PSYCHOLOGICAL HEALTHCENTER

Lynne P. DeBoskey, Ph.D. Psychologist PSY 11397 Qualified Medical Evaluator

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IN IMPERIAL COUNTY: 1503 N. Imperial Ave. #108 El Centro, CA92248

August 27, 2018

Attn: Taylor Sutherland, Adjuster at Zurich

Fax: (707) 646-2711

Re: George Soohoo

Claim: 06380832 DOI: 07/06/18 DOB: 11/28/53

Employer: CA Dept. of Corrections & Rehabilitation



Psychological Consultation and Treatment Recommendations

Dear Gentlepersons:

Thank you for the opportunity to provide a consultation report on the above named claimant. As relevant parties are aware, on 08/10/18 I received written authorization to conduct a consultation report and psychological testing on Dr. Soohoo. On 08/27/18 Dr. Soohoo was seen for an intake and assessment in my San Diego office taking one hour. The rationale for this face to face time is due to obtaining an extensive history of injury, to determine the course of symptoms, present level of impairment, the multiple factors and stressors complicating function, industrial treatment, and to review further care and treatment options. Psychological testing was administered on 08/27/18 under supervision and consisted of the Minnesota Multiphasic Personality Inventory-2 and Epworth Sleepiness Scale. The total testing time took 3.0 hours for administration, and 2.0 hours for scoring and interpretation. A review of records on 08/27/18 required one hour prior to and after the face to face meeting with the claimant. By way of a rationale, a portion of the time spent cross checking for internal consistency and discrepancies and then typing it in this report.

Billing Rationale: Note that the following consultation is not a regular clinical evaluation and it is a consultation for a workers' compensation case involving extraordinary circumstances and involves decision making of high complexity. This evaluation involves personally interviewing the claimant, taking a careful and precise history of complex factors consisting of but not limited to a comprehensive history of illness and injury, present and prior work history, current

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complaints, comprehensive past medical, family, social, and psychiatric histories as well as review of complex ancillary data. It was necessary to determine the present level of symptomatology, impairment and disability. Moreover, this required a review of treatment rendered and mental status examination, all of which was integrated with that obtained from my review of available medical, work, and investigative records in order to confront issues of medical causation, apportionment as well as considering issues of credibility. Psychological testing was required to establish a pre-existing and current personality. This psychiatric examination also requires evaluation regarding the presence or absence of exaggeration, due to psychiatric disorder or malingering, and exposure to stressors in order to determine periods of temporary disability, permanent and stationary status, causation and apportionment. Evaluation of any past medical history, orthopedic, neurologic, internal medicine, or other disability needed to be considered to determine whether there was impact from such problems on the claimant psychiatrically.

Any information provided in this report, including the report itself, should not be released to the claimant, as information in this report may be psychologically damaging to the claimant. In compliance with the California Health & Safety Code 123130, psychological evaluations and reports are confidential and should therefore be made available only to selected and authorized persons. Although it is about the claimant, it contains professional language that could easily be misinterpreted by a tay person and might therefore be unnecessarily painful and harmful. Thus, I have exercised my professional and ethical responsibility with respect to advising Dr. Soohoo that it is not in his behalf to release said reports to him. All parties obtaining access to Dr. Soohoo's file are charged with the responsibility of maintaining the privacy of Dr. Soohoo, the employer, and any other individuals referred to in the information therein. In this regard, neither myself nor Psychological Health Center, assumes ANY RESPONSIBILITY if you release any psychological reports to Dr. Soohoo.

Waiver of Privilege by the Injured Worker: Prior to the clinical examination, including the administration of psychological testing, Dr. Soohoo was informed that I would be submitting this report, and that any information obtained during the process of the current evaluation and/or treatment would be considered as part of his workers' compensation case and would be shared with appropriate parties as necessary. Dr. Soohoo acknowledged that he understood the nature of this evaluation, and that the usual doctor-patient confidentiality is not in effect.

History of Industrial Injury and Treatment: The history of injury was obtained from Dr. Soohoo and available medical records during the claimant's face to face clinical interview. George Soohoo, a 64 year old Supervising Dentist, is alleging an industrial injury to the psyche on 07/06/18 due to work stress from perceived unfair disciplinary action against him that resulted in a transfer to a different work site. Hired in August 2007 at the Chino Prison, Dr. Soohoo has been with the CA Department of Corrections since 1994. Prefacing remarks with he was off work in December 2017 for 6-8 weeks due to a back injury at work, Dr. Soohoo was unable to order supplies so he had a subordinate do it. Returned to work, in 2018 the CEO at CIM received EEO complaints againsthim, which Dr. Sooho attributes to retaliation for previously writing up employees and due to adentalassociatewho did not like him because "I made him come on time". An acting supervisor wrote Dr. Soohoo up because the supply room was open with cardboard

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between the lock and keys. Another dental assistant filed an EEO againstDr. Soohoo for "yelling at her", Denying these allegations. He adds that he had written her up several times, most recently for disobeying a directive about overtime. When a position opened up Dr. Soohoo did not consider her qualified and so he did not recommend her for the position. This dental assistant later claimed retaliation by Dr. Soohoo. However, Describing the dental assistant as "showing up late and taking a long time to work and in collusion after me", the precipitating event occurred at a training conducted by Dr. Soohoo regarding new software to be learned at work. Including retaliation in her complaint this dontal assistant claims Dr. Soohoo "yelled at her". Waiting 9 plus months for the outcome from Internal affairs, Dr. Soohoo states charges of "verbal abuse and retaliation were met" and substantiated by the investigation. The CEO, CO and Dr. Soohoo was informed of this by the CEO and he "was walked off and they took my keys and cell phone". Escorted off the property, Dr. Soohoo describes his reaction as embarrassed and being disrespected", Placed on administrative leave, Dr. Soohoo's blood pressure is reported as 180/96 and he went to his primary physician who increased the dosage of his medication. Off work for a week, Dr. Soohoo is working at a different prison performing duties related to audits and training, and with no direct interaction with staff. Currently Dr. Soohoo does not report significant problems with either his work function or with interpersonal relationships, at a different prison on modified duty. Pursuant to LC 5402 this psychological evaluation was authorized to address issues related to industrial psychological causation, disability, and treatment.

Review of Medical Records:

- 08/13/18Doctor's First Report of Occupational Injury or Illness by Lynne DeBoskey Ph.D. Adjustment Disorder. F43.; TPD psychologically for 60 days; no direct patient care and restricted from working at CIM facility.
- 08/10/18 Authorization for a psych consult with testing from Adjuster.
- 06/28/18 Kaiser Permanente Records, Gregory Bordy MD PCP
- 09/13/00Kaisermanente Records, Gregory Berdy MD PCP: post nasal drp, hyperlipipidemia, hypertension, diabetes, obesity, adult obstructive sleep apnea, loratadine, sodium, bicarbonate, flunisolide, losartan-hydrochlorothiazide, clopidogrel, amllopipine, fenofibrate, lovastatin, albuterol, metformin, qvar

Subjective Complaints: <u>Psychological Complaints</u>: Denying suicidal or homicidal ideation, Dr. Soohoo complains of depression, crying spells, anxiety, worry, ruminating, concentration problems, guilt, anger, irritability, withdrawal, hopeless and helpless, reduced motivation. Dr. Soohoo receives 3-4 hours of interrupted sleep.

Physical Complaints: Standing 5' 3" and weighing 185 pounds, Dr. Soohoo reports headaches, feeling flushed, neck, hand and back pain.

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Medical History: Dr. Soohoo reports his medical history as a child and adolescence as unremarkable. Dr. Soohoo has been diagnosed with diabetes, blood pressure problems, digestive, chronic pain (attributed to awkward postures required of him at work), respiratory, sleep apnea (2000 after automobile accident when fell asleep driving)m, or thyroid problems. Dr. Soohoo is in the process of obtaining a VA disability form loss of hearing due to being a reservist for 28 years.

Mental Health History: Dr. Soohoo denies other psychological, emotional, or mental disturbances/treatment prior to his 7/6/18 industrial claim.

History of Criminality/Substance Abuse: Dr. Soohoo denies criminal arrests and he has never been charged with a DUI. He does not alcoholic beverages and he denies that other people have expressed concern in the past or currently about his use of substances. He has not obtained a medical marijuana card and he denies past use and he does not currently use illicit drugs. He does not use tobacco products and he does not drink caffeinated beverage daily.

Psychosocial History: Obtained during Dr. Soohoo's face to face time with this psychologist, below represents the claimant's subjective recall and so may not reflect a completely factual based history. born on 11/28/53 in San Diego, CA, Dr. Soohoo describes his childhood as "growing up in a bad neighborhood". Developmental milestones are disclosed as having occurred within normal limits and Dr. Soohoo denies physical, emotional abuse and/or a history of molestation or childhood psychopathology. He grew up in an intact family and parents are described in positive terms. His sister did of cancer at the age of 47. He has a 66 year old brother who is reportedly stable and not a source of stress. Obtaining his doctorate in 1979, Dr. Soohoo states he was a hyperactive child but denies a history of learning disabilities or any behavior problems in school or growing up. Reporting above average performance evaluations, Dr. Soohoo has worked for the Department of corrections since 1994. A supervising dentist, he denies prior job related problems. He has served in the ASAR from 1986-2013 and has not experienced combat. Married 10 years to a 54 year old medical assistant, and he describes that relationship as "good". He was previously married from 1986 to 1996 they divorced due to growing apart. Dr. Soohoo does not have blological children. Living in a home he purchased 5 years ago, he denies financial stress of significance and/or life stressors implinging on him over the last two years.

Mental Status and Behavioral Observations: Oriented in all spheres, Dr. Soohoo arrives for his appointment on time. He appears in casual attire with adequate hygiene. General behavior is pleasant, and cooperative. He allows an adequate rapport to be established and eye contact is normal. Speech production and psychomotor movements are unremarkable. Thought processes are logical and relevant. There is no indication of gross disruption of basic logical processes, concentration, or

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attention. Memory for immediate, recent, and remote events is intact. Intelligence appears in the above average range as measured by his education and use of abstraction, conceptualization, and vocabulary. Maintaining a subdued demeanor, Dr. Soohoo describes his mood as depressed and anxious. Dr. Soohoo exhibits adequate frustration tolerance throughout the examination. He does not exhibit any angry reactions or problems with impulse control. Judgment is unremarkable. Insight is poor.

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Testing Rationale: It was necessary to administer this comprehensive test battery to achieve an objective measure of the present behavioral, cognitive, and emotional functioning of Dr. Soohoo.

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Dr. Soohoo produces a <u>valid</u> profile. Lacking in psychological insight, this profile type needs to be seen by others in a favorable light. Validity scores are: L(61), F (82), K (45).

Clinical scores: 1 (92), 2 (74), 3 (89), 4 (72), 6 (101), 7 (98), 8 (79), 9 (62), and 10 (62). cl Referred to as a "working conversion", scores suggests depression (expressed as mood swings e.g., periods of tearfulness, irritable outbursts, feelings of malaise, reduced motivation and difficulty starting and completing tasks). moderate levels of anxiety, a heightened degree of "nervous energy" and manic like defenses; which is contributing to distractibility, occasional problems with mental focus, persistence, anxiety attacks, and a reduced frustration tolerance mood swings. Not sleeping well, obsessive ruminations interfere with concentration, staying organized in his/her thoughts, more frequent and intense emotional outbursts and anxiety/panic attacks, and anxiety-related somatic and neuro-vegetative complaints. Suggesting high levels of somatization, this person is vulnerable to periods when repressed emotional distress breaks through in such force that he/she experiences significant personality deterioration (similar to what precipitated this referral and consistent with a stress-related exacerbation of blood pressure problems and the stress-related exacerbation of anxiety related somatic complaints listed on Axis III of this report).

Regarding long term personality characteristics, this person is unable to process information that is emotionally charged and so adversarial interpersonal interactions may be expressed passive aggressively; meaning that emotional distress is indirectly, and by being brooding, sullen, faultfinding, irritable, feeling easily threatened, unappreciated, begged down, and unfairly demanded upon; which precipitates more uncontrollable emotional outbursts. When confronted with conflict situations and/or accumulated stress, this person feels easily threatened, personally injured, enraged, trapped and victimized. Harboring considerable degree of anger and feeling paranoid, aggrieved and misunderstood (which is often well rationalized afterwards), this person is having difficulty sublimating repressed anger but will typically simply attempt to "forge on" by applying him/herself to basic tasks conscientiously.

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The Beck Depression Inventory (BDI): Dr. Soohoo's score on the BDI (score = 39) indicates that heissymptoms indicative of a severely depressed mood.

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The Beck Anxiety Inventory (BDI): Dr. Soohoo's score on the BDI (score = 28) indicates that heis reporting symptoms indicative of a minimal to severely anxious mood.

The Wahler Physical Symptoms Inventory (WPSI): The WPSI is an instrument that measures the degree of physical or somatic complaints endorsed by an individual. Designed specifically to include those complaints considered to be exclusively somatic in composition, it is often used to determine whether physical complaints are suggestive of a somatoform disorder or exaggeration of physical functioning. Dr. Soohoo's mean score of 2.55is elevatedwhen compared with a sample of disability claimants (mean score of male disability claimants = 1.78; SD =0.79). In all, the results indicate that Dr. Soohoo's physical symptoms are largely explained by his medical conditionbut that other factors may be playing a role in the severity, exacerbation, and maintenance of the symptoms impacting him.

The Pain Disability Report (PDR): Dr. Soohoo was instructed to rate his physical symptoms on the PDR as to the degree that he feels his symptoms are impairing. With scores of '5', '6', or '7' indicating <u>severe activity impairment</u>, his pain is scored at its worst during the last week as 8 on a 0 to 10 scale. His pain is scored on average during the last week as 7 on a 0 to 10 scale. His pain is scored at its least during the last week as 3 on a 0 to 10 scale.

The Epworth Sleepiness Scale: Dr. Soohoo's score of '6' is not indicative of a sleep disturbance in the form of an inability to remain awake during the day.

Diagnosis: Dr. Soohoo meets the diagnosis for the following mental disorder as noted in the DSM-5, the Diagnostic and Statistics Manual of the American Psychiatric Association: Although Axis II-Axis V of the DSM-IV-TR are discontinued in the DSM-5, they are included below for purposes of addressing issues specific to this claimant's industrial claim.

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Axis I	F43.23	Adjustment Disorder with anxiety and depression
	Z56.9	Occupational Problem
	G47.0	Sleep Disorder
	F54	Stress Related Physiological Response and Psychological Factor/Coping Style Affecting Medical Condition on Axis III
Axis II		No Personality Disorder Indicated; exacerbation
		of personality traits negatively impacting Axis I
Axis III		Per the medical records:
Axis IV		Psychosocial and Environmental Problems:
		Problems with primary support group-mild
		Occupational problems- mild to moderate

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Economic problems- minimal

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Problems with access to health care services-minimal

Problems related to interaction with the legal system/crimeminimal

Other psychosocial and environmental problems- minimal GAF = 65

Axis V

Diagnostic Discussion: Axis I is for reporting all the various mental disorders or conditions in the DSM-5 classification and also includes conditions not reaching a clinical level of significance but that are a focus of treatment (for example, an Occupational and/or Phase of Life Difficulty). Axis II is for reporting personality disorders and mental retardation. It can be used for noting prominent maladaptive personality features and defensive mechanisms. Axis III is for reporting current general medical conditions that are potentially relevant to the understanding or management of the individual's mental disorder. Axis IV is for reporting psychosocial environmental problems that may affect diagnosis, treatment, and prognosis for the treatment of mental disorders or the focus of treatment (Axis I and Axis II). Finally, Axis V is for reporting the claimant's global assessment of functioning (GAF) on a 100-point scale. Minimally adequate functioning is 70 or above; below 70 notes mild, moderate, or severe impairments in work, leisure, interpersonal, or cognitive functioning.

Diagnostic Criteria for Adjustment Disorders

- A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).
- B. These symptoms or behaviors are clinically significant as evidenced by either of the following:
 - (1) marked distress that is in excess of what would be expected from exposure to the stressor
- (2) significant impairment in social or occupational (academic) functioning
 C. The stress-related disturbance does not meet the criteria for another specific Axis I

disorder and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.

D. The symptoms do not represent Bereavement.

E. Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months.

Stress Related Physiological Response and Psychological Factor/Coping Style Affecting Medical Condition

A. A medical symptom or condition (other than a mental disorder) is present.

B. Psychological or behavioral factors adversely affect the medical condition in one of the following ways:

- 1. The factors have influenced the course of the medical condition as shown by a close temporal association between the psychological factors and the development or exacerbation of, or delayed recovery from, the medical condition.
- The factors interfere with the treatment of the medical condition (e.g., poor adherence).
- The factors constitute additional well-established health risks for the individual.

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4. The factors influence the underlying pathophysiology, precipitating or exacerbating symptoms or necessitating medical attention.

C. The psychological and behavioral factors in Criterion B are not better explained by another mental disorder (e.g., panic disorder, major depressive disorder, posttraumatic stress disorder.)

Axis I Discussion: The above diagnoses are consistent with Dr. Soohoo's reported complaints, medical records, and reported history of the injury, which, in turn matches his clinical life history, mental status examination, and psychological testing.

Axis II Discussion: Axis II is for reporting personality disorders and mental retardation. It can be used for noting prominent maladaptive personality features and defensive mechanisms. The diagnosis of Personality Disorders (Axis II) requires "an evaluation of an individual's long-term functioning, and the particular personality features must be evident by early childhood. The personality traits that define these disorders must also be distinguished from characteristics that emerge in response to specific situational stressors or more transient mental states." Based on available data, there is insufficient evidence that Dr. Soohoo suffers from a long-standing personality disorder.

Credibility: Credible, Dr. Soohoo's presentation and sincerity, complaints, mental status, test results, and behavioral presentation are congruent. There is no indication of any progressive mental and/or thought disorder. There is no evidence of homicidal ideation, hallucinations, delusions or paranoia, or behavioral loss of control. There is no indication of intentional exaggeration or amplification of problems, or any indication of intentional histrionic or exaggerated affect. Based on results from this consultation, Dr. Soohoo's emotional response to at workon 7/6/18 is psychologically reasonable.

Final Discussion; George Soohoo, a 64 year old Supervising Dentist, is alleging an industrial injury to the psyche on 07/06/18 due to work stress from perceived unfair disciplinary action against him that resulted in a transfer to a different work site. Hired in August 2007 at the Chino Prison, Dr. Soohoo has been with the CA Department of Corrections since 1994, this psychological evaluation was authorized to address issues related to industrial psychological causation, disability, and treatment.

Regarding industrial psychological causation of Dr. Soohoo's injury to the psyche, results from this evaluation indicate that actual events of Dr. Soohoo's employment predominantly caused on 7/6/18 the development of an Adjustment Disorder and his current period of psychological disability. Although determining the objective reality of Dr. Soohoo's allegations of work stress are left up to the Trier of Fact, available data shows a temporal relationship between his current period of psychological disability and Dr. Soohoo's industrial exposure on 7/6/18. Discussed previously, Dr. Soohoo denies any history of significance in terms of psychological or psychiatric treatment, or mental disturbances. On this issue, historical data does not reveal evidence of a work-related disability due to a psychological disorder and/or characterological pathology. Regarding

on industrial factors, Dr. Soohoo denies financial, marital, family of origin, or other life stressors over the last several years. Taken together, there is substantial evidence that pre-injury Dr. Soohoo has demonstrated satisfactory function in his personal life and interpersonal relationships; which supports the finding that industrial factors reach the level of preponderance required for industrial causation. Although the above supports the finding that industrial factors reach the level of preponderance required for industrial causation of Dr. Soohoo's 7/6/18 claim, this is not an opinion of industrial psychological compensability. This is because LC3208.3 specifies that if a psychological injury was substantially caused by non discriminatory, good faith personnel action, then an alleged work injury may not be psychologically compensable. Given that this is a factual and legal issue, it will need to be determined by a Trier of Fact. Although determining the objective reality of workplace events during the timeframe at issue is left up to the Trier of Fact, employee/personnel actions more thansubstantially caused (35% to 40%) Dr. Soohoo'scurrent period of psychological disability.

AOE Determinations: Causation and Threshold of Psychological Compensability Discussion: Dr. Soohoo'sinjury to the psyche on 7/6/18. Within the realm of psychological probability, 85% of Dr. Soohoo's psyche injury is predominantly from actual events of Dr. Soohoo's employment causing the development of an Adjustment Disorder on 7/6/18. Regarding a rationale, also previously discussed is a temporal relationship between Dr. Soohoo's current period of psychological disability and actual acts of Dr. Soohoo's employment on 7/6/18. Furthermore, a review of pre-injury mental health, employment and psychosocial history supports findings of industrial psychological causation. Specifically, there is insufficient evidence of any work-related disability due to a psychological disorder, characterological pathology or life stressors impinging on Dr. Soohoo during the time at issue. However, also within the realm of psychological probability, results from this evaluation indicate that 15% of Dr. Sochoo's current period of psychological disability stems from destabilizing contribution of aggravated maladaptive characterological traits combining with a pre-existing sleep disorder and non industrial medical conditions to produce overtly impairing anxiety and depression that negative impacts an adequate adjustment in the work place.

Disability Status: Dr. Soohoo is temporarily partially disabled psychologically with the work restriction of no patient care and he is precluded to work at CIM for 60 days.

Objective Factors: Consistent with a GAF of 65 there is evidence of mild impairment in the claimant's pre-injury pattern of appropriate pacing, persistence, and carrying out leisure activities. Associated features include anxiety and depression, psychomotor agitation/retardation, insomnia, lethargy, periods of brooding, reduced motivation, a lessened adaptability, frustration tolerance, feelings of malaise, and a heightened sense of vulnerability, a hypersensitivity to and an anticipation of dreadful occurrences.

Apportionment: not relevant at this time.

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Qualified Injured Worker: not relevant at this time.

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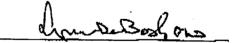
Treatment Recommendations: In compliance with the California's Medical Treatment Utilization Schedule (MTUS) and ACOEM Practice Guidelines, I recommend six individual cognitive behavioral therapy sessions (CPT code 90837) with a re-evaluation (CPT code 90791) upon completion of the initial sessions) to assess treatment progress and modify goals accordingly. This treatment is necessary to stabilize Dr. Soohoo psychologically and assist in a successful return to work experience.

Additional Scientific Evidence:

Return to v	workplace, this is not the best way in which to help the depressed employee. It is true that a person may temporarily become impaired so that a short-term leave, such as a week or two may be required. However, there is no empirical evidence to indicate that long-term leave is beneficial to the depressed person. In fact, when looking at the research for physical concerns and injuries, a person frequently becomes depressed when unable to complete normal, overyday activities.	
Work & Disability Mentality	tecommended as indicated below. A recent high quality study documents a significant and clear ose-response relationship between stress (amount of combat) and serious productivity loss and isability among US troops in Iraq. Stress in business may not be nearly as dramatic as PTSD in US roops, but it may have similar effects (Hoge-NEJM, 2004) See also Return to work. DG Capabilities & Activity Medifications for Restricted Work:	

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, 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. I further declare under penalty of perjury that except for the above, I personally performed the cognitive services necessary to produce the report, on 08/27/182615 Camino del Rio S. #202 San Diego, CA 92108. Except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of section 139.2 or section 5307.6 of the California Labor Code. I further declare under penalty of perjury that I have not ylolated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. Signed this 7th day of September 2018, in San Diego County.

Lynne DeBoskey, Ph.D. Psychologist PSY 11397



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