PSYCHOLOGICAL ASSESSMENT SERVICES

CLINICAL & FORENSIC PSYCHOLOGY

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CONFIDENTIAL MATERIAL

The highly complex nature of the information contained in this report can result in serious misunderstandings if revealed to the patient. This could not only harm the patient but also the doctor-patient relationship. Consequently, it is strongly suggested that this report is not released to the patient without consulting the undersigned.

October 4, 2021

Workers Defenders Law Group 751 S Weir Canyon Rd Ste 157-455 Anaheim Hills, CA 92808

RE: George Soohoo vs. California Institute For Men

PSYCHOLOGICAL TESTING REPORT

Dear Gentlepersons:

Your client, Mr. Soohoo, agreed to Telemedicine Services. He was mailed a battery of psychological testings. The tests were applied via Telemedicine from my office in Santa Ana, California on October 1, 2021. The psychological tests were scored and interpreted by this examiner.

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The time spent for the psychological testing evaluation services by physician or other qualified

health care professional, including administration, scoring, integration of patient data,

interpretation of standardized test results and clinical data, clinical decision making, treatment

planning, and report and interactive feedback to the patient was 4.25 hours. This complex

psychological testing was administered for diagnostic purposes as well as to thoroughly explore

issues of personality, cognition, malingering, and/or exaggeration.

Complex psychological testing was recommended and performed as it goes beyond the routine

screening battery. As stated in the Psychiatric Protocol adopted by the Industrial Medical

Council on July 16, 1992, and amended on March 18, and October 25, 1993, "Complex

psychological testing gives an in-depth view of the patient. Routine testing relying upon self-

administered inventories may be insufficient in cases where elaborations; reading, language and

intellectual barriers; or confusional states exist," (pp. 9-10).

The basis of this report comes from the following sources of data: Clinical Interview, Review

of Records, Medical and Psychiatric Symptom Checklist, Beck Anxiety Inventory (BAI), Beck

Depression Inventory-II (BDI), Adult Neuropsychological Questionnaire, Epworth Sleeping

Scale, and Insomnia Severity Index, along with my clinical interpretation.

On the Medical and Psychiatric Symptom Checklist, the patient reported a variety of symptoms

indicating depression, anxiety, memory problems, attention span deficits, and physical

complaints.

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The Beck Anxiety and Beck Depression Inventories are each a 21-item, self-report questionnaire

in which respondents rate their subjective experience of anxiety and depression. A total score

is obtained from the responses by summing the items. Ultimately, the Beck Anxiety and Beck

Depression Inventories scores can range from 0 to 63.

On the BAI, the patient obtained a score of 18, indicative of moderate levels of anxiety.

On the BDI, the patient obtained a score of 29, indicative of severe levels of depression.

On the Neuropsychological Questionnaire, Mr. Soohoo reported no neuropsychological

disturbances. However, it is cautioned that this questionnaire is only a screening device.

The Epworth Sleepiness Scale is an 8-item self-report questionnaire that measures an individual's

general level of daytime sleepiness. On this test, the patient obtained a score of 10, which is

indicative of normal daytime sleepiness.

The Insomnia Severity Index is a 7-item self-report questionnaire that assesses the nature,

severity, and impact of a patient's sleep difficulties including sleep onset, sleep maintenance, and

interference on daytime functioning. The patient obtained a score of 15, which is indicative of

moderate clinical insomnia.

SUMMARY AND DISCUSSION:

Mr. Soohoo was administered a comprehensive battery of psychological tests to help in the

diagnosis of possible emotional and psychological disturbances. He completed the battery of

psychological tests in a cooperative manner.

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During the pretest and the testing sessions with me, his mood was anxious and sad. He showed no impairment in his production of speech or thought process. He denied any perceptual disorder.

The results of the psychological tests suggest that Mr. Soohoo is reporting moderate clinical levels of anxiety and severe clinical levels of depression.

The patient was alert and there is no indication that the patient may be experiencing neuropsychological disturbances.

On the Epworth Sleepiness Scale, there is an indication that the patient is experiencing normal daytime sleepiness.

On the Insomnia Severity Index, there is an indication that the patient is experiencing moderate clinical insomnia.

The time spent in application scoring and interpretation is as follows:

	Administration & Scoring	Test Evaluation Services
Checklist Questionnaire	15	30
Beck Anxiety	15	30
Beck Depression	15	30
Neuropsych	20	30
ESS	15	20
ISI	15	20
Subtotal	95min = (1.58 hours)	160min = (2.66 hours)
Total	255min = (4.25hours)	

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I believe that the test results support the patient's complaints, my clinical findings, and my

diagnostic impressions of this patient.

DISCLOSURE:

I declare under penalty of perjury that the information contained in this report and its

attachments, if any, is true and correct to the best of my knowledge and belief, except as to

information that I have indicated I received from others. As to that information, I declare

under penalty of perjury that the information accurately describes the information provided to

me and, except as noted herein, that I believe it to be true (LC '4628j).

If you have any questions or I may be of further assistance to you regarding this case, please

feel free to contact me.

Very cordially yours,

Nelson J. Flores, Ph.D., QME, DABPS

Licensed Clinical Psychologist

Qualified Medical Evaluator

Board Certified in Forensic Clinical Psychology

PSY 12317 / QME 909038 / DABPS 13796

cc: File

NJF:BR