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Dear Ms. Henry,

This letter describes my initial findings and impressions concerning the impact of physical maltreatment, sexual and emotional abuse, and neglect that Lisa Montgomery suffered as a child and adolescent on her later psychological and emotional functioning as an adult. In this letter, I will review my qualifications and discuss the factors and events in Ms. Montgomery's life history that have been shown to put children and adolescents at risk for severe behavioral and emotional difficulties over the course of their lives. I will then discuss my opinion of Ms. Montgomery's clinical presentation and condition. Given the voluminous material provided to me, I have selected data from multiple sources to elaborate my opinions. This data should not be considered exhaustive in regards to the conclusions. I will continue to examine data as it is provided to me and adjust or elaborate my conclusions as needed.

Qualifications

My qualifications are outlined in my curriculum vitae, appended as Appendix A. In sum, I am a clinical psychologist, licensed to practice in the State of New York. I received my Ph.D. in Clinical Psychology from the University of Michigan in 1998. My pre-doctoral and postdoctoral training included extensive training in the evaluation and diagnosis of mental disorders. Since 1998, I have worked as a psychologist at Bellevue Hospital and NYU School of Medicine at the Bellevue/NYU Program for Survivors of Torture. I have evaluated, treated and supervised the treatment of numerous children, adolescents and adults who have experienced war trauma and torture. I have evaluated individuals and served as an expert witness for court proceedings in the Military Commissions in Guantanamo Bay, US Federal Court, Southern and Eastern Districts in New York, Superior Court, Skagit County, Washington, and for immigration proceedings in courts through the Executive Office of Immigration Review. I have trained hundreds of health professionals and attorneys in the country on the evaluation and treatment of war trauma and torture survivors and have lectured or conducted seminars on issues of torture and complex trauma sponsored by a wide variety of organizations, including human rights organizations, governmental entities, universities, and the United Nations.

I have co-authored several publications pertaining to the assessment and treatment of torture and trauma survivors and traumatic stress in children. These peer-reviewed articles have been published in textbooks and professional journals, including *The Journal of Nervous and Mental Disease*; *The Prevention Researcher*; *Psychiatry: Interpersonal and Biological Processes*; *OMEGA – Journal of Death and Dying*; and *Journal of the American Academy of Child & Adolescent Psychiatry*. I serve as an ad-hoc reviewer on several peer-reviewed journals and presses, including *Anxiety, Stress, and Coping: An International Journal*, Cambridge University Press Medical Group, *International Journal of Law and Psychiatry*, *Journal of Clinical Child and Adolescent Psychology*, and *Journal of Clinical Psychology*.

Sources of information

These are my initial opinions based on examining Ms. Montgomery on March 8-9, 2016. I examined Ms. Montgomery in the administrative wing of the Federal Medical Center, Carswell, Texas, for approximately 11 hours. I also relied on a voluminous amount of data provided to me. A list of material I reviewed is appended as Appendix B. I will refer to Lisa Montgomery as Lisa throughout the report, given that much of the history pertains to her as a child.

Lisa Montgomery's relevant life history and risk factors

Lisa Montgomery's life is characterized by a catastrophic accumulation of damaging and disturbing life events, beginning in her early childhood and culminating in the tragic events of the current offense. The kinds of traumatic life events that Lisa experienced—including extensive emotional, physical and sexual abuse, neglect, domestic violence, and deeply exploitative adult caregiver behaviors—are likely to create developmental and personality impairments in the growing child and adolescent. Below, I will review risk factors, defined as life events that increase the likelihood that an individual who experiences them will suffer adverse outcomes, in Lisa Montgomery's life that contributed to her psychological and emotional vulnerabilities throughout her life. Then I will discuss her clinical presentation and my conclusions about her psychological condition.

Risk Factor: Genetic vulnerability to mental illness

Lisa's paternal and maternal sides of her family have a significant history of psychiatric and neurologic impairments that place them at increased risk for developing mental disorders. While there is not an extensive record of people in the family seeking mental health care, there are many examples of family members acting in strange and disturbed ways. Lisa's paternal grandmother experienced blackouts and uncontrollable emotions, attacking others and having no subsequent memory of it. A paternal half-uncle had depression and developed uncontrollable emotions similar to his mother's blackouts. Lisa's maternal aunt underwent a craniotomy at the age of 50, and experienced grand mal seizures throughout her life. A paternal cousin was placed in special education in school,

had trouble learning, and had auditory hallucinations of “angry voices” and thoughts. Another paternal cousin attempted suicide and was noted to have depression.

Lisa’s father, John, a veteran of Vietnam, manifested numerous behavioral and emotional problems throughout his life, including erratic behavior, drinking excessively, sleeping poorly, having nightmares and night terrors.

The maternal side of Lisa’s family also demonstrated substantial mental health and neurologic symptoms, starting as far back as Lisa’s maternal great grandmother who was described as “strange” and reported to have “hid” when she became upset. One of Lisa’s great uncles had reported intellectual disability, and another’s unusual behavior was attributed to a brain tumor. A maternal cousin has been diagnosed with bipolar mood disorder with psychosis and has been hospitalized multiple times, as has her daughter. Another maternal cousin was hospitalized, treated with antipsychotic medication, and diagnosed with psychotic disorder, and his daughter has been hospitalized for mental illness. Two of Lisa’s maternal half-brothers have received treatment for substance abuse, have been incarcerated for criminal behavior, and have acted violently towards others. One of the half-brothers has received antipsychotic medication for his nightmares, racing thoughts, auditory hallucinations, paranoia and flashbacks. Two of Lisa’s grandchildren have been diagnosed with autism and pervasive developmental disabilities.

Lisa’s mother, Judy, lived a chaotic and destructive life, demonstrating behaviors highly suggestive of mental disturbance, including aggression, irritability, impulsivity, mood instability, and alcohol abuse. While she did not appear to receive mental health counseling, her profoundly dysfunctional life clearly begged for such intervention, in terms of almost all domains—parenting, marriage, self-regulation, and substance use.

Risk Factor: Multigenerational family patterns of child objectification, abduction and abandonment

Lisa’s family history is remarkable for the prevalence of themes of child objectification, kidnapping and abandonment. There are numerous examples of individuals in Lisa’s extended family absconding with children, threatening to take children away from parents and guardians, abandoning children, and actually taking children from their parents. This chilling pattern of the objectification of children as pawns to be used in disturbed adult conflicts resonated throughout Lisa’s life and profoundly shaped her sense of self and relationships.

Lisa’s paternal grandfather kidnapped Lisa’s father, John Patterson, from his mother and kept him hidden for over a year when he was approximately 5 years old. Lisa’s father’s paternal grandparents took her father back and returned the child to his mother with no explanation of where he had been for the year. Once he was returned, Lisa’s father never saw his own father or paternal grandparents again.

On the maternal side of Lisa's family, her great grandmother, Maude, had "six or seven" children with her first husband Ed, beginning when she was 13 years old. Maude decided to leave Ed and, in response, his family hid all of the children except one, a baby named Viola. Maude absconded with Viola, abandoning her hidden children and moving to Kansas where she married another man and had three children with him.

During Lisa's life, her father, John, took her and her half-sister and hid them from Lisa's mother, Judy. This event, the details of which are different, depending on who reported it, captures yet another incident of a caregiver hiding children from another caregiver. By the time, Lisa was three, John completely abandoned her and her older half-sister, Diane.

When Judy divorced Jack Kleiner, Lisa's stepfather who had raped her, Jack threatened his own biological children with abandonment, saying that if they sided with their mother, they would never see him again. Thus, Lisa's victimization became the source of yet another family rupture and threatened abandonment.

Lisa's mother, throughout Lisa's life, used threats of abandonment and child abduction against her. As a child, Lisa learned that her mother's threats were very real when Judy precipitously "gave away" Lisa's beloved half-sister Diane. Diane described being given up, at age 8:

The case worker assigned to me sat and talked to Judy. They talked about places that I could go and live and have a permanent home. Judy told the social worker that my Grandma Marie was dead. The social worker took me away! As I was leaving, Judy leaned over and told me that I was being taken away from her because I was bad. She told me it was my fault! What a terrifying thing for a young girl to hear. I clung to Lisa as I was leaving. I knew deep down that if I left for good the sexual abuse that I had continually experienced while living with Judy would start to happen to Lisa. I knew that when I left no one would take care of baby Patty. Lisa was only four years old so I knew that she couldn't care for a new baby.

This event resonated throughout Lisa's life, as she knew that her mother's threats of abandonment were very real. Throughout Lisa's adulthood, Judy threatened to and at times did take Lisa's children from her. On more than one occasion, Lisa's first husband and her mother removed one or more of the children from Lisa's care and disappeared with them. Lisa's brother recalls how he and Judy and Carl Boman (first husband and step-brother) took Lisa's children from her in California and fled with them to Texas.

A cousin of Lisa's stayed with the family when Lisa was a young child. The young man discovered while staying there that his girlfriend had given birth in a field and discarded her infant there. Lisa was aware of this event and recalled her mother forbidding the cousin from getting the baby, even though he was the father.

After the birth of Lisa's fourth child, her mother told her, "I'm not going to attach to that baby if she's not Carl's baby." Here, an infant child is threatened with removal of affection and attachment as punishment for Lisa's supposed infidelity, yet another message to her about the power of family members to discard children.

In 2004, Lisa took the side of her brother in a custody dispute with their mother, Judy. Judy won the custody battle and later that year threatened to take Lisa's children away from her. In fact, Lisa describes her mother frequently threatening to take away her children, saying things to her like, "If you want to keep your kids, you'll do what I say." Her ex-husband, Carl, reported that, at times, he colluded with Judy to take the children from Lisa, until he realized she was trying to get custody.

Risk Factor: Physical abuse

Lisa experienced severe and chronic physical abuse and violence at the hands of her mother and stepfather throughout her life, as well as witnessed brutal abuse of her siblings. During her early childhood, when her half-sister still lived with her and her mother, Lisa and Diane were both abused by Judy, including being beaten, hit with objects, and smacked. Diane described Judy throwing her into the shower by her hair and turning the taps on cold. Teddy remembers Judy holding Lisa and Diane under cold water in the shower. Judy reportedly hit Lisa's half-sister's head with a broom stick. Lisa's mother slapped Lisa and her sister in their faces, strapped them on the backs of their legs, and pulled their hair. Lisa's mother used stress positions as punishment when Lisa did not eat all her food. She reportedly left Lisa strapped into her highchair for hours. Lisa's mother limited food intake, and when Lisa's half-sister was hungry, forced her to eat disliked food until she gagged. Judy regularly berated and yelled at the sisters. Once, Teddy remembers Judy holding a knife to his sister, Jerri Jo's, tongue and threatening to cut it off. Astonishingly, a family story involves Judy's finding humor in the fact that Lisa's first words as a toddler were, "Don't spank me."

Lisa's stepfather, Jack Kleiner, entered Lisa's life when she was 5 years old and he was severely physically abusive of her, including raping her for much of her early adolescence. Jack Kleiner is described as frightening and cruel, and those who encountered him learned to stay away from him. He hit and smacked children without provocation, assaulted them with household objects like a telephone receiver, shoved their heads through cabinets and beat them when they cried. Lisa's stepfather did not allow her mother to leave the house with all the children because he feared she would run away. On one occasion, he tied her sister's feet with phone cord to keep her sister from moving her feet. A cousin recalled witnessing Lisa's step father break a broom stick on Lisa's head. He forced false confessions from the children for perceived wrong doings and yelled and screamed at Lisa and her sisters. His son, Teddy, recalls him turning out the lights and beating him brutally and repeatedly in the dark. Once, he reportedly lifted one of Lisa's sisters up by her pig tails, and beat her with a belt for soiling her pants. Lisa's mother encouraged her step father to beat Lisa and her sister and encouraged the sisters to beat each other.

Risk Factor: Sexual abuse

Lisa experienced severe sexual abuse throughout her life, first when being exposed to the rape of her half-sister in the same room as her and later when her stepfather raped and controlled her sexually from early to mid-adolescence. Her adult relationships were also colored by dynamics of coercion, control and violent sex.

As a small child, Lisa shared a bedroom with her half-sister, Diane. Judy's involvement with multiple men at this time resulted in men coming in and out of the home. Diane vividly recalls a man coming into the bedroom more than once and molesting her. Lisa, age three, was in the bed next to her half-sister while this frightening abuse took place.

As Lisa entered late childhood and early adolescence, she became the victim of a chronic campaign of coercive sexual abuse and objectification by her stepfather. This abuse took the form of Lisa being literally singled out and placed in an external room in the home where she could be accessed by her stepfather for chronic and severe sexual abuse. Lisa's abuse by her stepfather is corroborated by court proceedings and 1998 records in which it is verified by numerous individuals and, yet, no legal action took place. Jack Kleiner began having intercourse with Lisa when she was in approximately 8th grade and did so "weekly" for several years. One record notes that Jack Kleiner threatened that he would sexually assault Lisa's little sister if Lisa did not submit to what he was doing. Counseling files say no legal action was taken because Judy brought Lisa to counseling, though this counseling appears to have only lasted approximately 4 months. Additionally, Jack brought a man into the home from his work who appears to have sexually abused both Lisa and her brother, Teddy.

Later, during her two marriages, Lisa's husbands sexually exploited her by engaging in coercive and violent sexual acts with her. Lisa's second husband, Kevin, reported that he tied up Lisa in the barn and had sexual intercourse with her. Lisa reported that he used items designed to cause pain during sex, such as clamps, hot wax, and whips on Lisa's body. Lisa noted that Carl used Jack's rapes of Lisa against her by telling her she "had done things for Jack and she should do it for him." Lisa, speaking about sex with Carl, noted that she "resented it a lot, I hated it". Lisa noted that she didn't think Carl had a right "to do to me what he was doing," but that she felt unable to stop him. Lisa's brother told the FBI he had seen a video tape of Carl raping his sister while she cried.

Risk Factor: Emotional abuse

Lisa's childhood is marked by a stunning amount of cruelty and abuse by her mother and other caregivers towards her and other children. Her childhood is punctuated with constant situations of denigration and coercive control. Lisa's half-sister Diane recalls Judy's capacity for sadistic cruelty, remembering that Judy threatened to give her up for adoption (something she ultimately did) by putting her out on the porch, nude, and telling her that people were coming to get her and take her away. Lisa's father recalls

that Judy screamed at and belittled the girls on purpose, something he wishes that he would have stopped. Lisa's first husband, Carl, noted Judy's intense cruelty towards Lisa, saying: "[Judy] put down Lisa, humiliated her and verbally abused her. Judy made her feel inferior. Lisa felt terrible about herself and did not think she was worth anything."

Lisa was isolated from peers, restricted in bringing friends home, forced to dress in a peculiar manner, and singled out for scapegoating. Her mother and stepfather did not allow her to develop normal competencies such as shopping for groceries, getting her hair cut, and purchasing school clothes. They cursed her, told her she was worthless, and blamed her for the family misfortunes. At one point, Lisa's mother duct taped Lisa's mouth closed, as a punishment for speaking. Lisa's brother Teddy remembers Lisa's mother attacking and killing the children's dog with a shovel, because it had eaten one of the chickens, an event witnessed by Lisa. Teddy remembered how disturbing it was to see the dog killed in front of him.

Perhaps no event captures the level of emotional abuse and perversity in the family more than Lisa's mother's discovery of Lisa's sexual victimization by her stepfather. Upon discovering Lisa being raped by her father, Lisa's mother got a gun, held it to Lisa's head and screamed, "How could you do this to me?" When this is reported in a counseling session, Lisa's mother stated that she pointed the gun at Jack. However, Lisa recalls the event as a moment of profound threat, as her mother seemed to be blaming her for having sex with her husband. Carl remembers that Judy blamed Lisa for the sexual abuse, saying she would tell people that Lisa slept with her husband. In a telling excerpt from the notes of the counselor who briefly treated the family after Jack's abuse was discovered, Lisa's mother is quoted as denigrating her children and saying that they will be asking for money for a track meet because they are "always wanting something," leading Judy to say she is "unappreciated." For a parent who only months earlier had discovered her spouse raping her minor child to be focusing in a counseling session on the children's lack of appreciation for her demonstrates a staggering amount of narcissism and denial. The counselor directly noted that Judy had a "lack of empathy" for Lisa. It is not surprising that, later in life, Lisa articulated a sense that her mother believed she had stolen her husband from her.

Risk Factor: Head injuries/Seizures

Lisa survived chronic blows to her head, face and body during her developmental years at the hands of her caregivers. Her mother and stepfather slapped, shook, and hit her frequently. As a teenager, her stepfather hit her head against the concrete floor when he sexually assaulted her. One of her stepbrothers threw a battery and wounded her in the back of head. As a young adult, she had several car accidents that involved head injuries including in 1988, 1990, 1993 and again in 1998. She reports that she hit her head while on a trampoline in 1999 and had to go to the hospital. She has been diagnosed with seizures and she has a chronic history of migraine headaches since adolescence. An evaluation by Dr. Siddhartha Nadkarni resulted in his conclusion that

Lisa suffered from seizures and neurological dysfunction, likely due to multiple head injuries, trauma, and genetic vulnerability.

Risk Factor: Poverty

Poverty exacerbated the strife, conflict, and fear in Lisa's daily life. Her mother and step fathers were uneducated, unskilled, and alcoholic, all of which compromised their ability to support their large families financially. In childhood and elementary school, Lisa lived in the inner city or in rural impoverished and underserved areas. Lisa moved approximately 16 times by the time she was a teenager, a pattern of frequent, impulsive moves that would repeat in her parenting of her own children. Although poverty was high in the areas where the family lived, the Kleiner family poverty stood out. Lisa wore hand me down clothes with holes in them, and she was often dirty. A community teacher and program organizer described Lisa's status in relation to the larger community: "A disproportionate number of families in Sperry were stressed by physical and sexual abuse, domestic violence, blended families with ongoing disputes, untreated mental illness, and substance abuse. The community was extremely poor, and Lisa Montgomery's family was poorer than most." Lisa's brother Teddy recalls having to get shoes out of a dumpster when he was young. Lisa recalls the elementary school calling Judy because Lisa's shoes were held together with duct tape.

Risk Factor: Domestic violence and family conflict

Multiple marriages, infidelities, divorces, violence and destructive alliances among family members characterized the functioning of Lisa's chaotic and disturbed family unit. Lisa's father married six times; her mother married seven times to six men. Judy and her second husband Jack Kleiner both drank excessively, violently fought with each other, and threatened children in the home. Lisa's younger half-brother, Teddy, remembered Lisa protecting him when his parents had "violent brawls." He also remembered the police being called to the house on two occasions, during one of which Judy's teeth were knocked out by her husband after she hit him across the face with a frying pan.

As discussed above, Lisa's childhood of coercive abuse by caregivers was recapitulated in her relationships with men. Specifically, her first marriage was characterized by coercive abuse by her husband, Carl. Her second marriage also was characterized by sexual degradation.

Summary of risk factors

Lisa Montgomery's life is characterized by exposure to multiple traumatic stressors, including severe physical abuse, chronic and violent sexual abuse, cruel and degrading emotional abuse, exposure to domestic violence by adult caregivers, intergenerational patterns of exploiting and abducting children, poverty and environmental stress, and multiple traumatic head injuries. The above mentioned risk factors—chronic, longstanding, severe and overwhelming—are each a source of

traumatic stress on the developing child, even if they occurred in isolation. However, for Lisa, these traumatic events were intertwined with one another, each exacerbating the impact of the others. For example, a child who experiences severe contact sexual abuse from an adult will likely suffer with serious biopsychosocial consequences to such a trauma. However, the presence of a protective, nurturing adult who responds lovingly to the child and who brings in appropriate systemic resources for the child after the sexual abuse is discovered could be an ameliorating protective factor that facilitates healing and recovery for the child. For Lisa, quite the opposite was true. Her sexual victimization was longstanding and brutal and, when it was discovered, her mother blamed her for the abuse and brought about no systemic response to charge the perpetrator. This combination of sexual abuse and emotional neglect and abuse by her mother served to heighten the impact of the trauma on the adolescent Lisa. In much the same way, other risk factors suffered by Lisa were exponentially intensified by the presence of so much other toxic stress and adversity.

Child sexual abuse has been specifically linked to multiple psychological problems in development. Evidence shows that adults who were sexually abused as children manifest higher rates of a number of psychiatric syndromes and symptoms, even than individuals who suffered other types of child abuse. Abuse that is characterized as “contact abuse,” meaning that it involves genital contact between the child and the perpetrator has been shown to be a particularly toxic influence on children’s mental health and development (Beitchman, 1992, Putnam, 2003). Lisa’s severe and chronic sexual victimization by her stepfather for several years of her early adolescence constitutes such “contact abuse” at a severe level. Summarizing the range of problems faced by child sexual abuse survivors, Putnam, citing DeBellis et al., (1999) said:

As a group, individuals with histories of childhood sexual abuse (CSA), irrespective of their psychiatric diagnosis, manifest significant problems with affect regulation, impulse control, somatization, sense of self, cognitive distortions, and problems with socialization. Many of these processes are believed to have developmentally sensitive neuronal and behavioral periods related to brain maturation and early caretaker interactions (Putnam, 2003).

Scientific research has shown that damage and alterations in the neurochemical and neuroendocrine systems, as well as the architecture of the brain are present in individuals with a high loading or “dose” of risk factors, especially childhood sexual abuse, family violence, and neglect. These brain abnormalities are implicated in the numerous emotional, behavioral and physical problems that individuals with histories of severe child abuse later manifest. One study noted:

Now, converging evidence from neurobiology and epidemiology suggests that early life stress such as abuse and related adverse experiences cause enduring brain dysfunction that, in turn, affects health and quality of life throughout the lifespan (Anda et al., 2006).

The U.S. Department of Health and Human Services (2009) reported on the often long-lasting effects of child maltreatment on the developing brain. The majority of brain development occurs after birth, with critical periods of development occurring for certain functions, such as language acquisition, attachment, and abstract reasoning. Research has shown that the child's developing brain can be altered by environmental stressors that occur during these periods, such as child abuse and neglect, and that the neurochemical and neuroendocrine processes that are disrupted may be permanently destroyed or damaged (US Department of HHS, 2009).

Thus, this preponderance of severe and toxic risk factors, present throughout Lisa Montgomery's childhood and adolescence, is implicated in the adverse outcomes that characterized her life and functioning.

CCA and BOP Diagnoses of Lisa Montgomery:

Since being incarcerated in CCA and the Federal Bureau of Prisons, Lisa has had substantial contact with mental health services. A review of her records indicates several diagnoses, including several "rule-out" diagnoses (diagnoses that a clinician recommends needing further evaluation in order to determine). Throughout 2005-2007, she was diagnosed by a clinician at CCA with Bipolar Disorder, NOS, Dysthymic Disorder, and Alcohol Abuse. Two rule/out diagnoses were also included: Brief Psychotic episode and Dissociative Disorder. Lisa's records indicate that she has taken Bupropion (2006), Wellbutrin (2006), Valproic Acid (2006), and Amitriptyline (2006).

In the BOP, when Lisa was transferred in January, 2007, she was diagnosed with Borderline Personality Disorder. She was classified as "Men III" and her medications were listed as Zoloft, Depakote, and Elavil. In 9/25/2012, Lisa was diagnosed with Depression, NOS and Personality Disorder, NOS by Dr. Nallely Galvan and also classified as a high risk for suicide. These records note that she was taking Risperdal.

Currently, she takes Risperidone, Prozac, Elavil, Lipitor, Diltiazem, Isosorbide Mononitrate, Levothyroxine Sodium, Omeprazole, and Aspirin. She also has an Albuterol inhaler, Nitroglycerin pills, and Hydrocortisone cream prescribed for use as needed.

Clinical conclusions

Throughout the current evaluation, Lisa was cooperative and exerted a reasonable effort to engage and answer questions. Over two full days of meetings, she presented notably differently in affect, physical presentation and mood. For example, on the first day of the evaluation, she reported to the meeting with curled hair and makeup and evidenced an energetic style of interacting. On the second day, she presented with her hair pulled off her face and with little makeup, presenting a starker appearance. Her mood on the second day was also different, as she was more subdued, tearful and at times, detached. She denied current suicidal or homicidal ideation, though noted a substantial history of suicidality, including three suicide attempts in her life. Lisa's thinking was mostly on-task, though she often became distracted and took long pauses

before answering. She demonstrated poor memory for many events in her life. While a self-report of not remembering events is impossible to verify objectively, particularly in the context of an evaluation for a criminal act where a subject may be motivated not to report certain acts, Lisa's level of disconnection from her memories and elaboration of deep uncertainty about whether events in her life were real or not was pervasive and appeared to mirror what others who lived with her said about her. That is, that she frequently appeared out of touch with reality and unable to tell the difference between her ideas and facts, particularly those related to her bodily integrity and pregnancies.

Lisa demonstrated over the course of the evaluation clinical indicators of **complex post-traumatic stress**, the characteristics of which will be discussed below. Her clinical presentation is noteworthy for **severe dissociative symptoms**, reported across multiple contexts, by numerous reporters, including herself, and dating back to her adolescent years. This dissociative symptomatology will also be discussed in detail below.

Complex post-traumatic stress

Lisa's clinical presentation and history is consistent with the developmental and emotional impairments of individuals who have experienced severe childhood maltreatment and trauma (Herman, 1992, van der Kolk, 2010). While the multiple diagnoses ascribed to her over the last several years of her incarceration are useful in capturing some of her symptoms (such as depressive thinking, mood instability, behavioral dysregulation, and anxiety), the most comprehensive diagnosis for her condition is complex posttraumatic stress disorder (CPTSD) (Cloitre et al., 2009, Cloitre et al., 2013, D'Andrea et al., 2013). Individuals with complex posttraumatic stress disorder, a diagnostic category proposed for inclusion in the World Health Organization International Classification of Diseases, 11th version, and arrived at by consensus among a panel of international trauma experts (Cloitre et al., 2012) manifest difficulties in the regulation of multiple emotional, interpersonal, cognitive and behavioral capacities (Cloitre et al., 2009). Complex traumatic stress is a chronic condition that also likely exacerbates other mental disorders and conditions. Thus, the Bipolar and depressive disorder that is well-documented in Lisa's prison record is likely to have been worsened by the emotional dysregulation that is prominent in her complex traumatic stress condition.

Below are the symptoms of complex post-traumatic stress manifested by Lisa.

1. **Emotional dysregulation:** Individuals who have experienced chronic trauma and victimization in childhood often demonstrate difficulties recognizing and managing their own emotions. Specifically, survivors of childhood trauma are often erratic in their emotional presentation, self-injurious, and unable to handle their feeling states. Lisa has demonstrated this type of emotional dysregulation, particularly in terms of becoming overwhelmed and unable to manage her emotions, much of her life. Her first husband, Carl, described her as erratic in her presentation in her late teens and twenties, sometimes talking excessively at people without stopping and other times retreating to her room to read for days on end. As a teenager, she is remembered as shy and withdrawn and then

suddenly outgoing and talkative. Lisa's emotional turmoil resulted in her attempting suicide as a teenager after her sexual abuse by her stepfather was discovered. As a young adult, she managed her overwhelming feelings with alcohol abuse and hypersexual behaviors. She is reported by many family members as drinking excessively in adulthood, often becoming drunk and unable to care for her children. She also reportedly engaged in multiple sexual encounters throughout her late adolescence and adulthood, including with strangers who would go off with her for extended periods of time while her children were present.

2. *Disturbed sense of self:* Survivors of chronic trauma, particularly victimization that has occurred over a long period of time by trusted caregivers often demonstrate a highly disturbed self-concept. This can include feelings of being damaged or worthless or less than others. Throughout her entire adulthood, Lisa demonstrated a profoundly disturbed sense of self. This was evident in her distorted relationship to her body and pregnancy. Multiple individuals noted over the years of her adulthood that Lisa presented with impossible pregnancies and an identity as a pregnant woman that was completely unbelievable. Family members avoided or denied the truth of this presentation, essentially allowing Lisa to enact a delusional version of herself as a pregnant woman. For Lisa, the role as a pregnant woman created a purpose for her, even when it was patently obvious that it was not true. Her construction of stories to explain away the pregnancies, such as babies that were "absorbed" back into her or delivered and then discarded, defied credulity and pointed to her fragile hold on reality. For Lisa, her sense of self was so distorted that it was easier to create completely outlandish explanations that supported her fragile identity as a mother than to accept the reality of her life as an overburdened mother of growing children. This type of identity distortion, while unusual, is consistent with the dynamics of Lisa's family. In her family, relatives use children as ways to gain power and control over one another and to punish each other for perceived grievances. As a pregnant woman, Lisa possessed power in the form of a new child who could not be taken from her. Indeed, when talking about her tubal fulguration and her confusion about whether she obtained this procedure, Lisa noted that having children was "the only thing I'm good for," thereby underscoring how threatening to her sense of self this procedure must have been.

3. *Interpersonal Disturbances:* Individuals who suffer chronic childhood victimization experience relationships as threatening and unstable, a source of tremendous anxiety and distress. Lisa's descriptions of her life are replete with images, stories and perceptions of relationships as fraught with violence, coercion, control and manipulation. Throughout the course of the evaluation, she told stories of family members conspiring against one another, attempting to harm one another and betraying one another with cruel and exploitative acts. Many of these stories anchored around people attempting to take each other's children. Lisa's mother, Judy, serves as the fulcrum around which this interpersonal abuse and exploitation centers. Judy first abuses and degrades Lisa as a child, demonstrating with her abandonment of Diane that she is completely capable of giving a child away, and then essentially hands Lisa over to her husband Jack for sexual abuse, blaming her later for this horrific exploitation. With this kind of disturbed structure to a parental relationship, it was almost inevitable that Lisa would develop

deeply distorted relationships in her adulthood. She married men who sexually abused her, engaged in multiple extramarital sexual relationships, and could barely function as a parent to her four children. This kind of interpersonal devastation was the byproduct of Lisa's lifelong experience of victimization and emotional exploitation and abuse.

4. *Hyperarousal and re-experiencing of traumatic events:* Lisa described hyperarousal symptoms that are consistent with post-traumatic nervous system activation. She noted that she periodically has intrusive images of Jack Kleiner's sexual assault of her. For example, she described how having her face in her pillow will result in her becoming frightened because she is reminded of being face down while Jack Kleiner raped her from behind. Her first husband, who was married to her shortly after her abuse by Jack, noted that she had frequent nightmares and difficulty sleeping, because she would wake up crying. Her description of physiological discomfort, such as heart racing, gag reflex, and feeling afraid is consistent with post-traumatic arousal in the face of trauma reminders. Notably, because her clinical condition is so dominated by dissociation (which will be discussed below), her report of experienced hyperarousal and intrusive remembering is less frequent.

Dissociation

The most pronounced manifestation of Lisa Montgomery's extensive trauma history is her dissociative symptomatology and manner of managing stress. Dissociation is a process of the human nervous system in which neurochemical reactions to excessive stress lead to alterations in consciousness and perceptions of senses, the environment, and the self. Dissociation represents a lowering of consciousness, sometimes to the point of actual rupture of consciousness and awareness (Lanius, Paulsen & Corrigan, 2014). Clinical models of dissociation demonstrate how humans, like animals, when under severe threat, will sometimes experience the release of neurochemicals that are anesthetic in nature and that therefore lower the organism's experience of pain and fear. When humans experience this peritraumatic ("during the trauma") dissociation however, they are often left with residual difficulties after the trauma, such as amnesia, fragmentation of memory, and other disturbances. If the individual suffers multiple traumatic events that lead to frequent and lengthy periods of peritraumatic dissociation, the after effects will likely be more pervasive and more severe. These can include altered states of consciousness that linger after the traumatic events, such as time distortions, cognitive confusion, bodily symptoms (depersonalization and derealization) and emotional numbing. (Frewen and Lanius, 2014). Dissociative symptoms can reach the level of psychosis, as when an individual suffers hallucinatory phenomena, such as voices talking at him or her in an attacking manner.

Lisa Montgomery's extensive childhood history of physical, sexual and emotional abuse by trusted caregivers throughout the course of her neurobiological development likely created the conditions that led to her profound and pervasive dissociative symptoms. She has additional vulnerability to dissociative-like symptoms, according to the evaluation of her completed by Dr. Siddhartha Nadkarni. Dr. Nadkarni

noted that Lisa likely suffers from complex partial seizures and neurophysiologic dysfunction that manifest as dissociative and psychotic symptoms.

The dissociative symptoms that are prevalent in Lisa's functioning fall into categories listed below:

1. **Confused thought process.** Lisa's thought process was grossly intact, with her demonstrating awareness of time, place and circumstance. However, she manifested frequently confused thinking that indicated questions about the reality of certain events and perceptions in her past. She noted substantial confusion about events related to her past, particularly events around her body and her pregnancy history. For example, when asked about the story told by her ex-husband that she had told him she had an abortion or gave up a child as a teenager, she stared blankly at the examiner and repeated, "I don't know about that." Additionally, when asked about "false pregnancies" or past events where she told others she was pregnant, Lisa became tearful and said "I don't know. I don't know." Finally, when asked about the reported tubal fulguration she underwent, Lisa noted that she came home from the procedure and did not think it had really happened. She noted that if her mother said something was true and she thought something else was true, she had no way of knowing what the actual truth was. Lisa's presentation as a vague and confused reporter of her past and of reality is consistent with a profoundly dissociated state, and it is something that others who knew her throughout her life recall about her.

2. **Disengagement:** Dissociation can manifest itself as an experience of being inattentive or "out of it." Multiple friends and family members note that this was a prevalent quality in Lisa's functioning. A classmate described Lisa as "spacing out" in high school and needing to be brought back to attention by a teacher yelling at her. Her stepfather Richard Boman who came into her life towards the end of Jack Kleiner and Judy's marriage, described her as "in a world of her own," and "just star[ing] into space." Her first husband, Carl, described Lisa as "not emotionally present...she was in her own world and distant from everything." Her half-brother, Tommy Kleiner, noted that Lisa was "in her own little world" and that "the house could burn down around Lisa and she wouldn't notice." Carl described her staying in bed for days at a time, repeatedly reading the same books. Her brother, Teddy, described her as "in her own little world" and "often spaced out or star[ing] into space." Her husband, Kevin, also described her becoming disengaged: "...she got a blank look on her face and didn't respond. I wondered if she was daydreaming. I could tell she didn't hear me: it was like she wasn't even there." Lisa's daughter Kayla described her mother as fundamentally absent, even when she was with her children. She noted: "She was always distracted and seemed to be thinking about something else. Her body was around, but her mind was not with me or playing with me." Kayla noted that the first time she had a "real" conversation with her mother when her mother seemed to be able to focus and listen was in 2012, when her mother was taking psychotropic medication.

Lisa noted that she has struggled much of her life with absent-mindedness and feeling as though she is in her own world. She gave examples of being at her job and not

remembering how she got there, often feeling like she lost track of time, and during the year before her arrest, feeling that she would need to write what day it was on her hand in order to stay oriented to time.

3. Depersonalization: Depersonalization occurs when an individual feels detached from her own body or like she does not belong in her body. Lisa is described by numerous family members as being “filthy” and smelling badly, a possible indicator of a depersonalized state in which she could not care for her own body. Lisa noted strong symptoms of depersonalization around sexual activity. She described sex with her husband and her feeling that “you could not be there,” a description of her mental disconnect from her body, as well as her viewing herself in the second person, “you”, rather than the first person, “I”. She noted that sex with her husband, Kevin, would “take me back to Jack.” Lisa noted that sometimes she felt “like I’m separate” from the world and would have to tell herself, “I’m here...I’m walking.”

4. Derealization: Derealization is a form of dissociation in which the person feels that his or her surroundings are not familiar and, in some cases, not even real. Lisa described often feeling that she is unsure whether her environment is real. She described the world feeling “dreamy” to her at times and noted that there were days that were “nonexistent” to her. Lisa recalled receiving letters and not knowing if they were real or not when she was incarcerated in CCA. She described how she learned to develop “strategies” to “show me this is where I am.” She described looking out her window and seeing a tree and feeling she was able to tell herself that she *knew* she was seeing a real tree. Lisa described a fundamental sense of unreality that shapes her perception of the world and the logic she uses to try to assess reality: “I can feel it, so I know it’s real. If I can’t feel it, I’m not sure it’s real.” This weak hold on reality pervades much of Lisa’s consciousness and has been prevalent in her functioning since she was a teenager. According to Lisa, things started to get “less real” after Jack Kleiner began raping her. With some hesitation, she described not being sure if she really had her children or not, saying,

“..like being a mom—did I really have them? I had them, I don’t remember that period of time but I won’t know if I really had them. I have to remember but I can’t. I have an idea of it, but I’m not sure if it happened.”

Lisa’s confused and illogical language here demonstrates the rupture in her sense of reality.

5. Identity dissociation: Dissociation can include a split in an individual’s identity where the person feels like she has different people inside herself or like there are people inside who are talking to her. Lisa describes how she struggled for many years with her mother’s voice in her head, saying “You can’t do anything right,” and telling her she was a “bad girl.” This experience of a voice that is not one’s own but that is speaking in second person and disparaging the individual is a hallmark sign of the altered consciousness of trauma-induced dissociation. (Frewen & Lanius, 2014). She describes a split in her identity that has recurred since she was a teenager and her mother

discovered Jack's sexual abuse of her. At that time, her mother cut Lisa's hair, an event that she links to being viewed as "bad." Since that time, Lisa describes several occasions where she has become preoccupied with cutting her hair as a way to demonstrate the "bad" part of herself. Lisa's first husband, Carl, stated that when Judy would verbally mock and abuse Lisa, Lisa would appear to get "a different look on her face," something he described as her "going someplace else mentally." Lisa noted that the uterine fulguration that she underwent was also part of her being "bad" because she had been unfaithful to Carl and had another man's child. Lisa's split identity is also evident in her description of herself as "only good for having babies."

Family members report that Lisa also demonstrated identity confusion in relation to her cousin, Wendy Treibs, whom she began to emulate as an adult. Notably, Wendy, who Lisa described in the current evaluation as "the perfect mom" and who Lisa's mother reportedly said "was a better mom than me," had reversed a tubal ligation and gone on to have two children after the procedure. Lisa has at times been reported to have said that she too had a tubal fulguration reversed. Additionally, in 2004, Lisa is reported to have gone to court during the custody battle with her mother over her brother's baby and dressed and had her hair notably like Wendy's. Lisa also used the name Abigail for Mrs. Stinnet's baby, a name that Wendy said would be her next child's name. During this time in 2004, Lisa's ex-husband Carl noted that Lisa was "spaced out and getting a lot worse," something that he noted seemed related to her false pregnancy. He noted that Lisa was so "strange" at this point that her children did not want to have people come to their home and see her.

6. Memory disturbance: Individuals who dissociate often describe impaired memory functioning, including blank spells and loss of time. Numerous family members describe Lisa as forgetful and scattered. Her years of parenting young children are described as chaotic and her ability to run a household with even a modicum of organization was nonexistent. Her home was described as filthy, disorganized and replete with unfinished projects. Lisa described going to the grocery store and coming home with items that the family already had. She noted that her ability to follow through on an activity was very poor, until she began taking Risperdal in the BOP. Lisa described her fundamental inability to remember major events of her life. She stated, "I know I graduated from high school, but I have no memory of it." She also noted that she has no memory of marrying her first husband, Carl, and almost no memory of testifying in court about her stepfather's sexual abuse of her.

7. Emotional constriction: Dissociative symptoms can include restricted or limited emotional experience, including numbness and lack of appropriate positive or negative feelings. Lisa described intense emotional constriction, particularly around her body and childbirth. She noted that she held her daughter after returning from the hospital and thought, "I should feel love and I'm not feeling anything." Lisa recalled how she didn't cry about her stepfather raping her because it was "going on for years and I learned not to deal with it." Later, her emotional constriction was used against her by her mother who told her, "If you hadn't wanted [the sexual abuse] to happen, you would have cried." Thus, Lisa's blunted emotional response to years of violent sexual abuse was ultimately

used against her by her primary caregiver. As a young mother, Lisa described struggling to connect to her children, saying, “the emotions weren’t there.” Recently, when a friend said that she was worried about Lisa’s husband, Lisa noted that she had to “stop and think about it—I had to try to connect to his emotions.” Lisa’s extensive victimization likely affected her capacity to tolerate emotions. Individuals with high rates of dissociation have been shown to have difficulty with recognizing emotions in others. This difficulty with reading other’s emotions has been linked to neurobiological dysfunction that occurs in the limbic system of emotion regulation in dissociative states. (Lanius, Paulsen and Corrigan, 2014).

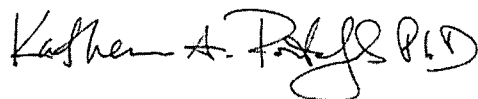
Conclusion

Lisa Montgomery’s life history demonstrates the tragic and devastating consequences of abuse and exploitation of children by those who should protect and nurture them. Raised within a family whose treatment of children as objects to be used in internecine family conflicts spanned multiple generations, Lisa grew up learning that she, too, was an object to be exploited and abused by her caregivers. Lisa’s childhood in which she was brutally beaten, humiliated, and ultimately raped for several years by a stepfather, created conditions for her to develop profoundly distorted perceptions of interpersonal relationships, human emotions and, even her own body. Lisa, like many survivors of severe sexual abuse, developed a dissociative response to her feelings and body states that stayed with her throughout her life. While this dissociation can protect a child, for instance from the actual sensations of a disturbing rape, it can, if required frequently enough, result in a rupture of the child’s developing sense of self, the world and relationships. Lisa’s development suffered such distortions and she grew into adulthood with a disconnected sense of her emotions, a tenuous hold on reality, a completely warped view of human relationships, and a split and damaged sense of herself and of her body. These developmental impairments had tragic consequences in this woman’s life and the life of those around her.

I will continue to examine data, as it is provided to me, and update you as necessary. Please do not hesitate to contact me if you have further questions.

Thank you.

Sincerely,



Katherine Porterfield, Ph.D.
NY State License Number 014105-1

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