

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.

November 12, 2019

Law Offices of Natalia Foley
8306 Wilshire Blvd., Ste. #115
Beverly Hills, Ca 90211

RE: Kevin Williams VS. Walmart

PSYCHOLOGICAL TESTING REPORT

Dear Gentlepersons:

Mr. Williams was administered a comprehensive battery of psychological tests at my office in Riverside, California on November 11, 2019. Under my supervision, my registered psychological assistant, Stephanie T. Imp, M.A., participated in the administration of the psychological testing. The time involved for application and scoring was 1.5 hours.

Psychological Testing Report
RE: **Kevin Williams VS. Walmart**
November 12, 2019
Page 2 of 7

The time spent for the psychological testing evaluation services by physician or other qualified health care professional, including 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 7.0 hours. **(For billing purposes: 96130 [1 hour = 1 unit] and 96131 [6 hours = 6 units])**. 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), Raven's Standard Progressive Matrices Test, Minnesota Multiphasic Personality Inventory-2 (MMPI-2), 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, sleep difficulties, sexual difficulties, memory problems, attention span deficits, gastrointestinal disturbances, and physical complaints.

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, he obtained a score of 6, is indicative of minimal clinical levels of anxiety.

On the BDI, the patient obtained a score of 34, is indicative of severe levels of depression.

The MMPI-2 is a 567 item questionnaire that has maintained unparalleled empirical support and widespread use in forensic evaluations. The patient responds to the items in a true/false fashion and the responses are compared to those given by groups of psychiatric patients. Thereby, respondents' scores are deemed to indicate the extent to which their complaints coincide with those of patients who have been diagnosed as having a genuine psychiatric disturbance. The patient completed the 370 item, shorter version, of the MMPI-2. The patient's responses were scored/tabulated and a written report was generated. The MMPI-2 completed by this applicant rendered the following MMPI-2 profile:

				1	2	3	4	5	6	7	8	9	0
	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
T	65	67	60	81	83	84	67	50	72	70	63	43	55

On the MMPI-2, the patient rendered a valid profile.

This pattern indicates a presentation of self in a favorable light. Good moral values may be present. These patients tend to be somewhat defensive and are reluctant to admit problems.

Depression is the most prominent emotional characteristic associated with this profile. These individuals have difficulty expressing negative feelings and they bottle up emotions. Periodic awareness of unacceptable impulses can initially produce anxiety and later produce guilt. Chronic tension is one result of ineffectively dealing with feelings. Prominent feelings probably include hostility and resentment. Family members are likely to be the focus of at least a part of these feelings. The adjustment is often chronic. Interest and involvement in life may be lacking. A great deal of unhappiness can be tolerated. Look for a decreased activity level. Initiating activity may be a deficit. A chronic lowered level of efficiency can be expected. These individuals might be guarded, stubborn, and touchy. They may overreact to criticism. Social involvement is generally avoided. Hostility is often expressed indirectly. They tend to overreact to social stimuli and be argumentative. Others might see them as difficult to deal with, over-reactive, and prone to misperceive social stimuli. Feelings of inadequacy are usually prominent. They often believe they are helpless to change their circumstances. Other probabilities are feelings of insecurity and excessive self-doubts. Mental dullness and mistrust of personal mental functioning is denoted by certain answers. Difficulties with concentrating and a poor memory can be expected. Lack of enjoyment in life generates feelings that life is no longer worthwhile.

The Raven's Standard Progressive Matrices is a test to assess general intelligence and cognitive ability by having subjects deduce relationships among figural elements controlled in a matrix. This test is not impacted by the culture or spoken language of the subject. An individual's general intellectual functioning is given in terms of percentiles as compared with others within their age group. Mr. Williams score of 23 on this test places him within the 29th percentile relative to people his age.

On the Neuropsychological Questionnaire, Mr. Williams 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 14, which is indicative of moderate excessive 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 17, which is indicative of moderate clinical insomnia.

SUMMARY AND DISCUSSION:

Mr. Williams 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. 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 his thought process. He denied any perceptual disorder.

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

The test data suggests that the patient's intellectual functioning appears to be impacted by his current set of symptoms.

Psychological Testing Report
RE: **Kevin Williams VS. Walmart**
November 12, 2019
Page 6 of 7

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 moderate excessive daytime sleepiness.

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

I believe that the test results support the patient's complaints, my clinical findings and my diagnostic impression of this patient.

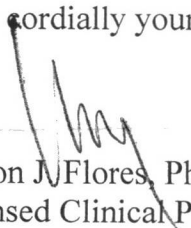
DISCLOSURE:

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).

Psychological Testing Report
RE: **Kevin Williams VS. Walmart**
November 12, 2019
Page 7 of 7

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:EL

PROOF OF SERVICE BY MAIL (1013a.2015.5. C.C.P.)

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the county aforesaid; I am over the age of eighteen years and not a party to the within entitled action; my business address is 2107 N. Broadway, Suite 207, Santa Ana, CA 92706.

On 3/30/2020 , I served the within psychological testing report dated 11/11/19 and bill regarding **Kevin Williams**

on the appropriate parties in said action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Santa Ana, California, addressed as follows:

Law Offices of Natalia Foley
8306 Wilshire Blvd. #115
Beverly Hills, CA 90211

Nelson J. Flores PH.D, QME
2107 N. Broadway
Santa Ana, CA 92706

York-Walmart/Sams
P.O. Box 14731
Lexington, KY 40512
CL#:8949558
Attn.: Christine Leonard

Sedgwick
P.O. Box 147731
Lexington, KY 40512

Claim #:
Attn.

Claim #:
Attn.

I declare under penalty of perjury, that the foregoing is true and correct.

Executed on 3/30/2020 , at Santa Ana, California.

By:


Monique Rico

cc: File