

# Comprehensive PTSD Documentation Analysis for Delaware County Divorce Proceedings

The therapy session transcript from May 19, 2025, combined with family group chat messages and medical records, provides substantial evidence supporting Mr. Boerner's PTSD diagnosis and its profound impact on his functional capacity following the March 26, 2024 home invasion at 2649 Tifton Street S, Gulfport, FL.

## Primary PTSD Diagnosis and Trauma Timeline

### March 26, 2024 Home Invasion Catalyst

The therapy transcript confirms the violent home invasion as the primary traumatic event triggering Mr. Boerner's PTSD diagnosis<sup>[1]</sup>. Mark, the licensed therapist, immediately recognized "textbook post traumatic stress disorder" symptoms, specifically noting the "heightened startle response" as a "tremendously large red flag of PTSD"<sup>[1]</sup>. The therapist validated that this represented "a tremendous violation of your safety" that fundamentally altered Mr. Boerner's psychological functioning<sup>[1]</sup>.

### Medical Confirmation Through Multiple Providers

The May 15, 2024 family group chat message documents Mr. Boerner's formal diagnosis from a nurse practitioner of neurology, stating: "she had high conviction around diagnosing me with PTSD"<sup>[2]</sup>. This medical professional doubled his Sertraline to 100mg, added a mood stabilizer, and prescribed a blood pressure medication also used for attention deficit treatment<sup>[2]</sup>. The comprehensive treatment plan included cognitive therapy, mindful meditation, and physical regimens specifically targeting PTSD symptomatology<sup>[2]</sup>.

## Secondary ADHD Diagnosis Linked to PTSD Trauma

### PTSD-Induced Attention Deficits

The therapy transcript reveals that Mr. Boerner tested in the "99th percentile" for ADHD following the March 26, 2024 trauma<sup>[1]</sup>. His description of functional impairments demonstrates classic PTSD-related attention difficulties: "I sit down to work and I spin and I have a block in my head that doesn't allow me to do what I need to do, and I get lost in doing the things that I shouldn't do"<sup>[1]</sup>. This pattern of task avoidance and concentration difficulties represents secondary ADHD symptoms commonly triggered by trauma exposure.

## **Medical Research Supporting PTSD-ADHD Comorbidity**

Current medical literature establishes strong correlations between PTSD and attention deficit disorders, particularly when trauma occurs in adulthood. The nurse practitioner's prescription of blood pressure medication "also used to treat attention deficit" acknowledges this established connection<sup>[2]</sup>. Mr. Boerner's pre-trauma functioning as a successful consultant contrasts sharply with his post-trauma inability to maintain focus, supporting trauma-induced rather than developmental ADHD.

## **Functional Impairment Documentation**

### **Occupational Disability Evidence**

The therapy session provides detailed evidence of work-related functional limitations. Mr. Boerner reports losing "three clients since that break in" and being unable to complete basic tasks despite spending "10 hours yesterday" attempting to work<sup>[1]</sup>. His description of watching himself engage in avoidance behaviors while being unable to stop demonstrates the involuntary nature of his functional impairments<sup>[1]</sup>.

### **Social and Interpersonal Impact**

The transcript documents significant social withdrawal and relationship difficulties stemming from PTSD symptoms. Mr. Boerner describes being "unresponsive to friends a lot" and feeling "way more of a loner" than previously<sup>[1]</sup>. His hypervigilance manifests as being "on edge or edgy around people or scared, like very easily" with specific instructions to others about approaching him from behind<sup>[1]</sup>.

## **Medication Management and Treatment Compliance**

### **Multi-Modal Treatment Approach**

The documented medication regimen includes Sertraline (doubled to 100mg), Guanfacine, Hydroxyzine, and Trileptal, representing a comprehensive approach to PTSD, anxiety, and attention deficit symptoms<sup>[3]</sup> <sup>[2]</sup>. The nurse practitioner's decision to increase Sertraline dosage while adding mood stabilizers indicates recognition of severe symptomatology requiring aggressive intervention<sup>[2]</sup>.

### **Ongoing Therapy Engagement**

The May 19, 2025 therapy session demonstrates Mr. Boerner's commitment to treatment, with scheduled follow-up appointments on June 2nd, June 17th, and July 1st<sup>[1]</sup>. The therapist's recommendation for ART (Accelerated Resolution Therapy) certification and biweekly sessions indicates recognition of complex trauma requiring specialized intervention<sup>[1]</sup>.

## **Legal Implications for Delaware County Proceedings**

### **Pennsylvania Equitable Distribution Factors**

Under 23 Pa.C.S. § 3502(a)(3), courts must consider "the age, health, station, amount and sources of income, vocational skills, employability, estate, liabilities and needs of each of the parties." Mr. Boerner's documented PTSD and secondary ADHD directly impact his employability and ongoing medical needs, warranting consideration in asset division calculations.

### **SSDI Application Strategic Timing**

The therapy transcript confirms Mr. Boerner's attorney's recommendation to "file for Social Security disability" as the primary strategy for avoiding "two years of alimony"<sup>[1]</sup>. His documented inability to work since the March 26, 2024 trauma, combined with formal medical diagnoses and ongoing treatment, supports SSDI eligibility under federal disability standards.

### **Spousal Abandonment During Medical Crisis**

The family group chat messages show Melissa's participation in the May 15, 2024 medical appointment where PTSD was diagnosed<sup>[2]</sup>, yet the therapy transcript reveals her subsequent abandonment when Mr. Boerner "found out I didn't have insurance anymore" due to her unilateral employment decisions<sup>[1]</sup>. This pattern of medical abandonment during documented disability strengthens claims for spousal support and favorable asset division.

### **Evidentiary Strength and Authentication**

#### **Multi-Source Corroboration**

The combination of licensed therapist observations, nurse practitioner diagnosis, family witness testimony through group chats, and detailed symptom documentation creates a robust evidentiary foundation. The therapist's willingness to provide expert testimony and undergo depositions further strengthens the medical evidence base<sup>[1]</sup>.

#### **Temporal Consistency**

The documentation shows consistent reporting from the March 26, 2024 trauma through the May 19, 2025 therapy session, demonstrating persistent rather than episodic symptoms. The progression from initial diagnosis in May 2024 to ongoing treatment in May 2025 establishes chronicity supporting disability claims.

This comprehensive documentation package provides substantial evidence for Mr. Boerner's PTSD-primary disability with secondary ADHD complications, supporting both his Delaware County divorce defense strategy and potential federal SSDI application while demonstrating the profound impact of the March 26, 2024 home invasion on his functional capacity and life trajectory.

1. CLAUDE-therapy\_transcript.txt
2. PTSD-Messages-2024-12-04-01-01-39-Melissa-Mom-Dad.pdf
3. paste.txt