

Psychological Evaluation: Morter, John S.

DOB: 09/10/1060

John Morter is a 54 year old married father of six adult children who was referred for evaluation and treatment of an anxiety disorder. He had been referred by another licensed psychologist who originally saw the patient on referral from personnel at MacDill AFB facilities. The patient had no significant psychological –behavioral history, except one informal counseling session at least 20 years ago, prior to a series of events involving employment related polygraph examinations. Following retirement from a successful career in the USAF, Mr. Morter was employed as a defense department contractor and later as a civilian employee of the Defense Intelligence Agency. He holds a BA from the University of South Florida and needs only to complete his capstone project to earn an MA from Pennsylvania State University.

The patient was cleanly and casually groomed. He cooperated well with this examiner and frequently maintained eye contact. Pace of speech was rapid. Psychomotor behavior appeared restricted. Mr. Morter volunteered a good deal of information and offered the following history: On March 23, 2011, as part of a routine polygraph examination, the patient developed a group of anxiety symptoms including obsessive thoughts regarding what might have produced irregular results, sleep onset and sleep continuance disorder, increasing loss of appetite (was told following a medical exam that he was mildly hypertensive and had borderline diabetes). Overt anxiety apparently incubated and its intensity increased. Nocturnal anxiety attacks (nightmares) disrupted his sleep pattern almost every night. The patient firmly believes in “the rules” and obsessed about what he might have done and its effect on his job status, security rating, etc. A repeat polygraph and three day period of questioning was conducted in July 2012 with similar anxiety symptoms triggered by the procedure, except that at that point, his anxiety symptoms (and accompanying depression) had become severe. He felt that the investigator implied some wrong-doing on his part. A sense of agitated depression and difficulty with mental concentration followed this second investigation.

Mr. Morter 's Top Secret clearance was withdrawn in early October 2013 and he was moved to a position in which his tasks were menial and professional level contacts with others minimized. Essentially he was isolated from others and from his regular professional work. He felt embarrassed, shamed and his depression deepened. He consulted with his primary care physician who prescribed medication and referred him to a psychologist. He was required to see a psychologist in Washington. That psychologist felt that the reliability of patient's polygraph results were negatively impacted due to the patient's s anxiety and depression; he was referred

for further treatment and indicated that no further examinations be conducted.

At the end of May 2014, he was notified that his services were no longer required in Tampa and would be assigned to Headquarters, DIA, Washington D.C. Mr. Morter reacted with surprise and dismay to being ordered to re-locate and worried about the financial and family hardship such a move would entail.

Repeat polygraph examinations and interrogations were given on two consecutive days in early August 2014, in Washington, D.C. One of these examinations included a 4 or 5 hour long interrogation. Although the patient tried to maintain his poise, his anxiety had become so intense that he thought he was "having a breakdown". Panic level anxiety and agitated depression were present. Two mental health workers spoke with him in an effort to reduce the severity of his stressor reaction. Symptoms included a sense of tightness across his chest, an acute awareness of his heart-beat, a tingling in his epigastric region and decreased ability to maintain concentration and form logical thoughts.

The patient had no confidence in the mental health personnel who spoke to him following the above event and returned to his room, prior to returning to his home in Florida. He was exhausted and depressed. Throughout this extended ordeal, Mr. Morter maintained his belief that the system was both fair and its rules were rational; he had discovered DoDI 5210.91, Enclosure 3, Section 2 which he understood applied directly to his anxiety disorder and its relation to repeated polygraph examinations. He submitted written documents to his supervisors regarding this issue and did not receive any substantial replies; at one point, during a meeting with his supervisor and other personnel he was told "shut up and quit digging my hole deeper".

At the present, the patient's acute anxiety disorder and depression appear to be a result of his being repeatedly subject to a traumatizing set of stimuli (polygraph examination with verbal interrogation), which he could not refuse or avoid, for fear of losing his employment. With each unavoidable repetition of the polygraph examination his stress-responses and depressive affect cascaded to the point in which he cannot effectively function. Mr. Morter is acutely anxious, suffers moderate to severe depression and has suffered a acute insult to his self-esteem. The traumatizing events outlined above have caused the patient to suffer many emotional and physical losses.

1. DSM5 Diagnosis: Axis I: I: 300.02 Generalized Anxiety Disorder with Panic attacks

II: 309.89 Post-traumatic Stress Disorder

III: 296.2 Major Depressive Disorder

Axis II: ns

Axis III: (from history): Cephalgia, G/I dysfunction; hypertension;
borderline diabetes.


Axis IV: 5

Axis V: 45 current (highest in past year 50)

2. This patient has become disabled due to the above diagnoses which impact his ability to engage in high-level abstractions and other high-level cognitive functions, necessary for efficient and useful service in his current position.
3. This patient's severe anxiety disorder was initially triggered by a required polygraph examination (a requirement for the security level of his employment) and exacerbated by repeated polygraph examinations. Although the patient located regulations and identified those which prohibit or exempt the use of polygraph examinations for individuals suffering disabilities, apparently no one in authority recognized this situation. As a result, the patient was removed from his position and subject to further repetitions of traumatizing polygraph examinations. The required polygraph examination had become the traumatizing stimulus which, with repetition, intensified the patient's anxiety disorder.
4. This disability is expected to last at least one year.
5. It is my professional opinion that the patient apply for disability retirement.

Therapy has consisted of behaviorally-based stressor-reduction skill acquisition with emphasis on paced respiration and progressive relaxation combined with supportive verbal psychotherapy. Mr. Morter initially stated that he preferred , if possible, have therapy without medications. He has been seen on a regular outpatient basis (weekly, with a few short interruptions) since June 23, 2014. He has been prompt, cooperative and well-motivated in addressing his challenges. Every effort has been made to avoid psychometric testing/evaluation so that the therapy setting does not resemble the traumatizing triggers depicted above.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Michael I. Rothburd", written over a circular stamp or mark.

Michael I. Rothburd, Ph.D.

Licensed Psychologist

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