

S NDER

Behavioral Health & Wellness

7/10/2019

Re: Smeeta Antony

Dear Judge:

I am writing this letter at the request of my therapy client, Smeeta Antony, who I have worked with since October of 2017 on a weekly basis. Smeeta asked me to *specifically* report on my behavioral observations during our sessions and my clinical impressions of her with regards to being delusional or being a threat to others, particularly to her daughters during supervised visits. She is aware that I cannot speak directly about her parenting ability or her interactions with her daughters since I have not observed her in those settings and have not completed a parenting assessment. I am ethically only able to speak of the clinical impressions I have of Smeeta based on our interactions and her self-report of outside behaviors, which I am happy to do on her behalf.

Smeeta has been very forthright in telling me about the uncontrollable verbal outbursts that she has outside of our sessions. She describes them in great detail and has even shown me video of herself during episodes in her previous apartment. She does not deny their occurrence at all. However, I have to say that I have never actually observed Smeeta having one of these incidents in person or behaving in any inappropriate manner during our sessions or in our waiting room. She always arrives for her appointments early and waits patiently. She is polite to the office staff and has respected appropriate boundaries. She comes dressed appropriately and her hygiene is good. Smeeta has an excellent memory and reports what has been going on in great detail. She can sometimes go off on tangents with certain topics and may need some redirection back to the core issue for the sake of using our time most efficiently, but her thoughts are generally organized. She has shown a normal range of affect during sessions. She is engaging, considerate, intelligent, kind, and even displays a good sense of humor during her interactions with this therapist. It is very apparent that Smeeta loves her daughters deeply and wants what is best for them in life. She also clearly desires to have more time to connect with them in a supervised setting.

As stated, I have not ever witnessed any of the uncontrollable verbal outbursts, cognitive confusion, or inappropriate behavior that Smeeta has experienced at her home and in other familiar settings during the many hours we have spent together. Nor has she ever expressed

that she felt she was being electronically harassed, or gang stalked at our clinic, although she firmly believes that this is what is occurring outside of our sessions in her home and in a few select other locations. I do not feel that I am in a position to decide whether this is delusional ideation or a legitimate occurrence. Although the plausibility seems somewhat questionable, Smeeta has found information and experts in that field that support her and validate her claims. It is out of my range of expertise to judge the validity. I will say that, aside from this, there have not been any other beliefs that Smeeta has expressed thus far that have caused me to feel particularly concerned about delusional ideation.

With regards to her verbal outburst episodes, it is my clinical impression that Smeeta seems to be able to maintain appropriate composure and remain incident-free as long as she is actively engaged with another person, and often when she is in a public setting. She is most vulnerable to a verbal outburst when she is at home, alone, in her apartment or when she is engrossed in her computer and not actively engaged with other people. I have not witnessed or heard about any incidents of Smeeta having an episode while actively engaged with another person. In fact, she reports that if she is in the midst of an incident, she is quickly brought out of it by someone speaking to her directly. She has shown me footage of this happening during an incident she had at the Internet café at her old apartment building. A police officer arrived at the scene, spoke to her directly, and her incident stopped immediately. She reportedly has not had any such incidents during any of her supervised visits with her daughters to date (based on her report).

Based on this information and my observations during therapy sessions, it is my clinical opinion that Smeeta would be at low risk for a verbal episode during a supervised visit with her daughters. I also feel, based on information available to me, that Smeeta is a "low risk" in terms of being a potential harm to others, especially during a supervised visit. She has never expressed any desire to harm anyone and does not have any history of dangerous or aggressive behavior. Her verbal outbursts, which often make little sense and are more like "word salad," seem to be mostly directed at herself if anything.

Please do not hesitate to contact me if you have any further questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Sara B. Schilplin Psy.D., LP". The signature is fluid and cursive, with the initials "S.B.S." and "Psy.D., LP" clearly visible.

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