and harm her, which may prevent her from seeing the type of problems that are developing in regard to her own daughter.

It is my impression that Ms. Adams' psychological problems are of a very chronic, longstanding nature. If she is to have any possibility of working through these problems, long-term intensive psychotherapy is essential. Any treatment short of this would lead to a poor prognosis for recovery. At this particular time, Ms. Adams should not have her child returned to her custody given that the severity of her own psychological and family problems will not allow her to appreciate the past difficulties experienced by her daughter and will also not allow her to protect her daughter from abuse and to provide adequate care for her. She is also not able to control her own anger and is at risk of further neglecting or possibly abusing her daughter. As noted, Ms. Adams will require very long-term treatment before she could serve as a fit parent to her child, Rachel Adams. Thus, I cannot recommend that Rachel be returned to her mother in the foreseeable future.

Respectfully submitted,

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